Understanding and Addressing Racial/Ethnic 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 examines the nature of disproportionality in the front-end of the child welfare system and the interventions designed to address it (Note 1). This report summarizes the findings of the review; copies of the full report are available at <www.BASSC.net>

Disproportionality In The Front End Of The System

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

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. Hispanic/Latino children are neither over- nor under-represented in the child welfare system nationally, but in California they are somewhat under-represented, as are Asian American children.³

Reader Note: The goal of a literature review is to identify the most recent, relevant, and rigorous research in order to categorize what is known, to date, about a topic of interest. It focuses on the past in order to inform the future. It does not address the present where emerging and promising practices are being carried out by practitioners. These current practices often do not have the benefit of either formal evaluations or the availability of published reports on the nature of the activities, lessons learned, or research findings. As a result, a literature review is designed to analyze what is known in order to foster critical thinking about the nature of current practices, including new ideas and directions as well as validation of current approaches. A literature review is not designed to disrupt current efforts to experiment with new, untested approaches to practice.

In order to locate and evaluate evidence for use in practice, a special kind of search strategy was used to identify published and unpublished studies using specific search terms and databases. A detailed description of the search process is located in the full report of this structured literature review available at www.bassc.net.
To better understand where and how disproportionality is introduced into the child welfare system, this report focuses on front-end processes. There are four major decision-making points in the front-end of the system. First, someone in the community decides whether to make a referral to the child welfare system. Once a referral is made, child welfare workers must decide: 1) whether to investigate the report, 2) if investigated, whether to substantiate the allegation of maltreatment or dismiss the case, and 3) if substantiated, whether to place a child in out-of-home care.

Some research suggests that children of color are referred, investigated, substantiated, and placed in care at a higher rate than white children. California data, for instance, reflect dramatic differences in rates of referral. The incidence of referral per 1,000 children in the population for African Americans is 100.6, compared to 45.5 for white children, 45.6 for Hispanic children, 18.2 for Asian American children and 56.4 for Native American children (see Figure 3). In other studies, referrals of children of color have been found to be investigated at a higher rate than referrals involving white children; to have an elevated likelihood of substantiation compared to white children; and some studies have found that black children were more likely than white children to enter out-of-home care.

Although California administrative data show little difference in rates of investigation or substantiation by ethnic group, distinctly different rates of placement into foster care are seen. As noted in Figure 4, Native American (41.9%) and African American children (41.7%) are most likely to be placed out of the home, followed by whites (32.9%), Hispanics (29.2%) and Asian Americans (25.0%) (Note 2).
Theories and Related Interventions

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 that 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 and its relationship to disproportionality. Based on each of these theories, a variety of interventions have been developed.

Theory #1: Bias And Inconsistencies In Decision-Making Cause Disproportionality

The notion that bias and inconsistencies are behind racial/ethnic discrepancies in child welfare is supported by several national studies suggesting that there are no racial/ethnic differences in the occurrence of child maltreatment. Yet studies have shown increased rates of referral, investigation, substantiation, and placement for children of color, even after other variables, such as poverty, have been controlled. This theory suggests that disproportionality is due to bias and inconsistency in decision-making by agency staff.

Related Interventions

Risk assessment tools: The use of risk assessments to guide child welfare decision-making has grown steadily in recent years. The goal is to help predict the risk of future harm to a family in order to provide appropriate services. There are two major types of risk assessment tools: 1) consensus-based systems, which are based on the consensus of risk assessment judgments made by experts in the field; and 2) actuarial systems, which are based on empirical evidence of factors statistically associated with future maltreatment.

Many California counties use an actuarial tool, called the California Family Risk Assessment (CFRA). Evidence suggests that the CFRA does a better job of accurately classifying families into risk categories than do consensus-based instruments. Additionally, research indicates that the risk assessments completed by staff using the CFRA are equally valid for white children and families of color. These findings suggest that actuarial risk assessment instruments like the CFRA can contribute to reducing bias in child welfare decision-making, potentially reducing disproportionality.

Family Group Conferencing: This intervention is based on the premise that families have the right to be involved with decisions about their children, and that family members and others involved in the child’s life can help create a better plan for the child. The inclusive nature of family group conferencing may not only improve decision-making but also increase the engagement of families of color. Studies have reported that family group conferences are culturally compatible with culturally diverse groups and that the practice may result in a fairly high level of client satisfaction. One study found that following implementation of a family group conferencing model, the number of children of color who entered the child welfare system was reduced.

Improving cultural competence: Some researchers and practitioners note that white, middle class family values tend to be the standard by which culturally diverse parents and children are compared. As such, children and families exhibiting alternative cultural values or those experiencing circumstances such as poverty or single parenthood may be seen as deviant in the child welfare system. 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.” 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.

One way to approach this task is to increase the diversity of the workforce. Some scholars believe that a child welfare workforce that is reflective of the ethnicity of the agency’s clients may help to improve child welfare outcomes. Research from psychology suggests that racial/ethnic matching of therapist and client may have some benefits, such as lower rates of treatment drop-out, better attendance, and better therapeutic outcomes.

A second strategy is to improve the cultural competence of child welfare staff members. Culturally competent staff can be effective with culturally diverse clients. Training child welfare workers in cultural competence may reduce disproportionality and improve outcomes for children and families of color by improving...
decision-making and overall service provision to culturally diverse children and families. However, there is little research linking the use of cultural competence training programs to improved outcomes for children and families of color. Outcome evaluations of a program in Washington State aimed at improving the cultural competence of workers are currently underway but are not yet available.26

**Theory #2: Poverty And Oppression Of Families Of Color Cause Disproportionality**

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.27 African Americans and Hispanics are more likely than whites to live in impoverished neighborhoods.28 According to this theory, poverty (and other risk factors) combined with a lack of adequate prevention services bring African American children to the attention of the child welfare system in greater numbers than children whose families are not confronting the same stressors. These problems and stressors can contribute to the differences in referral, investigation, substantiation, and placement rates for families of color.

**Related Interventions**

**Differential response:** Differential response, also referred to as alternative response or dual response, allows child welfare agencies greater flexibility in responding to reports of child maltreatment. Only reports that involve clear and imminent danger to the child or that involve potential criminal charges are put on the “investigation track.” Less serious reports are put on the “assessment track” in which families are offered intensive and culturally appropriate services.29 The non-confrontational and supportive nature of engaging families whose children are not in imminent danger represents a responsive 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.

Evaluations suggest that differential response systems are effective in producing positive outcomes in certain areas, such as greater satisfaction with services,30 reduction of child maltreatment reports,31 improved child behavior and fewer problems with alcohol, drugs or domestic violence for families who participate in services.32 Related to disproportionality, other studies have found that services appeared to be received equally well by white families and families of color.33

**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 such settings may help to foster a less stigmatized location of public social services where families feel more comfortable using these services.

**Ethnic specific services:** These services are designed for clients of one ethnic group and attempt to respond to the cultural needs of clients by: 1) locating services in ethnic communities, 2) employing bicultural and bilingual staff, and 3) incorporating cultural customs, values and beliefs into agency practices.34 There is evidence to suggest that ethnic-specific services may be a useful strategy with culturally diverse families. Clients of ethnic agencies have reported: a) they perceive staff from non-ethnic agencies as unfriendly and not understanding of their cultures or their language, b) are unable to trust such agencies, and c) perceive the staff as too busy to provide quality services.35 Additionally, in one study clients who participated in ethnic-specific services had lower drop-out rates and stayed in programs longer than those in mainstream services.36

**Home visitation services:** Although variations exist, most home visitation programs seek to improve parenting and health outcomes of parents and their young children by providing emotional and problem-solving support and concrete assistance. Research suggests that home visitation services are linked to a variety of positive outcomes among children and mothers, including child maltreatment outcomes.37 In addition, there is evidence to suggest that home visitation services may be effective with families of color. Several studies have found improved outcomes, including greater access to services and a slight improvement in psychological well-being among African American mothers.38 There is also evidence to suggest that home visitation programs are better able to retain families of color than they are white families.39

**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.40 Efforts to increase the involvement of fathers, especially non-custodial fathers, may help stabilize these families so that further child welfare system involvement is unnecessary. In addition, the process of involving fathers expands the potential
supports for the mother and child because of the father’s kin network. Some practices currently underway include the coordination of child welfare and child support services that involve incarcerated fathers in services, improve fathers’ parenting skills, and utilize non-custodial fathers as placement alternatives when children cannot be placed with their custodial mother.

Theory #3: System-Related Factors Cause Disproportionality

A third “theory” regarding disproportionality in child welfare suggests that system-related factors (e.g. agency infrastructure, organizational culture, resources, and leadership) can influence the delivery of child welfare services and thereby impact on racial/ethnic disproportionality. Child welfare organizations can be chaotic and crisis-driven environments in which high workloads and staff turnover are the norm. These system-related factors affect job satisfaction and the quality of services delivered. In the 2003 federal government report on children and families of color in the child welfare system, participants noted an overall lack of agency resources as a contributing factor to racial/ethnic disproportionality and poor outcomes among children and families of color.

Related Interventions

Leadership and sustained commitment to reducing disproportionality: Strong organizational leadership and a sustained commitment to addressing disproportionality 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. Significant commitments of time and resources are necessary to integrate culturally competent practices and social justice values in agency environments. 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. Evaluations in the child welfare system are currently underway but are not yet available.

Organizational re-structuring through vertical case management: 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. In contrast, the vertical case management model assigns the same worker to oversee all phases of the family’s involvement with the child welfare system. Workers in some agencies that have implemented this model as a way to reduce disproportionality feel that it may be particularly effective for culturally diverse families, but no research studies have been conducted.

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. Improved collaboration and communication can be mutually beneficial; agencies can gain information on how to tailor services to communities of color, and these communities can learn about the role of the child welfare system. 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. Research on the impact of these efforts on reducing disproportionality is underway.

Figure 5 summarizes each of the three theories and the interventions related to them.

Considering the Nature of the Available Evidence

The evidence available regarding the effectiveness of these interventions is limited. Few studies attempted to determine whether interventions affected the rate of

Figure 5: Summary of Interventions by Theory

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<tr>
<th>Theory #1: BIAS</th>
<th>Theory #2: POVERTY</th>
<th>Theory #3: SYSTEMS</th>
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<tr>
<td>Actuarial Risk Assessment</td>
<td>Differential Response</td>
<td>Leadership</td>
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<td>Family Group Conferencing</td>
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disproportionality. 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 6 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 result in a decrease in child maltreatment reports, improvement in child behavior, and reductions in substance abuse and domestic violence problems.

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 programs 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.

It is important to note that this categorization of interventions should not be interpreted as an evaluative assessment of their efficacy (e.g., as noted in Figure 6, an intervention in category B would not necessarily be more effective at addressing disproportionality than an intervention in category C). The evidence available for each intervention varies in its focus and quality. The effectiveness of any intervention also depends upon the quality of its implementation.

**Implications**

Since it is likely that there are multiple factors contributing 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 in 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 leadership and sustained 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 that 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. For example, if most of the disproportionality in the front end of an agency’s system was from referrals, the agency might target that decision point, using several interventions drawn from the different explanatory theories. For example, based upon the theory that greater poverty and stress experienced by parents of color result in a higher maltreatment rate, the agency 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 to those institutions. Based on the theory that system 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.

Similarly, an agency might wish to target the disproportionate rates of placement of children of color after investigation. In this case, to address poverty as a contributing factor, 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.

It is important to note that these interventions are suggested not because evidence indicates that they are likely to be more effective than other inventions, but because they seem relevant to different decision points in the life of a child welfare case.

Conclusion

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. It appears there are numerous interacting factors contributing to the issue.55 Research suggests that bias and inconsistencies in decision-making may play a role. Poverty and oppression in communities of color combined with the limited availability of prevention services are also likely to play a role. And agencies that fail to develop strong leadership, sustained commitment, and a work environment that facilitates high quality services provided by culturally competent staff can exacerbate disproportionality.

Although the child welfare community has been aware of racial/ethnic disproportionality for many years, very little research on interventions designed specifically to reduce disproportionality exists. There is a 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.

Notes

1 Because the field of child welfare interventions to address disproportionality is so new, “interventions” were broadly defined as programs, practices, or strategies. 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.

2 The lack of difference in investigation and substantiation rates in California or elsewhere does not necessarily indicate color-blind decision-making, if referral disproportionality preceding it is due in some part to bias; see Implications section of the full report for a discussion of this point. Note also that these data are for California overall; 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 African American children are not.

Endnotes

1 Hines, Lemon, Wyatt & Merdinger (2004); Kemp & Bodonyi (2002); Needell, Brookhart & Lee (2003); Wells & Guo (1999)

2 Courtney, Barth, Berrick, Brooks, Needell & Park (1996); Hines, Lee, Drabble, Snowden & Lemon (2002); Jones (1998); Wells & Guo (1999)


4 Needell et al. (2004)


6 Ards, Myers, Malkis, Sugrue & Zhou (2003); Drake (1996); Eckenrode, Powers, Doris, Munsch & Bolger (1988)

7 Needell et al. (2003)

8 Needell et al. (2004)

9 Sedlak & Broadhurst (1996); Sedlak & Schulz (2001a)

10 Chasnoff, Landress & Barrett (1990); Fluke et al. (2003); Sedlak & Broadhurst (1996); Sedlak & Schulz (2001b); Willis & Wells (1988); Zellman (1992); Zuravin & DePanfilis (1999)

11 Hollinshead & Fluke (2000)


13 Johnson (2004)

14 Johnson (2004)

15 Sundell & Vinnerljung (2004)

16 Waites, Macgowan, Pennell, Carlton-LaNey & Weil (2004)

17 Sieppert, Hudson & Unrau (2000)

18 Crampton & Jackson (1999)

19 Miller & Gaston (2003)

20 Miller & Gaston (2003); Pinderhughes (1989)

21 Green (1999)

22 Derezotes & Snowden (1990); McPhatter & Ganaway (2003); McPhatter (1997); Miller & Gaston (2003); Pierce & Pierce (1996)


24 Flaskerud (1986); Sue (1998)

25 Derezotes & Snowden (1990)

26 McKenna & Trujillo (2004)

27 Coulton, Korbin, Su & Chow (1995); Coulton, Korbin & Su (1999); Hines et al. (2002); Jargowsky (2003)


29 Schene (2001)


31 Loman & Siegel (2004); Siegel & Loman (2000)


34 Sue (1998)

35 Holley (2003)

36 Sue (1998)


40 Sedlak & Broadhurst (1996)

41 Sonenstein, Malm & Billing (2002)

42 Glisson & Hemmelgarn (1998); Glisson & James (2002); Grasso (1994); Smith & Donovan (2003); Yoo (2002)

43 Smith & Donovan (2003); Vinokur-Kaplan & Hartman (1986)

44 Glisson & Hemmelgarn (1998); Yoo (2002)

45 McPhatter & Ganaway (2003)
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