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Kathy Lemon Osterling PhD , Amy D'andrade PhD & Michael J. Austin PhD

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ASSESSMENT IN CHILD WELFARE

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

Kathy Lemon Osterling, PhD
Amy D'Andrade, PhD
Michael J. Austin, PhD

SUMMARY. 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 review of the literature examines disproportionality in the front-end of the child welfare system and interventions that may address it. While none of the interventions had evidence suggesting that they reduced disproportionality in child welfare front-end processes, some of the interventions may im-

Kathy Lemon Osterling is Doctoral Research Assistant, Amy D'Andrade is BASSC Research Director, and Michael J. Austin is Professor, Bay Area Social Services Consortium, Center for Social Services Research, School of Social Welfare, University of California, Berkeley.

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prove child welfare case processes related to disproportionality and outcomes for families of color. doi:10.1300/J394v05n01_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2008 by The Haworth Press. All rights reserved.]

KEYWORDS. Racial/ethnic disproportionality, child welfare, interventions, front-end processes

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. While disproportionality and disparities in outcomes exist throughout the child welfare system, a substantial portion is introduced through front end processes such as referral, investigation, substantiation and placement into care. Little is known about what kinds of interventions might be effective in reducing disproportionality at these decision points. This review of the literature examines the nature of disproportionality in the front-end of the child welfare system and the interventions that may address it.

Disproportionality In The Front End Of The Child Welfare 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 (Hines, Lemon, Wyatt & Merdinger, 2004; Kemp & Bodonyi, 2002; Needell, Brookhart & Lee, 2003; Wells & Guo, 1999). 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 (Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996; Hines, Lee, Drabble, Snowden, & Lemon, 2002; Jones, 1998; Wells & Guo, 1999).

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 (Needell, Webster, Cuccaro-Alamin, Armijo, Lee, & Lery, 2004; U.S. Department of Health and Human Services, 2002).

To better understand disproportionality in the child welfare system, it can be helpful to consider the various case decision points throughout

FIGURE 1. Racial/Ethnic Disproportionality in the U.S. Child Welfare System

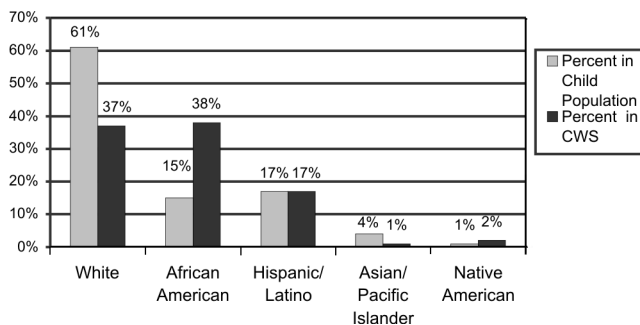
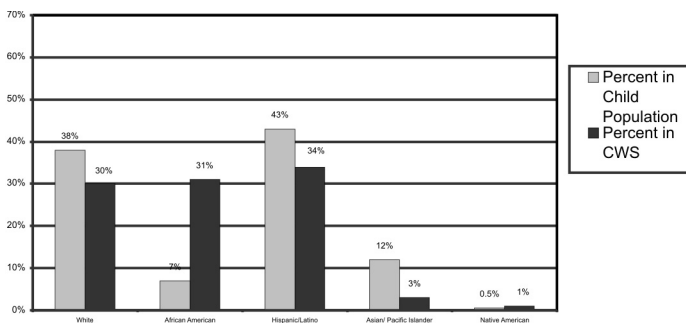


FIGURE 2. Racial/Ethnic Disproportionality in the California Child Welfare System



the system separately (Derezotes & Poertner, 2005). This article focuses on the four major decision-making points in the front-end of the system. First, a community resident or mandated reporter 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) (Needell et al., 2004).

In other studies, referrals of children of color have been found to be investigated at a higher rate than referrals involving white children (Fluke, Yuan, Hedderson & Curtis, 2003; Wells, Fluke & Brown, 1995); to have an elevated likelihood of substantiation compared to white children (Ards, Myers, Malkis, Sugrue, & Zhou, 2003; Drake, 1996; Eckenrode, Powers, Doris, Munsch, & Bolger, 1988; Rolock & Testa, 2005); and black children were found to be more likely than white children to enter out-of-home care (Hill, 2005; Needell, Brookhart & Lee, 2003). California administrative data show distinctly different rates of placement into foster care for African American and Native American children. 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%) (Needell et al., 2004).

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. Regarding disproportionality in the front end of the child welfare system, one theory asserts that bias and inconsistencies in decisions made by the referring community and child welfare agency staff result in disproportionality. A second

FIGURE 3. Referral Incidence in California by Ethnicity

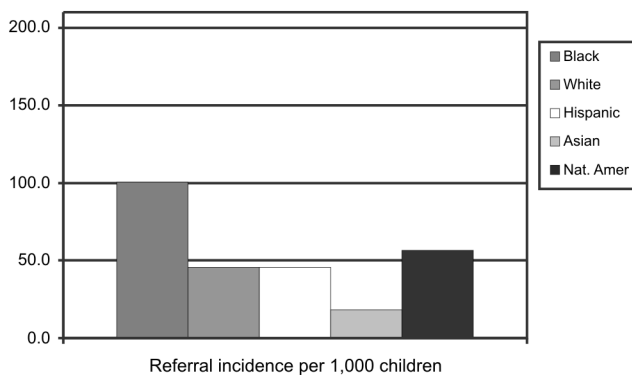
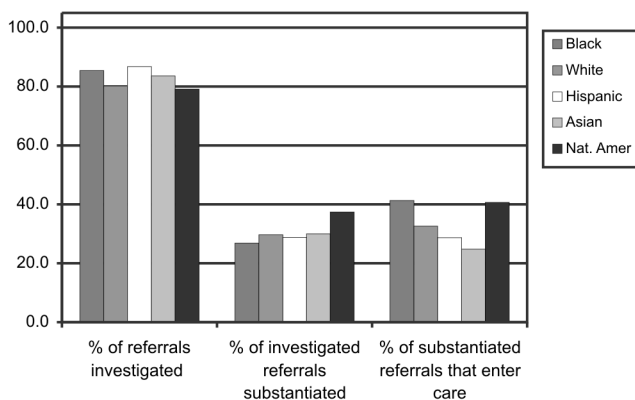


FIGURE 4. Cases Investigated, Substantiated, and Placed in California by Ethnicity



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 upon these theories, a variety of interventions that may affect disproportionality have been developed.

To identify these interventions, we used specific search terms and 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 general 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. Since the interventions to address disproportionality in child welfare are so new, they were broadly defined as programs, practices, or strategies. The term “addressing disproportionality” was also broadly defined as those interventions that were directly aimed at reducing disproportionality or those that indirectly addressed disproportionality by improving outcomes for children and families of color.

Bias and Inconsistencies in Decision-Making

The notion that bias and inconsistencies are behind racial/ethnic discrepancies in child welfare is supported by several national studies sug-

gesting that there are no racial/ethnic differences in the occurrence of child maltreatment (Sedlak & Broadhurst, 1996). 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. In a later study using NIS-3 data, racial/ethnic differences in the incidence of child maltreatment were explored in conjunction with demographic risk factors such as income, number of children in a household, and employment status. After controlling for these risk factors, African American families were found to have less risk of child maltreatment than White families (Sedlak & Schulz 2005a).

And yet, studies have shown increased rates of referral, investigation, substantiation, and placement for children of color, even after controlling for other explanatory variables such as poverty (Ards et al., 2003; Chasnoff, Landress, & Barrett, 1990; Drake, 1996; Needell et al., 2003; Sedlak & Schulz, 2005b; Willis & Wells, 1988; Zellman, 1992). Some argue that disproportionality instead may be due to bias and inconsistency in staff decision-making.

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 in order to provide appropriate services to a family (Hollinshead & Fluke, 2000). 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 (Baird & Wagner, 2000).

Many California counties use an actuarial tool called the California Family Risk Assessment (CFRA). Findings from several studies suggest that the CFRA accurately classifies families into risk categories (Baird & Wagner, 2000; Johnson, 2004). Additionally, research indi-

cates that the risk assessments completed by staff using the CFRA are equally valid for white children and families of color (Johnson, 2004). Additionally, in one jurisdiction using an actuarial risk assessment tool developed by the Children's Research Center, disproportionality of African American children existing at early case decision points (referral and substantiation) was significantly less at case opening, the decision point at which workers utilized the CRC risk assessment tool (Baird, 2005). These findings suggest that actuarial risk assessment instruments like the CFRA may contribute to reducing bias in child welfare decision-making and thereby have potential to 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 adopted 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 (Waites, Macgowan, Pennell, Carlton-LaNey, & Weil, 2004). 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 (Sundell & Vinnerljung, 2004).

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 (Waites et al., 2004) and that the practice may result in a fairly high level of client satisfaction (Sieppert, Hudson, & Unrau, 2000). One study found that after implementing the family group conferencing model, the number of children of color who entered the child welfare system was reduced (Crampton & Jackson, 1999). However, not all research supports the effectiveness of family group conferencing. For example, children in Sweden who received family group conferences (compared to a group receiving traditional child welfare services) actually experienced higher rates of out-of-home placement as well as higher rates of subsequent episodes of substantiated maltreatment based on a three year follow-up study (Sundell & Vinnerljung, 2004).

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 (Miller & Gaston, 2003). 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 (Miller & Gaston, 2003; Pinderhughes, 1989). Green 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” (1999, p. 87). 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 (Derezotes & Snowden, 1990; McPhatter & Ganaway, 2003; McPhatter, 1997; Miller & Gaston, 2003; Pierce & Pierce, 1996).

One way to approach this task is to increase the diversity of the workforce. A child welfare workforce that is reflective of the ethnicity of the agency’s clients may help to improve child welfare outcomes (U.S. Department of Health and Human Services, 2003). 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 (Flaskerud, 1986; Sue, 1998).

A second strategy is to improve the cultural competence of child welfare staff members in order to become more effective in working with culturally diverse clients (Derezotes & Snowden, 1990). Increasing the cultural competence of child welfare staff may reduce disproportionality and improve outcomes for children and families of color by improving decision-making and overall service provision. 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 (McKenna & Trujillo, 2004).

POVERTY AND OPPRESSION OF FAMILIES OF COLOR

The disproportionate 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

(Coulton, Korbin, Su, & Chow, 1995; Coulton, Korbin & Su, 1999; Hines et al., 2002); African Americans and Hispanics are more likely than Whites to live in impoverished neighborhoods (Jargowsky, 2003). The provision of adequate resources and supports to families of color to prevent maltreatment and removal of children from the home could 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 (Thomas, Leicht, Hughes, Madigan & Dowell, 2002). Thomas et al. (2002) note that the level of prevention services currently available is inadequate in both secondary and tertiary prevention services. Secondary prevention focuses on providing services to families that have risk factors for child maltreatment, but have not yet been reported to the child welfare system. Tertiary prevention focuses on providing services to families who have already been reported to the child welfare system for maltreatment.

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 provides child welfare agencies with 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 (Schene, 2001). The non-confrontational and supportive nature of engaging families whose children are not in imminent danger represents a more 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.

The use of differential response has grown considerably in recent years and these systems have been identified as a strategy to help reduce disproportionality (U.S. DHHS, 2003). Evaluations suggest that differential response systems are effective in producing positive outcomes in certain areas, such as greater satisfaction with services (Institute of Applied Research, 2004), reduction of child maltreatment reports (Loman & Siegel, 2004; Siegel & Loman, 2000), improved child behavior and fewer problems with alcohol, drugs or domestic violence for families who participate in services (Institute of Applied Research, 2004). Related to disproportionality, other studies have found that services appeared to be received equally well by white families and families of color (Institute of Applied Research, 2004).

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 for public social services to help families feel more comfortable with accessing these services (Daro, 2003). Locating staff within community centers and schools can also provide an opportunity for workers to educate colleagues in other settings about the child welfare system in order to reduce the number of inappropriate referrals coming into the system (U.S. DHHS, 2003). However, there is no direct evidence that out-stationing child welfare workers results in reductions in disproportionality or improved outcomes for children and families of color.

Neighborhood-based ethnic-specific services. These services are designed to respond to the cultural needs of specific ethnic groups by: (1) locating services in ethnic communities, (2) employing bicultural and bilingual staff, and (3) incorporating cultural customs, values and beliefs into agency practices (Sue, 1998). The following evidence suggests that ethnic-specific services may be a useful strategy with culturally diverse families: (a) clients perceive staff from non-ethnic agencies as unfriendly and not understanding of their cultures or their language, (b) clients are unable to trust such agencies, and (c) clients perceive the staff as too busy to provide quality services (Holley, 2003). In another study, clients who participated in ethnic-specific services had lower drop-out rates and stayed in programs longer than those in mainstream services (Sue, 1998).

Leaders of ethnic agencies report several inter-related reasons why community members prefer ethnic-specific agencies; namely, shared cultures and experiences, specific cultural elements within agency pro-

grams (dances, stories, food, holidays and cultural history), shared language, and the strong commitment of staff who are also members of the ethnic community (Holley, 2003).

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. The research suggests that home visitation services are linked to a variety of positive outcomes among children and mothers, including child maltreatment outcomes (Olds, Eckenrode, Henderson, Kitzman, Powers, Cole et al., 1997). 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 (Kitzman Olds, Henderson, Hanks, Cole, Tatelbaum et al., 1997; Marcenko, Spence, Samost, 1996). There is also evidence to suggest that home visitation programs are better able to retain the involvement of families of color than they are for white families (Daro McCurdy, Falconnier, & Stojanovic, 2003; McGuigan Katzev, & Pratt, 2003).

However, not all research has supported the effectiveness of home visitation programs. In an evaluation of Hawaii's Healthy Start Program, few effects on child maltreatment were found (Duggan, Fuddy, Burrell, Higman, McFarlane, Windham et al., 2004). In addition, an eighteen-month follow-up evaluation focused on the effectiveness of a postnatal home visiting program using nurses, social workers and parent aides for those at risk of child abuse and neglect revealed no significant differences between parents receiving the intervention and those in the control group on measures of parenting stress, parenting competence and quality of the home environment (Fraser, Armstrong, Morris, & Dadds, 2000). Other studies suggest that the positive benefits of home visitation programs may be mediated by other risk factors such as domestic violence. For example, 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 (Eckenrode, Ganzel, Henderson, Smith, Olds, Powers et al., 2000). These results suggest that different risk factors may impact outcomes for home visitation program participants.

Increasing involvement of fathers in child welfare services. Most research suggests that African American families in the child welfare sys-

tem are primarily headed by mothers (Sedlak & Broadhurst, 1996). In a review of the literature on the involvement of fathers 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 for keeping children with their primary caretakers, may ignore fathers as a potential placement option (Sonenstein, Malm, & Billing, 2002). Moreover, there are no national standard procedures for establishing paternity, making the identification of non-custodial parents difficult (Sonenstein et al., 2002).

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, 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, involving incarcerated fathers in services, improving fathers' parenting skills, and utilizing non-custodial fathers as placement alternatives when children cannot be placed with their custodial mother (Sonenstein et al., 2002). However, no evaluation data on these programs are yet available.

SYSTEM-RELATED FACTORS

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. Research suggests that these system-related factors affect the quality of services delivered and outcomes within child welfare settings (Glisson & Hemmelgarn, 1998; Glisson & James, 2002; Grasso, 1994; Smith & Donovan, 2003; Yoo, 2002). Child welfare organizations with high workloads and staff turnover can be chaotic and crisis-driven environments (Smith & Donovan, 2003; Vinokur-Kaplan & Hartman, 1986). 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 affect job satisfaction and the quality of services delivered. In one study investigating the impact of organiza-

tional culture within an agency serving children and families indicated that a positive organizational climate (low conflict, high degree of cooperation, role clarity, personalization and low conflict) was related to better service quality and improved client outcomes (Glisson & Hemmelgarn, 1998). Similarly, Yoo (2002) investigated the relationship between child welfare organizational variables and client outcomes and found that employees tended to rate their job satisfaction as low in relationship to heavy workloads and high job stress. They also reported an overall lack of leadership in the organization where feelings of disconnection between workers and management led to an overall chaotic working environment. In the 2003 federal government report on children and families of color in the child welfare system (U.S. Department of Health and Human Services, 2003), participants noted an overall lack of agency resources as a contributing factor to racial/ethnic disproportionality and poor outcomes for 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. Since organizational leaders can set the overall tone of the organization, agency administrators and managers need to be integral to improving services to children and families of color (Mcphatter & Ganaway, 2003). Significant commitments of time and resources are necessary to integrate culturally competent practices and social justice values into agency environments (Chesler, 1994; Hyde, 2004; Mederos & Woldegiorgis, 2003). Although studies focusing on the links between leadership and a sustained commitment to reduce 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 in California suggests that strong leadership and sustained commitment are critical factors for schools that have successfully improved educational outcomes for children of color (Symonds, 2003). Evaluations in the child welfare system are currently underway but are not yet available (Ramsey County Community Human Services Department, 2004).

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 allo-

cated 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. In agencies that have implemented this model as a way to reduce disproportionality, workers have reported it to be particularly effective for culturally diverse families (U.S. Department of Health and Human Services, 2003).

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 (Woodroffe & Spencer, 2003). 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 (U.S. Department of Health and Human Services, 2003). In human service agencies that have successfully integrated multicultural and social justice values into their organizations, outreach activities to client populations were the key aspects of successful implementation (Hyde, 2003). Research on the impact of these efforts on reducing disproportionality is underway (Ramsey County Community Human Services Department, 2004). Figure 5 summarizes each of the three theories and the interventions related to them.

Considering the Nature of Available Evidence

The available evidence 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.

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 the following as-

FIGURE 5. Summary of Interventions by Theory

<i>Theory #1: BIAS</i>	<i>Theory #2: POVERTY</i>	<i>Theory #3: SYSTEMS</i>
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	

pects of child welfare case processes 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 documented positive outcomes for African American mothers and increased retention for families of color over white families. The evidence for differential response suggests that clients of color were satisfied with the intervention. However, for many interventions there was no empirical research available regarding whether they reduced disproportionality, improved child welfare case processes related to disproportionality were especially effective with families of color or were well received 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, especially since the evidence available for each intervention varies in its focus and quality. And finally, the effectiveness of any interventions depends upon the quality of its implementation.

IMPLICATIONS

Implications for Practice

Another model explaining disproportionality in child welfare proposes that there are multiple causes; African American families *are* at greater risk of child maltreatment, *and* problems with agency decision-making (along with other factors) contribute to the problem (Barth, 2005). If this is the case, attempts to achieve sustained reductions in racial/ethnic disproportionality may benefit from the implementation of a variety of interventions related to several 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 this 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 within the context of group decision-making, and leadership through sustained commitment in the form of self-evaluation teams that use data to focus and track agency efforts (Annie E. Casey Foundation, n.d.).

A second Casey initiative in the juvenile justice arena focuses on the disparities in detention rates by ethnicity. For example, the Santa Cruz County 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 training); (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 (Cox & Bell, 2001; Hoyt, Schiraldi, Smith, & Ziedenber, n.d.).

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 theories. For example, based upon the theory that greater poverty and stresses 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 possibly behind the disproportionality of referrals from schools and hospitals, an agency could provide cultural competence training for staff in 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 in order to inform referring parties about community resources that might be of use to struggling families.

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 as well as identifying the most effective interventions. Much of the research on disproportionality documents the disproportionate representation of various racial/ethnic groups throughout the service system as well as the differences in permanency outcomes, while relatively little investigates or tests theoretical explanations of disproportionality. While there is increasing attention to this area (see Derezotes, Poertner & Testa, 2005), more study is required before the field can be confident that causal factors underlying disproportionality are fully understood.

Evaluating the effectiveness of interventions intended to decrease racial/ethnic disproportionality in the child welfare system will benefit from collaborations between researchers and public agencies. Such studies need to explicitly articulate the theoretical foundation for the use of each intervention as well as the logic linking program inputs with anticipated outcomes. The best tests of the effectiveness of particular interventions would involve true experiments where clients are randomly assigned to an intervention so that any differences in decision-making practices and/or overall disproportionality rates could be ascribed to the intervention. Given the complex nature of both interventions and the effects of race and ethnicity, studies need to disentangle any differential effects that exist between the intervention, the environment in which it is implemented, and different racial/ethnic groups.

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. Bias and inconsistencies in decision-making may play a role, as may poverty and oppression in communities of color combined with the limited availability of prevention services. And agencies that fail to develop strong leadership, sustained commitment, and a work environment that facilitates high quality services provided by culturally competent staff may exacerbate disproportionality.

Although the child welfare community has been aware of racial/ethnic disproportionality for many years, 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 the literature should be a useful starting point for agencies to address the issue of racial/ethnic disproportionality at the front end of the child welfare system.

REFERENCES

- Annie E. Casey Foundation (n.d.) Family to family tools for rebuilding foster care: Outcomes, goals and strategies.
- Ards, S. D., Myers, S. L., Malkis, A., Sugrue, E., & Zhou, L. (2003). Racial disproportionality in reported and substantiated child abuse and neglect: An examination of systematic bias. *Children and Youth Services Review*, 25(5/6), 375-392.
- Baird, C. & Wagner, D. (2000). The relative validity of actuarial- and consensus-based risk assessment systems. *Children and Youth Services Review*, 22(11/12), 839-871.
- Baird, C. (2005). The effect of risk assessments and their relationship to maltreatment recurrence across races. In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 131-146). Washington D.C.: CWLA.
- Barth, R.P. (2005). Child welfare and race: Models of disproportionality. In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 25-46). Washington DC: CWLA.
- Chasnoff, I. J., Landress, H.J. & Barrett, M. E. (1990). The prevalence of illicit drug or alcohol use during pregnancies and discrepancies in mandatory reporting in Pinellas County, Florida. *The New England Journal of Medicine*, 322, 1202-1206.
- Chesler, M. A. (1994). Strategies for multicultural organizational development. *The Diversity Factor*, 12-18.
- Coulton, C. J., Korbin, J., Su, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child Development*, 66, 1262-1276.

- Coulton, C. J., Korbin, J. E. & Su, M. (1999). Neighborhoods and child maltreatment: A multi-level study. *Child Abuse and Neglect*, 23(11), 1019-1040.
- Courtney, M. E., Barth, R. P., Berrick, J. D., Brooks, D., Needell, B., & Park, L. (1996). Race and child welfare services: Past research and future directions. *Child Welfare*, 75(2), 99-137.
- Cox, J.A. & Bell, J. (2001). Addressing disproportionate representation of youth of color in the juvenile justice system. *Journal of the Center for Families, Children and the Courts*, v(3), 31-42.
- Crampton, D. & Jackson, W. L. (1999). Beyond justice: Using family group decision making to address the over-representation of children of color in the child welfare system. *American Humane Association Family Group Decision Making Roundtable Proceedings*.
- Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse and Neglect*, 27(10), 1101-1125.
- Derezotes, D.M. & Poertner, J. (2005). Factors contributing to the overrepresentation of African American children in the child welfare system. In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 131-146). Washington D.C.: CWLA.
- Derezotes, D.M., Poertner, J., & Testa, M.F. (2005). *Race matters in child welfare: The overrepresentation of African American children in the system*. Washington DC: CWLA.
- Derezotes, D. S., & Snowden, L. R. (1990). Cultural factors in the intervention of child maltreatment. *Child and Adolescent Social Work Journal*, 7(2), 161-175.
- Drake, B. (1996). Predictors of preventive services provision among unsubstantiated cases. *Child Maltreatment*, 1(2), 168-175.
- Eckenrode, J., Powers, J., Doris, J., Munsch, J., & Bolger, N. (1988). Substantiation of child abuse and neglect reports. *Journal of Consulting and Clinical Psychology*, 56(1), 9-16.
- Flaskerud, J. H. (1986). The effects of culture-compatible intervention on the utilization of mental health services to minority clients. *Community Mental Health Journal*, 22(2), 127-141.
- Fluke, J. D., Yuan, Y. T., Hedderson, J., & Curtis, P. A. (2003). Disproportionate representation of race and ethnicity in child maltreatment: Investigation and victimization. *Children and Youth Services Review*, 25(5/6), 359-373.
- Glisson, C. & Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect*, 22(5), 401-421.
- Glisson, C. & James, L. R. (2002). The cross-level effects of culture and climate in human services teams. *Journal of Organizational Behavior*, 23, 767-794.
- Grasso, A. J. (1994). Management style, job satisfaction, and service effectiveness. *Administration in Social Work*, 18(4), 89-105.
- Green, J. W. (1999). *Cultural awareness in the human services: A multi-ethnic approach*. Boston: Allyn and Bacon.

- Hill, R.B. (2005). The role of race in foster care placements. In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 187-200). Washington D.C.: CWLA.
- Hines, A. M., Lee, P. A., Drabble, L., Snowden, L. R., & Lemon, K. (2002). *An Evaluation of Factors Related to the Disproportionate Representation of Children of Color in Santa Clara County's Child Welfare System: Phase 2 Final Report*. Online, retrieved October 21, 2004 from: <http://www2.sjsu.edu/depts/SocialWork/cwrt/>
- Hines, A. M., Lemon, K., Wyatt, P., & Merdinger, J. (2004). Factors related to the disproportionate involvement of children of color in the child welfare system: A review and emerging themes. *Children and Youth Services Review, 26*(6), 507-527.
- Holley, L. C. (2003). The influence of ethnic awareness on ethnic agencies. *Administration in Social Work, 27*(3), 47-63.
- Hollinshead, D. & J. Fluke (2000). What Works in Safety and Risk Assessment for CPS. *What Works in Child Welfare*. M. P. Kluger, G. Alexander & P. Curtis, A. Washington, DC, CWLA Press: 370.
- Hoyt, E.H., Schiraldi, V., Smith, B.V. & Ziedenberg, J. (n.d.). *Pathways to juvenile detention reform: Reducing racial disparities in juvenile detention*. Baltimore, MD: The Annie E. Casey Foundation.
- Hyde, C. A. (2003). Multicultural organizational development in nonprofit human services agencies: Views from the field. *Journal of Community Practice, 11*(1), 39-59.
- Hyde, C. A. (2004). Multicultural organizational development in human service agencies: Challenges and solutions. *Social Work, 49*(1), 7-16.
- Institute of Applied Research (2004). *Minnesota alternative response evaluation: Select interim evaluation findings*. Online, retrieved October 27, 2004 from: <http://www.iarstl.org>
- Jargowsky, P. (2003). *Stunning progress, hidden problems: The dramatic decline of concentrated poverty in the 1990s*. Washington, DC: Brookings Institution.
- Johnson, W. (2004). *Effectiveness of California's Child Welfare Structured Decision-Making (SDM) model: A prospective study of the validity of the California Family Risk Assessment*. Alameda County Social Services Agency.
- Jones, L. (1998). The social and family correlates of successful reunification of children in foster care. *Children and Youth Services Review, 20*(4), 305-323.
- Kemp, S. P. & Bodonyi, J. M. (2002). Beyond termination: Length of stay and predictors of permanency for legally free children. *Child Welfare, 81*(1), 59-86.
- Kitzman, H., Olds, D.L., Henderson, C. R., Hanks, C., Cole, R., Tatelbaum, R., McConnochie, K. M., Sidora, K., Luckey, D. W., Shaver, D., Engelhardt, K., James, D., & Barnard, K. (1997). Effects of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial. *Journal of the American Medical Association, 278*(8), 644-652.
- Loman, L. A., & Siegel, G. L. (2004). *Differential response in Missouri after five years*. Online, retrieved December 12, 2004 from: <http://www.iarstl.org>
- Marcenko, M. O., Spence, M. & Samost, L. (1996). Outcomes of a home visitation trial for pregnant and postpartum women at-risk for child placement. *Children and Youth Services Review, 18*(3), 243-259.

- McGuigan, W. M., Katzev, A. R. & Pratt, C. C. (2003). Multi-level determinants of re-
tention in a home-visiting child abuse prevention program. *Child Abuse and Neglect*, 27(4), 363-380.
- McKenna, M & Trujillo, I. (2004). *Frontline Connections quality improvement center: Project report*. Northwest Institute for Children and Families: University of Washington.
- McPhatter, A. R. & Ganaway, T. L. (2003). Beyond the rhetoric: Strategies for implementing culturally effective practice with children, families, and communities. *Child Welfare*, 82(2), 103-124.
- McPhatter, A. R. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare*, 76(1), 255-278.
- Mederos, F. & Woldegiorgis, I. (2003). Beyond cultural competence: What child protection managers need to know and do. *Child Welfare*, 82(2), 125-142.
- Miller, O. A. & Gaston, R. J. (2003). A model of culture-centered child welfare practice. *Child Welfare*, 82(2), 235-249.
- Needell, B., Brookhart, M. A. & Lee, S. (2003). Black children and foster care placement in California. *Children and Youth Services Review*, 25(5/6), 393-408.
- Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., & Kim, H. (2004). *Child Welfare Services Reports for California*. Retrieved October 21, 2004, from University of California at Berkeley Center for Social Services Research Website. URL: < <http://cssr.berkeley.edu/CWSCMSreports/>>.
- Olds, D.L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L. M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse neglect: 15-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278(8), 637-643.
- Pierce, R. L. & Pierce, L. H. (1996). Moving toward cultural competence in the child welfare system. *Children and Youth Services Review*, 18(8), 713-731.
- Pinderhuges, E. (1989). *Understanding race, ethnicity, and power: The key to efficacy in clinical practice*. New York: Free Press.
- Rolock, N. & Testa, M.F. (2005). Indicated child abuse and neglect reports: Is the investigation process racially biased? In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system (pp. 119-130)*. Washington D.C.: CWLA.
- Schene, P. (2001). Meeting Each Family's Needs: Using Differential Response in Reports of Child Abuse and Neglect, Examples of Differential Response in Several States, Making Differential Response Work: Lessons Learned. *Best Practice/Next Practice, (Differential Response in Child Welfare)*, 1-24.
- Sedlak, A. J. & Broadhurst, D. D. (1996). *Third National Incidence Study of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.
- Sedlak, A. J. & Schulz, D. (2005a). *Race differences in risk of maltreatment in the general child population*. In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system (pp. 47-62)*. Washington DC: CWLA.

- Sedlak, A. J. & Schulz, D. (2005b). *Race differences in child protective investigations of abused and neglected children*. In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 97-118). Washington DC: CWLA.
- Sieppert, J. D., Hudson, J. & Unrau, Y. (2000). Family Group Conferencing in Child Welfare: Lessons from a Demonstration Project. *Families in Society: The Journal of Contemporary Human Services*, 81(4), 382-391.
- Smith, B. D. & Donovan, S. E. F. (2003). Child welfare practice in organizational & institutional context. *Social Services Review*, 77(4), 541-563.
- Sonenstein, F., Malm, K. & Billing, A. (2002). *Study of fathers' involvement in permanency planning and child welfare casework*. Online, retrieved April 17, 2003 from: <http://aspe.hhs.gov>
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychology*, 53(4), 440-448.
- Sundell, K. & Vinnerljung, B. (2004). Outcomes of Family Group Conferencing in Sweden: A 3-year follow-up. *Child Abuse and Neglect*, 28(3), 267-287.
- Symonds, K. W. (2003). *After the test: How schools are using data to close the achievement gap*. SF: Bay Area School Reform Collaborative.
- Waites, C., Macgowan, M. J., Pennell, J., Carlton-LaNey, I., & Weil, M. (2004). Increasing the Cultural Responsiveness of Family Group Conferencing. *Social Work*, 49(2), 291-300.
- Wells, S. J., Fluke, J. D. & Brown, C. H. (1995). The decision to investigate: Child protection practice in 12 local agencies. *Children and Youth Services Review*, 17(4), 523-546.
- Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *Children and Youth Services Review*, 21(4), 273-294.
- Willis, C. L. & Wells, R. H. (1988). The police and child abuse: An analysis of police decisions to report illegal behavior. *Criminology*, 26(4), 695-716.
- U.S. Department of Health and Human Services (2003). *Children of color in the child welfare system: Perspectives from the child welfare community*. Washington, DC: Author.
- Vinokur-Kaplan, D. & Hartman, A. (1986). A national profile of child welfare workers and supervisors. *Child Welfare*, 65(4), 323-335.
- Yoo, J. (2002). The relationship between organizational variables and client outcomes: A case study in child welfare. *Administration in Social Work*, 26(2), 39-61.
- Zellman, G. (1992). The impact of case characteristics on child abuse reporting decisions. *Child Abuse and Neglect*, 16, 57-74.
- Zuravin, S., & DePanfilis, D. (1999). Predictors of child protective service intake decisions: Case closure, referral to continuing services, or foster care placement. In P.A. Curtis, G. Dale, Jr., & J.C. Kendall (Eds.). *The foster care crisis* (pp. 63-83). Lincoln, NE: University of Nebraska.