



SOUTHERN AREA CONSORTIUM OF HUMAN SERVICES

Disproportionality in Child Welfare Services: Literature Review

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The Color of Mental Health in Child Welfare

(2003). "The color of mental health in child welfare". *Best Practice/Next Practice*, Summer (26-28).

Retrieved January 30, 2006 from:

<http://www.cwresource.org/Online%20publications/mentalHealth.pdf>

- I. The Need for Mental Health Services
 - a. Most public & private human services do not appropriately serve children and families from racial and ethnic minorities.
 - i. Results in increased infant mortality, learning, emotional and physical disabilities, school drop-out and teenage pregnancy
 - b. Minority populations are more likely to enter the child welfare system, be placed out of their homes and communities, and be incarcerated.
 - i. Entry into child welfare may represent an important gateway into rehabilitative and support services such as mental health.

- II. Disparities in the Use of Mental Health Services
 - a. By examining the rates of service by severity of emotional/behavioral problems for ethnic groups, one study found that:
 - i. Caucasians were much more likely to get services even when the total problem score was relatively low.
 - ii. African Americans demonstrated the strongest relationship between problem severity and use of services.
 - iii. Latino youth received relatively low service use across all problem severity categories.
 - iv. The rate of use for Caucasian in the lowest "need" group is about the same as the rate of service use for Latinos in the highest "need" group.
 - b. Explanations have been offered for these:
 - i. Caucasian children are receiving services when clinical necessity is not apparent.
 - ii. The threshold for the perceived need (by parents or other sources) for mental health services is higher for ethnic minority youth compared to Caucasian youth.
 - iii. "Referability" of different types of behavior problems may be different in diverse cultures.

- III. Barriers to service are influenced by many factors ranging from culturally driven differences in patterns to seek help, receptivity, and accessibility of providers to bias in referral and service delivery. May include:
 - a. Lack of minority mental health providers
 - b. Cultural and language barriers
 - c. Biased assessment techniques resulting in triage to alternative services
 - d. Lack of knowledge about available services
 - e. Biased referral patterns from gateway providers may exist (teachers, health care professionals, juvenile probation workers, caseworkers or judges in CWS)

- IV. 12 Steps to Lessen Disproportionality in Child Welfare
 - a. Establish a leadership group on cultural competency. Include executive leaders with visionary commitment to structural transformation.
 - b. Conduct an assessment: demographics of community, service population, governance, staff; current utilization patterns, client satisfaction rates, grievances;

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linguistic proficiency, interpretive and translation capacity; cultural knowledge of service population; organizational attitudes about culture, difference, and cross-cultural work.

- c. Establish an organizational change plan tailored to the organization, with principles and values regarding cultural competency that might be unique to the organization.
- d. Evaluate, refine, and create policies to promote principles that support the plan at the administrative and practice levels.
- e. Institute human resource policies and practices that promote diversity among staff at all levels, establish cultural competency as an expectation of all staff and address the conflicts that arise among a diverse staff.
- f. Establish strategies to accommodate the linguistic needs of the client population.
- g. Establish ongoing training programs for all staff, including content on cultural knowledge of the service population; social and political issues of interest to the population; informal and formal resources in the community; personal attitudes, beliefs, biases and prejudices that promote or interfere with crosscultural work; and cross-cultural skills.
- h. Establish culture-specific intervention strategies to include traditional providers as indicated.
- i. Create service strategies to promote easy access and a welcoming atmosphere.
- j. Involve clients and community members in planning and evaluation.
- k. Conduct ongoing evaluation and improvement.
- l. Create a strategy for advocacy on behalf of and in conjunction with diverse communities to improve access, affordability, and appropriateness of service.

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Guidelines for Culturally Competent Organizations
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(2004). "Guidelines for Culturally Competent Organizations". Minnesota Department of Human Services Online. Retrieved February 7, 2006 from:

<http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-3963-ENG>

The Minnesota Department of Human Services has published guidelines for health and human services organizations and providers to enhance their abilities to serve individuals from diverse cultures. Below is a list of what the guidelines contain, with a detailed summary of the section on child welfare and social work practice (See III. H.)

- I. Policy and Overview: Why Cultural Competence?
 - a. Why cultural competence?
 - b. What is cultural competence?
 - c. Who can receive culturally appropriate service?
 - d. Individualized services and cultural competence
 - e. Who should implement these guidelines?
 - f. Why does cultural and linguistic competence matter to your organization?
 - g. Incremental approach and coalition building
 - h. A culture is not monolithic
 - i. Culture is not just race and ethnicity
 - j. Sovereignty of American Indian tribes
 - k. Is cultural competence aimed at the provider or the administration?

- II. Organization and Administration Supporting Service Delivery
 - a. Cultural Competence Planning
 - b. Community Partnership and Governance
 - c. Human Resource Development
 - d. Prevention, Public Education, and Client Outreach
 - e. Eligibility, Intake, and Client Education
 - f. Conflict Resolution
 - g. Quality Management
 - h. Data and Management Information Systems (MIS)

- III. Service Delivery System Supporting Culturally Competent Practice
 - a. Service Array or Benefit Design
 - b. Access and Service Authorization
 - c. Client Needs Determination
 - d. Service Planning
 - e. Service Coordination/Case Management
 - f. Self-Help
 - g. Practice Standards for Health and Mental Health
 - h. **Child Welfare and Social Work Practice**
 - i. Literature in this area emphasizes attitudes, values, and the professional's personal attributes in addition to the knowledge and skills necessary to become more culturally competent. Suggested practice standards, condensed from National Association of Social Workers include the following:

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1. **Ethics and Values.** Social workers shall...recognize how personal and professional values may conflict with or accommodate the needs of diverse clients.
2. **Self-Awareness.** Social workers shall...develop an understanding of their own personal, cultural values and beliefs as one way of appreciating...multicultural identities in the lives of people.
3. **Cross-Cultural Knowledge.** Social workers shall...develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of major client groups.
4. **Cross-Cultural Skills.** Social workers shall use appropriate methodological approaches, skills, and techniques that reflect...the role of culture in the helping process.
5. **Service Delivery.** Social workers shall be knowledgeable about and skillful in the use of services available in the community and broader society.
6. **Empowerment and Advocacy.** Social workers shall be aware of the effect of social policies and programs on diverse client populations, advocating for and with clients whenever appropriate.
7. **Diverse Workforce.** Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts...that ensure diversity within the profession.
8. **Professional Education.** Social workers shall...advance cultural competence within the profession.
9. **Language Diversity.** Social workers shall...provide or advocate for the provision of information, referrals, and services in the language appropriate to the client.
10. **Cross-Cultural Leadership.** Social workers shall be able to communicate information about diverse client groups to other professionals.

- IV. Linguistic Competence
 - a. Language Assistance

Appendices

- A: Legal Requirements
- B: Knowledge and Skills
- C: Diversity Among Five Major Racial/Ethnic Groups
- D: DHS Multilingual Telephone Service
- E: Definitions of Cultural Competence
- F: Data Sources
- G: CLAS Standards
- H: Organizational Self-Assessments
- I: Resources
- J. Bibliography

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Breakthrough Series Collaborative: Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System

(2005). Breakthrough Series Collaborative: Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System- Framework for Change. *Casey Family Programs*. Retrieved January 25, 2006 from: http://calswec.berkeley.edu/CalSWEC/2005_FELeader_BSCDisproporFramework.pdf

I. Background

- a. The Breakthrough Series Collaborative (BSC) will leverage the wisdom, experience and knowledge of national experts to create a practice framework.
- b. Public child welfare teams will use the framework to test ideas addressing disproportionality through the development of small scale strategies and interventions
 - i. Implement, test and measure in rapid cycles
 - ii. Spread successful strategies

II. What causes disproportionality

- a. Multiple disadvantages that are social, political, economic, and attitudinal in nature.
- b. Relevant factors include poverty, classism, racism, organizational culture, service strategies, and resources.
- c. No significant racial differences in rates of child maltreatment, suggesting influence of race in institutional response and decision making... resulting in racial disproportionality.

III. Some participating jurisdictions

- a. Ramsey County, Minnesota
- b. King County, Washington
- c. Fulton County, Georgia
- d. Many of their efforts at targeting disproportionality are showing early promising results

IV. Defining Success

- a. Participating jurisdictions will contribute to the development of child welfare systems that are free of structural racism and benefit all children, families and communities by:
 - i. Engaging with a group of other jurisdictions in critical change activities.
 - ii. Creating environments in which strategies can be developed and tested.
 - iii. Developing a cadre of leaders across the country who are working toward solutions.
 - iv. Creating and sustaining partnerships to advance the work.
 - v. Disseminating lessons learned.

V. The Framework

- a. Key Principles
 - i. Safety and Permanence
 - ii. Family-centered
 - iii. Cultural competence

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- iv. Minimum level of intrusion
- v. Strengths-based framework
- vi. Continued connectedness to family and community
- vii. Open dialogue regarding race and racism
- viii. Continuous assessment
- ix. Advocacy
- x. Cross-systems collaboration
- xi. Community partnerships
- b. Seven Key Components for translating the principles into practice
 - i. Design agency mission, vision, values, policies and protocols that support anti-racist practice.
 - ii. Develop cross-system leadership to address issues related to disproportionality and disparity in outcomes for children and families of color in the child welfare system.
 - iii. Collaborate with key stakeholders to support families in the context of their communities and tribes so as to safely divert them away from the child welfare system, whenever possible.
 - iv. Agency partners with the community about child maltreatment, disproportionality, racism and culture to focus on how communities can develop strategies to build the protective capacity of neighborhoods, tribes, and families.
 - v. Train and educate the agency staff and stakeholders about institutional and structural racism and its impact on decision-making, policy and practice.
 - vi. Use cultural values, beliefs and practices of families, communities and tribes to shape family assessment, case planning, case service design and the case decision making process.
 - vii. Develop and use data in partnership with families, communities, universities, staff, courts and other stakeholders to assess agency success at key decision points in addressing disproportionality and disparate outcomes for children of color in the child welfare system.

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Disproportionality in Child Protective Services: Statewide Reform Effort Begins With Examination of the Problem

(2006). "Disproportionality in Child Protective Services: Statewide Reform Effort Begins With Examination of the Problem." Texas Health and Human Services Commission Department of Family and Protective Services. Retrieved February 2, 2006 from: http://www.dfps.state.tx.us/Documents/about/pdf/2006-01-02_Disproportionality.pdf

- I. Background
 - a. Senate Bill 6 (SB6) requires comprehensive reform of the Texas CPS system.
 - i. This report is in response to a requirement to analyze data regarding CPS actions to determine if disproportionality exists in those actions and if so,
 - ii. Submit a second report evaluating the policies and procedures DFPS uses to take action to determine why disparities exist and develop/implement a plan to prevent ethnic disparity.
- II. Research
 - a. National disproportionality research was conducted
 - b. In-depth statistical analyses were conducted on a statewide and regional level
 - c. Findings general confirm the dominant views found in the child welfare literature:
 - i. Disproportionality by race/ethnicity occurs during the time children wait to exit from substitute care.
 - ii. The relationship between race/ethnicity and removals from the home is less clear. Other factors, such as poverty, family structure, age, type of abuse play a significant role in CPS actions.
 - iii. Poverty plays a strong role in the overrepresentation of African-American families in child protective services.
- III. Priority Outcomes of the reform initiative (chartered in May 2005):
 - a. Involve a cross systems approach that links child welfare, juvenile justice, Texas Youth Commission, Texas Education Agency, health care providers, schools, and others.
 - b. Increase the cultural competence of child protective services staff at all levels.
 - c. Promote promising practices and tools and improved use of data.
 - d. Increase collaboration with other state and local agencies.
 - e. Advance policies that address this issue.
- IV. Plan¹
 - a. Establish(ed) regional community-based committees on disproportionality in the two pilot regions.
 - i. Committees have broad representation: children who have been in CPS, CPS families, community-based organizations, community leaders, legislative staff, faith-based communities and other stakeholders.
 - b. Pilot sites will work to develop one-stop resource centers for families, increase collaboration among local and state agencies, and proactively address issues contributing to disparities in the system.
 - c. Committees will be an ongoing source of recommendations and insight for policy-makers and CPS management.

¹ Note: Texas is part of Casey's Breakthrough Series Collaborative, but it is not mentioned in this document.

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- V. Major Deliverables/Milestones:
- a. Action plans will be developed for the Houston and Arlington districts. These plans will be driven by specific data confirming the disproportionality that exists and designed to result in policy and practice changes that can promote parity in outcomes for children of color.
 - b. Increased, targeted recruitment efforts for foster and adoptive parents who can meet the needs of children and youth waiting for permanent homes, including an expansion of the DFPS faith-based effort and One Church One Child programs.
 - c. Prioritized prevention and early intervention funding for communities with high rates of minority children in foster care.
 - d. Collaborative partnerships for co-housing with other agencies to develop one-stop service centers in communities where there is a high concentration of families of color and where data indicates a high number of abuse/neglect reports. These centers will include Texas Workforce Commission for GED classes, job skills training, and grants for higher education.
 - e. A plan outlining content, design, and delivery of cultural competency training to all service delivery staff that will go beyond the cultural awareness level, have a performance measure component, and be relevant to all stages of CPS service.
 - f. Strengthened kinship care programs and services with the desired outcome of expanded opportunities for children of color to be successfully placed with family members, building on the learning of Project SERAPE, the CREST model, and the early results of Family Group Decision-Making implementation.

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Disproportionality of Minorities in Child Welfare: Synthesis of Research Findings

Hill, R. (n.d.). "Disproportionality of Minorities in Child Welfare: Synthesis of Research Findings". Children and Family Research Center. Retrieved February 2, 2006 from: <http://www.racemattersconsortium.org/docs/whopaper4.pdf>

- I. Introduction:
 - a. This research focuses on two dimensions of disproportionality:
 1. Disproportionate representation (as compared to representation in the general population)
 2. Disproportionate treatment/services
 - b. Objectives:
 1. Describe the impact of related systems on child welfare
 2. Summarize major research findings about disproportionality
 3. Discuss implications for further research on this issue
 4. Present implications for policies to reduce disproportionality
- II. Impact of Related Systems
 - a. Welfare assistance policies are intrinsically linked to child welfare policies. since one must first qualify for public assistance before one is eligible for foster care IV-E funds
 - b. Mental Health- minority youth are more often perceived as having a learning disability or aggressive, they are more likely to be diagnosed as "mentally retarded" or prescribed medications to control their "belligerence."
 1. Thus, there is a strong correlation between the overrepresentation of minority children in special education programs and their disparate representation in foster care.
 - c. Juvenile Justice- About 15 percent of foster children were placed because of delinquent behavior or status offenses.
 1. Child welfare system also provides recruits for the juvenile justice system.
- III. Research Findings about Disproportionality
 - a. The causes are multi-faceted since they operate at various levels:
 1. Individual & Family risk factors in:
 - a. children, such as mental disorders, physical disabilities, antisocial actions, and delinquent behavior
 - b. parents and families, such as poverty status, emotional instability, substance abuse, poor parenting practices, homelessness, unemployment, and use of severe disciplinary measures.
 2. Community risk factors: Large concentrations of poverty, high rates of crime and substance abuse, high levels of child maltreatment, joblessness, weak informal networks, and inadequate formal supports.
 3. Child welfare system risk factors: Size of caseloads, staff turnover, worker biases, racial and ethnic diversity of workers
 - a. Extent of professional training, lack of bilingual staff, few minority-run agencies as providers, and systemic racism
 4. Social policy risk factors: Favoring out-of-home placement over family preservation, promoting the termination of parental rights over family reunification, providing greater financial support and services to non kin over kin caregivers

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- b. Limitations of research are due to contradictory results and poor/non-existent data on many minority groups.
- c. National Incidence Studies (NIS) have reported no significant differences in the overall incidence of child maltreatment between African Americans and Caucasians.
- d. Decision-Making Stages where Disproportionality occurs:
 - 1. Reporting: Child maltreatment is reported more for low-income than middle- and upper-income families.
 - 2. Investigation: There's a strong interaction between race and severity of injury and type of maltreatment on rates of investigation.
 - 3. Substantiation: More likely when the reports were made by professionals, when there had been prior reports of abuse or neglect, when the report was for physical abuse rather than neglect, and when the family was African American or Hispanic.
 - 4. Placement into foster care
 - a. Nationally, among children receiving child welfare services, the majority of African American children were placed in foster care, while the majority of Caucasian children received services in the home.
 - b. Race continues to be a strong predictor of foster care placement, even when combined with other predictors: abuse allegations, child disability, parental substance abuse, and Medicaid benefits.
 - 5. Exits from care
 - a. Minority children exit from care slower
 - b. African American children less probable of being adopted or reunified.
 - 6. Reentry into care: Several studies have found no difference in the re-entry rates of African Americans and that of Caucasians.

IV. Research Implications

- a. Disproportionality should be a high priority in order to enhance the quality of services and outcomes for all children, regardless of race, ethnicity of class.
- b. A research agenda is needed that is reflective of all minorities, sensitive to the resilience of low-income families, multi-level, multi-methods, and rigorous analytic techniques.
 - 1. Develop common definitions of terms.
 - 2. Increase the inclusion of different racial and ethnic groups.
 - 3. Acknowledge the variation of family contexts and functioning.
 - 4. Understand the variation of geographic contexts.
 - 5. Examine the contexts and operation of the child welfare system.
 - 6. Enhancing methodological approaches and techniques.

V. Policies that May Reduce Disproportionality

- a. Welfare- need family-strengthening policies that:
 - 1. Enhance parents' job skills
 - 2. Provide affordable child care
 - 3. Provide health insurance
 - 4. Provide transitional and subsidized housing
 - 5. Remove 5-year limits on lifetime assistance
 - 6. Permit employability credits for recipients who receive vocational training or attend 2-year colleges
 - 7. Provide more adequate funds and services to kin caregivers
- b. Mental Health- adopt some of U.S. Surgeon General's 2001 report on "culture, race and ethnicity":

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1. Promoting better cultural awareness among mental health staff
 2. Developing services that are tailored to minorities
 3. Provide more funds to expand the number of minority staff
 4. Conduct more research on mental health issues among minorities
 5. Educate the general public about racial/ethnic disparities in mental health
 6. Track minorities at all stages of the special education process
 7. Equalize access to quality pre-referral services to reduce inappropriate placement
 8. Include greater representation of minorities among teams that make special education decisions
 9. Use culturally competent curricula
- c. Juvenile Justice- 2002 amendment recommends:
1. Requiring states to track minorities at all stages of processing
 2. Requiring states to conduct periodic reports on progress made toward reducing disproportionality, including ethnic diversity on the team responsible for developing community-based strategies to reduce disproportionality.
 3. Identifying promising practices among successful states
 4. Enhancing cultural competence among personnel
- d. Child Welfare- develop culturally sensitive policies, and follow the example of juvenile justice and special education systems:
1. providing funds to assign higher priority to preserving children within families than in placing them outside their family networks
 2. providing resources to use kin caregivers as an—outside the system—placement of children who must be removed from their biological parents
 3. providing stipends and support services to kin that are equal to those provided to non-kin
 4. establishing subsidized guardianship as a permanency option that is eligible for IV-E funds
 5. providing financial incentives to states to achieve high rates of family preservation and family reunification
 6. revising ASFA to extend its timetable for TPR's to be commensurate with the actual amount of time that is needed to achieve stable recovery from alcohol or drug abuse
 7. amending MEPA/IEPA to reaffirm the consideration of race, culture and heritage as a priority factor in placing minority children with foster or adoptive parents
 8. increasing the racial and ethnic diversity of community-based agencies that provide child welfare services.

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Article Summaries

Understanding and Addressing Racial/Ethnic Disproportionality in the Front End of the Child Welfare System

Andrade, A., Austin, M., Lemon, K. (2005). "Understanding and Addressing Racial/Ethnic Disproportionality in the Front End of the Child Welfare System". Bay Area Social Services Consortium (BASSC). Retrieved January 20, 2006 from: http://cssr.berkeley.edu/bassc/public/DISPRO_PDF.pdf

Introduction: This structured review of the literature examines the nature of disproportionality in the front-end of the child welfare system and the interventions designed to address it.

I. **Overview of Disproportionality in the child welfare system.**

- a. It exists in the system as a whole, as well as at various decision points or stages:
 - i. Referral- California data shows dramatic differences in referral rates by ethnicity.
 - ii. Investigation- California data shows little difference in rates of investigation or substantiation by ethnic group, but distinctly different rates of placement into foster care are seen.
 - iii. Substantiation
 - iv. Out-of-Home placement
- b. Also, children of color tend to have longer stays in out-of-home care, receive less comprehensive services, and are less likely to reunify.

II. **Theories and Interventions of Disproportionality**

- a. **Theory #1: Bias and Inconsistencies In Decision-Making** by Agency Staff Cause Disproportionality. Several national studies suggest that there are no racial/ethnic differences in the occurrence of child maltreatment, yet studies have shown increased rates of referral, investigation, substantiation, and placement for children of color, even after other variables, such as poverty, have been controlled. Related interventions:
 - i. Risk assessment tools to help predict the risk of future harm to a family in order to provide appropriate services.
 1. consensus-based systems, which are based on the consensus of risk assessment judgments made by experts in the field
 2. actuarial systems, which are based on empirical evidence of factors statistically associated with future maltreatment. Many California counties use the CFRA tool, which evidence suggests does a better job than consensus-based instruments.
 - ii. Family Group Conferencing based on the premise that families have a right to be involved in decisions about the child and can help make a better case plan. Can increase engagement of families of color and result in higher client satisfaction.
 - iii. Improving Cultural Competence by acknowledging and incorporating cultural responsiveness into the delivery of services. This may reduce bias in decision-making and improve the effectiveness of services for children of color.
 1. Increase the diversity of the workplace
 2. Train CWS workers in cultural competence

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- b. **Theory #2: Poverty and Oppression of Families of Color** - poverty (and other risk factors) combined with a lack of adequate prevention services bring African American children to the attention of the child welfare system in greater numbers than children whose families are not confronting the same stressors. Related interventions:
- i. Differential Response (a.k.a. alternative response or dual response). Serious reports of maltreatment are investigated, and less serious reports are assessed and families are offered intense and culturally appropriate services. Has been found to result in positive outcomes in general services appear to be received equally well by white families and families of color.
 - ii. Out-stationing child welfare workers within family-focused neighborhood-based agencies to help foster a less stigmatized location of public social services where families feel more comfortable.
 - iii. Ethnic-specific services such as:
 1. location services in ethnic communities
 2. employing bicultural and bilingual staff
 3. incorporating cultural customs, values and beliefs into agency practices.
 - iv. Home visitation services which seek to improve parenting and health outcomes of parents and their young children by providing emotional and problem-solving support and concrete assistance. Several studies have found improved outcomes, including greater access to services and a slight improvement in psychological well-being among African American mothers. There is also evidence to suggest that home visitation programs are better able to retain families of color than they are white families.
 - v. Increasing involvement of fathers in child welfare services may help stabilize families (especially African American children who come from single parent households, the majority of which are headed by mothers), and expand potential supports for mother and child (due to the father's kin network).
- c. **Theory #3: System-Related Factors** (e.g. agency infrastructure, organizational culture, resources, and leadership). Child welfare organizations can be chaotic, crisis-driven environments where high workloads, lack of resources, and staff turnover are the norm. This affects job satisfaction and the quality of services provided. Related interventions:
- i. Leadership and sustained commitment to reducing disproportionality -strong organizational leadership can set the overall tone of the organization.
 - ii. Organizational restructuring through vertical case management to form collaborative partnerships with clients necessary for culturally competent practices.
 - iii. Collaborations with racial/ethnic communities: agencies can gain information on how to tailor services to communities of color, and these communities can learn about the role of the child welfare system.
- III. **Evaluating the Available Evidence**- evidence evaluating the effectiveness of the above interventions is limited. None had evidence that they reduced disproportionality in front-end processes.
- a. However, these three interventions improved some aspect of child welfare case processes that may be related to disproportionality:

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- i. actuarial risk assessment tools appear to be more accurate at predicting the likelihood of maltreatment recurrence than clinical judgment or consensus-based risk assessment instruments, thereby reducing the chance of bias
 - ii. family group decision-making may result in reductions in the number of children of color entering foster care
 - iii. differential response models may result in a decrease in child maltreatment reports, improvement in child behavior, and reductions in substance abuse and domestic violence problems.
- b. These two interventions appeared to work well with children and families of color:
- i. ethnic-specific agencies which had lower drop-out rates and longer participation time frames with families of color than did non-ethnic specific agencies.
 - ii. home visiting programs which showed positive outcomes for African American mothers and increased retention for families of color over white families.

IV. Implications

- a. Since there are multiple factors contributing to disproportionality, implementation of a variety of interventions may help achieve sustained reductions in ethnic/racial disproportionality.
- i. Example: The Family to Family Initiative (Casey Foundation) utilizes several of the interventions described in this report, including collaborations with racial/ethnic communities, family group conferencing, and leadership and sustained commitment in the form of self-evaluation teams that use data to focus and track agency efforts.
 - ii. A Casey Initiative in the juvenile justice arena (carried out in Santa Cruz county) utilized several interventions described in this report and thereby reduced the proportion of Latino youth in detention by 20%:
 1. agency administrative leaders made the goal of reducing disproportionality a primary organizational objective (**leadership**)
 2. data at each key decision point was mapped and trends tracked quarterly (**sustained commitment**)
 3. objective criteria for decisions made at each point were developed, aiming for a quantifiable set of risk factors (**actuarial risk assessment**)
 4. cultural competence and staff diversity was enhanced (**cultural competence**)
 5. barriers to family involvement in case processes were eliminated
 6. alternatives to formal case handling and incarceration were developed (**differential response**)
 7. a full continuum of treatment, supervision and placement options was developed
- b. Link together interventions that target a particular problem area.

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Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community

Boone, A., Brown, A., Chibnall, S., Dutch, N., Gourdin, R., Jones-Harden, B., Smith, J., Snyder, S. (2003). "Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community." National Clearinghouse on Child Abuse and Neglect Information. Retrieved February 6, 2006, from <http://nccanch.acf.hhs.gov/pubs/otherpubs/children/index.cfm>

- I. Background
 - a. An exploratory qualitative study of the child welfare system's response to children on color.
 - b. Goals:
 1. To gain insight into the issue of over-representation (or racial disproportionality) from the perspective of the child welfare community, including agency administrators, supervisors, and direct service workers.
 2. To describe the strategies child welfare and child-welfare serving agencies use to meet the needs of children and families of color in the child welfare system.
 - c. Importance:
 1. Very few studies have considered the child welfare community's perception on over-representation
 2. Few studies have looked at the manner in which agencies are responding to over-representation
 3. The findings can be used to inform policy makers about over-representation and potentially promising practices, strategies, and programs that are being implemented to reduce it
 4. The findings can educate and inform the child welfare community
- II. Methodology
 - a. Site visits to 9 child welfare agencies across the country who were known to be implementing activities aimed at reducing disproportionality and meeting the needs of children and families of color:
 1. One agency each in Georgia, Illinois, Michigan, California, North Carolina, Virginia, and Texas, and two agencies in Minnesota.
 - b. Talked w/ agency administrators, supervisors, workers, and others
 - c. Discussed the issue of overrepresentation
 - d. Learn about programs, practices, strategies that are being implemented to address overrepresentation.
- III. Findings
 - a. General perceptions on why children of color are overrepresented:
 1. Poverty
 2. Need for services and lack of resources
 3. Visibility of impoverished and minority families to other systems- frequent contact makes their problems more "visible"
 4. Lack of resources available to minority families to negotiate the child welfare system (i.e. knowing how the system works, being able to hire a lawyer, etc.)

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5. Over-reporting of minority parents for child abuse and neglect (due to discriminatory practices of the larger society)
 6. Pressure from the media- increased scrutiny from administration and the community bring uncertainty that often manifests in more substantiation of cases.
 7. Lack of experience with other cultures interferes with good decision making.
 8. Defining abusive behavior, as it is different in other cultures.
- b. Influences of Federal policy
1. Level of familiarity with Multi-ethnic Placement Act (MEPA)- confusion of purpose and how to implement.
 2. Concerns regarding transracial placements
 3. Broadening the role of extended families- a positive outcome of MEPA.
 4. Shortened timelines under the Adoption and Safe Families Act (ASFA) may be too restrictive for families dealing with multiple issues.
 5. It's a challenge to implement ASFA without additional financial resources.
 6. Increased permanency options for children- a positive outcome of ASFA.
- c. Directions for change that would enable agencies to better serve children of color:
1. Emphasizing prevention
 2. Building public and private agency partnerships
 3. Additional resources
 4. Culturally diverse and competent staff
 5. More workers and smaller caseloads
 6. Administrative support
 7. External resources to serve families
 8. Agency resources to serve families
 9. Community connections
- d. Current efforts to serve children of color:
1. Prevention programs
 - i. Alternative response to engage at-risk families before they come to the attention of the formal system
 - ii. Assigning culturally appropriate caseworkers to families
 2. Recruitment strategies for minority foster care and adoptive families
 3. Systems change efforts
 4. Collaboration and contracted services
 5. Councils on over-representation
 6. Agency practices
- IV. Issues for Policy and Practice
- a. Administrative support is needed to make good decisions
 - b. More/ongoing staff training and experience
 - c. Training in cultural competence
 - d. More resources
 - e. Shifting the emphasis from intervention to prevention
 - f. Relating policy more closely to practice
 - g. Improving services through support of contractual relationships
 - h. Standardized reporting system
- V. Recommendations for Future Research
- a. Research on racial disproportionality must move beyond the examination of administrative data

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- b. It is essential that the research in this area inform practice
- c. It is essential that the research on racial disproportionality examine more than just black and white differences in the trajectories of children in the child welfare system

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Racial Disproportionality in the U.S. Child Welfare System: Documentation, Research on Causes, and Promising Practices: Working Paper #4.

Roberts, D. E. (2002). Racial Disproportionality in the U.S. Child Welfare System: Documentation, Research on Causes, and Promising Practices. Working Paper #4. Prepared for The Annie E. Casey Foundation. Northwestern University School of Law: Institute for Policy. Retrieved January 25, 2006 from http://www.aecf.org/tarc/priority/respect/working_paper_4.pdf

- I. Introduction
 - a. African American and Native American children are *overrepresented* in the national foster care population.
 - b. There is also evidence that children of color receive inferior treatment once they come to the attention of child protective services
 - c. Children of color are more likely to be removed from their parents and placed in foster care, they stay in foster care for longer periods of time, and they are less likely to be either returned home or adopted
 - d. Children of color are disadvantaged by child protection services that are not culturally competent, such as the insufficiency of Spanish-speaking caseworkers and foster parents to serve Latino children or the paucity of Asian-Pacific Islander providers of child welfare services
- II. Documentation of Disproportionality
 - a. Children of color have been discriminated against since the establishment of the child welfare system (late 19th century) to “rescue” destitute white immigrant children. They were excluded from the system for decades.
 - b. Racial disparity is most evident in large cities where there are sizeable African American and foster care populations.
 - c. The overrepresentation of nonwhite children is even greater, however, in cities where they constitute a smaller percentage of the population. Researchers have proposed a “visibility hypothesis” suggesting there is a greater probability for minority children to be placed in foster care when living in a geographic area where they are relatively less represented (i.e., more ‘visible’)
 - d. Children of color also remain in foster care longer.
- III. Causes of Disproportionality- there is a lack of consensus and many theories:
 - a. differences in the well being of children (disparity may stem from societal conditions outside the system that increase the risk of involvement)
 - i. poverty
 - b. differences in the system’s treatment of children
 - i. racial differences in substantiation and placement decisions
 - ii.
- IV. Addressing Disproportionality-
 - a. There is little research that empirically identifies and tests policies, programs, and practices that have succeeded in reducing the level of disproportionality.
 - b. However, some agencies have instituted **promising practices** that seek to reduce the need for out-of-home placements or to increase family and community participation in child welfare decision making:
 - i. Fundamental changes in CWS (long-term goal):

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1. Reducing the system's coercive role by transferring the investigative and punitive functions to other agencies.
 2. Creating a "differential response" within child welfare agencies that directs authoritarian intervention to a small share of high-risk families, while the larger share of low-risk families receives services on a voluntary basis.
- ii. Family preservation programs (reducing foster care placement and expediting family reunification)
1. intensive home-based programs
 2. focus on family's strengths
 3. offer concrete assistance (transportation, housing services, cash)
 4. Research has shown this can effectively keep children out of foster care, but hasn't measured while well-being rates or rates of repeated maltreatment,
 5. Has not been tested in minority communities that are disproportionately involved with CWS.
- iii. Family group decision making (engaging families)
1. Reports are promising- a decrease in the number of children living in out-of-home care and increase in the number of children living with kin.
 2. But comprehensive, long-term data based on outcome measurement is needed.
- iv. Kinship foster care (enhancing stability of placements and keeping children in their community)
1. But this contributes to lower reunification rates.
 - a. Lower reunification rates are also a side-effect of families receiving financial incentives for foster care.
- v. Subsidized legal guardianship (relatives who serve as permanent legal guardians get stipends).
1. Provides assistance and legal authority to relative caregivers who are reluctant to sever parental ties (which are required for adoption).
 2. A preliminary evaluation of a program in Illinois shows encouraging permanency rates and social functioning among children, but confusion among guardians about the state's role and services.
 3. Tennessee's Relative Caregiver Program attempts to promote benefits of kinship care without the disadvantages of involvement in the formal foster care system.
 - a. Contracted with community-based agencies to serve children and their relative caregivers.
 - b. Families participate in strategic planning w/ their communities to identify the needs of children and caregivers and existing resources.
 - c. Services include:
 - i. Individual and family counseling
 - ii. Legal services
 - iii. Financial aid
 - iv. Recreation
 - v. Homemaker services
 - vi. Support group participation
 - vii. Case management
 - viii. Concrete needs (i.e. beds, clothing)

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- d. Relatives have private custody of children (can be shared w/ parents) without having to relinquish custody to the state to receive services.
- e. No mention of this effect for certain ethnic groups.

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Closing the Gap: Are Changing Exit Patterns Reducing the Time African American Children Spend in Foster Care Relative to Caucasian Children?

Wulczyn, F. (2003). "Closing the Gap: Are Changing Exit Patterns Reducing the Time African American Children Spend in Foster Care Relative to Caucasian Children?" *Children and Youth Services Review* 25(5/6): 431-462.

I. Introduction

- A. A persistent finding in foster care research has to do with the fact that African American children typically remain in foster care longer than similar Caucasian children do,
- B. But there has been little research on whether the observed differential has changed over the years.

II. Methodology

- A. The purpose is to examine age, cohort, and exit type interactions so that the "race effect" with respect to placement duration is more clearly understood.
- B. Data from the Multistate Foster Care Data Archive are used to describe exit patterns for children first admitted to foster care between 1990 and 1999.

III. Findings/Policy Implications. Three findings are presented:

- A. Baseline- basic data describing exit probabilities and placement duration for the 1990 admission cohort (most history known for that decade)
- B. Annual estimates of the conditional probability of exit for successive entry cohorts (identify exit and race-specific changes in the likelihood of leaving foster care)
- C. Results from stratified proportional hazard models (multivariate models)
 - a. These show that the pace of adoption and discharges to relatives accelerated between 1990-1999, whereas the pace of reunification declined.
 - b. Data based on samples stratified by year of admission indicate that the "race effect" grew smaller over the decade.
 - c. This suggests that with respect to adoption in particular, the length of stay differential has diminished somewhat.
- D. These methods are still somewhat of limited strategies, as in previous studies, because the later admission cohort is small, leaving open the possibility to trends and patterns discussed may yet change.
 - a. Conditional probability was used as a way to measure more time specific trends (and which seems to support the conclusions reached), but the more recent data is incomplete.
- E. Bearing in mind limitations, the data suggest that:
 - a. African American children appear to be more likely to be adopted, but their adoptions take longer to complete.
 - i. Policy is often directed at increasing the likelihood for adoption among African American children, but it may be more productive to speed the time needed to make decisions.
 - b. The magnitude of the "race effect" is age-, exit-, and cohort-specific.
 - i. When children who are discharged to relatives are separated from other permanent exit types, data indicates that African American children are more likely to leave placement than Caucasian children.

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- ii. Results from the stratified hazards model indicate that the time to adoption improved more rapidly among African American infants (which contributes to a smaller race effect in 1997 than in 1990).
- c. The gap between exits for African American and Caucasian children narrowed somewhat.
 - i. Adoption time for African American children is growing shorter.
 - ii. Significant increase in the relative rate of adoption among African American children in urban areas, who had been placed with relatives.

IV. Conclusion

- A. The data offer the possibility that differences in placement duration that contribute to the overall disproportionality are amenable to policy and practice changes. Must be sensitive to underlying differences to address the problem.
 - a. For very young children, a continued focus on the adoption process may help.
 - b. Reunification needs to be reexamined (it was the only exit type that slowed over the decade)
 - i. The changes were more pronounced for African American children, so the race effect for this subpopulation actually increased.
- B. Outcomes in the CWS are very interdependent. The decision to reunify or adopt should be made with a high degree of certainty fairly early in the process.
 - i. To do this, greater attention must be paid to developing clinical protocols as decision-support tools for practitioners.
- C. Data points to the need to better understand the role of relatives in CWS.
 - a. State policies regarding relatives dramatically changed during the 1990s and changes in adoption may reflect a shift in the use of relatives as a discharge option instead of adoption becoming a speedier process.
- D. The data suggests that attention needs to be given to the time horizon used to understand CWS and foster care.
 - a. The underlying dynamics of placement and discharge are complex and evolve over a period of years.
 - b. Improvements can be expected after a short period of time, but simple measures such as average length of stay or % of children who exit will not be particularly useful.
 - c. Performance improvements should be measure against a baseline that is defined by the full experience of children in foster care.