
Racial Disproportionality in the Child Welfare System in King County, Washington

Report: Quantitative and Qualitative Data on Racial Disproportionality

Prepared for:

King County Coalition on Racial Disproportionality

Quantitative Findings Prepared by:

Clegg & Associates, Inc.

Seattle, WA 98101

under contract to:

Wanda Hackett Enterprises

Qualitative Findings Prepared by:

Wanda Hackett Enterprises

Seattle, WA 98194

Literature Review and Conclusions Prepared by:

Northwest Institute for Children and Families

University of Washington School of Social Work

Seattle, WA 98105

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King County Coalition on Racial Disproportionality

Executive Committee

Judge Patricia Clark—Co-chair
King County Superior Court
Jacquelyn Buchanan—Co-chair
Children's Administration
Lyman Legters
Casey Family Programs

Research Subcommittee

Sue Castonguay
Michael Curtis
Marie Jamieson
Elena Lamont
Linda Lillivek

Research Advisors

Lorraine Brave
Ellen Carmody
George Gonzalez
Marian Harris, Ph.D.
Zynovia Hetherington
Woody Hodge

Research Team

Wanda L. Hackett, Ph.D., Principal Investigator, Wanda Hackett Enterprises, Seattle, Washington
Katharine Cahn, Ph.D., Northwest Institute for Children and Families, University of Washington School of Social Work

Quantitative Research

Mariann Mann, Clegg & Associates
Dawn Hanson Smart, Clegg & Associates
Linnet Henry, Structure & Design Services

Qualitative Research

Marian Harris, Ph.D., Northwest Institute for Children and Families, University of Washington School of Social Work

Nikia Johnson, Student Research Assistant, University of Washington School of Social Work

Jung Chong, Student Research Assistant, University of Washington School of Social Work

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For more information or a copy of the report, please contact Catalyst for Kids at 206-695-3238 or marikoo@chs-wa.org.

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Understanding Racial Disproportionality

Background

The King County Coalition on Racial Disproportionality in the child welfare system was initially formed in the summer of 2002 by individuals who had attended a Reasonable Efforts (Court Improvement) Action Planning Symposium earlier that year. Representatives from the King County Juvenile Court, Department of Social and Health Services' Children's Administration, Casey Family Programs, Court Appointed Special Advocate (CASA) program, public defenders, Catalyst for Kids (formerly Families for Kids Partnership) and other agencies made a commitment to work together to reduce the disproportionately negative outcomes experienced by children of color in the King County child welfare system.

The Honorable Patricia Clark, King County Superior Court, Jacquelyn Buchanan, Regional Administrator – Region 4 DSHS/Children's Administration, and Lyman Legters, Director of Casey Family Programs – Seattle Office, serve as leaders of the Coalition. With funding from the Stuart Foundation and Casey Family Programs, the Coalition enlisted the University of Washington School of Social Work's Northwest Institute for Children and Families and Wanda Hackett Enterprises, an organization effectiveness consulting firm, to conduct research to identify:

1. where disproportionality exists and to what extent and
2. factors that contribute to racial disproportionality.

A Research Subcommittee was formed to assist and advise the research team (see inside report cover for list of members). Clegg & Associates and Linet Henry of Structure & Design Services were contracted by Wanda Hackett Enterprises to conduct the quantitative Phase One effort of the research study—identifying where racial disproportionality exists in the child welfare system at key decision points and to what extent. Phase Two was a qualitative study utilizing focus groups conducted by researchers from Wanda Hackett Enterprises and the Northwest Institute for Children and Families, University of Washington School of Social Work.

Research Approach and Limitations

Phase One Quantitative Research Methodology

Defining “disproportionality” was an important step in the Phase One quantitative study for the Research Team. The Coalition Research Subcommittee determined that it should encompass both over- and under-representation (i.e., the percentage of a racial group in the King County child population versus the percentage of that racial group at various points in the child welfare decision-making process) and a comparison of each racial group with Caucasian children (i.e., proportionality). The thirteen decision points that were the focus of the Phase One study were:

- Referrals accepted for investigation
- Risk tag ratings
- Chronically referring families
- CPS investigation findings
- Dependencies established
- CASA assignments
- Z Hall non-criminal detention
- Out-of-home placements
 - o foster home placements
 - o relative placements
- Children in care more than two years and more than four years
- Exit pathways
- Re-entry

With limited time and resources to conduct Phase One, the Research Team focused on identifying the system indicators on which data were currently reported and where data analysis by race was possible. Management reports produced by the Children’s Administration, the Children’s Administration’s online interactive spreadsheet, and reports provided by the Children’s Administration to the Families for Kids Partnership provided the bulk of data for this report.

The research team also explored data available through the Superior Court Management Information System (SCOMIS) and Juvenile Court Information System (JUVIS), both of which contain important information on dependency cases. In King County, race data are not routinely entered in either database. A search of all dependency cases since 1997 showed that 76% of the records listed race as “unknown.”

Other data sources investigated included the Court Liaison and public defenders, neither of which collects race data. Limited data by race were available from the CASA program and Juvenile Court, and are presented in this report.

The purpose of the Phase One quantitative data analysis was to describe *what* is occurring relative to racial disproportionality in the child welfare system. The objective of the Phase Two qualitative study was to present a number of hypotheses for consideration to begin to answer the question of *why* African American and Native American children are disproportionately represented. Getting some insight into the *why* was an important next step in the Coalition's process of planning systems improvement. We will now turn to the methodology used to underpin the qualitative study.

Phase Two Qualitative Research Methodology

Given the Coalition's goal to move into the action phase of creating and implementing promising practices that could quickly mitigate disproportionality, conducting the qualitative research to identify factors that contribute to disproportionality in a timely manner was a high priority for the Research Team. As a consequence, the decision points reported in the Phase One study were carefully reviewed by the Coalition's Research Subcommittee, and a subset was selected for more in-depth consideration in the Phase Two qualitative study. As a result, there is not a 100% match between the quantitative data describing *what* is happening, and the qualitative data report of hypotheses of *why* the disproportionality may be occurring.

The Research Subcommittee identified six decision points for more in-depth study in the qualitative study:

- Reporting
- Intake and investigation
- Reunification efforts: services
- Placement
- Dependency and termination of parental rights
- Alternate pathways for exiting the system

To glean insight into the possible reasons underpinning the disproportionality of African American and Native American children in the state's child welfare system, the Subcommittee asked the Research Team to include as broad a cross section of informants associated with the child welfare systems as possible, given resource and time constraints. To accomplish the above, the Research Team utilized two data collection approaches.

Approach One Data Collection: The qualitative Research Team conducted 12 focus groups involving 66 informants. The researchers took extensive notes of informant responses and audio taped each session to provide backup documentation. A single researcher conducted the data analysis by first coding the data from all sessions and then conducting a content analysis to discern cross-cutting patterns and themes.

To maintain the Research Team's commitment to anonymity, Approach One informants were not identified individually, but by professional category and by the focus group in which they participated. See Table 1 for a summary of informants by focus group topic and organizational affiliation.

**Table 1
Focus Group Respondents**

Focus Group Topic	Respondent Affiliation
<p>Mandatory reporting (6 informants)</p>	<ul style="list-style-type: none"> • Hospitals • Mental Health • Public Health • Schools • Interim Care Provider
<p>Intake (8 informants)</p>	<ul style="list-style-type: none"> • Region 4 Intake staff
<p>Investigation of risk and decision to place (9 informants, both workers and supervisors)</p>	<ul style="list-style-type: none"> • Region 4 Child Protective Services staff
<p>Dependency and termination of parental rights (8 informants)</p>	<ul style="list-style-type: none"> • Attorneys • Attorney General’s Office • Court officials (administrator, commissioner, dependency supervisor, court liaison) • Public defenders
<p>Reunification efforts (6 informants)</p>	<ul style="list-style-type: none"> • Region 4 service providers
<p>Alternate exit pathways (10 informants)</p>	<ul style="list-style-type: none"> • Attorney General’s Office • CASA Program • Court Operations • Family Drug Court • Juvenile Court Judges
<p>Alternate exit pathways (5 workers/supervisors)</p>	<ul style="list-style-type: none"> • Region 4 Child Welfare Services (CWS)
<p>Multiple Focus Group Topics</p> <p>(8 social workers/supervisors in both CPS and CWS)</p> <p>(6 social workers/supervisors in both CPS and CWS)</p>	<ul style="list-style-type: none"> • Native American Section • Office for African American Children’s Services (OAACS)

Approach Two Data Collection: Given the limited time frame to collect data, the goal of including the experiences and insights of parents and youth who have been involved with the child welfare system as well as foster care providers—without going through the lengthy process of human subjects review—posed a challenge.

To meet the ethical requirements of research and the time constraints of the study, the research team formulated a strategy for both. The Research Team asked colleagues to conduct “in-house” focus groups with informants, i.e., participants in support groups they facilitate. Formal protocols were provided to guide the data collection process. Four focus groups were conducted by the support group leaders, and the notes and/or audio tapes of each session forwarded to the Research Team for analysis as described earlier. Twenty-four informants, whose identities were unknown to the Research Team, participated across the four groups. See Table 2 for a summary of informant categories.

Respondent Category	Informant Demographics
Fathers (10 informants)	African American men participating in Divine Alternatives for Dads Services
Foster care providers (4 informants)	African American women associated with the Foster Parents Association of Washington State
Youth (10 informants)	10 adolescents of color ages 14 to 21 years associated with the Mockingbird Society

Cautionary Notes about the Data

One serious limitation of the quantitative data presented in this report is that the data were collected through information systems reports designed to provide managers with data on how the system is performing, (i.e., how many referrals, dependencies, placements, or reunifications occurred in a certain time period). As a consequence, different results and different conclusions might be drawn from a study that followed a cohort of children from the day of their referral to their exit from the system.

For example, the quantitative data presented here show how many children were placed out of their homes in 2002 and how many were returned home (reunified) that year. The ratio of reunifications to placements might be different if we had tracked all the children placed in 2002 to see if they were ever reunified. However, that type of research is much more time and labor intensive than this project allowed.

The bulk of the quantitative data came from the Children’s Administration Management Information System (CAMIS). The Children’s Administration cautions that there are always data integrity issues that may affect the accuracy of data and/or the conclusions drawn from the data. Also, changes in federal and state regulations or definitions of key indicators have resulted in database changes that can change results over time. For example, following changes in the national census, the term “Hispanic” used to be considered a racial designation, but as of the 1990 census is now considered an ethnicity; Hispanic children can be of any race. For another example, primary and secondary race codes used to be recorded; now any child listing more than one race will be counted in the “multi-racial” race category. A child identified as both Native American and Caucasian would not show up in either of those race codes because they would be considered “multi-racial.”

Because the quantitative research focused on readily available data, the final data collected reflect different time periods, such as fiscal year 2002 (July 1, 2001 – June 30, 2002), calendar year 2002 (January 1, 2002— December 31, 2002), or the first quarter of fiscal year 2004 (FY 2004, July 1, 2003— September 30, 2003). For each indicator, the time frame is provided.

A second serious limitation of the data is the relatively small number of informants in any one professional category (as small as one mandatory reporter for a reporting category, or two judges, etc.). This limitation is somewhat offset by the inclusion of informants representative of functionalities across the child welfare system, the total number of informants (90), and the use of structured protocols, which allowed multiple sets of informants to respond to similar questions when appropriate.

However, because of the research and data limitations, the data presented here should be interpreted with care. The data are presented to begin discussion of what some of the salient factors may be and where we might begin to focus attention to reduce the disproportional representation of African American and Native American families within King County who have come to the attention of the child welfare system.

Introduction

In conducting this research, the King County Coalition joins many other child welfare professionals and activists around the country in trying to build a foundation for action to gain justice for children of color. Nationally as well as in King County, the statistics show that children of color, and in particular African American and Native American children, do not fare as well as their Caucasian counterparts in the child welfare system.

The research approach chosen here follows an approach suggested by other researchers. As described in the last section, first we asked *what is happening* and used the quantitative findings to document disproportionality at each key decision point. Then we met with stakeholders at each point in focus groups to dig behind the numbers to find out *why* people think outcomes look the way they do.

In conducting these conversations we have chosen six key decision points in the child welfare system:

1. Reporting
2. Intake and investigation
3. Reunification efforts: services
4. Placement
5. Dependency and termination of parental rights
6. Alternate pathways for exiting the system

The discussion here is a picture of the system as described *by the people who are involved in the system every day*. These are their words, and this is the picture as they see it. Only by understanding the experience of those who live in the system day by day will we be able to get our hands on the gears and levers of the institution that is producing such disparate outcomes for children of color.

Study Findings

1. Mandatory Reporting

While quantitative data were not available to illuminate the pattern of mandatory reporting across race, factors that surround African American and Native American families and may influence the decision to report were gleaned from the Phase Two qualitative research. The following findings are those of mandatory reporters, Intake workers and social workers regarding their perceptions of the reporting process.

When mandatory reporters (e.g., professionals in health care, mental health, education, adolescent interim residential care, and public health), were asked to describe their role in the reporting process, they emphasized “reporting” and getting Child Protective Services/Intake to take their reports seriously. They also reported (a) operational definitions of abuse and neglect, which they use as the criteria, in part, to determine when a report should be made, (b) factors that influence their decision to report, and (c) challenges associated with the reporting process. A delineation of each of these factors follows.

Operational definitions of abuse and/or neglect utilized as criteria to determine when to make a CPS report delineated:

- A child who is unready to learn because s/he comes to school tired, is unable to concentrate, fearful of a situation at home; children with chronic illnesses, whose health and safety needs are not being met; children left unsupervised and/or injured when left unsupervised; ongoing lack of food and children failing to thrive physically as a consequence.
- A parent who comes to school inebriated; parental neglect in meeting treatment regimes over time (medical appointments and follow up); episodes of abuse (physical, sexual, etc.) whether occurring in the present or in the past, disclosed to mental health professionals, etc.

Mandatory reporters stated that “What people know about the family influences the decision.” Examples given:

- Parent-related factors (e.g., parent’s behavior, including engagement, organization, sobriety, etc.), family history of abuse and/or neglect; mandated reporters’ past experiences with and perceptions of the family.
- Child-related factors, including imminent risk of harm (danger to the child at the present moment of being abused and/or neglected); and the behavior of the child (e.g., “afraid to go home,” “reported being hit,” etc.)
- Psycho-social assessment results.
- Congruency of the physical evidence (“marks, bruises,” etc.) and explanations for it.

Other reporting challenges identified:

- Knowing when and what to report are challenges faced by mandatory reporters. As one professional stated:
"If we train on the buzz words, are we setting up disproportionality, instead of just telling your story and letting CPS decide whether there is an allegation?"
- The difficulty in distinguishing the difference between a concern and an allegation, stating the allegation clearly and providing supporting evidence.
"Mandatory reporting based on parental behavior, people draw conclusions: Kid says, 'Mom gave me a whooping' or if a parent is screaming, people pass judgments and call."
- The legal requirement to report neglect despite the fact that it may be the result of larger societal issues associated with poverty.
"It's frustrating because the system is based on imminent harm, and now you are faced with larger societal issues. You are reporting on a neglect issue that is mired in poverty - makes it very difficult."
- Relative to families of color accessing medical and other services, one reporter stated:
"Our staff has gone through institutionalized racism training. Families of color may not access services because they have experienced institutional racism which presents a barrier to their accessing services. [It] may be because they do not want to be treated badly and so do not access services."

Social workers gave examples of situations when race or culture of families has been known to trigger reporting. One worker stated, regarding referrals of Native American families who are "low functioning but managing":

"They may not be functioning at the level the community they are living in thinks they should, a kind of discrimination. Community is more likely to refer an Indian family for something they would not refer a white family for, ridiculous things, they are looking for it."

Social workers also reported that:

"Some hospitals seem to profile women of color and test more often for drugs, then report, and babies are removed; can make a referral before they get the results of the test."

Language, style differences, socioeconomic status (private insurance or medical coupons, etc.), and/or standing in the community were also perceived by social workers to have influenced mandated reporters' decisions of whether or not to report. One social worker asserted:

"The public does not want to see the kids. They want them in hiding; they don't want to deal with them." The public's answer to everything is remove the child. These people can't take care of the children — look at the way they live."

Possible Implications for Decision Bias in Reporting to Intake

The legal requirements to report and the emphasis on reporting underpin the process for mandated reporters. In some cases, the criteria are very objective (physical evidence of abuse, parental abandonment or incarceration, etc.). In other cases, they are more subjective (i.e., determining whether the family has the resources to care for and keep the child safe when resources are not obvious, or in determining the nature of the family's relationship to individuals or organizations (amicable, adversarial, suspicious, past experiences, etc.). Whenever more subjective criteria are used, there is room for perception, assumption, stereotype, bias or prejudice to become factors in the reporting decision.

2. Intake and Investigation

Referrals Accepted for Investigation

African American children are three times more likely, and Native American children are seven times more likely than Caucasian children to be involved in referrals that are accepted for investigation.¹

Referrals Accepted for Investigation		
	Percent of King Co. child population (2000 Census) n = 390,646	Percent of children involved in accepted referrals (FY 2002) n = 8,255
Caucasian	68%	54%
African American	7%	19%
Native American	1%	6%

When the qualitative researchers asked Intake workers, CPS and CWS social workers what influenced the decision to investigate a referral, several variables were identified:

- Past history of involvement with DCFS (open case or a prior founded allegation) and physical evidence (mark, bruise, etc.)
- Level of risk associated with the allegation and supporting evidence as indicated in the DCFS risk assessment matrix,² which provides both objective and subjective criteria
- Physical evidence (bruise or mark on the child, etc.), the severity and the child's comfort level in telling someone about the incident
- Who the mandated reporter is (e.g., close family member, medical professional, etc.)
- When mandated reporters believe abuse or neglect is occurring, they raise the level of CPS scrutiny by making multiple calls. One Intake worker observed:

"Call in everything to raise the level of family visibility."

These same professionals indicated that Intake workers know the race of a child/family early in the child welfare process because of the legal requirement to determine a family's affiliation with a Native American tribe. As a consequence, the question of racial background is posed early in

¹ Note: To calculate proportionality, divide the percentage of children involved in accepted referrals by the percentage of children in the child population: $54/68 = 0.8$; $19/7 = 2.7$; $6/1 = 6$. Then divide by the result for Caucasians (0.8) to compare the results for other races to that of Caucasian children: $2.7/0.8 = 3$ (African American children are 3 times more likely than Caucasian children to be involved in an accepted referral); $6/0.8 = 7$ (Native American children are 7 times more likely.)

² *The Practice Guide to Risk Assessment*. Kids Come First. Washington State Department of Social & Health Services, Children's Administration (undated).

the Intake reporting interview. If the case is referred for investigation, CPS workers also generally have race-related information on the referral for investigation request.

To explore why African American and Native American referrals are disproportionately investigated, we asked Intake, CPS and CWS social workers to describe any observed patterns of presenting factors relative to African American and Native American families accepted for investigation. They indicated the following factors may place families of color at a higher risk:

- Multi-generational patterns of poverty, including low-income pregnant teens with histories of being abused and neglected as children
- Multi-generational histories of chronic neglect
- Families with extensive histories with DCFS

Other dynamics reported by CPS and CWS social workers that might account for the disproportionality were:

- The state's expectations, once a family comes to the attention of DCFS, of how families should function, despite the fact that many are challenged by the larger societal issues of single parent families, poverty, school failure, joblessness, drug and alcohol addiction, mental health issues, homelessness, domestic violence, etc.
They are "expected to function better than they were before they came into the system."
- Child welfare professionals' past experiences, beliefs, assumptions, stereotypes, etc., regarding African American and Native American families (e.g., a belief that *"there are more children in African American families than in Caucasian families who come to the attention of DCFS,"* or those families referred for investigation are *"more likely to receive TANF,"* etc.) that influence perceptions.
- A belief (by professionals outside of the Intake function) that Intake workers refer cases for investigation for any one or more of the above reasons, as well as other reasons unknown to the respondents.

Referrals on Native American children are more likely to be given a low risk tag (risk tag 1 or 2); referrals on African American children are more likely to be given a high risk tag (risk tag 3, 4 or 5), than Caucasian children.

Risk Tag at Referral		
Accepted referrals, by race (FY 2002)	Percent of referrals with Risk Tag 1 or 2 (FY 2002)	Percent of referrals with Risk Tag 3, 4 or 5 (FY 2002)
Caucasian (n = 3,739)	12%	88%
African American (n = 1,170)	9%	91%
Native American (n = 356)	18%	82%
All Races (n = 6,518)	12%	88%

To glean some understanding of why there is a difference in the risk tag ratings across race, Intake, CPS and CWS workers were asked to describe the criteria used to assess risk levels. Workers reported utilizing three types of criteria.

First were the requirements provided for in the risk assessment matrix.³ This computerized assessment process provides examples associated with each risk tag rating for workers to use in determining what risk tag rating to apply.

The second type was worker experience and/or gut feelings, which experienced workers, with few exceptions, reported utilizing most often. As one social worker stated:

"[You] use the questions, but good social workers "know, and may or may not use the form." Another said: "You ask questions, a lot of looking at someone's eyes and others' reactions, working at multiple levels."

Third, physical evidence, such as bruises or marks on children, can influence the risk tag rating.

One Intake worker indicated that cases with physical evidence "may screen in higher, so a worker can get out to see a child while they have a bruise, versus a moderate rating and then [given the longer time for the face-to-face interview] the worker can't see it."

One hypothesis to explain the lower risk tag rating on average between Native American and African American and Caucasian families, suggested by the above findings, may be due to the lower incidence of Native American cases referred for investigation involving physical abuse (21% for Native American families versus 32% for African American families and 31% for Caucasian families). If, in fact, a higher risk tag rating is assigned to cases where there is physical

³ The Practice Guide to Risk Assessment. Kids Come First. Washington State Department of Social & Health Services, Children's Administration (undated).

evidence to ensure CPS workers see children while there is still a visible bruise or mark, than the lower incidence of reported physical abuse referred for investigation of Native American families may account for some of the difference in Native American lower risk tag ratings.

However, the above explanation would not explain why the risk tag ratings are higher for African American families versus Caucasian families, given the insignificance in the difference of their associated referrals for investigation of physical abuse (32% and 31% respectively) or physical neglect (65% and 62% respectively).

One check and balance in the system reported by both Intake workers and CPS workers was the responsibility of the CPS supervisor to conduct a “secondary screening” and, if the findings warrant, an adjustment, up or down of the risk tag rating, to recommend it to Intake. The extent to which this secondary screening occurs and results in risk tag adjustments is unknown.

Possible Implications for Decision Bias When Assigning Risk Tags

Native American families may receive a lower risk tag rating, initially, as a by-product of their lower incidence of referrals investigated for physical abuse.

While Native Americans may initially come to the attention of DCFS with lower risk tag ratings, there was a belief by some social workers that, over time, these families are re-referred with increasing risk tag ratings. Hypotheses given to explain this pattern included:

“They have more visibility and they get referrals for everything” which can be a result of either “the community more likely to refer an Indian family for something they would not refer a white family for” or “an indicator of a deteriorating situation.”

Given the reality that a completely objective and evidence based risk assessment approach may be difficult, if not impossible to achieve, whenever more subjective criteria are used (e.g., subjective indicators in the DCFS risk matrix, worker experience and/or gut feelings) there is room for perception, assumption, stereotype, bias and/or prejudice to become a factor affecting risk tag rating decisions.

African American children are less likely than Caucasian children to meet the criteria for Chronically Referring Families. (African Americans make up 18% of referrals, but only 9% of Chronically Referring Families.)

The African American Research Advisors reported during the Phase One study that this finding may be linked to the higher percentage of African American children receiving a high risk tag (3, 4 or 5) rating at referral. These children are more likely to enter the system upon the first referral, rather than getting a “second chance” as described above for Native American families who receive initially lower risk tag ratings.

Chronically Referring Families		
	Percent of accepted referrals (FY04 – Q1) n = 1,219	Percent of Chronically Referring Families (FY04 – Q1) n = 142
Caucasian	58%	64%
African American	18%	9%
Native American	5%	5%

*Note: Data are for three months only (July 1, 2003 – September 30, 2003).

Investigations are more likely to result in a Founded referral for African Americans, Asian/Pacific Islanders, and Native Americans. Investigations are more likely to result in Inconclusive or No Findings for Native Americans.

Investigation Findings			
Accepted referrals, by race (FY 2002)	Percent of referrals with Inconclusive or No Finding (FY 2002)	Percent of referrals deemed Unfounded (FY 2002)	Percent of referrals deemed Founded (FY 2002)
Caucasian (n = 3,739)	59%	31%	10%
African American (n = 1,170)	59%	26%	15%
Native American (n = 356)	77%	11%	12%

*Notes: Data on Findings should be interpreted with care. Federal regulations require dependency petitions to be filed on all Founded referrals, but petitions may also be filed on referrals that fall into other findings categories. The differences in the results of investigations may be occurring for the same reasons there are differential results reported above in the risk tag ratings.

Cases may remain open (or be closed) regardless of findings. Due to changes in the CAMIS database, quantitative data on case disposition (e.g., case open, case closed) are not currently available, and the qualitative study did not uncover any further explanations.

3. Reunification Efforts: Services

Since quantitative data regarding services provided to families to support reunification were not readily available during the Phase One quantitative study, the Research Subcommittee asked the Phase Two researchers to pay particular attention to the topic of services provided for the purpose of reunification.

Beginning with the Investigation of Risk decision point, focus group informants were asked what services were provided to support the reunification of African American and Native American families. Additionally, a specific focus group was conducted with six racially diverse service providers who deliver contracted services to families served in Region 4 DCFS offices, including the Office of African American Children's Services (OAACS). The following findings draw heavily upon reports from this focus group, with contrasting experiences provided by social workers, court officials, CASAs, youth of color with experiences in the child welfare system, etc., who participated in other focus groups.

When a racially mixed group of service providers was asked why they thought racial disproportionality exists at the point of reunification for families of color, they described: challenges associated with the delivery of services to African American families; the importance of culture when delivering services and strategies they use to ensure cultural relevance; the difficulty families of color experience interacting with the child welfare system; and service providers' differing perceptions of how the resource need for service providers who are capable of working effectively with families of color can be addressed.

Delivery of services to families of color

Perceptions and experiences varied depending on the race of the service provider relative to the provision of services to families of color.

A Caucasian service provider reported a belief that there are African American and Native American workers who will only refer to race-specific service providers:

"[they] say, if I can't find a race/culture-specific service provider, I'm not going to get services for this kid, even if there are predominantly white programs, they aren't accessed."

An African American service provider reported the opposite experience:

"We have to fight for our children to get services."

A youth of color reported receiving counseling when he was younger; however, it took a long time and he remembers being on a waiting list. Each time his foster home placement changed he lost his place on the waiting list. He's not sure why he wanted to go to counseling but remembers thinking:

"It would be good to have someone special."

Another African American service provider described experiences relative to the differential availability of funding to meet the needs of Caucasian versus African American clients:

“White kid with issues (eating disorder), we didn’t have to ask for funding to meet his needs, [it was] made available without question, while an African American kid, only a small amount of funding was made available for this kid—had to raise the issue and fight for this kid.”

The root cause of the above, one African American service provider asserted, was *“Layers upon layers of racism. Unless the institution is willing to change, nothing will change. [African Americans are] not offered services at the rate that Caucasian clients are offered.”*

Importance of culture in delivering services to families of color

The importance of race and culture was discussed by African American and Caucasian service providers. As they dialogued, it became obvious that their perspectives and experiences on the issue of race and culture were quite different. The following examples support this observation.

- **Caucasian service provider perspectives:**

“Expose kids to their own ethnicity, but also expand them out to others, because when you say you’re black or African American, that can mean a lot of different things. We are all born in different parts of the country and the world. And we have different worldviews, so being an African American nowadays you could be almost anyone, because you have all of that diversity within your blood and the way you were raised. So you want to give your idea of what African American is, but then also say, that you are not limited to just this worldview. You could be so many different other things, because we are so many different other things.”

“I, as a white woman, have not been taught anything about black history.”

“Many children who are not African American have lost their sense of identity because they want to be cool.”

- **African American service provider perspectives:**

“Race is a factor of life in the U.S. Not consider race and culture is unrealistic, and not to identify services that meet their [African American] unique needs is unconscionable. I wouldn’t presume to go into an Asian family and tell them what they needed culturally.”

“How does a white therapist who doesn’t understand what it means to be Black and when you give information it could result in the client getting killed, in the case of domestic violence, or how one approaches the police, and other cultural nuances.”

“It’s important to know who you are as a person, and know one’s history. Black kids are so confused now they don’t know who they are. They don’t see themselves as belonging to a community.”

Criteria used to ensure culturally relevant services

When service providers were asked to describe the criteria they used to ensure their services were culturally relevant, a broad-ranging discussion ensued. While a specific set of criteria was not delineated, service providers described several strategies they employed, including staffings,

use of culturally specific reference materials, and a model of collaboration to ensure inclusion of family and community members. Examples given included:

- *"Talking a lot about children"*
- *"The diversity is too vast, so we teach a model of collaboration that allows family and community to determine what needs to happen"*
- *A "cultural responsiveness committee" within an agency*
- *"Match kids up with race-specific mentors so they can understand what's going on in their own race"*

Difficulties faced by families of color in receiving services within the child welfare system

Several factors were reported relative to the challenges faced by families in receiving effective reunification services. These included reticence to access services, given less than optimal past treatment experiences or instances of negative interactions and the invasiveness of the system's requirements of families. The following examples illustrate a range of beliefs and perspectives posited by service providers.

One hypothesis of why families of color may access services less than Caucasians:

"African American and Native American families are less likely to ask for services because of their distrust of the system and their fears of what might happen, given a history of negative treatment."

Another asserted that:

"African American families do not want the bureaucracy dictating to them about how to raise their children." Doing so, the provider went on to suggest, "changes the nature of the family."

The effectiveness of services was questioned by one service provider:

"History of unsuccessful services and lack of change and no one questions whether the services are appropriate versus there is something wrong with the person/family."

The assumptions and beliefs of social workers were also reported as factors:

"Racist attitude of workers who assume there are not resources in the families or extended families. [Attitude of] so why bother? We can put services in and it will not help!"

"Racist belief that people don't change, based on the stereotype, so worker has low expectations."

Addressing the resource need for service providers who are capable of working effectively with families of color

The need for service providers who can work effectively with families of color was reported by the vast majority of focus group participants. Determining how to address the reported resource limitations seems to be the challenge, and the approaches posited varied by the race of the service provider.

One issue that surfaced during the focus group with service providers was the extent to which they are fully utilized across race to provide services to families. African American service providers reported that their services were requested less often than their Caucasian counterparts, and that when their services were requested, they were less likely to deliver services to families across race. One provider asserted:

"We don't get white kids referred to us in the same proportion that a white agency does. Mainstream agencies get white kids and children of color, while agencies of color get fewer kids all around."

The challenge faced by many African American service providers was described as twofold, dealing with prejudices: *"White families have asked for a black service provider to be taken off a case"* and an inequitable distribution of contracts: *"fighting" for a piece of the pie: black providers just want their piece/referrals."*

Caucasian service providers recognized that increased cultural competence was important. One provider posited the need *"to increase services while using the services that are available."*

One provider described outcomes with children of color:

"Our agency, which is seen as a white agency, [is] seeing a majority of children who are mixed race or minority in some way (kids, not their parents), and we have a good success rate of mitigating placement."

Another Caucasian provider suggested the need for collaboration across agencies:

"Network and share information about services that are successful (not hold programs as proprietary) versus compete with one another."

Given the contradictory reports by social workers of *"too few in-home services,"* the scarcity of *"culturally competent providers,"* the need for service providers whom families can talk to and get a *"cultural vibe,"* and the practice reported above of underutilizing African American service providers despite acknowledged resource limitations, further examination of these issues appears warranted.

4. Placement

African American, Native American, and Hispanic children are over-represented in the number of children removed from their homes.

Children Placed Out Of Their Homes > 60 Days		
	Percent of King County child population (2000 Census) n = 390,646	Percent of all new placements > 60 days (FY 2002) n = 1,437
Caucasian	68%	52%
African American	7%	23%
Native American	1%	10%
Hispanic (ethnicity)	8%	11%

The decision to place children in out-of-home care was explored in focus groups by a broad cross section of child welfare professionals (e.g., CWS social workers, attorneys/public defenders, court officials, including representatives from Family Drug Court, judges, and CASA staff/volunteers). They reported the decision to place could be influenced by several factors, including the historical purpose of the child welfare system, departmental processes that guide decision making, as well as factors that influence the perceptions and assumptions made about families who come to the attention of the child welfare system.

Social workers suggested that the child welfare system’s role historically has played a factor in the decision to place children out of their homes, including:

- A belief that there is “*something wrong*” with the families who come to the attention of the child welfare system; and
- A system that was designed to “*get children away from families,*” as one social worker reported.

Social workers described a number of decision making processes, associated checks and balances, and related consequences that they believed to be the most salient to the decision to place children out of their homes.

They reported that, following a review of the family and presenting issues by DCFS, optimally in partnership with the family, a determination that the family is unable to ensure the safety and well-being of the child and an ensuing recommendation to place the child in out-of-home care can be made for any of the following reasons:

- When children are placed in out-of-home care one social worker reported: “*We take away their [mother’s] source of income [when families are receiving TANF] and then they become homeless, because they can’t live with their mothers because they now have their kids.*”

The ensuing lack of financial support and homelessness would also disqualify them to regain custody of their children; and/or

- A review process resulting in a conclusion by DCFS that the family has had adequate time to resolve the presenting issues (many of which are related to poverty, homelessness, drug or alcohol addiction and mental health issues) or the family has exhausted the allotted time to do so.

The extent to which checks and balances were in place and fully utilized was also reported.

- The review process is made minimally by social workers and their supervisors or in some DCFS offices by a prognostic team (representatives from CPS, CWS, an adoption social worker, CASA, service providers, community members); and/or in collaboration with tribal authorities, if the family is tribally enrolled, operating as a check and balance.
- A multi-system (e.g., DCFS, Attorney General's Office, court, CASA, tribal authorities) review and determination prior to court structured out-of-home placement is held to determine the family's ability to ensure the safety and well-being of the child and/or meet the expectations delineated in court-ordered and/or departmental service and safety plans.

The assumption that underpins the above processes is that they are objective, and the decisions made are evidence-based.

Factors that can influence child welfare professionals' perceptions about families:

- The results of psychological assessments that too often "label" families.
- Communication skills and interaction style of families (e.g., "cooperative," "assertive," "hostile,") can influence social workers' perceptions.
- Cultural differences between the family and child welfare professionals and service providers:
"You're always going to be harsher with, more critical of, people who are different than you."
- Family history and/or presenting problems can influence social workers' attitudes.
Different respondents stated:

"If workers think a family will fail, they are more likely to, and the converse is true. Their attitudes shape success or failure."

"If the client is African American and a drug user, workers are harsher."

"Erroneous allegations may be in a person's file, and they trigger behavior on the part of the system."

Avoiding placement of children in out-of-home care was reported as a result of the following intervening factors: there is a protective parent in the home; the treatment and safety plan requirements have been met by the family; a relative placement can be found; a Voluntary Placement Agreement is implemented. The responsibility in each case rests with the family.

Possible Implications for Decision Bias

The determination to place children in out-of-home care appears to be the result of an interdependent process that is influenced by multiple factors, including: (a) a belief that the decision-making process is an objective one and determinations are sufficiently evidence-based; (b) the assumption that the checks and balances throughout the child welfare system are working optimally; and (c) a presumption that the system is bias free.

For those who assume the above to be true, the conclusion reported during the focus groups, by some respondents, was that the root causes of the problem of disproportionality lie in the families, not the system.

Respondent assertions supportive of such a view are exemplified by the following:

"The court system is anonymous by nature, based on risk factors which are fact based. The court process is not arbitrary, it's fact based." From this line of thinking the informant posed the following questions: "What is it about the community of origin that causes the disproportionality, lack of resources, [or their] perceptions of government? How protective of their own are communities?"

For those respondents who reported a different view of the system, the conclusion was that professionals are also influenced by subjective factors that: trigger biases, assumptions and stereotypes; where relationships between families and professionals may not be optimal and/or exacerbated by cultural differences; in which services to families are not always effective for a variety of reasons; and the checks and balances throughout the system are not fully operationalized. From this perspective, any one or all of the above factors can, and in many cases, do influence the decision-making process.

The above presumptions may in fact create a filter resulting in a business-as-usual perspective that reinforces professional practice in ways that prevent people from seeing the cumulative affect of decision bias in their own professional practice as well as throughout the system. For those who see the implications of the subjective factors, there is a sense of helplessness to intervene effectively.

As professionals began to think more consciously about the issue of racial disproportionality during the focus group sessions, some began to verbalize the need for change and an interest in what ways the status quo regarding professional practice might change.

- *"America has a lot of racist tendencies and when people bring that up we shouldn't act as though that fact shouldn't be made."*
- *"Wish there could be more dialogue without placing blame, but with a focus on understanding how racism may be playing a part in decisions at one or more layers."*
- *"Questions may be asked earlier for whites. There is less hope for these [African American and Native American] families."*
- *"Courts/judges are not providing the necessary judicial oversight needed to ask the right questions . . . hold everyone's feet to the fire to make sure criteria have been considered."*

Foster home parents are more likely to be Caucasian; children in foster care are more likely to be children of color.

Foster Homes by Race of Foster Parent		
	Active Foster Homes by race of foster parent (FY2002) n = 1,172	Percent of all children in out-of-home care > 60 days* (Jan. 2003) n = 1,880
Caucasian	61%	48%
African American	26%	30%
Native American	4%	8%
All other races	9%	14%

*Note: “Percent of all children in out-of-home care > 60 days” is different than “percent of all new placements > 60 days” in the previous chart. “Percent of all children in out-of-home care” is a snapshot of all children in placement in January 2003, regardless of the date they were placed, therefore it includes children who have been in placement several years. “Percent of all new placements > 60 days” counts only children entering placement during fiscal year 2002.

Why are there so few African American foster care parents? When we asked child welfare professionals that question, they reported that, while African Americans are often willing to offer support to and assist families in their communities who come to the attention of the child welfare system, they are for the most part unwilling to become licensed foster care providers. The primary reason given was an unwillingness to negotiate the bureaucracy of the system.

Insight into this question was gleaned from the experiences of African American foster care providers and youth of color who had the experience of being placed in foster care. Both sets of respondents are involved with support groups and were asked a series of questions by their support group leader. The questions were then analyzed and included in the qualitative research. The responses of the African American foster care parents will provide the principal evidence in this section, and the responses of youth will be used to support or contrast foster parent perceptions, as appropriate.

When African American foster parents were asked by their support group facilitator to describe their experiences with the foster care system, they began by rating their experiences on a scale from one to five, where one was “unacceptable,” three “adequately acceptable,” and five “highly acceptable.” Without exception each rated their experiences at “one” or below. One foster parent’s rating was “zero” on a five-point scale.

When African American foster parents were asked why they gave such low ratings two overarching factors were reported: (1) less than effective relationships with social workers, and (2) not being treated as a colleague.

Foster parent-social worker relationships

While all foster parents were able to describe effective relationships between themselves and DCFS social workers, they described them as the exception rather than the rule. With widespread agreement, they reported several factors that seemed to exacerbate worker-foster parent relationships.

- **Inconsistent and often inadequate levels of support** Implementation of departmental policy and procedure by social workers, it was reported, varies from DCFS office to office, worker to worker, and region to region including:
 - The care and attention given to how children are placed are generally inadequate (i.e., limited background information regarding children is received; too often there is a delay in scheduling needed services for children; children who are placed with nothing but the clothes they are wearing are not provided with the necessary vouchers and referrals for basic necessities at placement; and payments and reimbursements are less than timely).
The above experience was supported by the reports of more than one youth of color, who reported a belief that their race may have resulted in their getting better services when the worker *"felt sorry for them."*
 - Social worker visits to children can be infrequent or only on the request of the foster parent. (In one case the social worker had made one visit in 1.5 years.)
Youth of color with foster care experience indicated that when they called their social worker with questions or requests, they did not get a timely response. As a consequence, they reported using a strategy of deliberately *"getting in trouble"* to get their foster parents to call the social worker and arrange for a visit.
The youth also discussed how such a strategy was risky, because those youth who *"get into trouble"* have the most difficulty with the system. Difficulty was translated as *"being stereotyped by social workers, and that resulted in not getting either quality or quantity of good services."* One respondent reported the assigned social worker remarked to him: *"You're a good kid. You don't get into trouble. You're different than the normal African American kid."*
 - Foster parents network with other foster parents. As a consequence of what they have learned from foster parents in other DCFS offices (Bellevue, for example), they believe foster parents are given a higher level of support by Bellevue workers than they receive in Seattle, where there is a lack of specific information on how to request vouchers for *"essential needs."*
- **Not treated as a professional and a colleague**

While the majority of the African American foster parents participating in the focus group described themselves as professionals working in corporations, they reported being treated as less than professionals and colleagues by the majority of social workers. When they described their experiences working with biological families and made recommendations they believed to be in the best interest of the child, they reported being ignored.

They also reported that their requests for vouchers and referrals to Treehouse for basic necessities were not supported. They were left with the impression that the workers

believed them to be “*money hungry*” when they made such requests rather than absorbing the cost personally, which they reported doing for Christmas gifts and clothing that were not available from Treehouse.

Experiences of feeling devalued

When foster parents were asked to describe ways in which their culture had been valued, they replied with widespread agreement that their culture was not valued but “*de-valued.*” Several examples were given:

One African American foster parent described having had a white child placed with her family. Within two weeks, the social worker moved the child and stated to the foster parent that “*it would be better for the child culturally to be placed with a same-culture family.*” The foster parents took exception to this practice: they reported that, when they went through foster parent training, they agreed to care for any child in need regardless of race or culture. They were offended by the inconsistency of the practice because they know there are times when African American children are placed with Caucasian families when African Americans have space in their homes. The message they hear is that Caucasian children need to be in a culturally similar environment, but that is not as important for African American children.

One African American youth gave an example of the complexity of issues surrounding race/culture-based placement decisions. The youth wanted to be placed with an African American family, but there were none available. As an alternative, the youth secured an invitation to live with a Caucasian friend’s family. The worker was not supportive of a cross-race placement and the youth reported being “*angry*” that he didn’t have the opportunity for either an African American placement or one with a friend.

African American foster parents reported a belief that DCFS does not understand the importance of African American children being placed with culturally competent foster care providers. Nor does the Division understand, it was reported, the importance of ensuring that children of color are exposed to their cultural traditions (e.g., language, dress and appearance, culturally determined expectations) because failing to do so may lead to children having “*identity development issues.*”

Foster parents reported two possible consequences of DCFS’s policy to place children in “*whatever setting is available,*” despite the fact that it might not meet their cultural or social needs: “*behavior problems and/or runaways.*” The relationship between running away and behavior problems, it was suggested by African American foster parents, may be a function of youth whose needs are not being met (“*culturally, socially, emotionally, and spiritually.*”)

African American foster parents were also distressed by the fact that they seem to get African American children originally placed as infants in Caucasian foster homes when they are older and not adopted, or have behavior or medical problems. It is not unusual, they reported, for African American children replaced with them to have exceptionally dry skin and hair problems (“*hair falling out or not growing*”) because Caucasian foster parents and the medical professionals they have consulted with do not know how to care for their hair and skin.

They believe Caucasian children’s needs are provided for at the time of placement, while they have to “beg” for resources and services for African American and other children of color.

An example was given to illustrate this point. A foster parent described, after years of caring for African American children, having a Caucasian child placed in her home. When the worker placed the child she came with a complete file of background information, a referral to Treehouse and a voucher to J. C. Penney, as well as shampoo for head lice. While this is what is supposed to happen according to DCFS policy, she reported never having had this experience in her years as a foster parent caring for African American children.

The challenge of recruiting African Americans to become licensed foster care providers may, in some cases, be due to the “press in the community” about the experiences both current and former African American foster care providers have had. Word of mouth is a widely practiced communications approach in the African American community. It can operate either to discourage or encourage African Americans to become foster parents.

Given the small sample size of African American foster parents contributing to this study and the troublesome nature of the experiences they reported, a more extensive examination of the experiences of foster parents of color, while beyond the scope of this study, appears warranted.

Native American, Multi-racial, and Asian children are less likely than Caucasian children to be placed with relatives. African American and Hispanic children are just as likely as Caucasian children to be placed with relatives.

Relative Placements	
All children in out-of-home care in January 2003, by race	Percent of all children in out-of-home care in January 2003 who were in relative placements
Caucasian (n = 898)	37%
African American (n = 561)	38%
Asian/Pacific Islander (n = 45)	33%
Multi-racial (n = 172)	31%
Native American (n = 151)	31%
Hispanic (ethnicity, not race) (n = 184)	37%

When professionals (CPS and CWS social workers, attorneys/public defenders, court officials including representatives from Family Drug Court, judges, and CASA staff/volunteers) in the child welfare system, and fathers whose children are or have been in out-of-home placement were asked what factors mitigated placement with strangers in licensed foster care, relative placement was the most frequent response. However, a number of challenges were cited

associated with relative placements including the difficulty of finding family members or family members' unwillingness to get involved formally with DCFS, as well as the lack of adequate support to relatives providing care.

The difficulty of finding family members

The operational definition of a family reportedly used by DCFS is most often the Eurocentric view of a nuclear family. As a consequence, child welfare professionals reported that fathers, the paternal side of families, as well as extended family members, and kin (relatives of non-specified degree) are often not considered when relative placements are being sought.

Additionally, extended family members (e.g., grandparents, aunts and uncles), while willing to provide care for children, may not live in the state, so there is the added challenge of locating them and arranging for them to come to Washington.

Finding family members who meet DCFS's criteria for placement was reported as challenging, and a number of examples were cited. First, given the disproportionate representation of people of color in the criminal justice system, no matter how long ago the felony may have been, there are often family members affected. While the placement may be with a person who has no criminal background, those family members affected by the criminal justice system may not be able to visit or live with family members caring for children. This is a barrier to placement within some families.

Inconsistency across race in the way background checks are conducted was also reported. One court official indicated the process of conducting background checks is implemented differently depending on the race of the family:

"White families: do background check on mom, dad and one layer of family members in that environment. For families of color, background checks are made as far out as feasible, and eventually you will pick up a felony, which will block that child from being placed."

Once family members are found, the extent to which they meet middle class norms relative to language, education, dress and appearance, housing, income level, as well as age and health status can influence the decision of whether to place or not.

African American fathers in the in-house focus group provided an example to support the above conclusion, which the group facilitator summarized with the following:

"Rules are the tools for people with money, power, and influence, not for the poor father who wants to do right by his children." This is why symbols of money and power (e.g., the man who is suited and booted), play such a powerful role in providing cues of class and privilege. "Otherwise," as one uncle said to his nephew, "when you dress in braids and baggies, they will think you are a thug."

African American and Native American cultural norms, including support and use of the resources of extended family members versus individuals, are too often not considered. As a

consequence of making decisions based on the above assumptions and practices, the child welfare system, it was felt, may not be creative enough in exploring viable family placement resources.

The lack of adequate support to relative care providers

For family members to receive state resources and support for the care of their family, they have to receive a special foster care license. Doing so requires relative care providers to abide by all of the foster care stipulations. This may necessitate improvements to their property, which they may not be able to afford. This may also significantly change the nature of their relationship to their family members. Relative care providers may have to limit who can visit their homes, the type of discipline they can administer to their relatives in placement or get DCFS approval for decisions they make on behalf of their relatives in care. Many families, it was reported, are unwilling to limit their relationships in this way and so refuse to become licensed foster care providers.

African American, Native American, and Multi-racial children are over-represented in the number of children in out-of-home care greater than two years and greater than four years.

Children in Care More Than Two Years and More Than Four Years			
	Percent of King County child population (2000 Census) n = 390,646	Percent of all children in care > 2 yrs. (2002) n = 825	Percent of all children in care > 4 yrs. (2002) n = 254
Caucasian	68%	40%	38%
African American	7%	37%	39%
Multi-racial	8%	11%	9%
Native American	1%	9%	11%
All other races	16%	3%	3%

When child welfare professionals (CWS social workers, attorneys/public defenders, court officials including representatives from Family Drug Court, judges, and CASA staff/volunteers) were asked why African American and Native American children languished in the system, their responses evidenced themes associated with the child welfare system and other governmental agencies as well as factors related to the family.

Child welfare system and other governmental factors

- The competing requirements across multiple systems (DCFS, TANF, courts, etc.) described above
- One worker summarized the dependency process as not being responsive to families: *"I don't think we respond to their parents or relatives in a good enough way; we have deadlines, limitations, not enough time to give them."*
- Court officials reported a lengthy process ensues when social workers feel they can *"solve people's problems and return kids to their families and may discount the family history."* Another informant reported: *"While I believe it will be a miracle if the child goes home, and they need a permanent home, the workers just keep moving kids around hoping children will go home."*
- Contradictory to the concern that workers are prolonging the process reported earlier, was a perception that some social workers are *"rushing to find relatives"* and may not be making a careful assessment of the appropriateness (existence of strong family bonds, trust, loving/clean/safe home) of the placement, which could result in a failed relative placement.
- Burnout, churn and turnover of social workers resulting in less than careful attention to detail; omissions that have significant consequences; and families having to start over with a new worker.

A social worker described the following: *"When parents have a great relationship with a worker and the worker leaves, parents get frustrated."*

- Court system not functioning optimally as a check and balance: *"Cases that are circulating and not getting the [requisite] judicial review."* Other examples cited were caseload burden on commissioners and hearings occurring once a year versus every six months.
- Lack of creativity, including not considering options: *"Sibling groups placed with multiple aunts and uncles may be OK, especially for Native American families,"* or to *"consider family and extended family as resources to provide assistance to a primary caretaker"* were examples cited by informants.
- Inadequate services were cited by one social worker: *"There is money for incarceration, but money for drug treatment is not in place."*

Family-related factors reported

- Family and/or extended family members are not available or do not meet the criteria for reunification or family placement.
- Family's lack of resources to get adequate legal representation or meet the foster care licensing requirements.
- The family is under the scrutiny of the system and *"has to be functioning better (adequately resolve issues of drug and alcohol abuse, poverty) than at the time of placement"* for reunification to occur.

Child-related factors

- An attorney posited that *"troubled children are in care longer; people don't commit to troubled children for the long term."*

5. Dependency and Termination of Parental Rights

African American and Native American children are over-represented in the number of dependencies established.

Dependencies Established		
	Percent of King County child population (2000 Census) n = 390,646	Percent of dependencies established (FY 2004 – Q1 & Q2)* n = 408
Caucasian	68%	51%
African American	7%	27%
Native American	1%	5%
All other races	24%	17%

*Note: Dependency data are for six months only (July 1, 2003 – December 31, 2003).

During the Phase Two qualitative study, attorneys/public defenders, court officials including representatives from Family Drug Court, judges, CASA staff and volunteers, as well as social workers and fathers whose children have come to the attention of the child welfare system were asked to explore with researchers the decision-making process surrounding a decision to file a petition for dependency.

A number of factors, some of which were related to family situation without regard to race, and others which were more specific to African American and Native American families, as well as factors which pertained to policies or procedures of DCFS and the court process were reported as follows:

General factors influencing the decision to file for dependency or termination of parental rights

- Custodial parent(s) unable to provide for the safety and care of children (parent is using alcohol/drugs, newborn baby tests positive, placed in Pediatric Interim Care (PIC) and the family is homeless; parent has been implementing a service plan and disappears, or relapses and leaves the child unsupervised, inability to identify a family member of specified degree to care for the child)
- Results of psychological assessments
- Family not adequately implementing the safety plan

Factors more specific to African and/or Native American families

- Native American and African American families may be intimidated by the dependency process and unaware of their rights to utilize an attorney (public defender or private attorney) to ensure their civil rights are protected.

One social worker described what was considered a typical reaction: *"Parents are often intimidated; CPS shows up and people are so sure that they won't get treated fairly [they] give up and engage in self-fulfilling prophecy."*

- Perceptions, assumptions, past experiences that result in *"mistrust of the system,"* including child welfare professionals and service providers was reported by family members.
- Failure to consider the non-custodial parent as a placement resource.

A social worker reported that the court system *"is not favorable to dads, if their name is not on the birth certificate, even if the child knows them as 'father'. They have to jump through so many hoops in order to be in the child's life, some of them just give up."*

Fathers in the in-house focus group described similar experiences. These dads (many of whom had criminal histories) described a child welfare and court system that was unwilling to see them holistically and accept their efforts to change.

- In the words of one dad: *"Everyone makes mistakes, even judges and caseworkers. If they can find acceptance, if they are seen as the sum of their parts, not just the bad parts, why am I only my bad parts? And they were a long time ago."*
- Attorneys describing the experiences of their clients remarked: *"Too many service requests, following the service plan is ridiculous especially for people with low educational levels." Another added: "[important] to understand the realities of people who have to take the bus everywhere, with three kids, takes so much time to go here and there. The obstacles are unimaginable for most of us."*
- One respondent, who reported learning, as a consequence of attending the "Reasonable Efforts Symposium," about the importance of communication skills, stated *"African American males perceived [by some social workers] as being angry and hostile, influence of media is an aspect."*

A supporting theme reported by African American fathers in the in-house focus group described CPS workers' and court officials' perceptions of *"loud and dramatic behavior"* depending on the gender of the person.

Fathers believed that their emotional outbursts are more likely to be viewed as *"hostile,"* and women's as *"their passionate need to keep their kids."*

These African American men reported beliefs that social workers' negative perceptions of them lead them to *"engage them [fathers] in conversations about their situations, and then needle them and try to create open conflict so that they could dismiss the father as unbalanced, or could infer from his combative behavior that he was still doing drugs, drinking, or back to the criminal life."*

Governmental (DCFS, court) practices, policies, and procedures that may affect the decision to file for dependency or to terminate parental rights:

- Factors associated with services to families (the lack of preventative/in-home services at the front end of the dependency process for families who are challenged with the effects of poverty; insufficient time in the CPS policies to address alcohol/drug abuse or mental health issues).
- The criteria for relative placement and its intersection with the licensing requirements influence the decision.

As one respondent indicated: *“Given the disproportionate incarceration, some family members have criminal histories unrelated to child sexual abuse- the licensing criteria play a role here. May need to relax some of the requirements.”*

- The extent to which child welfare professionals (social workers, CASAs, public defenders) understand the cultural realities of families was raised as a factor: *“Huge cultural gap between CASA and client. They will see the gap between their background and the client’s, whose life will never measure up to the CASA’s expectations. That affects the decisions made.”*

A second example illustrates what happens when workers understand the importance of cultural sensitivity, reported by one social worker: *“An in-home therapist was using a cultural model that didn’t work with a mom; I found a same-race therapist who could understand the mom’s cultural background and interpret what was required. The mom got it, and we didn’t have to file!”*

- Regarding the historical unfairness of measurements used to determine parental ability to ensure child safety, one social worker reported as follows: *“The child welfare and justice systems [are] based on Eurocentric ideas that have nothing to do with African American values or culture . . . historically has not treated African American people fairly . . . our policies and procedures, ways of engagement are all based on Eurocentric values. The system is designed for the nuclear family.”*

A court official supported the above with the independent remark: *“Expectations are for a Donna Reed-type mother.”*

The above statements provide a point of contrast to view the standards and norms of behavior that underpin service plans. These same norms are also used to assess how parents comply with formal treatment and safety plans, including the extent of parental engagement, progress in satisfying the requirements (including the timeline) and parental attitude, rather than, as one social worker stated: *“The current status of the child’s safety.”*

- Conflicting institutional requirements (DCFS, TANF, court-ordered services) that can require responses from parents were reported as both contradictory and unreasonable, given the time and effort needed to fulfill them.
- Lack of a strength-based approach to documentation. While the safety plan provides for the documentation of both strengths and challenges of the family, the court petition is, for the most part, not a strength-based document. This often results in a less than holistic picture of the family. To create a portrait of the family that includes both strengths and

challenges requires, social workers reported, “more time and effort” on the part of the social worker, since it is not required in the court process.

Factors influencing the termination of parental rights

- One attorney reported: “[I] have to conclude [that] all the statutory elements are in place (child in care, services provided, etc.). If going for TPR as an attorney, I rely on the court to find any errors.”
- An attorney asserted: “If going for TPR, [I] make the presumption that the child is adoptable, do not want to create legal orphans, and dismayed that adoption is not the final outcome for many children.”
- An attorney reported: “Court may determine that there is not enough to file for TPR. However, still may get a termination petition in the mail in two weeks. Permanency planning meetings ‘are a kind of a joke’, because they don’t mandate that the court, the Attorney General or DCFS has to follow what the court has already determined about permanency.”

Possible Implications for Decision Bias

The decision to file a petition for dependency is determined, it was reported, by the interplay of both objective factors (physical evidence of abuse and/or neglect that can be validated forensically; results of treatment as measured by psychological assessments, governmental policy, procedure, laws) as well as more subjective factors (the reciprocal perceptions and behavior of the family, child welfare professionals, court officials, and service providers; the relative comfort or discomfort experienced by all involved).

As a consequence, the decision to file or not for dependency or termination of parental rights can be influenced by the nature of the relationships that develop between the family and the various professionals involved in the case and how governmental policy and procedure is implemented.

Once families come to the attention of the child welfare system, the departmental and court requirements stipulated in safety and treatment plans become the criteria upon which decisions are made regarding the ability of the parent to ensure the child’s well-being versus the current safety of the child.

What is required of families to maintain custody of their children, it was reported, may be contradictory (e.g., TANF requirement for working parents and DCFS requirement that young children be supervised). Requirements may also be unreasonable given the limited resources and support available to many families (traveling to various offices on the bus with one’s children), the time frame allotted for treatment of drug and alcohol or mental health related issues, the sheer number of service areas required (treatment, parent education, job training, etc.) and the associated time and energy necessary to comply.

The degree to which the professionals involved with African American and Native American families (social workers, CASAs, court officials, attorneys, service providers, etc.) understand the

relevance of culturally appropriate practice can, it was reported, impair the effectiveness of the services delivered at every decision point in the child welfare process and result in a decision to file for dependency or to terminate parental rights.

Children of color are more likely than Caucasian children to have a CASA; the CASA volunteer is less likely to be of that child's race (African Americans represent 23 percent of children served by a CASA, but only 11 percent of CASA volunteers are African American).

Court Appointed Special Advocates		
	Percent of all children served by CASA volunteers (2002) n = 1,667	Percent of CASA volunteers (2002) n = 405
Caucasian	43%	56%
African American	23%	11%
Native American	5%	<1%
All other races	24%	3%
Not Reported*	5%	31%*

*Note: A large number of volunteers have no race reported.

State law requires that children involved in a child abuse or neglect proceeding have a Court-Appointed Special Advocate (CASA) assigned to advocate for the needs of the child. The CASA has multiple opportunities to observe the child, the family and the foster parent or relative placement provider.

When focus group respondents described the average CASA, they reported: *“generally upper middle class, often women, Caucasian. Some do a good job, typically have very different life experiences from the children they advocate for and more often than not they are not ‘culturally competent’.”*

African American and Native American adolescents spend a great deal more time in Z Hall (the detention center for juveniles in non-criminal cases) for dependency cases than do Caucasian adolescents.

Adolescents may be detained in Z Hall as dependency cases (e.g., kids who have run away from their foster homes); at-risk youth; children in need of services (e.g. children out of their parents' control who are in need of services the community can provide); or truancy cases.

Z Hall Child Days	
Child days in Z Hall, by race (2003)	Dependency cases as a percentage of all child days in Z Hall (2003)
Caucasian (n = 698)	8%
African American (n = 257)	44%
Native American (n = 40)	40%

While references to adolescents in the Phase Two qualitative study were minimal, one informant suggested that failed foster care placements and *“placements which fail to meet the social and cultural needs of youth”* may be reasons why youth become runaways. While it was beyond the scope of this study to explore this area, subsequent research might explore the relationship of foster care placement satisfaction and the degree to which youth are placed in non-criminal juvenile detention.

6. Alternate Pathways for Exiting the System

Native American, Multi-racial, and African American children exiting the dependency system are less likely to be reunified, and more likely to be adopted or in guardianships than Caucasian children.

Children Exiting the System* 2002			
Children exiting the system, by race (2002)	Exits through Reunification as a percent of all exits	Exits through Adoption as a percent of all exits	Exits through Guardianship as a percent of all exits
Caucasian (n = 682)	71%	12%	10%
African American (n = 322)	63%	15%	14%
Multi-racial (n = 111)	58%	14%	19%
Native American (n = 96)	54%	21%	16%

*Note: The percentages in the chart above were calculated by totaling the number of children exiting the system in 2002 through reunification, adoption, guardianship, or age of majority emancipation (children turning 18 years old while still in the system), and dividing by the number of children who exited through each of those four categories. Age of majority exits appear to be similar across race, i.e., 5-10 percent of all children (regardless of race) exiting the system in 2002 were due to children becoming adults (turning 18). This is an imprecise measure of what is happening with older children in the system and would require further research outside the scope of this study to determine whether disproportionality occurs and to what extent.

When reunification is no longer feasible, child welfare professionals described factors considered when developing permanent plans for children and youth. Several themes emerged identifying actions taken and/or challenges at this decision point in the child welfare process.

The primary goal, it was reported, is to find “a forever family” for the child with relatives as the first priority, followed by a culturally competent placement with siblings either in the same placement or with opportunities to visit.

Several hypotheses to explain why children of color are less likely to be reunified and more likely to be adopted or placed in guardianships were posited by professionals in the child welfare system (CWS social workers, attorneys/public defenders, court officials including representatives from Family Drug Court, judges, and CASA staff/volunteers).

General challenges affecting permanency planning

- Failure to consider fathers and the patrilineal side of families, as one court official reported: *“We don’t look at fathers, and [we] make assumptions about fathers, not present and not valued.”*
- If there are multiple siblings, the challenge is to find a permanent placement where all the children can be placed together or visitation is ensured.

Race- and culture-specific challenges

- Families of color, it was reported prefer guardianship.
- When CWS workers who work with Native American families were asked to reflect upon their experiences with Native American children who are adopted they reported: *“Adoption out of the culture is totally destructive, more so than for others. Relative adoptions are more successful. Most grandmothers want guardianship.”*
- One informant reported an observed exit pattern of children of color: *“When children are younger, more adoptable; mid-range, guardianship and older, long- term foster care/in the system longer.”*
- Lack of *“cultural diversity training”* was posited by a social worker as an area that would help if it *“consisted of practice issues. . . . There is really not enough done. . . . We don’t have a daily cultural competence attitude, and we need that.”*

African American and Multi-racial children who are Legally Free are less likely to be adopted than Caucasian children; Native American children are more likely to be adopted.

Adoptions of Legally Free Children	
Children Legally Free, by race (2002)	Adoptions as a percent of all Legally Free children (2002)
Caucasian (n = 229)	37%
African American (n = 200)	25%
Multi-racial (n = 67)	22%
Native American (n = 48)	42%

African American and Native American children wait much longer than Caucasian children to be adopted. African American infants wait an average of nearly five years to be adopted, more than two years longer than Caucasian children placed as infants. Native American infants wait 18 months longer than Caucasian infants to be adopted.

Length of Time to Adoption		
	Time from placement to adoption – all ages (2002) n = 180	Time from placement to adoption – infants at placement (2002) n = 82
Caucasian	39 months	31 months
African American	62 months	58 months
Native American	52 months	49 months

There is a lengthy process to determine whether reunification with the family will occur. In the meantime, children are getting older and may pass the age when adoption is optimal. One social worker reported:

“Families want cute little babies, not adolescents.”

Re-entry rates (children re-entering placement within 12 months of reunification) appear to be consistent across race.

Re-entry after Reunification		
	Percent of all reunifications (2002) n = 895	Percent of all children re-entering placement within 12 months of reunification (FY 2002) n = 197
Caucasian	54%	54%
African American	22%	22%
Asian/Pacific Islander	5%	6%
Multi-racial	7%	7%
Native American	6%	8%
Other Race	4%	3%
Hispanic (ethnicity)	12%	11%

When child welfare professionals (CWS social workers) were asked to explain why children re-enter the child welfare system they gave several hypotheses.

- Social workers working with Native American children and youth reported: *"Kids who were adopted by non-relative/white homes are coming back into the system because of failed adoptions, often at adolescence."*

Concluding Review of the Literature

Introduction

King County is not alone. The findings presented above are resonant with patterns found by researchers around the country both as to the fact of disproportionality and some of the patterns behind the numbers.

Several excellent reviews of the empirical literature (Courtney, Barth et al., 1996); (Caliber-Associates, 2003), (Hill, 2001), (Hines, Lemon, et al., 2004) echo our findings in King County. They document disproportional outcomes at each step in the child welfare process from the point of referral to differential pathways and timelines for exit.

This pattern was observed for African American children in the early 1970s (Billingsley and Giovannoni, 1972). According to the most recent year for which national figures are available, African American children make up 15% of the population, 25% of substantiated maltreatment victims, and 45% of the out-of-home care population.

The root causes of these patterns are the subject of this research and other research underway around the country. Two possible causes have been consistently ruled out, contrary to myths or prejudice held by some in the field. It is important to challenge these myths by reminding people that 1) parents of color do not abuse or neglect their children at a higher rate than do Caucasian parents (myth #1) and 2) poverty does not account for the difference in outcomes between races (myth #2).

Myths

Myth #1: There's a difference in rates of abuse. In fact, a respected national incidence study shows no difference in rates of abuse among racial or ethnic groups. As part of the Child Abuse Prevention and Treatment Act, Congress commissioned a National Incidence Study (NIS) to be conducted by the Department of Health and Human Services to capture the national incidence of child abuse or neglect. After three studies (1980, 1986, 1993) researchers found that “No significant differences in the overall rate of child maltreatment between African American and Caucasians were found in any of the three waves of NIS.”

Myth #2: Disproportionality is tied to poverty. It is true that child abuse or neglect is more likely to occur among the very poor, but that does not translate into greater rates of abuse in families of color. A child from a family making less than \$15,000 per year is 22 to 25 times more likely to experience abuse than a child from a family with income greater than \$30,000 per year (Barth, 2001).

Although African American and Native American families are consistently found in greater percentages among the lowest income groups, they are not found in greater percentages among abusive families. In fact, researchers have found that “when various risk factors [such as poverty, family structure, and other known contributors to maltreatment] were controlled for in NIS-3, child maltreatment rates were found to be significantly higher among Caucasians than African

Americans” (Sedlak and Schultz, 2001) as quoted in (Hill, 2001). This suggests that there may, in fact, be strengths in African American families that increase the safety for their children in the face of the risk factors associated with extreme poverty – worth further research.

Findings

National researchers have found similar patterns in terms of where the gap between races widens in the child welfare pathways. To provide context for King County’s findings, some of the national research is summarized here. It is organized by the six critical decision points identified by the King County Stakeholder Coalition.

Referral and Reporting

Children come to the attention of the agency when a concerned community member calls with a report. Some professionals (such as teachers, medical professionals and social workers) are mandated by law to report child abuse or neglect (mandated reporters). One source of disproportionality could be racial bias in reporting patterns. Our study was not able to collect quantitative data by race on reports, but focus group participants expressed concern with reporting patterns. This concern has been explored in child welfare research elsewhere. As found in King County, there exists nationally a high level of frustration and confusion with the reporting process, regardless of race. And there are specific questions about the possibility of bias and racial differences in community standards leading to racial disproportionality in entries into the system.

One analysis (Chand, 2000), while noting a difference in reporting rates, proposed that disproportionately high reporting rates were due not to racial prejudice, but to “exposure bias.” Children from African American and Native American families are more likely to be poor and therefore more likely to be exposed to mandated reporters as they turn to the public social service system for support in times of need. Problems other families could keep private become public as a family receives TANF, or seeks medical care from a public clinic, or lives in public housing.

This matter of “exposure bias” (or visibility bias) has been particularly well documented when it comes to child welfare referrals from medical settings. Although several studies have shown that the prevalence of addiction is the same for all races and social classes, hospitals serving poor families are more likely to conduct routine drug screening on women giving birth and newborns, thereby increasing the likelihood of entry into the system. In addition, in hospitals that don’t routinely test all women and babies, medical staff are more likely to test for drugs if a patient fits their stereotype of a drug user—often including a racial profile. (Chasnoff, Landress et al., 1990). Subsequent to the test there is a difference in reporting rates. Though white and black women were equally likely to test positive for drugs, African American women were ten times as likely to be reported to CPS after delivery.

There is evidence that some presenting symptoms are interpreted differently according to race. Research has found doctors more likely to diagnose physical injuries among poor families as “abuse” and among affluent families as “accidents” (Katz, Hampton et al., 1986). The subjective

nature of risk perception and referral is not limited to the medical world. Similar patterns have been seen in other mandated reporting settings, such as education and mental health. While we do not know whether this pattern is present in King County, it would be one area where checks and balances on cultural bias would be wise.

In conclusion, the literature is mixed on whether racial disproportionality at the point of referral is more related to race or to risk factors such as poverty, or exposure bias associated with race. Though there is indication that there is bias in referral at the national level, this is not possible to confirm using King County data, because race information is not reliable. But even if there were racial disproportionality in referrals, an equitable child welfare system would be proportional from that point on, and ours in King County is not. At each successive decision point, the gap in outcomes widens according to race. We need to look deeper at dynamics within the system.

Intake and Investigation

The next step in the process after a referral is phoned in is the agency's decision whether to investigate that case, and the findings of that investigation. Despite no higher incidence of abuse or neglect in African American or Native American families, research consistently shows racial differences in rates of cases opened for investigation and in rates of substantiation. ("Substantiation" means a finding upon investigation that abuse occurred; this is called a "founded referral" in Washington.)

In finding disproportionate representation among referrals opened for investigation, King County statistics are consistent with statistics found nationally and in the United Kingdom. Research consistently notes racial disproportionality in the process of investigating cases, and in the percentage of abuse allegations that are substantiated (or "founded").

The process of investigating and making decisions about a child abuse case is to some degree necessarily subjective and, as the focus groups indicated, open to the influence of racial bias. As one social worker said "abuse is abuse, regardless of culture" (Caliber-Associates, 2003), and all children deserve to live safe and free of fear. However, the evidence is clear that racial bias exists in the assessment of risk, sending children and families of color into the system at a higher rate.

For example, a worker's lack of cultural awareness can lead to disparities. Studies from other communities have suggested that social worker misunderstanding of African American norms and expectations about control and punishment of children could lead to disproportionality in risk rating (McPhatter, 1997). Another study found that non-native workers may mislabel traditional (and safe) Native American patterns of supervision as neglect (Mosby, Warfield et al. 1999). Findings exploring bias do vary; another study found Caucasian staff not more likely to substantiate risk for African American than for Caucasian children, although they were likely to substantiate rates at higher rates for all. In Washington State, Diana English found that families described as "non-compliant" were given higher risk tags, despite no other difference in risk factors (Diana English, 1995). Differences in communication style (direct vs. indirect, level of emotion expressed) can be culturally based.

To control for such individual bias, some researchers (such as in Illinois) have found that structured decision-making tools at the investigation stage seem to reduce racial disproportionality (Johnson, 1999), (Weibush, Freitag et al., 2001).

Reunification Efforts (Including Delivery of Services)

While the core purpose of the child welfare system is child safety, the system is mandated to provide for safety wherever possible within the original family. By policy, social workers must make reasonable efforts (or, active efforts for Native children) to keep children at home or to reunify children with parents as soon as possible when emergency removal is necessary. It is the value and belief of social policy that children belong with parents or kin if possible, consistent with safety. This is so important that it is the subject of court review – to remove a child, the agency must persuade a judicial office that reasonable efforts have first been made to keep a child at home. And during a child's placement in out-of-home care, a variety of checks and balances are intended to keep things moving towards reunification or permanence. Administrative and Court Review hearings, and Local Indian Child Welfare Advisory Committees for Native American Children are held regularly to make sure that reasonable (or active for Native American children) efforts to reunify are being made on each case. King County focus group findings suggested that there were differences in how these family preservation and reunification efforts are implemented. This resonates with one of the most consistent findings in the national literature.

- **Differences in who gets in-home services**

The national literature finds a difference by race in the percentage of families who are offered in-home services. In a 1997 report from the U.S. Children's Bureau, it was found that among children receiving child welfare services "the majority of African American children (56%) were placed in foster care, while the majority of Caucasian children (72%) received services in home (U.S. Children's Bureau, 1997). This is confirmed by other studies (Barth, 2001), (George and Lee, 2001), even when other risk factors (such as child's age, reason for maltreatment, and neighborhood poverty) are controlled for (Needell, Brookhart et al., 2002).

To preserve or to reunify the family, a parent needs to demonstrate to the court that they have addressed the problems that placed the child at risk. Washington State has invested very heavily in services that can help with family problems. The legislature has funded family preservation and intensive family preservation services in each region. The Division of Alcohol and Substance Abuse has prioritized services for pregnant and parenting women. There is a statewide network of domestic violence agencies, and contracts for those services run through the Children's Administration. Parents are provided an attorney (a public defender) to advocate for them in the process. Children are provided a CASA (a court-appointed special advocate) to be their voice in court. It would appear that a full menu of supports and services is available. But this is not what our respondents said, and it is not what the national literature would suggest.

- **Differences in referral, availability, and quality of services**

As previously noted, quantitative data were not available to determine for King County whether there were disparities in services offered, service completion, or quality of services. However, focus group participants expressed concern about service delivery and believed that children and families of color did not get services as consistently as their Caucasian counterparts. This resonates with much of the published literature on disproportionality. Study after study has found differences attributable specifically to race and to no other characteristic in the quantity and quality of services delivered to families of color (particularly African American and Native American).

- **Differences in services to children**

One national reviewer (Hill, 2001) cited seven different citations, the earliest in 1963, and the most recent 1996, concluding that minority children “are at a disadvantage regarding the range and quality of services provided, the type of agency to which they are referred, the efficiency with which their cases are handled, and their eventual outcomes.”

- **Differences in services to parents and caregivers**

Similar disparities are found with services to parents and caregivers. Although African American parents are more likely to be referred for drug treatment, their services were found to be less adequate (Walker, Zangrillo et al., 1994). This is true of mental health services as well. Researchers (Garland, Landsverk et al., 2002). Stenho (1982) found that Caucasian parents consistently received more social service support than other parents. Olsen (1982) found that Native American families had the least chance for service recommendations of all ethnic groups in a large study sample. (Olsen 1982), Other researchers report similar findings (Fein, Maluccio et al., 1990), (Shyne and Shroeder, 1978), and Courtney and his colleagues concluded that their review of the literature on disproportionality “suggests a pattern of inequality, if not discrimination, based on race and ethnicity in the provision of child welfare services” (Courtney, Barth et al., 1996).

- **Differences in services provided kinship caregivers vs. licensed foster parents**

Placement with kin may be an intervening variable in the differential rates of service provision. A higher percentage of African American and Native American children are placed with kinship care providers, and the literature finds that kinship caregivers (regardless of race) receive fewer services than do foster parents (Berrick, Barth et al., 1994). There appear to be several reasons for this disparity. For one, unlicensed kin are not eligible for the same supportive services funded through Title IV-E for licensed foster parents, such as training and respite. In addition, kin may be reluctant to “get mixed up in” the social service system or believe they should be able to handle things on their own and so do not request services (Caliber-Associates, 2003).

- **Lack of culturally-specific service providers**

Focus group participants expressed concerns regarding the lack of culturally-responsive services. The evidence base does suggest that services provided by ethnically-matched agencies can be more effective at engaging clients from that culture (Pellowe, 1990). There

appear to be differences in the kinds of services that families need, with families of color benefiting more from concrete services (available in Washington from family preservation agencies) than from traditional mental health services (Fraser, Pecora et al., 1991)

- **Difference in service participation due to prior parental experiences**

Our focus group participants (parents as well as social workers) noted that prior parental experiences can impact the degree to which parents of color engage in services. Parents of color, particularly African American or Native American parents, may have negative past experiences, or at best have no familiarity with, the service delivery system, and this can lead to hopelessness, frustration and perhaps giving up sooner than other parents. This finding is echoed in research in other locations. Stakeholders in a nine-city series of focus groups suggested that families of color would benefit from an advocate or guide to the system, to help explain what is happening and encourage them that there is hope of recovery and of demonstrating to the court and social worker their capacity to parent their children safely (Caliber-Associates, 2003).

In conclusion, it is clear that service delivery patterns are a part of the system where one could gain leverage to reduce disproportionality in outcomes, and improve services for African American and Native American Families. Recommendations from the literature would include:

- development of culturally-based services
- greater investment in services for kinship care providers
- additional availability of concrete services
- offering a guide or cultural mentor to parents of color in navigating the child welfare system

Dependency and Termination of Parental Rights

Not every family can be kept together. When in-home services cannot reduce the risk to the child, or when out-of-home placement and services have not been successful in reducing risk, the system is required to move forward in a timely way to find the child a new permanent home.

Separating a child from his or her parent either temporarily (dependency petition) or permanently (petition of termination of parental rights) is a significant emotional, relational and legal step. This is why there are a number of legal checks and balances in place to assure that this step is not taken lightly.

At the same time, policy is also designed to ensure that children not “languish” in foster care. The two most recent major pieces of child welfare legislation (the Adoption and Safe Families Act of 1997, or ASFA, and the Multi-ethnic Placement Act, or MEPA) both impose financial consequences to the agency for failing to move forward in a timely way to find a child a permanent home, and the child must not be delayed placement due to waiting for a race-matched home.

Many of the concerns expressed by King County focus group participants are problems for all children, regardless of race. These would include: increased worker turnover, conflicting requirements from multiple oversight systems (like TANF, housing, child welfare), not enough time in federal/state guidelines to allow for parental recovery from addiction or stabilization of mental illness, and lack of hope or respect communicated by workers.

However, these problems either affect children of color more, or there are other factors at play, because statistics show that children of color are more likely to be placed in out-of-home care (have a dependency petition granted), and remain in out-of-home care longer.

Racial bias among workers, or a race and class differential between workers and clients that might lead to cultural misunderstanding, have been noted in the literature, and confirm findings of this study. While there is no evidence that race-matching automatically improves outcomes for children of color (Courtney, Barth et al. 1996), there is evidence of greater client engagement between workers of color and families of color.

The court process is a complex one, and adversarial. Dependent families of all races have noted that it is confusing and hard to understand what is going on. Recommendations from the literature include a recommendation for a guide or a coach for families in negotiating the court system (Caliber-Associates, 2003) or the use of alternative approaches to decision making such as family group conferencing (Dougherty, 2003). These approaches increase family knowledge of the system, and voice and influence in affecting outcomes.

Alternate Pathways for Exiting the System

The literature documents that nationally, as in King County, children of color are likely to remain in care longer than Caucasian children (Hill, 2001). In fact, this is one of the most durable statistical findings across all studies (Wulczyn, 2003). Multiple studies in a range of places have shown that, just as in King County, for those children who are adopted, the length of time to adoption is longer for African American children than for their Caucasian counterparts (Barth, Courtney et al., 1994).

Why should this (the longer time to exiting the system) be the case? The literature explores possible answers to this question. One contributing factor could be the greater rate of placement with kinship care for children of color. Barth showed that children in kinship care who reunify with parents take longer to reunify (stay in out-of-home care longer), but the reunification is more solid, that is, results in fewer re-entries into the system (Barth, 1994). There may also be fewer adoptive family resources for African American children. While the Multi-ethnic Placement Act prohibits discussion of race in placement, or delay of placement for reasons of “race-matching,” Brooks and James (2003) showed that there is a difference by race in the willingness to adopt black children and acknowledged that MEPA prohibits workers from discussing the matter of race with prospective adoptive parents. They also cite a study showing that cultural competence training can have impact on transracial adoptive parents’ perceptions of the importance of ‘racial awareness, multi-cultural planning, and survival skills’ (Vonk and Angaran, 2001).

Conclusions

The national literature provides a useful backdrop for the work completed for the King County Disproportionality Coalition. It provides support for the King County finding that disproportionality in outcomes is real, and that it is not attributable to (the fault of) characteristics of families of color. Some in-depth research in other sites has been able to point to the mechanism of racial bias, and how that bias plays out at each key point in the child welfare decision pathway from referral to investigation to provision of services to placement and permanency. Research from other sites can inform the Coalition in identifying possible sites for intervention and possible pathways to address disproportionality in child welfare in King County. The research into the nature of and remedies for disproportionality in child welfare is not as complete as we would like, but it can be one source of input into planning for King County. Over time, it may be that King County will be a valuable contributor, adding our experience to enrich the national conversation.

Report Summary

The quantitative data collected for Phase I of this research project on racial disproportionality in the child welfare system indicate that African American and Native American children enter the system at a disproportionate rate, and are over-represented at nearly every point in the system, such that they become an increasing percentage of children in the system.

African American and Native American children together make up:

- *8 percent of the child population in King County*
- *25 percent of the children involved in referrals accepted for investigation*
- *33 percent of all children removed from their homes and placed in care*
- *50 percent of the children still in out-of-home care four years after placement*

In addition, children of color from other races, and Hispanic children, are over-represented at a few points in the system.

The child welfare system can be frustrating and difficult to negotiate for people of any race. Many of the challenges identified by focus group participants are experienced across all races and ethnicities.

The quantitative and qualitative work (with the additional back-up of the national literature review) that has been presented here points to possible sources of the racially disproportionate outcomes in the King County system, and to possible places to intervene to address this disproportionality.

Factors contributing to disproportionality could be broken into separate areas:

1. Societal factors outside the reach of the child welfare system, including such phenomena as poverty, housing, community safety, racism expressed in the larger community and media, and the differential history of discrimination experienced by each ethnic group in this country.
2. Factors associated with policy, funding, practice and contracting—all within the system and within the reach of the Coalition.
3. Factors associated with individual attitudes, values, stereotypes, and racial biases of people involved in the child welfare system.

Societal factors outside the system

Participants in the focus groups and the literature both point to some causes for disproportionality that lie outside the purview of the agencies involved in this Coalition. Referral bias, visibility bias, larger demographic patterns and the history of disproportionality among the poor are all factors outside the system that have been implicated as sources of disproportionality in child welfare.

Even though these are beyond the reach of the system, focus group findings and the literature would suggest that there are ways people inside the system might have some influence over the ways these external factors impact the system.

For example, there may be bias among those who refer to the agency, or there may be a greater chance of families of color being noticed and reported due to greater incidence among the poor, and consequently, greater reliance on public services. In addition, the disproportional representation of people of color in poverty, while not affecting rates of child abuse, may have an impact on what services are available and whether people are able to pay for them.

Two themes that emerge throughout the King County research were the need for checks and balances and the need for greater awareness of the impact of subjectivity. Recognition that there will be stereotypes and biases among mandated reporters might lead to the establishment of checks and balances for such biases, as they might impact referral or the availability of treatment for a child welfare family. Or, training for community groups to raise awareness, or tracking patterns of referral and working with specific groups with apparently biased referral patterns are all possibilities.

Several local and national projects working on CPS reform have found that when Native American and African American community members are asked to develop a child protection system that makes sense to them culturally, efforts are largely focused on family support and prevention. In cultural communities, child protection is not isolated, but is instead understood as an integral part of a whole commitment to child and family well-being. Although family support and prevention are activities outside the purview of the child welfare system as currently configured and funded, CPS agencies and personnel may be able to pay more attention to early prevention efforts for low-risk families by establishing better liaison systems with other family services.

Policy and practice

The Coalition is committed to addressing institutional factors within the system that contribute to disproportionality. Comments from focus group participants identified factors related to policy and practice, including funding patterns and contracting practices that could lead to disproportional outcomes. Actions could focus on the following factors: efforts to engage fathers; culturally-competent in-home services to preserve families; kinship care, use of concrete services; advocates or guides in encountering the system; and post-permanency support.

- **Fathers**

Fathers and others noted that there appeared to be a bias against paternal involvement in their children's lives, and that paternal efforts to assert their involvement and to demonstrate their capacity were devalued or even blocked. Interventions that addressed this bias could include supervisory and judicial oversight regarding paternal involvement, training on how to communicate hope and respect to parents, and removal of barriers to paternal identification.

- **Culturally-competent services for families**

Participants in this research noted the absence of service providers who understood the family's culture, or the failure to provide services to families of color. This was noted specifically for services designed to preserve the family (family preservation), treat parental challenges (treatment providers). A possible area of action could be to develop and publicize more contracts for family preservation or reunification services or treatment with African American and Native American providers, or with providers who could relate to a family's culture. Tracking the provision of, and receipt of, services by all families by race would make disparities visible and allow for greater accountability. Performance outcomes or other quality measures related to cultural competence might be considered. This would require ongoing dialogue regarding a definition of culturally competent services in each service.

- **Kinship care**

A clear theme emerged around the importance of (and variable practice around) engaging relatives. For that reason, kinship care is an area of promise for a clear action strategy. Possible actions would include continued efforts to increase worker motivation and skill in finding kin and in respecting and engaging kin as resources for placement. Family group conferences or other kinds of conversations that engage and empower the extended family in planning and caring for kin are powerful tools. Financial and concrete supports for kinship care providers could be improved, and services provided to kin vs. other care givers could be monitored (reflecting findings that kin receive fewer supports in caring for dependent children). The processes used to assess kin for caregivers (home studies and licensing) could be revisited and cultural biases controlled. Checks and balances could be developed for bias regarding age, appearance, dress, family composition and health status.

- **Concrete supports**

The disproportional representation of families of color in poverty may impact the concrete supports and services available within the family to meet family challenges. Greater awareness of the availability of concrete services, and better collaboration with systems such as TANF that provide such supports might strengthen the child welfare system's supports for families.

- **Advocate for families**

King County focus groups as well as the literature, note how inaccessible the agency processes and language are to most families, and particularly families of color. Formal legal procedures, unclear and often conflicting directives from multiple agencies, use of written forms and legal language, and the adversarial process may all be at odds with the family culture. This inaccessibility is aggravated by client awareness of previous pain that came to their families from the agency, and a certainty that "things will not go well for people like me". These factors are discouraging for families and make it hard to operate powerfully and effectively in getting children home. In King County and in other jurisdictions, parents and families of color have made good use of advocates who work with them to hold the system to account and support them in making their case effectively in court and to the caseworker. Such advocates can become ongoing forces for systems change and accountability, helping clients and noticing larger patterns.

- **Support for permanent families**

The quantitative data paint a dramatic picture of the different pathways and time lines for African American and Native American children to find their way to a permanent home. Assertive efforts to recruit and support foster and adoptive families of color, activist court and CASA oversight to advocate for homes for children who are legal orphans, and a program of subsidized guardianships have all been mentioned as pathways to reduce the length of time to permanence for children of color.

Checks and balances for bias in individual professional practice and attitudes

All human beings view life through prejudices and stereotypes. The assumptions, stereotypes, biases, prejudices of people who have the power to make decisions about families are unquestionably contributors to the disproportionality of family outcomes. Research here and elsewhere show evidence of the action of this subjective bias at all decision points. Individual bias will be present at every decision point and it may not be possible to eliminate bias completely from individual child welfare decision-making.

Recognition of the fundamental role of institutionalized racism makes this initiative different from many other initiatives that address disproportionality. Without this recognition, systems change efforts are more likely to turn to blaming families rather than focusing on efforts that will mitigate the disproportionality at a systems level.

What emerges from the King County research is evidence that not all participants in the system believe that there is a risk of bias. Some believe that the decisions made in court are guided only by objective factors and that subjectivity does not enter into it. Other professionals who are concerned about subjectivity observed that the various checks and balances built into the system (supervisory oversight, external advocates, court review) were functioning more as a rubber stamp and less as a true check or control.

If members of the Coalition start with the assumption that there is bias, then certain action steps for building an anti-racist system may make sense. A system can build in checks and balances to the high likelihood of racism by

- Hiring diverse staff
- Training all staff to be alert to bias
- Requiring objective measures of family capacity (such as consistent use of risk and reunification assessments)
- Strengthening the voice of a variety of representatives from communities of color
- Providing supervisory oversight with training
- Alerting educated judicial oversight
- Using alternate decision-making processes (such as family group conferencing)
- Employing placement resources (such as kinship care or culturally-based programs) that honor cultural ways of caring
- Tracking services offered to kin, parents and families by race

Checks and balances are needed at the systemic level as well. This study should not be a “one-time” occurrence. Building the capacity to monitor the extent of the disproportionality on an ongoing basis would allow for checks and balances at the unit, office and regional level.

Institutional racism is a powerful and deep-seated phenomenon. Ultimately, keeping families out of the system if possible (prevention) is going to be the best protection from the inherent historical racism of the system as it now stands. But all children deserve the very best protection we can offer. Children of color who must enter the system deserve at least equal or even disproportionately positive efforts to ensure their safety and to return them to loving kin and community as quickly as possible. The Coalition has many places where efforts may bear fruit, including changes to current practices and policies, the use of checks and balances for subjective bias, the institution of accountability measures and monitoring, and understanding and developing culturally competent services and community involvement.

Next Steps

The key data provided in this report will be presented by the Research Team to the Coalition. These stakeholders will help interpret the data and identify areas for intervention using “promising practices.”

The Coalition will decide which promising practice pilot interventions to pursue and will seek funding to implement pilot interventions in 2005 and beyond.

References

- Ards, S., Myers, Jr., 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.
- Barth, R. (2001). Toward understanding racial disproportionality in child welfare services receipt. Reaching the Summit: National Conference on Research in Child Welfare and CWLA 2001 Western Region Training Conference, Denver, Colorado.
- Barth, R. P., M. Courtney, et al. (1994). Timing is everything: an analysis of the time to adoption and legalization. *Social Work Research* 18(3).
- Berrick, J. D., R. P. Barth, et al. (1994). "A comparison of kinship foster homes and foster family homes: implications for kinship foster care as family preservation." *Children and Youth Services Review* 16(1/2): 33-63.
- Billingsley, A. and J. M. Giovannoni (1972). Children of the Storm: Black Children and American Child Welfare. New York, Harcourt, Brace, Jovanovich, Inc.
- Brooks, D., & James, S. (2003) Willingness to adopt black children: implications for child welfare policy and recruitment of Adoptive families. *Children and youth services review*. 25 (5/6), 463-489.
- Caliber-Associates (2003). Children of color in the Child Welfare System: Perspectives from the Child Welfare
- Community. Washington, D.C., U.S. Department of Health and Human Services, Administration for Children & Families, Children's Bureau: 83.
- Chand, A. (2000). The over-representation of black children in the child protection system: Possible causes, consequences and solutions. *Child and Family social work* 5: 67-77.
- Chasnoff, I. J., H. J. Landress, et al. (1990). The prevalence of illicit drug and alcohol use during pregnancy and discrepancies in mandatory reporting in Pine County, Florida. *New England Journal of Medicine* 322: 1202-1206.
- Courtney, M. E., R. P. Barth, et al. (1996). Race and Child Welfare Services: Past Research and Future Directions. *Child Welfare* LXXV (2 (March-April)): 99-137.
- Dougherty, S. (2003). Practices that mitigate the effect of racial /ethnic disproportionality in the child welfare system. Seattle, Washington, Casey Family Programs.
- English, D. M., Brummel, S., and Orme, M. (1995). A preliminary examination of similarities and differences in the assessment of risk for different ethnic groups. Olympia, Washington, Office of Children's Administration Research, Washington State Department of Social and Health Services: 18.

- Fein, E., A. N. Maluccio, et al. (1990). No more partings: an examination of long-term foster family care. Washington, DC, Child Welfare League of America.
- Fraser, M.W., P.J. Pecora, et al. (1991). Families in crisis: The impact of intensive family preservation services. New York, Aldine De Gruyter.
- Garland, A., J. Landsverk, et al. (2002). Racial/ethnic disparities in mental health service use among children in foster care. Washington DC, Children's Bureau, Research Roundtable on Children of Color in Child Welfare.
- George, R. and B. Lee (2001). The entry of children from the welfare system into foster care: differences by race.
- Hill, R. (2001). Disproportionality of Minorities in Child Welfare: Synthesis of Research Findings. Washington, D.C., Westat: 30.
- Hines, A. M., Lemon, K., Wyatt, P. (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, 507-527
- Johnson, W. (1999). Race and the California Risk Assessment. 13th Annual CPS Risk Assessment Roundtable, San Francisco, CA.
- Katz, M., R. Hampton, et al. (1986). Returning children home: clinical decision making in cases of child abuse and neglect. American Journal of Orthopsychiatry 56(2): 253-262.
- 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.
- Morton, D.T. (1999). The increasing colorization of America's child welfare system: The overrepresentation of African-American children. Policy & practice of Public human services, 57(4), 23-30.
- Mosby, L. R., A. Warfield, et al. (1999). Troubles in interracial talk about discipline: an examination of African American child rearing narratives. Journal of Comparative Family Studies 30.
- Needell, B., A. Brookhart, et al. (2002). Black Children and Foster Care Placement in California. Research Roundtable on Children of Color in Child Welfare, Washington, D.C., US Children's bureau.
- Olsen, L. (1982). Services for Minority Children in out-of-home care. Social Services Review 56: 572-585.
- Pellowe, D. (1990). Race and culture in Family First. Chicago, IL, Chapin Hall Center for Children, University of Chicago.

- Sedlak, A. and D. Schultz (2001). Race differences in child protective services investigation of abused and neglected children. Race Matters Forum, Champagne, Illinois, University of Illinois at Urbana - Champaign and Westat.
- Shyne, A. W. and A. G. Shroeder (1978). National Study of Social Services to Children and their Families. Washington, D.C., Department of Health and Human Services, U.S. Children's Bureau.
- Sims-Gray, S. and Nybell, L. (1990). Issues in African-American Family Preservation. Child Welfare. vol. LXIX (6), 1990, pp. 513-523.
- US-Children's-Bureau (1997). National study of protective, preventive, and reunification services delivered to children and their families. Washington, D.C., U.S. Department of Health and Human Services.
- Vonk, M. E. & Angaran, r. (2001). A pilot study of training adoptive parents for cultural competence. Adoption Quarterly 4 (4), 5-18
- Walker, C. D., P. Zangrillo, et al. (1994). Parental drug abuse and African American children in foster care. Child Welfare Research Review. R. Barth, J. Berrick and N. Gilbert. New York, Columbia University Press: 109-122.
- Weibush, R., R. Freitag, et al. (2001). Preventing delinquency through improved child protection services. Washington, D.C., OJJDP Juvenile Justice Bulletin.
- Wulczyn, F. (2003) Closing the Gap: Are exit patterns reducing the time African American children spend in foster care relative to Caucasian children? Children and youth services review, 25(5/6) 431-462

Appendices

Appendix A: Key to Data Matrix

Appendix A: Key to Data Matrix

Interpreting the data	For each indicator, the following calculations are provided:							
A. Representation	The number for each race divided by the total for all races for that indicator. The total for All Races will always be 100%. Examples: African American children make up 7% of all children in King County. African American children make up 19% of all children involved in accepted referrals in the child welfare system in King County.							
B. Percent of King County Child Population	The number for each race divided by the total number of children of that race in King Co. Examples: For all races, 1.8% of King County children are involved in accepted referrals; 4.35% of African American children are involved in accepted referrals; 1.54% of Caucasian children; and 8.95% of Native American children.							
C. Proportionality (compared with Caucasian children)	The percent of King Co. child population for each race for that indicator divided by the percent of King Co. child population for Caucasians for that indicator. This calculation allows us to compare the experience of Caucasian children to those of other races. Examples: African American children are 3 times more likely, and Native American children are 7 times more likely, than Caucasian children to be involved in an accepted child welfare system referral.							
D. For subsets, the percent of the total for that indicator	Correctly interpreting proportionality can be tricky as the following example illustrates. According to the matrix, African American children are 2 times more likely that Caucasian children to have a risk tag 1 or 2 referral. But because African American children are already 3 times more likely that Caucasians to be in the accepted referral population, 2 times actually means African American children in accepted referrals are less likely than Caucasian children in accepted referrals to be given a risk tag of 1 or 2. So when interpreting proportionality on indicators related to referrals, numbers other than 3 for African Americans or 7 for Native Americans mean that proportionality for kids within the system has changed at that indicator. When the indicators are related to children placed in out of home care, the proportions to keep in mind are 4 for African American children and 12 for Native Americans -- so numbers different than 4 or 12 indicate a different proportionality at that indicator.							
	Where possible, we have provided percents of the total for subsets. Examples: For all races, Risk Tag 1 & 2 referrals make up 12% of all accepted referrals. For African American children, risk tags 1 & 2 make up 9% of all accepted referrals; 12% for Caucasians, and 18% for Native Americans.							

Appendix B: Quantitative Data Matrix

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity	
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic
King County Child Population	FFK - 2000 Census	390,646	27,784	45,825	267,188	31,612	4,213	14,024	31,190	359,456
A. Representation - Percent of King Co. Child Population		100%	7%	12%	68%	8%	1%	4%	8%	92%
All Child Welfare System Referrals			Data available through hand-count of intake forms only; race data not entered into a database for non-accepted referrals							
All Referrals Accepted for Investigation - No. of Referrals	CAMIS run - FY02	6,518	1,170	360	3,739	508	356	228	157	
A. Representation - Percent of All Referrals Accepted for Investigation		100%	18%	6%	57%	8%	5%	3%	2%	
All Referrals Accepted for Investigation - No. of Children	CAMIS run - FY02	8,255	1,554	510	4,452	709	475	344	211	
A. Representation - Percent of All Referrals Accepted for Investigation/Child Count		100%	19%	6%	54%	9%	6%	4%	3%	
B. Percent of King Co. Child Population		2.11%	5.59%	1.11%	1.67%	2.24%	11.27%	2.45%		
C. Proportionality/King Co. Child Population		1	3	1	1	1	7	1		
All Referrals Accepted for Investigation - Risk Tag at Referral	CAMIS run - FY02									
Risk Tag 1 or 2		751	101	38	450	58	63	22	19	
A. Percent of All Risk Tag 1 & 2 Referrals (Representation)		100%	13%	5%	60%	8%	8%	3%	3%	
D. Percent of All Referrals Accepted for Investigation		12%	9%	11%	12%	11%	18%	10%	12%	
Risk Tag 3, 4 or 5		5,756	1,067	322	3,281	450	293	206	137	
A. Percent of Risk Tag 3, 4, or 5 Referrals (Representation)		100%	19%	6%	57%	8%	5%	4%	2%	
D. Percent of All Referrals Accepted for Investigation		88%	91%	89%	88%	89%	82%	90%	87%	

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Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race							Ethnicity		
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic	
All Referrals Accepted for Investigation - Emergent Status	CAMIS run - FY02	4,832 100%	786 16%	252 5%	2,855 59%	386 8%	272 6%	162 3%	119 2%	119 76%		
Non-Emergent												
A. Percent of Non-Emergent Referrals (Representation) D. Percent of All Referrals Accepted for Investigation												
Emergent	CAMIS run - FY02	1,611 100%	369 23%	102 6%	839 52%	119 7%	84 5%	63 4%	35 2%	35 22%		
None Entered												
A. Percent of Emergent Referrals (Representation) D. Percent of All Referrals Accepted for Investigation												
All Referrals Accepted for Investigation - Chronically Referring Families	CAIS - FY04 - Q1	1,219 100%	217 18%	57 5%	702 57%	92 8%	62 6%	67 6%	22 2%	22 18%		
None Entered												
A. Percent of none entered Referrals (Representation) D. Percent of All Referrals Accepted for Investigation												
All Referrals Accepted for Investigation - Chronically Referring Families	CAIS - FY04 - Q1	142 100%	13 9%	3 2%	91 64%	16 11%	7 5%	8 6%	4 3%	4 3%	23 16%	119 84%
None Entered												
A. Percent of all chronically referring families (Representation) D. Percent of All Referrals Accepted for Investigation in FY04-Q1												

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity		
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic
All Referrals Accepted for Investigation - Abuse/Neglect Code at Referral	CAMIS run - FY 2002		Note: Referrals can have more than one abuse/neglect code so the total for each code will be greater than the total number of referrals								
Physical Neglect		4,019	759	182	2,308	297	256	136	81		
A. Percent of Physical Neglect Referrals (Representation)		100%	19%	5%	57%	7%	6%	3%	2%		
D. Percent of All Referrals Accepted for Investigation		62%	65%	51%	62%	58%	72%	60%	52%		
Physical Abuse		2,081	380	156	1,149	182	76	83	55		
A. Percent of Physical Abuse Referrals (Representation)		100%	18%	7%	55%	9%	4%	4%	3%		
D. Percent of All Referrals Accepted for Investigation		32%	32%	43%	31%	36%	21%	36%	35%		
Emotional Abuse		481	56	20	316	35	25	15	14		
A. Percent of Emotional Abuse Referrals (Representation)		100%	12%	4%	66%	7%	5%	3%	3%		
D. Percent of All Referrals Accepted for Investigation		7%	5%	6%	8%	7%	7%	7%	9%		
Sexual Abuse		451	46	26	290	41	12	18	18		
A. Percent of Sexual Abuse Referrals (Representation)		100%	10%	6%	64%	9%	3%	4%	4%		
D. Percent of All Referrals Accepted for Investigation		7%	4%	7%	8%	8%	3%	8%	11%		
Medical Neglect		381	66	24	230	22	17	10	12		
A. Percent of Medical Neglect Referrals (Representation)		100%	17%	6%	60%	6%	4%	3%	3%		
D. Percent of All Referrals Accepted for Investigation		6%	6%	7%	6%	4%	5%	4%	8%		
All Other Abuse/Neglect Codes		221	50	5	135	10	12	3	5		
A. Percent of All Other Abuse/Neglect Code Referrals (Representation)		100%	23%	2%	61%	5%	5%	1%	2%		
D. Percent of All Referrals Accepted for Investigation		3%	4%	1%	4%	2%	3%	1%	3%		

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity		
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic
All Referrals Accepted for Investigation	CA/IS - FY04 - Q1	1,219	217	57	702	92	62	67	22		
Investigations within 10 days		753	133	41	445	33	37	48	16		
A. Percent of all investigations within 10 days (Representation)		100%	18%	5%	59%	4%	5%	6%	2%		
D. Percent of All Referrals Accepted for Investigation in FY04-Q1		62%	61%	72%	63%	36%	60%	72%	73%		
All Referrals Accepted for Investigation - Investigation Findings	CAMIS run - FY02		NOTE: Data on Findings should be interpreted with care. Federal regulations require dependency petitions to be filed on all Founded referrals, but petitions may also be filed on referrals that fall into other findings categories. Also cases may remain open (or be closed) regardless of findings.								
Inconclusive		2,598	493	156	1,405	202	170	104	68		
A. Percent of Inconclusive Referrals (Representation)		100%	19%	6%	54%	8%	7%	4%	3%		
D. Percent of All Referrals Accepted for Investigation		40%	42%	43%	38%	40%	48%	46%	43%		
Unfounded		1,886	309	105	1,165	150	40	68	49		
A. Percent of Unfounded Referrals (Representation)		100%	16%	6%	62%	8%	2%	4%	3%		
D. Percent of All Referrals Accepted for Investigation		29%	26%	29%	31%	30%	11%	30%	31%		
No Findings		1,319	198	56	785	112	105	35	28		
A. Percent of No Findings Referrals (Representation)		100%	15%	4%	60%	8%	8%	3%	2%		
D. Percent of All Referrals Accepted for Investigation		20%	17%	5%	21%	22%	29%	15%	18%		
Founded		716	170	43	384	44	41	22	12		
A. Percent of Founded Referrals (Representation)		100%	24%	6%	54%	6%	6%	3%	2%		
D. Percent of All Referrals Accepted for Investigation		11%	15%	12%	10%	9%	12%	10%	8%		
All Referrals Accepted for Investigation - Case Disposition			Data is not currently available due to changes in the data system								
Open/Risk											
Closed/Risk											
Closed/No Risk											
No Disposition											

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity		
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic
Voluntary Placement Agreements	Hand count of 2003 case files	178	61	7	92	0	1	0	17	23	155
A. Percent of all voluntary placements (Representation)		100%	34%	4%	52%	1%			10%	13%	87%
D. Percent of All Cases Remaining Open After Investigation			Calculation relies on Disposition data which is currently unavailable.								
Caseworker Visits every 90 days	FY 2004 - Q1	877	255	13	461	78	39	25	6		
A. Percent of All Children receiving regular caseworker visits (Representation)		100%	29%	1%	53%	9%	4%	3%	1%		
D. Percent of All Cases Remaining Open After Investigation			Calculation relies on Disposition data which is currently unavailable.								
Services for Parents and Children											
Family Preservation & Intensive Family Preservation Service Payments - child count and average \$ per child											
Psychological Evaluations - child count and average \$ per child											
Child Care Payments - child count and average \$ per child											
Independent Living Services - child count and average \$ per child											
Dependencies Established	CAMIS run - FY04-Q1 & Q2	408	112	8	210	46	19	10	3	26	382
A. Percent of All Dependencies Established (Representation)		100%	27%	2%	51%	11%	5%	2%	1%	6%	94%
E. Percent of All Cases Remaining Open After Investigation			Calculation relies on Disposition data which is currently unavailable.								
Terminations Opened	CAMIS run - FY04 - Q2	56	6	0	38	8	4	0	0	9	47
A. Percent of All Terminations Opened (Representation)		100%	11%	0%	68%	14%	7%	0%	0%	16%	84%
D. Percent of All Dependencies Established FY04-Q2		32%	11%	0%	54%	29%	50%	0%	0%	35%	12%

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity	
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic
<p>NOTE: Very little court data is available by race. Dependencies Established and Terminations Opened are recorded in CAMIS, other court data is recorded in SCOMIS, the Superior Court Management Information System and JUVIS, the Juvenile Court Information System. In King County, race codes are not routinely entered in these databases. For example, according to the Administrator for the Courts (AOC), 76% of all dependencies filed since 1997 had "unknown" race. In addition, to obtain information about continuances and timeliness of dispositions, AOC programmers look at the docket. When a case is archived, the docket information is removed. King County is aggressive in archiving closed files.</p> <p>In addition, to obtain information about continuances and timeliness of dispositions, AOC programmers look at the docket. When a case is archived, the docket information is removed. King County is aggressive in archiving closed files.</p> <p>Below and on the following page are indicators available through other data sources: The Court Appointed Special Advocate (CASA) program; and Z Hall Residents - the detention center for non-criminal children (those detained for civil contempt including dependent children who have run away from their foster home; at-risk youth; children in need of services; or truant). Z Hall Residents are tracked through Juvenile Court and race data is collected.</p>										
CASA Representation	CASA Program - 2002	NOTE: CASA race codes are different: Hispanic is a race; multi-racial is bi-racial								
CASA - Children Served		All Races	AA	API	Caucasian	Bi-racial	NA	Hispanic	Other or Not Reported	
A. Percent of All Children Served by CASA (Representation)		1,667	388	24	724	302	91	62	76	
CASA - Volunteers		405	45	5	228	0	1	7	124	
A. Percent of All CASA Volunteers (Representation)		100%	23%	1%	43%	18%	5%	4%	5%	
E. Ratio of Volunteers to Children Served		1:4	1:9	1:5	1:3	0:302	1:91	1:9	>1:1	
Z Hall Residents	Juvenile Court - 2003	NOTE: Juvenile Court race codes are different: Hispanic is a race; no code for multi-race; Other/Unknown are one code								
Z Hall Residents - All Case Types (# of child-days)		All Races	AA	API	Caucasian		NA	Hispanic	Other or Not Reported	
A. Percent of All Z Hall Residents - child-days (Representation)		1,156	257	99	698		40	34	28	
Dependency Cases Only (# of child-days)		100%	22%	9%	60%		3%	3%	2%	
A. Percent of All Z Hall Residents - Dependency Cases Only (Representation)		196	112	1	57		16	10	0	
D. Dependency Cases as a Percent of All Z Hall Residents		100%	57%	1%	29%		8%	5%	0%	
		17%	44%	1%	8%		40%	29%	0%	

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity		
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic
PLACEMENTS											
New Placements >60 Days During FY02	FFK - FY02	1,437	334	52	745	110	140	42	14	158	1,279
A. Percent of All New Placements During FY02 (Representation)		100%	23%	4%	52%	8%	10%	3%	1%	11%	89%
D. Percent of all children involved in Referrals Accepted for Investigation		17%	21%	10%	17%	16%	29%	12%	7%		
All Children in Out of Home Care >60 Days on Jan. 1, 2003	FFK - Jan. 2003	1,880	561	45	898	172	151	41	12	184	1,696
A. Percent of all children in out of home care (Representation)		100%	30%	2%	48%	9%	8%	2%	1%	10%	90%
All Children in Out of Home Care >60 Days on Jan. 1, 2003 - By Type of Placement	FFK - Jan. 2003										
Relative Placements		690	215	15	331	54	47	19	9	68	622
A. Percent of all relative placements (Representation)		100%	31%	2%	48%	8%	7%	3%	1%	10%	90%
D. Percent of All Children in Out of Home Care		37%	38%	33%	37%	31%	31%	46%	75%	37%	37%
Non-Relative Placements		1,190	346	30	567	118	104	22	3	116	1,074
A. Percent of all non-relative placements (Representation)		100%	29%	3%	48%	10%	9%	2%	0%	10%	90%
D. Percent of All Children in Out of Home Care		63%	62%	67%	63%	69%	69%	54%	25%	63%	63%
All Children in Out of Home Care >60 Days - By Time in Care	FFK - 2002										
2 Months to 2 years		926	224	28	501	85	68	18	2	92	834
A. Percent of all children in care 2 mos to 2 years with no completed plan (Representation)		100%	24%	3%	54%	9%	7%	2%	0%	10%	90%
D. Percent of all children in care		53%	42%	80%	61%	47%	49%	50%	50%	51%	53%
> 2 Years		825	306	7	327	94	71	18	2	89	736
A. Percent of all children in care > 2 years with no completed plan (Representation)		100%	37%	1%	40%	11%	9%	2%	0%	11%	89%
D. Percent of all children in care		47%	58%	20%	39%	53%	51%	50%	50%	49%	47%
> 4 Years (subset of > 2 years)		254	100	1	96	22	28	6	1		
A. Percent of all children in care > 4 years with no completed plan (Representation)		100%	39%	0%	38%	9%	11%	2%	0%		
D. Percent of all children in care > 2 years		31%	33%	14%	29%	23%	39%	33%	50%		

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity		
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic
Active Foster Homes by Race of the Foster Parent		1,172	307	36	712	5	42	67	3		
A. Percent of All Foster Homes (Representation)		100%	26%	3%	61%	0%	4%	6%	0%		
PERMANENCY - Children Exiting the Child Welfare System											
Total Completed Plans	Added from Below	1,325	322	55	682	111	96	48	11	150	1,175
A. Percent of all children exiting the system (Representation)		100%	24%	4%	51%	8%	7%	4%	1%	11%	89%
Reunifications	FFK - 2002	895	201	48	483	64	52	37	10	104	791
A. Percent of all reunifications (Representation)		100%	22%	5%	54%	7%	6%	4%	1%	12%	88%
D. Percent of all children exiting the system		68%	63%	87%	71%	58%	54%	77%	91%	70%	67%
Adoptions	FFK - 2002	180	49	3	85	15	20	7	1	11	169
A. Percent of all adoptions (Representation)		100%	27%	2%	47%	8%	11%	4%	1%	6%	94%
D. Percent of all children exiting the system		14%	15%	5%	12%	14%	21%	15%	9%	7%	14%
Guardianships	FFK - 2002	151	45	1	66	21	15	3	0	27	124
A. Percent of all guardianships (Representation)		100%	30%	1%	44%	14%	10%	2%	0%	18%	82%
D. Percent of all children exiting the system		11%	14%	2%	10%	19%	16%	6%	0%	18%	11%
Age of Majority - Emancipation	Average of FY02 & FY03 from CAMIS run	98.5	26.5	3	48	11	9	1	0	7.5	91
A. Percent of all age of majority - emancipation (Representation)		100%	27%	3%	49%	11%	9%	1%	0%	8%	92%
D. Percent of all children exiting the system		7%	8%	5%	7%	10%	9%	2%	0%	5%	8%

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race							Ethnicity	
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic
Adoption Detail											
Adoptions	FFK - 2002	180	49	3	85	15	20	7	1	11	169
Children Legally Free as of Jan. 1 2002		565	200	5	229	67	48	14	2	63	502
A. Percent of all Legally Free Children (Representation)		100%	35%	1%	41%	12%	8%	2%	0%	11%	89%
D. 2002 Adoptions as a Percent of All Children Legally Free as of Jan. 1 2002		32%	25%	60%	37%	22%	42%	50%	50%	17%	34%
Length of time to adoption - all adoptions/child count	FFK - 2002	180	49	3	85	15	20	7	1		
E. Months from Placement to TPR		23.5	25.8	24.8	21.2	25.0	27.1	28.7	3.3		
F. Months from TPR to Adoption		23.4	35.7	23.8	17.6	18.2	25.3	14.7	13.5		
G. Total Months to Adoption		46.9	61.5	48.6	38.8	43.2	52.4	43.4	16.8		
H. Months (to Adoption) More Than for Caucasian Children			22.7	9.8	0.0	4.4	13.6	4.6	-22.0		
Length of time to adoption - children who entered placement as infants	FFK - 2002	82	24	2	36	4	14	1	1		
A. Percent of all adoptions of children who enter placement as infants (Representation)		100%	29%	2%	44%	5%	17%	1%	1%		
D. Percent of all adoptions		46%	49%	67%	42%	27%	70%	14%	100%		
E. Months from Placement to TPR			24.1	26.7	17.3	34.9	23.4	22.6	13.5		
F. Months from TPR to Adoption			33.6	11.5	14.0	22.2	26.0	10.3	3.3		
G. Total Months to Adoption			57.7	38.2	31.3	57.1	49.4	32.9	16.8		
H. Months (to Adoption) More Than for Caucasian Children			26.4	6.9	0.0	25.8	18.1	1.6	-14.5		
I. Average Age at adoption			5	3	3	5	4	3	1		

Appendix B: Quantitative Data Matrix

Decision Point / Indicator	Data Source & Date/Time Period	All Races/All Ethnicities	Race						Ethnicity			
			African American	Asian/Pacific Islander	Caucasian	Multiracial	Native American	Other Race	Not Reported	Hispanic	Not Hispanic	
Length of time to adoption - children who entered placement as 1 & 2 year olds A. Percent of all adoptions of kids placed at age 1 or 2 (Representation) D. Percent of all adoptions E. Months from Placement to TPR F. Months from TPR to Adoption G. Total Months to Adoption H. Months (to Adoption) More Than for Caucasian Children	FFK - 2002	43	12	0	25	4	1	1	0	0	43	
		100%	28%		58%	9%	2%				0%	
		24%	24%		29%	27%	5%					
			28.5		26.3	15.1	22.3					
			38.0		21.9	23.7	33.0					
	66.5		48.1	38.8	55.3							
		18.4		0.0	-9.3		7.2					
Length of time to adoption - children who entered placement as 3-10 year olds A. Percent of all adoptions for kids placed at age 1 or 2 (Representation) D. Percent of all adoptions E. Months from Placement to TPR F. Months from TPR to Adoption G. Total Months to Adoption H. Months (to Adoption) More Than for Caucasian Children	FFK - 2002	55	13	1	24	7	5	5	0	11	44	
		100%	24%	2%	44%	13%	9%				20%	
		31%	27%	33%	28%	47%	25%				100%	
			26.5	21.1	21.8	24.9	38.3					
			37.6	48.5	18.7	12.8	22.1					
	64.0	69.6	40.5	37.7	60.4							
		23.6	29.1	0.0	-2.8		19.9					
Children Re-Entering Placement Within 12 mos. Of Reunification A. Percent of all re-entry after reunification (Representation)	CAIS - FY02	197	43	11	107	13	16	6	1	22	175	
		100%	22%	6%	54%	7%	8%	3%	1%	11%	89%	