

**Understanding and Addressing Disproportionality
in the Front End of the Child Welfare System**

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The Center for Social Services Research (CSSR) in the School of Social Welfare at the University of California at Berkeley conducts research, policy analysis, program planning, and evaluation toward the improvement of the publicly supported social services. The focus of the Center is on populations who are considered needy or disadvantaged, including victims of child abuse and neglect, the chronically mentally ill, the aged, the medically indigent, and the poor.

Housed at CSSR, the Research Response Team of the Bay Area Social Services Consortium (BASSC) was organized in 1995 to respond rapidly to the emerging needs of county social service agencies for information for their changing environments. Structured reviews of the research literature are undertaken in close collaboration with agency administrators and program staff. BASSC was founded in 1987 and is composed of the Directors of Bay Area county social service and human service agencies, deans of the Bay Area graduate social work departments, and foundation representatives.

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UNDERSTANDING AND ADDRESSING DISPROPORTIONALITY IN THE FRONT-END OF THE CHILD WELFARE SYSTEM

Introduction

Racial/ethnic disproportionality in the child welfare system is a complicated social problem that is receiving increasing amounts of attention from researchers and practitioners. This structured review of the literature, commissioned by the Bay Area Social Services Consortium, examines the nature of disproportionality in the front-end of the child welfare system. The first section outlines the problem, and describes several theories about its cause. The second section describes interventions that have been developed based upon those theories, and assesses the effectiveness of the interventions. The report concludes with a section on the implications of the study's findings for research and practice.

Overview of Disproportionality In Child Welfare

Research suggests that children of color tend to be disproportionately represented in the child welfare system as a whole, as well as at various decision points or stages within the system.¹ There is also evidence to suggest that children of color, and in particular African American children, tend to have longer stays in out-of-home care, receive less comprehensive services, and are less likely to reunify than white children.² These well-documented findings point to the need for researchers, practitioners and policy makers to focus attention both on understanding the factors that cause the disproportionate representation of children of color in the child welfare system, and on identifying new practices or interventions that may reduce the problem. Focusing attention on the front-end of the child welfare system may help isolate the points at which disproportionality is introduced into the child welfare system, and provide direction for targeting interventions intended to reduce ethnic/racial disproportionality most effectively.

National and state data on racial/ethnic representation in the child welfare system indicate that when compared to their representation in the general population, some racial/ethnic groups are over-represented, while others are under-represented. Figures 1 and 2 show that African American and Native American children are over-represented in the child

welfare system, while white children tend to be under-represented, both nationally and within California. On a national level Hispanic/Latino children are neither over- nor under-represented in the child welfare system, but in California they are somewhat under-represented, as are Asian American children.³ Note however that California is composed of 58 different counties, with widely varying racial/ethnic compositions. Although overall Hispanics/Latinos are under-represented in the child welfare system in California overall, in some counties they are over-represented.

Figure 1: Disproportionality in the U.S. Child Welfare System

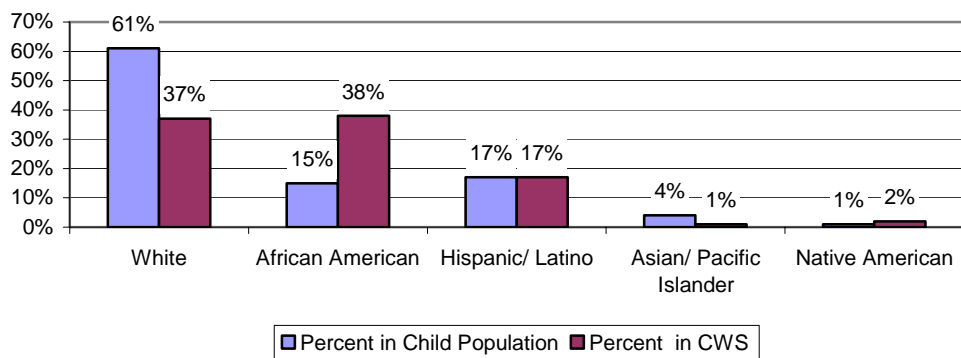
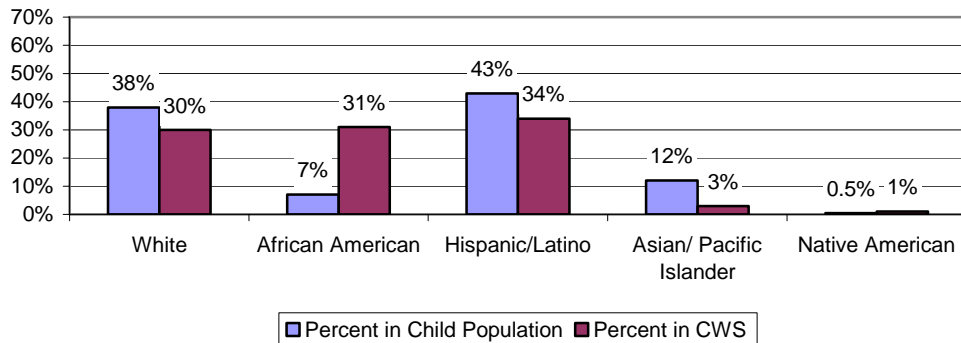


Figure 2 Racial/Ethnic Disproportionality in the California Child Welfare System



The existence of disproportionality throughout the child welfare system is well known; however there is less information regarding the problem in the “front-end” of the child welfare system. There are four major front-end decision-making points: referral of a case to the system, investigation of a referral, substantiation of the referral, and removal of a child from the home. Figure 3 provides data on referrals, investigations and

substantiations in the U.S. and California. In 2002, 2.6 million children were reported to the child welfare system in the U.S.; about 36 of every 1,000 children were referred to the system; approximately 67 percent of those referrals were investigated; about one-quarter of investigated referrals were substantiated.⁴ In 2003 in California, 493,091 children were reported to the child welfare system; about 52 of every 1,000 children were referred; just over 80% of these referrals were investigated; and just over 27% of the investigated referrals were substantiated. Of the cases that were substantiated, about 30% entered out-of-home care.⁵

Figure 3: Data on Referral, Investigation and Substantiation Rates⁶

	U.S. (2002)	CA (2003)
Number of referrals	2,600,000	493,091
Referral incidence per 1,000 children	35.9	51.7
% of referrals investigated	67.1%	82.1%*
% of investigated referrals substantiated	26.8%	27.6%

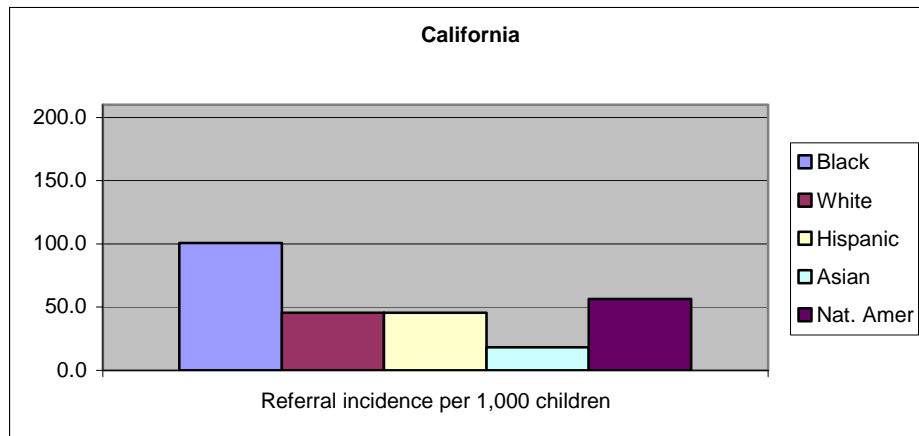
* CA entries include most serious referrals for children with duplicate referrals

While information on racial/ethnic representation at these front-end points of referral, investigation, and substantiation data is not available for the nation as a whole, information for the state of California and research studies using samples from various locations in the U.S. shed some light upon the phenomenon of front-end disproportionality. These data show that some front-end decisions are made at different rates for different ethnic groups.

Referral

The first point of contact with the child welfare system, and therefore the first point at which disproportionality could be introduced into the system, is the report of suspected child maltreatment. California data reflect dramatic differences in rates of referral. The incidence of referral per 1,000 for African American children is 100.6, compared to 45.5 for white children, 45.6 for Hispanic children, 18.2 for Asian children and 56.4 for Native American children (see Figure 4).⁷

Figure 4: California Referral Incidence by Ethnicity



Investigation

Once reported to the child welfare system, child welfare workers must screen the case and decide whether to investigate the report. Research suggests that cases involving children of color may be opened for investigation at a higher rate than cases involving white children. In one study of 12 sites across five states, cases involving African American children had an investigation rate of 90 percent, compared to 68 percent for white children, 53 percent for Hispanic children and 67 percent for children of “Other” ethnicities.⁸ In a separate analysis of data from five states, African American children were significantly over-represented at the stage of investigation in each of the five states, Hispanic children were over-represented among investigations in two states, Asian/Pacific Islander children were over-represented in four states and Native American children were over-represented in investigation in three states. In contrast, white children were consistently under-represented at the stage of investigation across all five states.⁹

Data from California, however, show little difference in the rate of investigation. Over 85% of cases involving Black children referred to the child welfare system are investigated, compared to 80.2% of white cases, 86.7% of Hispanic cases, 83.6% of Asian American cases and 79.1% of Native American cases (see Figure 5).¹⁰

Substantiation

Following a decision to investigate a report of child maltreatment, a decision on whether to substantiate the allegation of maltreatment or dismiss the case must be made. Some research suggests that cases involving children of color appear to have an elevated likelihood of substantiation when compared to cases involving white children. An analysis of substantiation rates in Minnesota found substantiation rates were higher for children of color than for white children.¹¹ Additionally, African American and Hispanic cases have been found to be substantiated at higher rates than white cases when the maltreatment involves physical abuse or neglect.¹² Similarly, in a statewide analysis of child welfare cases in Missouri, children of color had a higher likelihood of substantiation in both physical abuse and neglect cases.¹³ Not all research has found increased likelihood of substantiation among children of color: one study of substantiations in five states found little difference in substantiation rates by racial/ethnic groups.¹⁴

In California, of the cases that are investigated, substantiation rates by race/ethnicity vary only somewhat; Native Americans have the highest substantiation rate (37.4%), followed by Asians (30.0%), Hispanics (28.8%), whites (29.7%) and Blacks (26.9%) (see Figure 5).¹⁵ (Note that the lack of difference in investigation and substantiation rates in California or elsewhere does not necessarily indicate color-blind decision making, if the disproportionality preceding it is due in some part to bias. See “Implications” section).

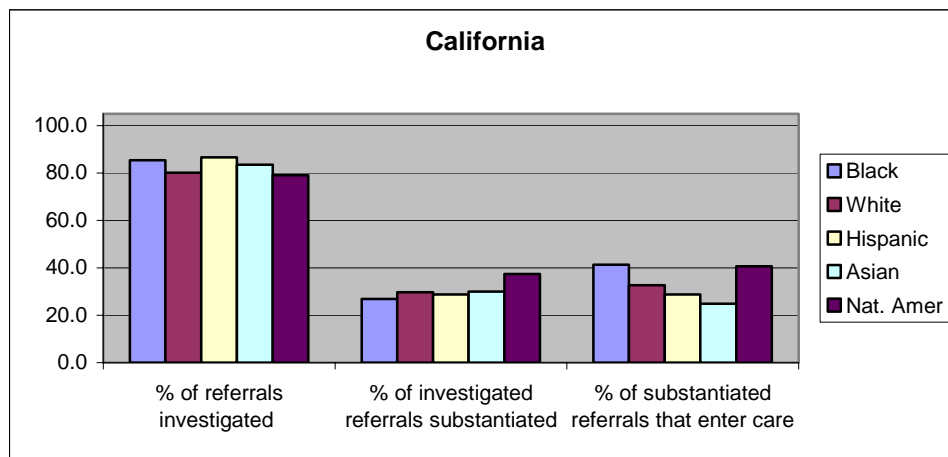
Out-of-home placements

Once child maltreatment has been substantiated, child welfare workers must decide whether to place a child in out-of-home care. While considerable inconsistency in workers’ decisions to remove a child from the home has been found,¹⁶ research on the role of race/ethnicity in out-of-home placement decisions has yielded somewhat conflicting results. In an examination into front-end decisions for families in Baltimore, African Americans with substantiated child maltreatment did not have an increased likelihood of out-of-home placement.¹⁷ However, other studies have found different rates of out-of-home placement by race/ethnicity. An investigation into placement outcomes among children in Illinois found that 53.7 percent of referred African American children

were placed in out-of-home care, compared to 38 percent of white children¹⁸ (although in multivariate analysis this difference disappeared; see next section). In an investigation of foster care placement in California, Black children were more likely than White children to enter out-of-home care.¹⁹

In California, of the cases that are substantiated, Native Americans (41.9%) and Blacks (41.7%) have the highest rates of out-of-home placement, followed by Whites (32.9%), Hispanics (29.2%) and Asians (25.0%) (see Figure 5).²⁰ Note however that the state of California is comprised of 58 county jurisdictions: data disaggregated by county could look quite different. For example, in some California counties Hispanic/Latino children are over-represented in the child welfare system, while Asian American children are not (see Appendices B & C).

Figure 5: Percentage of Cases Investigated, Substantiated, and Placed in California by Ethnicity



Theories of disproportionality

Although the existence of racial/ethnic disproportionality in child welfare is clear, the reasons for it are not. A number of theories have been developed to explain disproportionality. One theory asserts that bias and inconsistencies in decisions made by the referring community and child welfare agency staff result in disproportionality. A second theory suggests poverty and experiences of oppression in communities of color result in greater stress and higher rates of maltreatment, and thus greater representation in the child welfare system. A third theory focuses on the stressful and sometimes chaotic

nature of child welfare agency practice, without committed leadership on the issue, can contribute to disproportionate representation and outcomes as well.

Bias and Inconsistencies

The notion that bias and inconsistencies are behind racial/ethnic discrepancies in child welfare is supported by several national studies suggesting there are no racial/ethnic differences in the occurrence of child maltreatment.²¹ The National Incidence Studies (NIS) conducted in 1980, 1986 and 1993 are federally funded studies that estimate the number of children who are maltreated in the U.S. The NIS uses two sources of information: 1) child welfare system data and 2) community professionals likely to encounter cases of child maltreatment that may not necessarily be reported to the child welfare system. The NIS is believed to provide more accurate estimates of child maltreatment than estimates derived solely from child welfare system data. All three NIS studies have found child maltreatment to be unrelated to race/ethnicity, and one subsequent study that controlled for demographic risk factors such as income, number of children in household, and employment status found African American families to have less risk of child maltreatment than white families.²²

These findings support the notion that the disproportional representation of children of color in the child welfare system is not due to actual racial/ethnic differences in the rate of child maltreatment. An alternative hypothesis is that disproportionality is due to bias and inconsistency in decision-making by agency staff. At each of the four major decision-making points at the front-end of the child welfare system - referral into the system, screening/investigation of a referral, substantiation of the allegation of the referral, and the decision to remove a child from the home - there is a chance that bias and inconsistency in decision-making is contributing to the overrepresentation of children and families of color in the child welfare system.

As noted earlier, children of color – particularly African American children – are referred at vastly higher rates than white children. Research suggests that different types of reporters refer children to the child welfare system differently; for instance, African

American children are more likely to be reported by medical personnel,²³ while Hispanic/Latino children are most likely to be referred by school personnel.²⁴ One study more directly suggests bias on the part of reporters who refer children of color to the child welfare system. An investigation into child maltreatment decision-making among police officers found that the most frequent predictors of willingness to report child maltreatment included not only the perception of the act as serious and criminal, but also the ethnicity of the family.²⁵ Additionally, in a national survey of 1,196 mandated reporters, results indicated that race/ethnicity was a significant variable in report decision-making, although it was not consistent across all types of maltreatment. For instance, child maltreatment vignettes depicting sexual abuse were more likely to result in a decision to report within African American families than among white families.²⁶ Similar results with respect to perinatal substance abuse have also been found. Using a sample of mothers from both public and private health facilities in one county in Florida, one study found that white and African American women tended to use alcohol and illicit drugs during pregnancy at similar rates, but African American women were reported for child maltreatment upon delivery at approximately ten times the rate for white women.²⁷

However, not all studies have found that ethnicity seems to affect decision making among mandated reporters. For instance, in an examination of the role of both the ethnicity of the reporter and ethnicity of the child in the assessment of maltreatment occurrence and the decision to report, the ethnicity of the child and the ethnicity of the mandated reporter had no effect on the decision to report, while severity of abuse was consistently associated with recognition and reporting of maltreatment.²⁸

The question of bias in investigation decisions has also been posed. One strategy to investigate whether bias is behind the different rates is to conduct a multivariate analysis that controls statistically for variables that could otherwise explain the differences seen. For example, if African American families who were referred to the system tended to have subjected their children to more serious abuse, a higher rate of investigation would be expected. A multivariate analysis that controlled for abuse severity and still found different investigation rates by ethnicity would have ruled out abuse severity as an

explanation for that difference, and thus findings could be considered evidence for the theory the difference is due to bias. For example, one study using the NIS datasets attempted determine whether race/ethnicity affected the likelihood of investigation by comparing the likelihood of investigation of white and African American children with similar characteristics. The study found that African American children who experienced emotional maltreatment, physical neglect, fatal or serious injury, who had cases reported by mental health or social service professionals, or whose perpetrator was involved with drugs or alcohol, were more likely to be investigated than white children with the same case characteristics.²⁹

Using the same multivariate strategy, some research has found that cases involving children of color have an elevated likelihood of substantiation when compared to cases involving white children, after controlling for other variables that might explain the difference. An analysis of substantiation rates in Minnesota found that even after controlling for factors such as type of maltreatment, characteristics of the child and the perpetrator, county, and type of reporter, substantiation rates were higher for children of color than for white children.³⁰ Similarly, in a statewide analysis of child welfare cases in Missouri, children of color had a higher likelihood of substantiation in both physical abuse and neglect cases, even after factors such as type of reporter, urban or rural residence, employment status of parent, and residence in a poor neighborhood were controlled for.³¹

Some studies have examined whether the ethnicity of the investigator seems to influence decision-making. An Illinois study found no evidence that white workers substantiated cases involving African Americans at a higher rate than those involving whites; in fact results indicated that white child welfare workers were actually slightly less likely to investigate cases involving African American children.³² Similarly, in a multivariate analysis of child welfare data from Canada, the ethnicity of the worker was related to an increased likelihood of substantiation and out of home placement: minority workers were more likely to substantiate and place children out of the home in cases involving minority children than were white workers.³³

Multivariate research on the role of race/ethnicity in out-of-home placement decisions has yielded somewhat conflicting results. Some studies have found no association between ethnicity and entry into care, after controlling for other factors. In an examination into front-end decisions for families in Baltimore, analyses that controlled for factors such as AFDC receipt, type of maltreatment, recurrence, alcohol and drug use, developmental problems, mental health problems or domestic violence revealed that African Americans with substantiated child maltreatment did not have an increased likelihood of out-of-home placement.³⁴ Likewise, an investigation into placement outcomes among children in Illinois found that after controlling for a variety of factors such as number of previous indicated allegations, child age, caretaker never being married, and number of contacts made during the investigation, race/ethnicity was not significantly related to placement decisions.³⁵

However, another study has found that race/ethnicity does appear related to out-of-home placement decisions. In an investigation of foster care placement in California, Black children were more likely than white children to enter out-of-home care, even after type of allegation, age and neighborhood poverty levels were statistically controlled. Hispanic children were less likely than white children to enter foster care in that study.³⁶

Differential Needs of Families of Color

The disproportional representation of children of color in the child welfare system may have another explanation. Risk factors such as poverty, living in impoverished neighborhoods, or single parent status have been shown to be associated with child welfare system involvement.³⁷ There is a growing body of research linking neighborhood poverty to child maltreatment, with research suggesting that referrals into the child welfare system often come from neighborhoods with high poverty rates and other indicators of social distress.³⁸ For instance, in an examination of community level factors and official child maltreatment rates in Cleveland, findings indicated that a number of neighborhood-level factors were related to child maltreatment rates, including poverty, high numbers of children, population turnover, and female-headed families.³⁹ Moreover, in a separate study examining the role of neighborhood context on child abuse potential,

results revealed that individual risk factors interacted with negative aspects of the neighborhood to increase child abuse potential. Residents of poor neighborhoods perceived their community as lacking in resources and supports, making parenting even more difficult within an already stressful environment.⁴⁰

African Americans and Hispanics are more likely than whites to live in impoverished neighborhoods. Although African Americans comprise approximately 12 percent of the total U.S. population,⁴¹ they represent 39 percent of residents in neighborhoods with a 40 percent or greater neighborhood poverty rate,⁴² Similarly, although Hispanics represent approximately 13 percent of the total U.S. population,⁴³ they represent 29 percent of residents in neighborhoods with a 40 percent or greater neighborhood poverty rate.⁴⁴ Moreover, high levels of racial segregation also accompany the over-representation of African Americans and Hispanics in poor neighborhoods. In 2000, 39 percent of high poverty census tracts were comprised of a majority (over 60 percent) of African Americans, and 20 percent of high-poverty census tracts were comprised of a majority of Hispanics.⁴⁵

According to the theory of differential needs, poverty (and other risk factors) shouldered by African American families 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, rather than any bias in the decisions of those who are referring children. Likewise, according to this theory, the differences in investigation, substantiation, and placement rates are due to families of color exhibiting greater needs and problems related to those stressors, not to bias in decision-making by agency staff.

Provision of adequate resources and supports to families of color to prevent maltreatment and removal of children from the home may reduce disproportionality and increase the well-being of vulnerable children and families. However, child welfare resources directed toward prevention represent only a small proportion of all child welfare resources. Moreover, during difficult economic times, prevention programs are often the target of budget cuts.⁴⁶ Some scholars assert that the level of prevention services currently

available is inadequate, both in secondary prevention services (which focus on providing services to families that have risk factors for child maltreatment, but have not yet been reported to the child welfare system), and in tertiary prevention services (which focus on providing services to families who have already been reported to the child welfare system for maltreatment).⁴⁷

The research suggesting that features of impoverished neighborhoods are linked to child maltreatment and entrance into the child welfare system has prompted some researchers and practitioners to call for more neighborhood-based prevention efforts.⁴⁸ These types of secondary prevention programs target a wide range of resources and services to families in at-risk neighborhoods, and may help reduce the child maltreatment rates. Given the concentration of families of color in these neighborhoods, the lack of adequate secondary prevention services may contribute to front-end racial/ethnic disproportionality.

Once children have been reported to the child welfare system, tertiary prevention services can be provided while maintaining children in the home. Voluntary family maintenance and family preservation services are considered tertiary prevention because the goal of services is to address the factors that caused the family to be referred to the child welfare system and to prevent further involvement in the system. Much of the research literature on services and practices aimed at preventing out-of-home placement refer to these services as “family preservation services,” (FPS) or “intensive family preservation services” (IFPS). Services falling under the rubric of “family preservation services” can be quite diverse, although they share the common goal of preventing child maltreatment and out-of-home placements,⁴⁹ and often include short-term, intensive and home-based services aimed at family skill-building, and concrete services, such as public assistance, child care, employment training or transportation assistance.⁵⁰

There is a lack of clear empirical support regarding the effectiveness of FPS. Some studies report that FPS do improve outcomes for children and families,⁵¹ while other research finds that FPS do not result in lower placement rates or improved family functioning.⁵² Related to the issue of disproportionality, research also suggests that

clients for whom FPS is not successful in avoiding out of home placement for their children typically have more risk factors and fewer resources than families who avoid placement. For instance, FPS cases involving substance abuse, mental illness, criminal behavior, disability, low income, or previous child welfare system involvement all have an increased likelihood of an out-of-home placement.⁵³ Because children and families of color are more likely than white families to have fewer resources and more risk factors,⁵⁴ these findings suggest that FPS may not be adequate to meet the needs of children and families of color.

System-Related Factors

A third “theory” regarding disproportionality in child welfare suggests that system-related factors, such as agency infrastructure, organizational culture, resources, and leadership that can influence the delivery of child welfare services.⁵⁵ These may also impact levels of racial/ethnic disproportionality. Child welfare organizations are often chaotic and crisis-driven environments in which high workloads and staff turnover are the norm.⁵⁶ Certainly research suggests that the child welfare services workload in California is very high. The American Humane Association (2000) reports that workloads in family maintenance programs are approximately three times the optimum recommended workloads; family reunification programs are at approximately twice the recommended optimum workloads; and permanent placement programs are at approximately three times recommended optimum workloads. These system-related factors can affect job satisfaction and the quality of services delivered.

In one study investigating the impact of organizational culture within an agency serving children and families, results indicated that a positive organizational climate—in particular, low conflict, cooperation, role clarity, and personalization – were related to better service quality and improved client outcomes.⁵⁷ Similarly, Yoo (2002) investigated the relationship between organizational variables and client outcomes within a child welfare agency and found that employees tended to rate their job satisfaction as low; they described their jobs as stressful and their workload as too high. They also reported an overall lack of leadership in the organization, resulting in feelings of disconnection

between workers and management and an overall chaotic working environment. In a USDHHS (2003) report on perspectives from the child welfare community on children and families of color in the child welfare system, participants frequently discussed an overall lack of agency resources as a contributing factor to racial/ethnic disproportionality and poor outcomes among children and families of color. Virtually all participants discussed inadequate staffing and high caseloads as factors that hinder service delivery to children and families of color. Weak agency infrastructure -- specifically, a lack of strong leadership and sustained commitment to improving conditions for children and families of color -- was described as a factor related to disproportionality, as was a lack of connection between senior management and line staff, and poor supervision.

For culturally diverse children and families, the nature of large bureaucratic child welfare organizations combined with the often stressful, chaotic organizational environments that characterize the child welfare system, may serve to further erode the quality of services provided, and increase racial/ethnic disproportionality, especially at the front-end points of the system where the potential for keeping children out of the system is the highest. For example, in a recent qualitative study of child welfare practices in organizational and institutional context, interviews with child welfare workers indicated high caseload sizes and multiple responsibilities prevented them from implementing family-centered and strengths-based services. Because work with biological parents tended to be time consuming, it was often not performed, or only minimally so. Ultimately, the enormous organizational pressures facing them led to a context in which only the most assertive, demanding and system-savvy parents received adequate attention and services. Additionally, caseworkers tended to interpret a lack of parental contact as disinterest in services or reunification with their children.⁵⁸ Parents who may not speak English, who are unfamiliar with the workings of a bureaucratic government agency, and whose culture is different from the dominant culture represented by the child welfare system may be unlikely to demand or seek out services; thus the stressful organizational context that leads to workers' ignoring some parents may be particularly detrimental to culturally diverse parents.

Overall, the preponderance of evidence in the literature indicates that cases involving children of color are referred, investigated, substantiated and placed out of the home at higher rates than cases involving white children. Several factors may be contributing to the issue of disproportionality.⁵⁹ Multivariate studies controlling for alternative explanations have found children of color experience referrals, investigations, substantiations, and placement into care at higher rates than white children, in spite of the fact that NIS studies show no difference in maltreatment rates. These studies suggest bias and inconsistencies in decision-making play a role in disproportionality. The greater needs of communities of color combined with the limited availability of prevention services may play a role as well, as greater poverty and impoverished neighborhoods have been shown to be associated with maltreatment. And agencies that fail to develop strong leadership, sustained commitment, and a work environment that facilitates high quality work by culturally competent staff may be allowing a problematic situation to worsen.

Interventions To Address Disproportionality

Despite recent increased attention to the problem of racial/ethnic disproportionality in the child welfare system, far less attention has been given to interventions that address disproportionality. Studies indicate that children and families of color in the child welfare system receive fewer and less comprehensive services than white children,⁶⁰ and children of color are less likely to be reunified and less likely to achieve a permanent placement than white children.⁶¹ However, research on the impact of child welfare interventions on children and families of color is only beginning to enter the literature. The disproportional representation of children of color in the child welfare system, combined with the apparent inequities in child welfare service provision, and the generally poor outcomes experienced by children of color suggests there is a need to review what is known about child welfare interventions that are effective with children and families of color.

This comprehensive review of the research literature reviews interventions that address disproportionality at the front-end points of the child welfare system. Because the field of

child welfare interventions to address disproportionality is so new, “interventions” were broadly defined as programs, practices, or strategies. Additionally, the term “addressing disproportionality” was also broadly defined as those interventions that were directly aimed at or resulted in a reduction of disproportionality, or those interventions that indirectly addressed disproportionality by improving outcomes for children and families of color.

This review uses pre-determined search terms and search sources to identify research literature within a given topic. This method of searching can reduce the potential for bias in the selection of materials. Search terms were largely developed from the findings from Part One of this report. Using the identified search terms, we searched numerous social science and academic databases available through the University of California library. In addition, we searched websites specializing in systematic reviews, as well as research institutes, conference proceedings databases, dissertation databases, and conducted overall internet searches. In order to gather information on research that has not been published, inquiries were sent to professional email lists serving professional evaluators and child maltreatment researchers (please see Appendix A for a description of the search strategy).

The interventions identified through this structured review correspond to the theories for front-end disproportionality that were discussed in Part One. Specifically, to address bias and inconsistencies in decision-making, interventions related to improving decision-making at front-end points were identified including the use of risk assessment tools, family group conferencing and strategies to improve workers’ cultural competence. Additionally, to address the inadequate prevention of child maltreatment in disadvantaged communities of color, prevention practices were identified, including differential response, collaborations with neighborhood-based services, home visitation services, and efforts to increase the involvement of fathers in child welfare services. Last, to address system-related factors associated with disproportionality, system reform efforts were identified, including the use of strong leadership and sustained commitment

to reducing disproportionality, organizational re-structuring and community collaborations.

It must be noted that the available evidence is limited. Groups that do rigorous systematic reviews, such as the Campbell Collaboration and the Cochrane Collaboration, would have excluded all the studies included here from their review process, as the studies would not meet the criteria for compelling evidence of the effectiveness of interventions. However, in the hopes of providing counties with some ideas regarding what might be helpful in reducing disproportionality, rather than excluding studies from the review we have noted the level of evidence available for each intervention identified. It is important to note that few interventions had ‘decreasing disproportionality’ as their primary objective.

Interventions Related to Bias as a Contributing Factor

Research suggests that children of color may be more likely than white children to have their cases investigated and substantiated and are more likely to be placed out of the home.⁶² However, national studies suggest that children of color do not experience maltreatment at rates higher than white children.⁶³ These findings suggest that disproportionality may be related to biases and inconsistencies in child welfare workers’ decision-making. Improving child welfare workers’ decision-making then, represents a strategy that may reduce biases and inconsistencies and thus reduce disproportionality. Three interventions identified in the literature attempt to improve worker decision-making: structured risk assessment tools, family group conferencing, and increasing workers’ cultural competence.

Risk assessment tools

The use of risk assessment tools to guide child welfare decision-making has grown steadily in recent years. Structured risk assessment systems and tools generally use a structured format to evaluate factors related to various outcomes, including child, caretaker, and perpetrator characteristics and other factors such as prior referrals and prior substantiated cases.⁶⁴ The goal of risk assessment tools is to provide guidance for

social workers in the decision-making process, to help predict the risk of future harm in order to provide appropriate services to a family.⁶⁵ There are two general categories of risk assessment tools: 1) consensus based systems, in which risk factors in the instrument are based on the consensus of judgments made by experts in the field; and 2) actuarial systems, in which risk factors are identified based on empirical evidence of factors statistically associated with future maltreatment.⁶⁶ There is some evidence to suggest that actuarial systems more accurately capture levels of risk in families referred to the child welfare system.⁶⁷

As of 2004, at least 17 counties in California have implemented a comprehensive risk assessment system known as structured decision making (SDM). The SDM system uses an actuarial risk assessment instrument entitled the California Family Risk Assessment (CFRA), containing 20 items related to child and caretaker characteristics. Completion of the assessment results in a determination of the risk for future child maltreatment; families are rated as “low-risk,” “moderate-risk,” “high-risk,” or “very high-risk.”

Evidence suggests that the CFRA does a better job of accurately classifying families into risk categories than do consensus-based instruments. In one study using a sample of 6,543 cases from five counties in California, analyses controlling for a variety of factors revealed that those cases classified as “moderate risk” were 62 percent more likely than low-risk cases to have a substantiated child maltreatment report within two years of the initial report, and those cases classified as high-risk were 2½ times more likely than those classified as low-risk to have a substantiated child maltreatment report. Additionally, the predictive validity of the CFRA was compared with the predictive validity of caseworker judgments in the form of “overrides”—i.e. situations in which the worker overrides the CRFA result to make their own risk assessment judgment. Controlled analyses indicated that when workers “over-rode” the risk classification arrived at by the CRFA, cases re-classified by workers into high or very high risk groups were not more likely to have a substantiated child maltreatment report within two years than were cases classified as low or moderate risk.⁶⁸ These findings suggest that the CFRA may be a useful tool to improve worker judgments.

The apparent validity of the CFRA, and the overall objective nature of risk assessment tools suggests that they may help reduce worker bias in decision-making with children and families of color—thereby reducing the number of children of color who enter the system and are placed in out-of-home care. Although no studies have directly addressed the question of whether the use of risk assessment tools reduces racial/ethnic disproportionality, there is some evidence to suggest that the CFRA is an equitable tool for use with children and families of color. Johnson (2004) reports that children and families of color were significantly less likely than whites to be classified as high or very high risk with the CFRA. Additionally, controlled analyses indicated that the CFRA predicted future substantiated child maltreatment equally well among racial/ethnic groups.⁶⁹ Johnson (2004) concludes from these findings that use of the CFRA may help reduce racial/ethnic disproportionality.

Although the use of risk assessment tools, and in particular the CRFA, may represent a useful practice in the reduction of disproportionality, the ability of risk assessment tools to accurately predict case outcomes has been criticized.⁷⁰ Several researchers have noted that some risk assessment instruments have only minimal reliability and validity in predicting case outcomes.⁷¹ In general, more research is needed on the overall impact of risk assessment tools and in particular, their ability to reduce racial/ethnic disproportionality. However, research indicating that actuarial risk assessments are at the very least equally valid for white children and families of color, and findings indicating that the use of risk assessment tools have more predictive validity than caseworker decisions,⁷² suggests that the use of actuarial risk assessment can contribute to reducing bias in child welfare decision-making, and thereby reduce disproportionality.

Family group conferencing

In cases where maltreatment is substantiated and decisions regarding child placement and safety must be made, family group conferencing, also referred to as Family Group Decision Making, has been proposed as an inclusive, strengths-based approach to improve decision-making. Family group conferencing began in New Zealand as a

response to the overrepresentation of Maori children in systems of care, and in 1989 the New Zealand government mandated its use in both juvenile justice and child welfare systems.⁷³ The family group conferencing model is based on the premise that families have the right to be involved with decisions about their children, and that family members, extended relatives and others involved in the child's life can help create a better plan for the child.⁷⁴ Family group conferences are intended to help offset the need for a foster care placement or help identify a kin placement; they are also intended to help identify strengths and resources in the family system and increase cooperation and communication between families and professionals.⁷⁵

The collaborative nature of the decision-making process suggests that the family group conference model may help reduce biases in decision-making. Additionally, the inclusive nature of family group conferencing may not only improve decision-making but also increase the engagement of families of color into services. Findings from one study suggest that the family group conferencing model can be used to improve decision-making and overall services for children and families of color in the child welfare system. In focus groups with African American, Native American and Hispanic/Latino professionals and nonprofessionals, information on the cultural responsiveness of family group conferences was gathered. Participants reported that family group conferences are culturally compatible with diverse groups and that the family group conference model was not a new practice for their cultural groups. For instance, the African American group noted that African American families have a long tradition of family group problem solving as a result of their history of enslavement.⁷⁶

These findings suggest that family group conferences may represent a culturally responsive and inclusive practice to improve decision-making for children and increase engagement of families. Studies on the overall effect of family group conferencing suggest that this practice may result in a fairly high level of client satisfaction. In an investigation of a family group conferencing pilot project in Canada, results revealed that most participants were satisfied with their experiences. Seventy percent reported being highly satisfied with conference preparation and members in attendance; 85 percent felt a

high degree of freedom to speak out in the group; 76 percent reported feeling involved in the decision-making process and 65 percent felt highly satisfied with the decisions that resulted from the conference.⁷⁷

However, not all research supports the effectiveness of family group conferencing. In an outcome evaluation of family group conferences in Sweden, children who received family group conferences were compared to children receiving traditional child welfare services. Results of controlled analyses revealed that those children in the family group conference condition actually experienced higher rates of out-of-home placement, and at a 3-year follow-up the family group conference group had higher rates of subsequent episodes of substantiated maltreatment. The authors provide a number of possible explanations for these findings, including an overall lack of quality services, failure of extended family members to follow the plan, or that the unique socio-cultural setting of Sweden actually impeded acceptance of the family group conference model. The samples in this study included few immigrant or minority families and because family group conferences were actually designed for use with children and families of color, outcomes may have been better had the sample been more culturally diverse. However, given the generally poor outcomes evidenced in the families receiving family group conferences, the authors caution that if these findings are replicated they point to the need to thoroughly evaluate new practice models before they are widely disseminated.⁷⁸

However, preliminary evidence on the impact of family group conferencing on disproportionality in Kent County Michigan, suggests that it may reduce the number of children of color who enter the child welfare system. A Family Group Decision Making model currently in place in Kent County, developed in collaboration with African American, Latino and Native American communities, has key characteristics including: 1) shifting the balance of power, 2) developing a culture of respect, 3) providing a sense of justice, and 4) fostering new community/system partnerships. Family group conferences are voluntary and all children referred to a family group conference have a substantiated report of child maltreatment and will also be removed from the home for more than 21 days. Preliminary evaluation results indicate that after three years of

implementation, the county experienced a 23 percent reduction in the number of children of color who entered the child welfare system.⁷⁹

Although results from Kent County are promising, they should be interpreted with some caution; no comparison group was used and so it is impossible to discern if it was the intervention that caused the reduction in the number of children of color entering the child welfare system, or if other factors were responsible. Additionally, the sample size (n=96) is fairly small, and the study was conducted in just one site.

Strategies to increase workers' cultural competence

Some researchers and practitioners note that child welfare practices and policies often follow European aspects of culture, and that white, middle class family values tend to be the standard by which culturally diverse parents and children are compared.⁸⁰ As such, children and families exhibiting alternative cultural values or those experiencing circumstances such as poverty or single parenthood may be poorly understood by those in the child welfare system and using a white middle class standard as the norm can lead to ineffective or destructive services.⁸¹ Green (1999) defines cultural competence as the ability to “deliver professional services in a way that is congruent with the behavior and expectations normative for a given community and that are adapted to suit the specific needs of individuals and families from that community.”⁸² Acknowledging and incorporating cultural responsiveness into the delivery of services may reduce bias in decision-making and improve the effectiveness of child welfare services for children and families of color.⁸³

Promoting staff diversity: Efforts to promote a child welfare workforce that is reflective of the ethnicity of the agency's clients may help to improve child welfare outcomes.⁸⁴ A recent investigation on the prevalence of ethnic/racial matching of clients with child welfare workers in California revealed that it is a common practice. American Indian, Hispanic/Latino, white, and Asian American workers were over two times more likely to have caseloads with a high proportion of clients matching their race/ethnicity than workers of another race/ethnicity. African American workers were 1.28 times more

likely than non-African American workers to work with clients of their same race/ethnicity. The authors speculate that the lower rate of racial/ethnic matching with African Americans is attributable to either the high proportion of African Americans in the child welfare system or a low proportion of African American child welfare workers.⁸⁵

Although research on the effectiveness of racial/ethnic matching in the child welfare system is lacking, a review of the research on the impact of racial/ethnic matching on outcomes for clients in psychotherapy and counseling suggests that it may have some benefits. For instance, one study found that Asian Americans and Mexican Americans seeing a therapist who was the same ethnicity as themselves attended more sessions, dropped out of treatment less frequently and had better treatment outcomes than those with therapists of a different race/ethnicity. Among African Americans and whites, ethnic matches were associated with attendance at more sessions, and whites who were ethnically matched had lower rates of premature termination; however, treatment outcomes for African Americans and whites were not associated with ethnic match.⁸⁶ Similar findings were reported in an analysis of the impact of culturally compatible interventions on utilization of mental health services; results indicated that language match and racial/ethnic match were associated with fewer treatment drop-outs.⁸⁷

Despite findings supporting the potential utility of racial/ethnic matching in improving service utilization and treatment outcomes, racial/ethnic matching is not always possible or appropriate for all clients. Indeed, the race/ethnicity of the social work field is largely white,⁸⁸ making ethnic matching for all clients impossible. Moreover, scholars note that clients and workers from the same ethnic group can hold very different cultural beliefs, such differences can impede treatment.⁸⁹

Cultural competence trainings: Although there is general consensus that the promotion of staff diversity is critical and should be pursued, some research has found that culturally competent majority staff can be effective with diverse clients.⁹⁰ As such, in addition to promoting staff diversity as a means of increasing cultural competence at the worker

level, staff development should also focus on direct efforts to increase the cultural competence of child welfare workers. In an investigation into diversity training in human service agencies, cultural awareness trainings were found to be the most common method of promoting diversity in organizations.⁹¹ Researchers and practitioners also note that ongoing, sustained efforts to promote cultural competence among workers is necessary and that infrequent trainings are of little value.⁹²

A synthesis of the increasingly large body of literature on models to promote cultural competence suggests there are four overall activities associated with the development of cultural competence among practitioners: 1) increasing *awareness* of culture, multiculturalism, oppression, privilege and social justice and their impact on practice; 2) gaining *knowledge* on the specific cultures most often encountered in a particular agency; 3) developing *assessment* skills to effectively evaluate each unique client; and 4) application of awareness, knowledge and assessment in developing appropriate *interventions*. Increasing awareness involves examining one's own social group membership and ideologies, as well as dominant ideologies prevalent in U.S. society. Such awareness promotes the values necessary for effective cross-cultural work. Child welfare workers must also acquire knowledge about the cultural groups most often encountered in their agencies; including concrete knowledge as well as information about what members of a particular culture perceive to be important about themselves. Developing assessment skills involves being able to recognize the heterogeneity within cultures and also being able to accurately assess whether problem behaviors are normal or abnormal in a given culture. Last, child welfare workers must then apply awareness, knowledge and assessment skills to determine appropriate interventions. Such interventions may include establishing an agreement between the worker and the client on the goals of treatment, as well as the use of a strengths perspective and empowerment practice.⁹³

There is little research linking the use of cultural competence training programs to improved outcomes for children and families of color. However, one program in Washington State aimed at improving the cultural competence of workers as a means of

addressing the over-representation of children of color in the child welfare system. The Culturally Competent Professional Practice (abbreviated C2P2) Project is a component of the federally funded Frontline Connections Quality Improvement Center. The C2P2 project is a collaboration between the child welfare system and the Office of African American Children's Services (OAACS). The goal of the program is to improve client outcomes by codifying a cultural competence model (the OAACS model) and then training frontline workers on implementing this model. The OAACS model has four components: 1) Using African American cultural norms to build positive relationships with family members; 2) Using strength-based assessment processes during safety and risk assessments, 3) Recognizing and using kin as resources (e.g. conducting extensive relative searches, using family group conferencing and the use of kin placements), 4) Using culturally competent community-based providers. Outcome evaluations of the C2P2 project are currently underway but are not yet available.⁹⁴

Interventions Related to Poverty and Differential Needs as Contributing Factors

In the U.S. Department of Health and Human Services (2003) report on perspectives from the child welfare community on children of color in the child welfare system, child welfare professionals interviewed emphasized the need for a shift in child welfare philosophy from a crisis-driven focus to a focus on strengthening family functioning before problems worsen to the point of requiring child welfare intervention. Other scholars suggest that not all families who are referred to the child welfare system actually warrant entry into the system, or child removal; instead, entry into system may often be a result of a general lack of resources. As other safety net programs in the U.S. have been dismantled, families are increasingly being referred to the child welfare system primarily because they need support services.⁹⁵ A renewed effort to bolster preventive services may help offset this trend and increase the well-being of vulnerable children and families of color. Overall, research suggests four preventive practices with potential for their effectiveness with children and families of color: differential response systems, collaborations with neighborhood-based services, home visitation services, and efforts to increase involvement of fathers in child welfare services.

Differential response

Differential response, also referred to as alternative response or dual response, is a relatively new child welfare reform that allows child welfare agencies greater flexibility in responding to reports of child maltreatment. Currently, when suspected child maltreatment is investigated, child welfare agencies must make a determination on whether to substantiate the maltreatment or not. Differential response allows child welfare agencies to use different “tracks” for different kinds of child maltreatment reports. Only reports that involve clear, imminent danger to the child or that involve potential criminal charges are put on an “investigation track.” Less serious reports that involve situations in which families may be stabilized with support services are put on an “assessment track” in which families are offered intensive and culturally appropriate services to address their needs.⁹⁶ Differential response is also a strategy used with families before a call ever comes into the child welfare system; child welfare organizations can work with community-based agencies to identify families at risk for child welfare system involvement and offer services.⁹⁷

The use of differential response has grown considerably in recent years and these systems have been identified as a strategy to help reduce disproportionality. Additionally, the Child Welfare Services Redesign project identified differential response as a major objective of the child welfare system redesign in California. Differential response systems have several characteristics that make them potentially useful for children and families of color. First, there is evidence to suggest that children and families of color may be disproportionately affected by such conditions as poverty and single parent homes and as a result, may have a greater need for support services than white families.⁹⁸ The provision of support services to children and families of color may be an important strategy to stabilize families so that child welfare system involvement is not necessary. With differential response, families are not approached in an adversarial or authoritative manner, but rather are offered appropriate support services they may refuse if they choose.⁹⁹ The non-confrontational and supportive nature of engaging families whose children are not in imminent danger represents a response service strategy for culturally diverse children and families, who may be distrustful of the child welfare system.

Differential response systems also help to keep out of the system those families whose children are not in imminent danger. This is a potentially important factor, because research suggests that once children of color are removed from the home, they are less likely than white children to be reunified or to obtain a permanent placement.¹⁰⁰ Keeping these families out of the child welfare system as much as possible through the provision of appropriate prevention services may help to improve outcomes for culturally diverse children and families.

Evaluations of differential response systems have been conducted in Minnesota and Missouri, and these evaluations provide evidence that differential response systems are effective in producing positive outcomes in certain areas. An experimental evaluation of the impact of differential response systems compared families in 20 counties in Minnesota receiving differential response services to a comparison group of families in counties using traditional intake procedures. Compared to families who received the traditional child welfare approach, those who received the differential response approach reported greater satisfaction with how they were treated by child welfare workers, greater efforts by workers to help obtain services, and resources, and fewer negative feelings after a visit from a child welfare worker. In a comparison of white families with racially and ethnically diverse families, no significant differences were found in level of satisfaction with worker, level of satisfaction with assistance provided, the extent of positive or negative feelings following a visit from the child welfare worker; nor were there any differences in the types of services received. These findings suggest that differential response may be received equally well by white families and racially and ethnically diverse families.¹⁰¹

Additionally, families receiving differential response who chose to participate in services reported improved child behavior, and were less likely to report problems with alcohol, drugs or domestic violence. Those families who were assessed as low/moderate risk in a standardized risk assessment were also less likely to have a recurrence of a child maltreatment report than control families matched on low/moderate risk.¹⁰² These findings suggest that differential response policies may help improve outcomes for

certain families and also reduce the number of families entering the system.

An analysis of differential response systems in Missouri also revealed the promise of this practice to improve outcomes. The state of Missouri mandated the use of a differential response system in 1994 and between 1994 and 1998 an evaluation of its effectiveness was conducted by comparing families in 14 demonstration sites with families in 14 matched sites using traditional intake structures. Findings revealed that, compared to the baseline, child maltreatment reports declined 9 percent in the demonstration sites, while remaining steady in the control sites. The authors attribute this drop in part to a reduction in the number of repeat calls involving the same families,¹⁰³ and improved collaboration between child welfare and community resources. The rate of re-reports for demonstration families remained lower than for comparison families five years after the initial evaluation ended.¹⁰⁴

As was the case in Minnesota, parents reported greater satisfaction with their experiences with the child welfare system in the demonstration sites. With respect to services, those families in the demonstration sites received services more quickly and utilized more community resources than those in the comparison sites. However, no differences in out-of-home placement rates or reunification rates were found between families in the demonstration versus the comparison sites. The authors suggest that these similarities may be due to the fact that families in the differential response condition are continually monitored by child welfare staff and thus had a greater likelihood of child removal.¹⁰⁵

Although race/ethnicity has not been directly assessed in evaluations of the differential response systems, these systems may have the potential to reduce disproportionality and improve outcomes for children and families of color. The Minnesota evaluation suggests that at the very least, families of color are satisfied with their experiences with the child welfare system under a differential response system. There is also evidence to suggest that among low/moderate risk families, these systems may reduce out-of-home placements and in general may reduce the number of subsequent child maltreatment reports among families who are initially reported. However, other studies have found no

differences in out-of-home placement rates or reunification rates in comparisons between families receiving differential response and those receiving traditional child welfare services.

Collaborations with neighborhood-based services

In order for differential response systems to be effective, appropriate prevention services must be available to families who are diverted from entry into the child welfare system. To ensure these services are available, collaborations between child welfare agencies and local neighborhood-based services are necessary. Increasing collaborations with resources and services that are located in clients' neighborhoods is one strategy that child welfare systems are using to reduce disproportionality.¹⁰⁶ As was indicated in Part One, neighborhood context—particularly the role of impoverished neighborhoods—has been implicated as a factor related to child welfare system involvement. Given that children and families of color are most likely to reside in impoverished neighborhoods, the use of neighborhood-based services may be a strategy to help reduce disproportionality and improve outcomes for children and families of color. Participants in the U.S. DHHS study (2003) reported that families involved in the child welfare system often live in neighborhoods that lack resources and services, including safe and affordable housing, mental health and drug treatment and employment and educational opportunities. Participants also reported that because of this general lack of neighborhood resources, many clients either do not receive needed services or must travel long distances for services that are generally not culturally competent. Establishing strong partnerships with resources in the communities and neighborhoods where clients reside may help streamline referrals and ensure that preventive services are available and are utilized. Increasing services and resources in clients' neighborhoods may help to empower these communities, thereby increasing the ability of the community to support vulnerable families before they come in contact with the child welfare system. Some scholars also suggest that services located in clients' communities may be most effective because they are compatible with a family's culture and standards of family functioning.¹⁰⁷

Out-stationing child welfare workers: One way to establish strong partnerships between

the child welfare system and community resources is to locate child welfare staff within family-focused neighborhood-based agencies. Locating child welfare staff within neighborhood-based agencies may help to foster a less stigmatized location of public social services where families feel more comfortable using these services.¹⁰⁸

Decentralizing staff within community centers and schools can also allow workers to educate these systems and communities about the child welfare system and thereby possibly reduce the number of inappropriate referrals coming into the system.¹⁰⁹

However, there is no direct evidence that out-stationing social workers results in reductions in disproportionality or improved outcomes for children and families of color.

Neighborhood-based ethnic specific agencies: Some research suggests that “ethnic specific” neighborhood agencies may be effective with children and families of color in the child welfare system. Ethnic-specific services are defined as those that primarily serve clients of one ethnic group and attempt to respond to the cultural needs of clients, including improving accessibility of services, locating services in ethnic communities, employing bicultural and bilingual staff, and incorporating cultural customs, values and beliefs into agency practices.¹¹⁰ There is evidence to suggest that the use of neighborhood services that are ethnic-specific may be a useful strategy with culturally diverse families. In a qualitative study of ethnic-specific agencies, clients of ethnic agencies reported that they often will not go to non-ethnic agencies because they perceive staff from these agencies as unfriendly and not understanding of their cultures or their languages(s), they are unable to trust such agencies, and perceive the staff as too busy to provide quality services.¹¹¹ As such, situating culturally competent and/or ethnic specific services in neighborhoods where clients reside may better address the needs of culturally diverse children and families. Additionally, in a comparison of ethnic specific services to mainstream services, findings indicated that clients who participated in ethnic-specific services had lower drop-out rates and stayed in programs longer than those in mainstream services.¹¹²

Leaders of ethnic agencies report several inter-related reasons why community members prefer ethnic-specific agencies. Not surprisingly, shared cultures, language, and

experiences were noted as major reasons that program participants prefer culturally specific services. Additionally, cultural elements of agency programs - dances, stories, food, holidays and history of the program participants' cultures – were also identified as important aspects of ethnic-specific agencies. Agency leaders also noted that because most agency staff are also community members, they have a strong commitment to serving program participants.¹¹³

Home visitation services

In addition to collaborations with neighborhood-based services, the use of home visitation services has been found to be effective in stabilizing at-risk families, and may have the potential to reduce disproportionality and improve outcomes for children and families of color. Data from California suggest that cases involving Black children under age one have the highest referral and substantiation incidence per 1,000 children.¹¹⁴ Providing intensive, home-based services to mothers—beginning in the prenatal stage—may help offset the need for child welfare system involvement. Several different types of home visitation programs have been developed and although variations exist, most home visitation programs seek to improve parenting and health outcomes of parents and their young children, including the prevention of child maltreatment. Parents, most often mothers, are provided with emotional and problem-solving support, concrete assistance, and linkage to community resources and education. Many programs also focus on involving family members and friends in the care of the child, educational services to increase parenting abilities, and assisting mothers in completing education, obtaining employment, and family planning.¹¹⁵ In 1991, the U.S. Advisory Board on Child Abuse and Neglect advocated the use of home visitation services as a means to prevent child maltreatment; since that time, the use of these services has grown steadily.

Research suggests that home visitation services are linked to a variety of positive outcomes among children and mothers, including child maltreatment outcomes. In the Nurse Family Partnership program, registered nurses visit mothers approximately twice a month during pregnancy and up until the baby's second birthday.¹¹⁶ In an experimental study that compared a group of pregnant women who participated in the Nurse Family

Partnership program to a control group who received no intervention, outcomes assessed at a 15-year follow-up indicated that women participating in the program had significantly fewer verified reports of child maltreatment in which they were the identified perpetrator.¹¹⁷ The program appeared to have even more of a protective effect on unmarried women and women experiencing income problems, who were the least likely to have a verified child maltreatment report. Women in the program were also less likely to have substance abuse problems, had fewer contacts with the criminal justice system, fewer subsequent pregnancies, and were less likely to use public assistance.¹¹⁸

Additionally, there is evidence to suggest that home visitation services may be effective with families of color. In one study of the Nurse Family Partnership program, improved outcomes were found within a sample of primarily African American mothers, suggesting that home visitation services are effective with African American clients.¹¹⁹ In a separate study of a home visitation program that targeted primarily African American women in the prenatal period up until the child's first birthday, results revealed that after 16 months of participation in the program, mothers reported significantly greater access to services and a slight improvement in psychological problems when compared to an ethnically matched comparison group who received no intervention.¹²⁰ Given that over 98 percent of the sample consisted of families of color, these results suggest that home visiting programs may be effective with culturally diverse families.

There is also evidence to suggest that in-home visitation programs are better able to retain families of color than they are white families. In an evaluation of retention factors within Oregon's Healthy Start program, a program modeled after the Healthy Families America program, results indicated that Hispanic mothers had the greatest likelihood of remaining in a home-based program,¹²¹ suggesting that in-home services may be particularly useful with Hispanic families. Likewise, a separate study of participant and program factors related to sustaining new parents in a home visiting program found that, compared to white participants, African American and Hispanic mothers were significantly more likely to remain in the program for longer periods of time.¹²²

However, not all research has supported the effectiveness of home visitation programs. In an evaluation of the effectiveness of Hawaii's Healthy Start Program, a service model that uses trained paraprofessionals and begins either in the prenatal or postnatal period and lasts for three to five years, few effects on child maltreatment were found. In a randomized trial using experimental and control samples that were predominately Asian Pacific Islander or Native Hawaiian, there was a significant reduction in maternal alcohol problems among those mothers who received at least 75 percent of the recommended home visits, compared to the control group.¹²³ However, after participation in the program both groups were similar on self-reported measures of severe maltreatment, although the group receiving home visitation was less likely to report neglect. There were also no differences between the two groups' episodes of substantiated child maltreatment.¹²⁴ The authors conclude that the program had little impact on preventing child maltreatment.

Additionally, a separate evaluation focused on the effectiveness of a home visiting program that targeted mothers in the postnatal period who were identified as having risk factors for child abuse and neglect. In a randomized control trial no significant differences between parents receiving the intervention and those in the control group were found at an 18-month follow-up on measures of parenting stress, parenting competence and quality of the home environment.¹²⁵ Other studies suggest that the positive benefits of home visitation programs may be mediated by other risk factors, such as domestic violence. For instance, in an analysis of the Nurse Family Partnership Program, results indicated that mothers in the home visitation program who reported more than 28 incidents of domestic violence during a 15-year follow-up period did not experience a reduced likelihood of verified child maltreatment.¹²⁶ These results suggest that different risk factors may have varying degrees of influence on outcomes for home visitation program participants.

As there is some inconsistency in the empirical evidence for effectiveness of home visitation programs on child maltreatment and child health outcomes, some caution should be used in evaluating the research. Differences in outcomes could be related to

significant program variations, including whether the home visitor is a professional or paraprofessional, whether mothers receive services in the prenatal or postnatal period, the frequency of visits and the overall duration of services. In a synthesis of the literature, Eckenrode (2000) concludes that positive outcomes are most often associated with the following program characteristics: 1) serving families in the greatest need, 2) services that begin during pregnancy, 3) services that continue through at least the child's second year of life, 4) the use of nurses as home visitors, rather than paraprofessionals, and 5) a comprehensive service model that focuses on several aspects of family health and well-being.

Although more research is needed on the role of home visitation services in reducing disproportionality and improving outcomes for children and families of color, research does suggest that home visitation programs may be compatible with the service needs of families of color and may be effective with culturally diverse families, particularly African Americans. However, not all research supports the effectiveness of home visitation services in reducing child maltreatment.

Increasing involvement of fathers in child welfare services

Research suggests that African American children in the child welfare system come from predominately single parent households, the majority of which are headed by mothers.¹²⁷ Efforts to increase the involvement of fathers, especially non-custodial fathers, in prevention services may help stabilize these families so that further child welfare system involvement is unnecessary. In addition, involving fathers expands the potential supports for the mother and child because of the father's kin network. In general, there is very little research on the role of fathers in child welfare cases; and the existing research tends to focus on negative aspects of fatherhood, such as the absence of fathers, or fathers as perpetrators.¹²⁸ There is some evidence suggesting worker and system bias against fathers. In a review of the literature on fathers' involvement in child welfare services, it was found that caseworkers tend to tailor services to mothers and focus more attention on mothers than on fathers; and that the judicial system—with its preference to keep children with their primary caretakers—may ignore fathers as a potential placement

option.¹²⁹ Moreover, there are no national standard procedures for establishing paternity, making the identification of non-custodial parents difficult.¹³⁰

However, there are practices currently underway that demonstrate promise in identifying and involving fathers in child welfare services. The coordination of child welfare and child support services has been identified as a means of locating non-custodial fathers. For instance, an evaluation in South Carolina found that in approximately 75 percent of cases referred to child support services by the child welfare system, missing non-custodial parents were located. Father represented 72 percent of these cases. Other programs focus on efforts to involve incarcerated fathers in services. The Pennsylvania Department of Corrections is implementing the “Long Distance Dad” program, a 12-week intervention designed to encourage fathers to be more involved with and more responsible for their children both during and after incarceration. Other programs are expressly directed toward the prevention of child abuse and neglect through efforts to improve fathers’ parenting skills. Still other fatherhood programs focus on activities to utilize non-custodial fathers as placement alternatives when children cannot be placed with their custodial mother.¹³¹

Interventions Related to Systems Problems as a Contributing Factor

Child welfare organizations are often chaotic and crisis-driven environments in which high workloads and staff turnover are the norm.¹³² These system-related factors affect job satisfaction and the quality of services delivered, and as such may be contributing to racial/ethnic disproportionality. Research points to three system-related reform efforts that may reduce disproportionality and improve outcomes for children and families of color: leadership and a sustained commitment to reducing disproportionality, organizational re-structuring, and collaborations with racial/ethnic communities.

Leadership and sustained commitment to reducing disproportionality

Strong organizational leadership and a sustained commitment to reducing racial/ethnic disproportionality in the child welfare system may help bring about the organizational changes needed to better serve children and families of color. Scholars note that

organizational leaders set the overall tone of the organization; agency administrators and managers must be integral in leading efforts to better serve children and families of color.¹³³ In an investigation into the process of multicultural organizational development, leadership development was a prominent strategy used to integrate cultural competence and social justice values into human service organizations. Good leadership was described as involving an openness to differing viewpoints, facilitating involvement in decision-making and promoting culturally diverse values as part of the agency's mission.¹³⁴ A sustained commitment to organizational change appears necessary: scholars note that child welfare managers and administrators must make significant commitments of time and resources to integrate culturally competent practices and social justice values in agency environments.¹³⁵

Although studies focusing on the links between leadership and sustained commitment on reductions in disproportionality in the child welfare system are not available, a recent inquiry into factors related to closing the racial/ethnic educational achievement gap among Bay Area schools suggests that strong leadership and sustained commitment are critical factors for schools that have successfully improved educational outcomes for children of color. In those schools in which the achievement gap between white children and children of color has been closed, 82 percent of surveyed teachers strongly agreed with the statement that school leaders encourage or lead inquiry into the gap, compared to 37 percent of non-gap closers. Likewise, 86 percent of teachers in gap-closer schools strongly agreed with the statement that closing the gap has been a primary goal for school leaders, compared to 58 percent of non-gap closers.¹³⁶

Establishing councils on disproportionality and setting measurable goals to reduce disproportionality represent strategies used within agencies with strong leadership and a sustained commitment to reducing disproportionality. The U.S. DHHS (2003) report on the child welfare community's perspectives on children of color in the child welfare system identified the implementation of disproportionality councils or other collaborative boards to examine disproportionality and develop and adapt methods for better serving children and families of color as a strategy to reduce disproportionality. A multi-phase

project currently underway in Ramsey County, Minnesota is expressly focused on ending racial disparities in the child welfare system and an integral aspect of the project is the use of committees to guide decisions and activities. The first phase of the project included exploring factors related to racial disparities and developing a plan to engage the four major racial/ethnic communities in the area (African American, American Indian, Hmong, and Hispanic/Latino). The second phase, which is currently underway, focuses on identifying strategies to reduce and eliminate racial disparities and working with the four racial/ethnic communities to adapt these practices to their needs. The third phase, which will begin later this year, will focus on implementation and evaluating strategies identified in the second phase. Included within Phase three of the project is measurable targets for the reduction of racial/ethnic disproportionality. These targets extend for a 10-year period, indicating the project leaders' recognition of the need for sustained changes over time in order to truly have an impact on racial/ethnic disproportionality. Similarly, in the report on characteristics of schools that close the achievement gap between white children and children of color, 45 percent of teachers in gap-closer schools strongly agreed with the statement that school leaders set measurable goals for closing the gap, compared to 11 percent in non-gap closer schools.¹³⁷ Taken together these findings suggest that establishing disproportionality councils that help determine plans, as well as the use of measurable goals, are reflective of strong leadership and sustained commitment to reducing disproportionality. Although evaluations of these efforts are currently underway, no direct evidence yet exists to link these strategies to improved outcomes.

Organizational re-structuring: Vertical case management

Reducing disproportionality may also involve re-structuring traditional bureaucratic organizational models of service delivery. Specially, the use of a “vertical case management” model in which one worker works with a family throughout their entire experience in the child welfare system may improve outcomes for culturally diverse clients. Most child welfare agencies use a traditional hierarchical organizational structure in which specific tasks within the organization are allocated to various units. As a case comes into the system, one worker screens the case, another investigates, a different worker facilitates family reunification or family preservation services, and yet another

worker facilitates permanency planning services. This service model can hinder the ability of workers to form the types of collaborative relationships with clients necessary for culturally competent practices.

The vertical case management model represents an alternative to the typical bureaucratic division of labor. The same worker is assigned to oversee all phases of the family's involvement with the child welfare system. It has also been noted that if families re-enter the system, referring them to the same worker can improve case planning because the worker is already familiar with many of the issues facing the family.¹³⁸ The U.S. DHHS (2003) report on disproportionality reported that some sites have implemented this model as a way to reduce disproportionality. There is some evidence to suggest that such a model may be particularly effective for culturally diverse families. For instance, in a study in Santa Clara County, child welfare workers using a vertical case management model reported that the model improved their relationships with clients. One social worker noted: "...It [vertical case management] forces social workers to have to deal with that family, not just in a [case] process sense, but in a real social work sense of developing relationships."¹³⁹ This continuity allowed workers to establish trust with clients and also promoted increased accountability. Workers also reported that this model was particularly effective for diverse or marginalized groups. A quantitative analysis from the same study comparing cases utilizing a vertical case management model to cases using the traditional model found that under the vertical case management model, children had shorter case lengths, and were more likely to be returned home or maintained in their homes than cases in the traditional model.

Collaborations with racial/ethnic communities

Improved collaborations between the child welfare system and racial/ethnic communities may also help improve outcomes for children and families of color and reduce disproportionality. Such collaborations involve concerted outreach efforts to diverse communities, an area that is largely neglected in child welfare practice.¹⁴⁰ Yet improved collaboration and communication between child welfare organizations and the cultural communities they serve can be mutually beneficial; agencies can learn how to better tailor services to those communities, and can also educate communities on the role of the child welfare system.¹⁴¹ In an investigation into human service agencies that successfully integrated multicultural and social justice values into their organizations, results revealed that outreach activities to client populations were the key aspects of successful implementation.¹⁴² Similarly, scholars suggest that social service organizations should form coalitions with community leaders, as well as businesses, religious institutions and educational programs to better meet the needs of culturally diverse clients. Such coalitions can increase resources, economic development and community-based services.¹⁴³

In Ramsey County's project on ending racial disparities in the child welfare system, collaborations with the four major racial/ethnic communities in the area is an integral part of the project. The activities and goals of these partnering relationships include educating the community about existing disparities and their historical context, listen to the experiences of the community, share ideas about how to address disproportionality and collaborate to develop strategies to better service children and families from these communities.

Although collaborations with ethnic/racial communities has been identified as a strategy to help reduce disproportionality, the impact of these efforts on children and families of color in the child welfare system and on reducing disproportionality has not yet been established. Preliminary outcome evaluations from Ramsey County's project on ending racial disparities will not be available until 2006.

Figure 6 summarizes each of the three theories and their related interventions.

Figure 6: Summary of Intervention by Theory

<i>Theory #1:</i> BIAS	<i>Theory #2:</i> POVERTY	<i>Theory #3:</i> SYSTEMS
Actuarial Risk Assessment	Differential Response	Leadership
Family Group Conferencing	Out-Stationing Social Workers	Vertical Case Management
Improving Cultural Competence	Ethnic-Specific Services	Community Collaborations
	Home Visiting	
	Involving Fathers	

Evaluating the Available Evidence

The evidence available regarding the effectiveness of these interventions is limited. Few studies attempted to determine whether interventions affected disproportionality rates. Most studies assessed whether some child welfare case process was improved by the intervention or whether the intervention worked well for children and families of color. Figure 7 outlines the types of outcomes that were assessed in studies examining each intervention.

None of the interventions had evidence suggesting that they reduced disproportionality in child welfare front-end processes. However, there was evidence that three of the interventions improved some aspect of child welfare case processes that may be related to disproportionality: 1) 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; 2) family group decision-making may result in reductions in the number of children of color entering foster care; and 3) differential response models may decrease child maltreatment reports and improve child behavior, reduce substance abuse and reduce domestic violence problems for participating families.

Figure 7: Outcomes Assessed in Intervention Studies

A: Reduction of disproportionality <ul style="list-style-type: none">• None
B: Improvement of child welfare case processes possibly related to disproportionality <ul style="list-style-type: none">• Actuarial Risk Assessment• Family Group Conferencing• Differential Response
C: Effectiveness with children and families of color <ul style="list-style-type: none">• Ethnic Specific Services• Home Visiting
D: Client satisfaction <ul style="list-style-type: none">• Differential Response
E: Program descriptions with no evidence of outcomes <ul style="list-style-type: none">• Improving Cultural Competence• Out-stationing Social Workers• Involving Fathers• Leadership• Vertical Case Management• Community Collaborations

The two interventions that appear to work well with children and families of color were: 1) ethnic-specific agencies, which had lower drop-out rates and longer participation time frames with families of color than did non-ethnic specific agencies; and 2) home visiting, which showed positive outcomes for African American mothers and increased retention for families of color over white families. Evidence for one intervention, differential response, suggests that clients of color were satisfied with the intervention.

However, for many interventions there was no empirical research yet available regarding whether they reduced disproportionality, improved child welfare case processes possibly related to disproportionality, worked well specifically for families of color, or were experienced positively by families of color. In some cases relevant research was pending.

Please note that this categorization of outcomes should not be interpreted as an evaluative assessment of the efficacy of any of the interventions (e.g. an intervention in Category B would not necessarily be more effective at addressing disproportionality than an intervention in Category C). Rather, the evidence available for each intervention varies in

its focus and quality. The effectiveness of any interventions depends also upon the quality of its implementation.

Implications

Implications for Practice

Implications for practice are complicated by the fact that disproportionality data would be interpreted differently depending upon what is theorized to be behind the problem. For example, although most research studies suggest discrepancies exist in rates of investigation and substantiation for children of color versus white children, California data suggest that agency decision-making in these areas is fairly consistent across ethnic groups. If one subscribes to the notion that bias in decision-making is behind the referral differences, then the lack of differences seen in California in investigation and substantiation rates are of concern; skilled, culturally competent social workers should screen inappropriately referred cases out, resulting in *lower* rates of investigation and substantiation rates for African American and other children of color. The absence of lower rates of investigation and substantiation for children of color in California may suggest that biased decision-making exists among child welfare workers at these decision points, and combined with biased referrals into the child welfare system, may be a driving factor in racial/ethnic disproportionality.

Like all social problems, racial/ethnic disproportionality in the child welfare system is complex. The evidence regarding the effectiveness of interventions to address disproportionality provides little guidance for agencies or practitioners attempting to improve outcomes for children and families of color. However, since it is likely that there are multiple contributing factors to disproportionality at the front end of the child welfare system, attempts to achieve sustained reductions in racial/ethnic disproportionality may benefit from the implementation of a variety of interventions related to one or more of the theories noted.

For example, the Family to Family Initiative of the Annie E. Casey Foundation seeks to improve a variety of child welfare outcomes (e.g., reducing length of stay, re-entry to

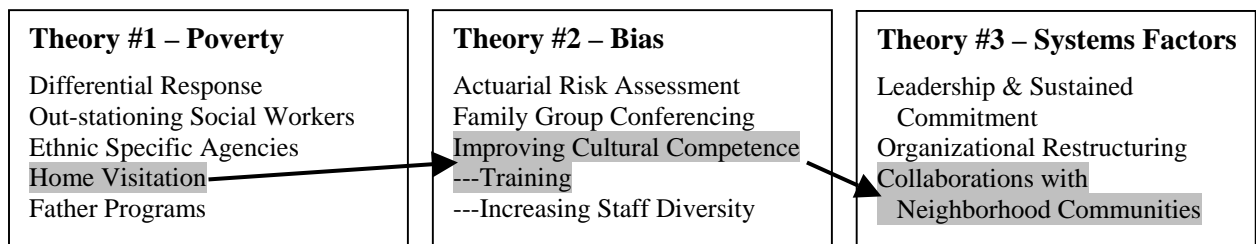
care, and placement moves). An important new goal of the initiative is to reduce racial/ethnic disparities that exist in those outcomes. The Family to Family initiative utilizes several of the interventions described in this report, including collaborations with racial/ethnic communities, family group conferencing, and sustained leadership and commitment in the form of self-evaluation teams that use data to focus and track agency efforts.⁵⁵

A second Casey initiative in the juvenile justice arena focuses on the disparities in detention rates by ethnicity. In Santa Cruz county, the Probation Department utilized several interventions described in this report as part of the initiative: 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); and 7) a full continuum of treatment, supervision and placement options was developed. Subsequently, Santa Cruz experienced an almost 20% reduction in the proportion of Latino/Hispanic youth in detention from 1998-2000, from 66% to 46%, in a community in which 33% of the youth population is Latino.⁵⁶

Linking together interventions that target a particular area is another way to maximize agency resources and tailor an approach best able to meet the needs of a particular agency. For example, if most of the disproportionality in the front end of an agency's system was from referrals, the agency might choose to target that decision point by utilizing several interventions drawn from the different explanatory theories. Based upon the theory that greater poverty and stresses experienced by parents of color result in a higher maltreatment rate, agencies could make use of home-visiting services to aid poor parents with supports and services to relieve some of that stress. To address a lack of

cultural sensitivity or awareness behind the disproportionality of referrals from schools and hospitals, an agency could provide cultural competence training. Based on the theory that systems factors contribute to disproportionality, collaborations with neighborhood communities could be used to improve relationships between agencies and communities and inform referring parties about community resources that might be of use to struggling families (see Figure 8).

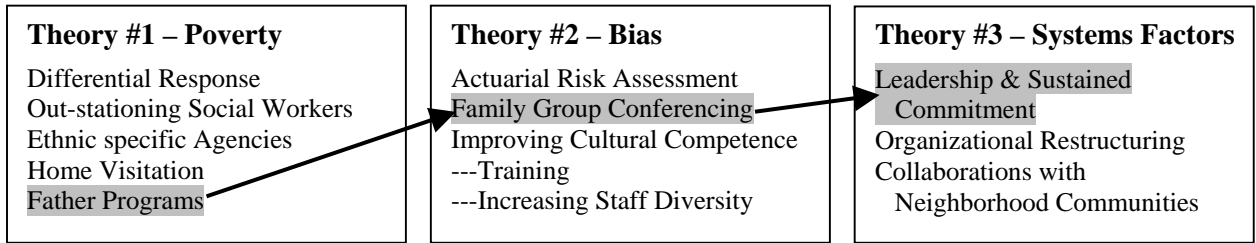
Figure 8: Targeting referral disproportionality



Similar to front-end interventions, an agency might wish to target the disproportionate rates of placement of children of color after investigation. Again, if agencies believe that there are multiple contributing factors to disproportionality, they could select interventions from each theory area that target that decision-point. In this case, programs to identify and/or encourage the involvement of fathers in child welfare cases could be implemented to support, stabilize and strengthen poor families of color by expanding their resource network. Fathers could also be a potential placement resource so that if removal of a child from the custodial mother is necessary, the child can still be placed with a parent, rather than in foster care. To address the possibility that biased decisions are behind the disproportionate out-of-home placement rates of children of color, family group conferences could be instituted to encourage a worker to consider family strengths, kin and community resources, and the real need for out-of-home placement. And to address systems factors, agency management could demonstrate sustained commitment to addressing the problem by clearly communicating to staff the goal of reducing placement disproportionality, promoting and supporting the practices designed to address it, and systematically tracking outcomes and sharing successes with staff (Figure 9). It is important to note that these interventions are suggested here not because evidence suggests they are likely to be more effective than other interventions, but because they

seem relevant to a certain decision point and so could be used as part of an agency’s strategy for targeting disproportionality at that point.

Figure 9: Targeting Disproportionality in Child Placement



Implications for Research

Much work remains to be done in terms of understanding the causes of racial/ethnic disproportionality at the front end of the child welfare system, and identifying the most effective interventions. The majority of the research on disproportionality is descriptive, detailing disproportionate representation of various racial/ethnic groups throughout the service system, and the differences that exist in permanency outcomes. The literature lacks carefully constructed research studies to test or assess theoretical explanations of disproportionality. A few studies have begun this effort; but much more is required before the field can be confident that causal factors behind disproportionality are fully understood.

There is a need for studies that test these theories directly, by assessing the correlation of disproportionality rates of various decision points in the system with good theory-based measures of the causes of the problem. For example, one could consider whether communities scoring higher in measures of poverty were more likely to evidence higher rates of referral disproportionality than communities less impoverished; similarly, whether higher average scores on measures of implicit attitudes of social workers (indicating greater bias) were associated with increased disproportionality in placement rates. An association persisting between these measures after controlling in multivariate analyses for alternative explanations would provide evidence in support of the tested theory.

Another strategy is to study the issue qualitatively. Qualitative research describing the decision-making processes of child welfare workers may shed light on particular agency or community factors that influence biased decision-making or alternatively, may suggest that other factors are driving front-end disproportionality.

Tests of interventions intended specifically to decrease ethnic disproportionality in the child welfare system using collaborations between researchers and public agencies are also needed. Such studies should explicitly articulate the theoretical justification for the intervention, as well as the logic linking program outputs with anticipated effects. The best tests of the effectiveness of particular interventions would involve true experiments, in which particular units, agencies or clients would be randomly assigned to deliver or experience an intervention, so that any differences in decision-making practices and/or overall disproportionality rates could be ascribed to the intervention. Because of the complex nature of both interventions and the effects of race and ethnicity, studies should attempt to disentangle any differential effects of the intervention, the environment in which it is implemented, and any different effects upon different racial/ethnic groups.

Summary

The problem of racial/ethnic disproportionality in the child welfare system is an area receiving increasing attention among practitioners, researchers and policy makers. While studies have identified factors associated with disproportionality, less research has focused on identifying interventions that reduce disproportionality and improve outcomes for children and families of color. This review has identified a number of interventions that have the potential to reduce racial/ethnic disproportionality and improve outcomes for children and families of color, yet there was no intervention for which there was evidence directly suggesting it reduced racial/ethnic disproportionality. Although the child welfare community has been aware of racial/ethnic disproportionality for many years, research on disproportionality in the child welfare system only began to enter the literature a few years ago, and very little research on interventions designed specifically to reduce disproportionality exists. The lack of strong empirical evidence to support the use of the interventions discussed in this report highlights the critical need for more

research on interventions designed to reduce disproportionality. While no specific intervention has been shown to be effective in decreasing disproportionality in child welfare, this review of interventions should be a useful starting point for agencies to address the issue of racial/ethnic disproportionality in the front end of the child welfare system.

Endnotes

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APPENDIX: BASSC SYSTEMATIC REVIEW SEARCH PROTOCOL

Search Terms

1. (Racial disproportionality OR ethnic disproportionality OR racial/ethnic disproportionality) AND intervention AND (child welfare OR child abuse OR child neglect OR child maltreatment)
2. (Racial overrepresentation OR ethnic overrepresentation OR racial/ethnic overrepresentation) AND (child welfare OR child abuse OR child neglect OR child maltreatment) AND (intervention OR service)
3. (African American overrepresentation OR Black overrepresentation OR racial disparities OR ethnic disparities) AND (child welfare OR child abuse OR child neglect OR child maltreatment) AND (intervention OR service)
4. (Screening practices OR risk assessment) AND (child welfare OR child abuse OR child neglect OR child maltreatment)
5. (Family group conferencing OR team decision making) AND (child welfare OR child abuse OR child neglect OR child maltreatment)
6. (Differential response OR alternative response) AND (child welfare OR child abuse OR child neglect OR child maltreatment)
7. (Child maltreatment OR child abuse OR child neglect) AND prevention
8. (Home visitation services OR support services OR in-home services OR home-based services) AND (child welfare OR child abuse OR child neglect OR child maltreatment)
9. (Neighborhood centers OR family resource centers OR neighborhood services OR neighborhood-based OR community-based) AND (child maltreatment OR child abuse OR child neglect) AND prevention
10. (Cultural competence OR cultural competency) AND (child welfare OR child abuse OR child neglect OR child maltreatment)
11. (Cultural competence OR cultural competency) AND decision making AND (child welfare OR child abuse OR child neglect OR child maltreatment)
12. (Cultural competence OR cultural competency OR multicultural) AND (child welfare OR child abuse OR child neglect OR child maltreatment) AND prevention
13. (Best practices OR promising practices) AND decision making AND (child welfare OR child abuse OR child neglect OR child maltreatment)
14. (Best practices OR promising practices) AND (child welfare OR child abuse OR child neglect OR child maltreatment) AND prevention

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Reference lists from primary & review articles

Research Institutes

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CASRC (San Diego)
Chapin Hall
GAO
Manpower Demonstration Research Corporation
Mathmatica Policy Research, Inc.
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Conference proceedings

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Professional Listserves

EVALTALK
GOVTEVAL
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Internet

Google / Google Scholar
Dogpile