

Practices that Mitigate the Effects of
Racial/Ethnic Disproportionality in the Child
Welfare System



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By Susan Dougherty

Disproportionality of a racial or ethnic group in the child welfare (or any) system goes beyond *overrepresentation*, in which children of a particular group are present in the system at a greater percentage than they are in the overall population. This paper uses the following understanding of the concept of disproportionality, which is adapted from Casey Family Programs (2002).

Disproportionate representation (also referred to as disproportionality) refers to a situation in which a particular racial/ethnic group of children are represented in foster care at a higher or lower percentage than their representation in the general population.

This analysis goes further than overrepresentation to look across racial/ethnic groups at relative ratios of children at various points in the child welfare system compared to their numbers in the general population and in relation to other racial/ethnic groups (typically in comparison to white children). For example, if 5% of all African-American children aged 3-12 are in foster care and 1% of all white children aged 3-12 are in foster care, then we would say that African-American children aged 3-12 are disproportionately in foster care relative to white children.

While the concept of disproportionality is often applied to determine disproportional placement into foster care, it can also serve to highlight at least two other areas of concern:

- underutilization of or access to services; and
- disproportional rates of poor prevention and child service outcomes (e.g., time to achieve permanency, re-placement rates, child abuse and neglect recidivism, as well as child well-being indicators such as educational achievement, access to healthcare, employment skills, adequate housing, and the establishment of positive, enduring relationships with caring adults and peers).

Using the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Minority Overrepresentation Index (Juvenile Justice Evaluation Center, n.d.), overrepresentation of children of color in the foster care system is a widespread problem.¹ With the exception of Alaska, Michigan, Nevada, and Ohio, for which data are not available:

- African-American children are over-represented in the foster care population in all states except Hawaii and Indiana;

¹ The reasons for this disproportional representation are not fully understood. For a summary discussion of research, see Derezotes and Poertner (2001).

- Native American/Alaskan Native children are over-represented in California, Colorado, Connecticut, Hawaii, Idaho, Iowa, Kansas, Maine, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, and Wisconsin;
- Asian/Pacific Islander children are over-represented in Hawaii; and
- Hispanic children are over-represented in Colorado, Connecticut, Delaware, Idaho, Indiana, Iowa, Maine, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, Wisconsin and Wyoming.

This paper will focus on practices that might mitigate the effects of disproportionality on the children and families who are already involved with the out-of-home care system by leading to improved outcomes in permanency and well-being. It will not look at practices that might reduce the disproportionate number of children of color who are the subjects of child abuse/neglect reports or who then enter the system.² It will also look at ways other systems – education, health care and juvenile justice – are seeking to mitigate disproportionate representation of children of color. We can not only take lessons for our own practice from related systems, but can examine the work of those systems as it impacts the children in out-of-home care who attend school, are served by the health care system, and who unfortunately often have interaction with the juvenile justice system.

Data Collection and Analysis

The first step in addressing disproportionality must be to assess the extent of the problem by collecting data and analyzing its meaning. First, data can tell us where disproportionality exists. For statistics on overrepresentation and disproportionality in state child welfare systems, see pages 27-28. It should be noted, however, that statewide statistics do not tell the whole story. Within a state there can be tremendous variation from county to county. It is probably safe to presume, too, that individual private agencies each have their own profiles regarding the extent to which any population may be over-represented.

Second, data are needed to show us whether the outcomes of those who are in the system are different for children in different ethnic/racial groups. Are safety, permanency and well-being being achieved in equal measure for children of all groups? Examining data such as the Federal outcome measures established in response to the Congressional directive in section 203 of the Adoption and Safe Families Act of 1997 (ASFA) by ethnicity would allow us to determine whether the needs of children are being met in proportion to their representation in the system.

An agency interested in mitigating the effects of disproportionality within its system must develop a measurement system that will enable it to assess its current status, determine if there is a gap

² For examples of work that does address this, see Minnesota Department of Human Services (2002), pages 35-37, for a history of efforts used in Hennepin County to address racial disparity over the past decade; San Jose State University (n.d.) for an ongoing study of factors related to disproportionality in the child welfare system of Santa Clara County, California.

between actual and desired outcomes, and help them answer the questions "How will we know if we are achieving the outcomes we want?" and "What actions will be taken to achieve these results?" (Casey Family Programs, 2003).

As an example, a comprehensive data collection and analysis system recommended to the Minnesota Legislature (Minnesota Department of Human Services, 2002, p. 20), includes the following features:

- Monitor disparities, as well as outcomes for African American children and families, using the Social Services Information System and review indicators.
- Review, monitor and evaluate the impact of new child welfare initiatives (Alternative Response, Family Group Conferencing, Structured Decision Making and Concurrent Permanency Planning) on African American children and families.
- Develop new data reporting, gathering and analysis methods, instruments and procedures that track county performance measures and accountability as it relates to demographic indicators for children and particularly African American children in the child welfare system. This data analysis should span the child welfare continuum from intake/acceptance to permanency/discharge.
- The impact of permanency time frames and decisions on different populations should be monitored and evaluated.

In addition, program evaluation must itself be conducted in a culturally competent manner. Price (1996, pp 1-2) states that agencies should ask both process (e.g. "How does program philosophy compare and interact with the cultural values of the target population?") and outcome questions (e.g., "What outcomes are expected from the program and how do they compare to the functional expectations of individuals of the cultures/ethnicities/socioeconomic status being served?").

Careful and consistent measurement allows the agency to understand the practices it uses to mitigate the effects of disproportionate representation, and to gauge the effect of these practices in doing so. Mitigating practices may include: family group conferencing as a placement and goal-setting tool; working toward timely reunification of children with their biological families whenever possible; placement with relatives; diligent recruitment of resource families who reflect the racial and ethnic diversity of the children in need of families; maintaining family connections when placement is not with kin; reducing time to achieving permanency; and all of these under the umbrella of culturally competent practice.

Family Group Conferencing

This technique, with variations called by names including family group decision-making, family unity meetings, family team decision-making and family team conferencing, allows the child's family (which can be broadly defined) to participate in a broad range of decisions about the child's well-

being³. It can be used, not only at the initial planning meeting, but throughout the course of the child's relationship with the agency. Involving the child and his/her family in decision-making increases the possibilities for:

- providing extended family support for birth parents, enabling them to regain custody of their children;
- locating kin and other persons who can provide support and/or permanency for the child;
- assuring birth families that children will continue to be safe and well – which may be a factor in securing termination of parental rights that can lead to permanency; and
- providing an opportunity for families to contribute their ideas about cultural issues that should be considered in decision-making.

A Washington State study (Shore, Wirth, Cahn, Yancey and Gunderson, 2001) found that children whose families participated in this method of case planning and decision-making were frequently reunified with parents or placed with kin, and their placements remained stable. To the extent that family group conferencing contributes to decision-making that keeps children of color with kin, helps find placements within the community, and speeds either reunification or permanency with relatives or through adoption, this is a practice that can decrease the time children spend in out-of-home care and reduce the disproportionate representation of those children who have historically spent the longest time in foster care awaiting permanency.

Reunification

The single largest reason for exit from foster care is reunification with birth families, and this is the permanency goal for almost half of children in out of home care (US DHHS, 2003). However, African-American children are less likely to be reunified with their birth families than are White children (Westat, Inc. and Chapin Hall Center for Children, 2001; Barth, 1997; Harris and Courtney, 2002). Furthermore, African American infants and young children were significantly less likely to achieve reunification than Caucasian children of the same age, with difference in rates declining as age at entry increased.

Westat, Inc. and Chapin Hall Center for Children (2001) found that reunification occurred more frequently when parents received services, had a high school education, job skills, and jobs, and did not have substance abuse problems. The requirement of the Adoption and Safe Families Act of 1997 (ASFA) that termination of parental rights be initiated for children who have spent 15 of the most recent 22 months in foster care is of particular concern in communities in which substance abuse leads to the neglect and abuse that bring children into care, as recovery is often not achievable in that short timeframe. Since a disproportionate number of families of color live in communities experiencing high unemployment, poverty, and lack of resources often associated with substance abuse, there is an increased probability that children of color will enter the system and be subject to the time limit constraints of ASFA.

³ For a discussion of the various models, see Center for the Study of Social Policy (2002).

Agencies seeking to ensure that that all children for whom reunification is an appropriate plan are identified and returned to their parents' custody in a timely manner should consider the following areas of policy and practice:

- Use strengths-based assessment methods for determining what services should be provided, with a particular focus on employment and treatment of substance abuse.
- Provide timely, appropriate treatment for substance abusing parents (National Center on Addiction and Substance Abuse at Columbia University, 1999).
- Undertake advocacy efforts at the local, state, and national levels to increase the availability of a broad spectrum of treatment resources.
- Explore alternative drug treatment practices such as family drug courts, collaborations between child welfare and substance abuse agencies, focus on issues of women as parents in treatment programs, peer support groups, family-focused, strengths-based multidisciplinary approaches, and using the System of Care Model (Treatment Improvement Exchange, n.d.; National Center on Addiction and Substance Abuse at Columbia University, 1999).
- Implement innovative, focused casework such as that done in Cuyahoga County, Ohio. Social workers attend a 40-hour training program on chemical dependency, and advanced training and discussion on difficult cases are provided by chemical dependency agencies. A two-unit Sobriety, Treatment and Recovery Team (START) program, consisting of pairs of social workers and paraprofessionals in recovery, work in families where the mother or infant has tested positive for drugs at birth (American Humane Association, 1998).
- Consider non-traditional ideas such as residential treatment programs in which children are placed with their mothers during treatment (Center for Substance Abuse Treatment, 2000) or programs such as Shared Family Care, in which parents who have completed treatment programs live with the children in the homes of mentors who can continue to guide their process of becoming self-sufficient in recovery (National Abandoned Infants Resource Center, 2002).
- Provide training for caseworkers to help them better assess the ability of parents to sustain reunification and to understand the nature of addiction and the phases of recovery (National Center on Addiction and Substance Abuse at Columbia University, 1999).
- Provide post-reunification services and supports (Freundlich and Wright, 2003).

Placement with Relatives

Placing children with family members provides an opportunity not only to keep them connected with kin and often their communities, but also retains their connection with their racial, ethnic, cultural, linguistic, and religious/spiritual heritage. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) instituted a requirement for states to give preference to relatives in out-of-home care placements. Yet the Child and Family Services Reviews Final Reports indicate that, of 33 states reviewed so far, only 18 received an assessment of "strength" on item

15, relative placement. To receive a "strength" rating, reviewers had to determine that, if a child was not already in the care of relatives, the agency had made efforts to identify "relatives who had some reasonable degree of relationship with the child and with whom the child might reside" and "that relatives were evaluated and considered" (US Department of Health and Human Services, 2002).

At the same time, it must be noted that children who are placed with relatives often remain in care longer than those placed with non-relatives (Derezotes and Poertner, 2001; Geen, 2003a). African American children are represented even more disproportionately in public kinship care than they are in non-relative foster care (US Department of Health and Human Services, 2000b). This combination of factors contributes to the overrepresentation of African American children in care, as greater numbers are placed temporarily with kin and then spend longer times in care until permanency (Testa, 2001).

Steps that can be taken to increase placement with relatives in permanent homes include:

- *Define "relative."*

This may sound odd as a strategy, but it is an important first step in locating appropriate relative placements. Often agencies look to the birth mother's immediate family, and go no further. A concerted effort to include paternal relatives, extended family, and even "fictive" kin⁴ who are known to the child and can be supportive of the child and the family can yield additional opportunities.

In some cultures, responsibility for a child's well being is shared by the larger community, and "family" may encompass a broader range of relationships than that understood by Anglo-Americans. Native Americans concepts of kin include family, clan and tribe; in Latino culture, kin include comadres and compadres (godparents) and hijos de crianza (taking care of children outside one's nuclear family in a time of crisis)

- *Ask the child and his/her birth family for information.*

This simple step, which can occur at intake but can also be done at any time later, can lead to valuable information about relatives and other individuals who have played an important role in the life of the child. Teams involved in the Breakthrough Series Collaborative on Recruiting and Retaining Resource Families have discovered that this strategy leads to potential placements that would not otherwise be found (CNC, 2003a).

- *Employ family group conferencing to identify kin placements*
- *Improve supports available to kinship caregivers*

Compared to nonrelative foster parents, kin caregivers are generally older, poorer, less healthy, and less educated. However, they receive less in the way of services and

⁴ The concept of fictive kin, introduced as a descriptor for links within the African American community and existing by consensus between individuals (Stack, 1974), is now often used in child welfare as a resource for placing children with adults with whom they have connections based not on blood, but on caring relationships.

supports than non-relative caregivers (Geen, 2003b). Improving supports for this type of caregiving can allow more relatives to care for the children in their family, and aid those who are already doing so to continue.

- *Consider a variety of permanency alternatives.*

Relatives may, for a variety of reasons, be hesitant to formally adopt children in their families. In addition, kin who may be willing to adopt are often not given the option to do, or are not adequately informed about this possibility. Other options, such as subsidized legal guardianship, may enable families to keep children with relatives while providing needed financial support as well as permanency (Geen, 2003a). Subsidized guardianship programs in the states that currently provide this option have shown promise as a viable means of providing permanency (Cornerstone Consulting Group, 2001). Allen, Bissell and Miller (2003) describe programs in 34 states and the District of Columbia that provide an option for permanency other than adoption.

- *Remember that the goal is permanency, not placement.*

Placement with relatives does not end the agency's involvement with the child. Permanency should still remain the goal, either through reunification or resolution of the child's status through adoption or guardianship by the relative caretaker. In addition, sustaining permanency is an on-going process that includes the provision of services and supports. Freundlich and Wright (2003) identify specific services often identified as needed by kinship families as the following:

- information about and help in navigating legal and regulatory processes;
- mental health services,
- substance abuse services for children;
- special educational services for children;
- financial assistance;
- health insurance;
- both informal support groups and structured assistance networks;
- respite care; and
- educational advocacy assistance.

Diligent Recruitment

Reunification or placement with relatives will not be possible for all children who enter care. For the majority, temporary placement with non-relative foster parents will continue to be necessary and some will be adopted by either those foster parents or other non-relatives. The recruitment of families in general, but specifically families of color, to foster and adopt children is an ongoing challenge for child welfare agencies

When children need to be placed in out-of-home care, they are emotionally traumatized by the separation from their families. Good practice tells us that this trauma can be minimized by placing children in their own neighborhoods, with kin if possible, so that they can maintain family, neighborhood, and school connections at this difficult time in their lives. If placement with kin is not possible, it is beneficial to children to retain connections with their racial, ethnic, and religious

culture while in care (CWLA, 1995). Debate on the transracial placement of children has raged for many years, and continues today (Park and Green, 2000). Yet Federal laws (the Multiethnic Placement Act of 1994 (MEPA) and the Interethnic Adoption Provisions of 1996 (IEP)) prohibit states from delaying or denying a child's foster care or adoptive placement on the basis of the child's or the prospective parent's race, color, or national origin. Balancing this provision, MEPA-IEP require states to diligently recruit foster and adoptive parents who reflect the racial and ethnic diversity of the children in the state who need foster and adoptive homes (Hollinger, 1998). Beyond providing placements that reflect the child's own racial/ethnic background, diligent recruitment contributes to more positive outcomes for children.

Eight years after the Department of Health and Human Services (1995) issued guidelines for recruitment plans to meet MEPA's diligent effort requirements, Child and Family Services Reviews Final Reports indicate that, of 33 states reviewed so far, only 14⁵ have received an assessment of "strength" on item 44, "the State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed." (Children's Bureau, n.d.)

Mitigating the effects of disproportionality must include diligent recruitment. An agency that has a sufficient pool of competent resource families providing children and youths with safety, protection, stability and permanency and meeting their physical, social, emotional, cultural/racial/ethnic and spiritual needs from infancy to adulthood is an agency that can improve outcomes for children.

Brooks, James and Barth (2002) suggest that targeted recruitment efforts should focus on parents of all races "who are willing to consider adopting older children (particularly children 6 years and older), African-American or Latino children, and children with special needs (particularly children prenatally exposed to drugs)" (p. 599). Strategies for successfully doing so might include the following:

- *Identify the community to target for recruitment efforts*

First, it is essential to identify the communities from which children enter care, and the racial/ethnic makeup of those communities and children. The agency should then look at its resource parents - what communities and racial/ethnic makeup do they represent? If resource families are not located in the communities in which the children live, recruitment efforts should be targeted at those communities.

- *Know what works and what does not work in recruiting target families*
 - Recruitment efforts must be strategic and targeted based on the needs of the children in care, including racial, ethnic, cultural, linguistic, and religious/spiritual diversity, and representing the communities from which children come.

⁵ States in which recruitment efforts have been rated as a strength are Alabama, Arkansas, Colorado, the District of Columbia, Kentucky, Massachusetts, Michigan, Minnesota, Montana, North Carolina, New Mexico, Oklahoma, Oregon, and Pennsylvania. States receiving a "needs improvement rating" are Alaska, Arizona, California, Connecticut, Delaware, Florida, Georgia, Indiana, Kansas, North Dakota, Nebraska, New York, Ohio, South Dakota, Tennessee, Texas, Vermont, West Virginia, and Wyoming.

- Families who express an interest in becoming resource families should receive immediate responses to their inquiries in ways that are culturally appropriate and in the language of their choice. (Barbell and Sheikh, 2000).
- Effective recruitment techniques may vary among different ethnic groups – see CNC (2001a, 2001b, 2001c).
- *Use child-specific recruitment efforts*

A resource paper from the CNC (2003b) discusses various recruitment techniques that are effective in locating resource families for specific children.
- *Use family group conferencing and team decision-making*

When kin placements are not possible, family group conferencing can identify resources within the community who can serve children within their own neighborhoods and cultures. Team decision-making, with community and family representation on the team, identifies community resources not only for placement, but also for the supports needed for both children and their families as they work toward reunification or permanency (Annie E. Casey Foundation, n.d.).

Maintaining Family Connections

When non-relative placements are necessary, it is important to maintain the child's connections with birth parents, siblings, and other kin (except for situations in which safety is an issue).

- *Provide visitation to the maximum extent possible*

Visitation provides the child with a sense of continuity with family, neighborhood, and culture. See Wright (2001) for extensive material on the benefits of visitation and tools for making it work.
- *Don't forget siblings*

Children should be placed with siblings unless there is a compelling reason not to. For those who are separated from siblings, every effort should be made to help them maintain connections with their brothers and sisters. This can include contact both in temporary placements as well as post-permanency; some states are beginning to include post-adoption contact as components of adoption agreements. For information on sibling connections, see CNC's *Siblings in out-of-home care: An overview* (2003c).

Achieving Permanency When Reunification is Not Possible

Under ASFA, a permanency plan can consist of reunification, adoption, legal guardianship, or "another planned permanent living arrangement." As noted above, African-American children are less likely to be reunified with their birth families than are White children and more likely to stay in out-of-home care longer. To some extent, this is caused—and mitigated—by the fact that African American children are more likely than White children to be placed with relatives, which has a lower reunification rate than nonrelative foster care (Westat, Inc. and Chapin Hall Center for

Children, 2001). Wulczyn (2002a) found that African-American children from urban areas placed in kinship care are the group least likely to be adopted.

The failure to find permanent families for many children of color is clearly a factor in their disproportionate representation in the foster care population. Attempts to find permanent families are often discontinued when children have been in out-of-home care for years, but child welfare professionals are discovering that diligent child-specific recruitment efforts combined with continued work with youth, including those who have previously expressed no interest in adoption, can lead to successful permanent placements. For more information, see:

- *Individualized and Child Specific Recruitment*, from CNC (2003b);
- Stovell, T., Landers, S., & Warsh, R. (2002). *The family bond program: A toolkit for preparing teens for permanent family connections*. Gloucester, MA: Communities for People. See http://www.rglewis.com/new_page_2.htm for ordering information.

Length of Time to Permanency

Wulczyn (2002a) suggests that the perceived disproportionate representation of African American children in the child welfare system may be a function of exit dynamics. According to his study, African American children are more likely to be adopted out of foster care than are White children, but spend a longer time in the system because their adoptions take longer to complete. He concludes that "Policy is often directed at increasing the likelihood of adoption among African American children. These data suggest that speeding the time needed to make decisions may be a more productive course of action" (p. 23). He suggests that protocols for helping practitioners make decisions about reunification vs. adoption earlier in the process can decrease the length of time children wait in foster care for either outcome.

Practices that might contribute to mitigating disproportional representation of children of color by decreasing time to permanency include:

- *Family group decision-making*

Engaging family members in planning can lead to better outcomes for children in a number of ways, such as

- leading to increased support of parents, who can then provide the safety, permanency, and well-being needed to facilitate successful reunification;
- locating kin as potential caregivers;
- identifying community resources for placement; or
- contributing to speedier decision-making regarding permanency for children.

- *Concurrent planning*

Planning concurrently for reunification or adoption as possible outcomes for children entering foster care enables agencies to move more quickly toward permanency. For information and training about concurrent planning, see the National Resource Center for Foster Care and Permanency Planning website at

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/permanency-planning.html

- *Dual licensure*

Foster parents, not newly recruited adoptive parents, have come to serve as the most consistent and viable option for permanence for children in care. In fiscal year 2001, almost 60 percent of children adopted from the foster care system were adopted by their non-relative foster parents. (US Department of Health and Human Services, 2003). Because of this, child welfare staff have been working to ensure that once a foster family has bonded with the child and made the commitment to adopt, the standards, rules and process of transitioning from foster parent to adoptive parent is as smooth and seamless as possible. In this vein, some child welfare agencies are beginning to explore the development of "dual licensure" policy and practice.

Dual licensure means that foster parents and adoptive parents go through the same screening and interview, home study, training and background check processes, and in the end receive the same "approval" to provide foster and/or adoptive care. Dual licensure allows for a foster parent who has cared for a child for some length of time to naturally and easily change their role from that of a foster parent to that of an adoptive parent, without having to go through an entirely new home study and training process. For more information about dual licensure, see Lutz (2000).

- *Termination of parental rights*

When reunification or guardianship are not possible, agencies must move for termination of parental rights in a timely fashion to free the child for adoption. Placement of children in families that are willing to be considered for adoption while working toward reunification can result in swifter action once the decision to terminate parental rights is reached. For example, Festinger and Pratt (2002) found that, by filing adoption petitions at the same time as termination of parental rights petitions, cases stayed on the court calendar before the same judge, and that time to adoption was significantly reduced.

- *Cooperation and collaboration with the judicial system*

Agencies must work hand-in-hand with the court system to ensure that children brought before judges achieve permanency in a timely fashion. See NCJFCJ (2000) for court guidelines.

- *Involve advocates for children and families in the planning process*

Court appointed special advocates (CASAs), guardians ad litem, pro per guardians, and volunteer attorneys can assist families in decision-making and in moving their cases through the system in a timely manner. See Judicial Council of California (2001); National CASA (n.d.).

These strategies, incorporated in a casework process that also includes efforts to attain timely reunification or other types of permanency when that is not possible, the use of kinship care, and diligent recruitment efforts, add up to good casework practice that speeds permanency. In North Carolina, the Family for Kids (FFK) initiative focused on five critical outcomes with the primary objective of providing permanent homes for children. One of those outcomes, a permanent home for every child within one year, was addressed in various counties by strategies including:

- making permanency a priority;
- maintaining accurate data;
- setting up a monitoring and review system;
- use of concurrent planning; and
- use of family group decision-making.

Specific steps taken by counties to address these and other outcomes in the initiative can be found in the *North Carolina Families for Kids Handbook*, written by Hughes and colleagues (1998).

Transracial Adoption

As stated previously, transracial adoption remains a controversial issue, but it continues to be one avenue to permanency for children of color. Brooks and James (2002), in examining the willingness of White parents to adopt African American children, suggest that cultural competence training may benefit individuals who hesitate to adopt transracially because of their own perceived lack of competence to raise a child of a different race or ethnicity. The North American Council on Adoptable Children offers resources and training on transracial parenting through its website at <http://www.nacac.org/transracial.html>.

DeHaymes, Vidal, Simon and Shirley (2003) studied families who had adopted transracially (parents Caucasian or Latino, children African American, Latino, or biracial) and concluded that families felt they were not supported in the decision to adopt by caseworkers, and that they did not receive adequate support. Specific ideas suggested by these families included:

- resources for finding items such as toys, books, and clothing that positively affirm the child's identity;
- training resources for learning about the child's culture;
- mentoring from individuals who share in the child's background;
- a newsletter for information and support;
- education for caseworkers;
- classes in raising children in a racist society; and
- values clarification opportunities for adoptive parents.

An example of a resource that adoptive parents of any race might find useful is a booklet published by the National Association for the Education of African American Children with Learning Disabilities (Tidwell, 2002).

Culturally Competent Practice

Agency Values

Valuing diversity and anti-racism must be part of the core values system of the agency. Acknowledging the importance of these values contributes to the building of an environment of mutual respect and trust where the families and children served, as well as those employed, feel a sense of value and security.

Consumer Input

Consumer input at many levels of policy and practice helps the agency attend to issues of cultural competence in its dealings with individuals of all ethnic groups. Giving a voice (and being responsive to that voice) to children, youth, birth families and resource families of all backgrounds in the development of training, handbooks, rights and responsibilities of all parties, and agency policies helps to ensure that issues important to consumers of cultures are addressed.

We believe that good practice demands that we recognize the importance of serving children in the context of their families of origin, by treating children in care as the primary “clients” and including them and their birth families in information sharing and decision-making in every aspect of work. Further, it is essential to provide services in a way that is cognizant of and honors the cultural, racial, ethnic, linguistic, and religious/spiritual backgrounds of the children and families served. These beliefs, expressed as two of the eight key principles underlying the framework of the Breakthrough Series Collaborative (BSC) on Recruiting and Retaining Resource Families (CNC, 2002a) lead us to believe that it is important to elicit, hear, and respond to the voices of children, birth families and resource families in our efforts to practice in a culturally competent manner and, by doing so, work toward mitigating disparate outcomes for children in care.

Organizational Assessment

Part of the organization's vision should be to build ongoing cultural competency among clients and staff at all levels and capacities. This ongoing effort in itself contributes toward mitigating the effects of disproportionality for the children served. The Child Welfare League of America (2002) has published an instrument to help agency's assess their level of cultural competence at all levels and through a variety of perspectives, including that of the children, youth and families served.

Cultural Identity Formation

For children in out-of-home care, whether in same-race or transracial placements, Casey Family Programs (2000) makes the following suggestions for both agencies and resource families for helping in the development of healthy ethnic identity:

- assess the ability of potential resource parents by examining their sensitivity to cultural issues and their willingness to become involved in diverse experiences;
- provide training for staff and families that allows them to explore their biases, clarify values and beliefs, increase knowledge, cultural competence, and skills in working with children of different cultures;
- work on birth family issues, including the collection and sharing of accurate family history, birth and extended family contact, when possible;
- engage in positive, developmentally appropriate discussion of ethnicity;
- work on overall feelings of empowerment and positive self-regard;
- expose the child to culturally relevant events and practices;
- provide positive role models;

- be willing to discuss race and examine personal attitudes and values;
- listen to children who make claims of discrimination and investigate and act on those complaints;
- respect the child's culture; and
- purposefully plan for the child's ethnic identity development.

Spreading Cultural Competence

It may be possible to reach beyond the organization to promote cultural competency in others who touch the lives of these children and families. A recent news article (Rood, 2003) shows the extent to which a lack of cultural competence can pervade a system. In Woodbury County, Iowa, Native American youth are represented in foster care at a rate seven times greater than White children. Here are some quotes from the chief juvenile prosecutor in the county:

he "calls the crises plaguing generations of families... 'a horrible morass,' bred of poverty, substance abuse and the 'family values' of the economically depressed."

and: "I don't think there's anything in any of these cases that points to something positive about Indian culture, except the culture of drugs and the culture of poverty and the culture of abuse."

At the same time, court and Department of Human Services officials in this county say there are no American Indian foster homes available, pointing to the need for more diligent recruiting efforts. State legislators and tribal leaders are now working together to clarify the role of tribes and courts in child welfare cares involving the Indian Child Welfare Act and seek more Indian foster and adoptive homes. Initiatives of this sort, involving community members, legislatures, and child welfare professionals can address the specific factors involved in overrepresentation of racial/ethnic groups in different communities. Agencies can help by becoming involved in such initiatives and also educating community members and representatives of other organizations on culturally competent practice.

The Child Welfare League of America (n.d.) discusses other practices that can extend the agency's ability to effect a positive influence on the community's cultural competency, including:

- publicly demonstrating the organization's commitment to cultural competency through hiring, retention, promotion, performance evaluations, and disciplinary policies;
- creating formal partnerships with community organizations;
- actively engage the community in the development of policy and practice;
- involve the community in the organization by recruiting community members for positions on boards, committees, and task forces;
- encourage staff to participate in community boards and activities;
- expect community partners and contractors to meet written specifications that address the achievement of culturally competent results; and

- encourage staff to speak out against intolerance and seek opportunities to educate.

Other Systems

Overrepresentation and disproportionality are issues in many systems, including juvenile justice, special education, and health care. Child welfare agencies, by employing practices that demonstrate a commitment to improving the cultural competency of the community in general (see above) and advocating for undoing racism in related systems, can move toward decreasing the disparity of outcomes for the children in their own care who are also served by those other systems. At the same time, the child welfare system can employ or modify some of the same strategies being used in those other systems.

Juvenile Justice

Hoytt, Schiraldi, Smith and Ziedenberg (2002), discuss a variety of strategies that were employed in sites working with the Annie E. Casey Foundation in their Juvenile Detentions Alternative Initiative (JDAI) in attempts to reduce racial disparity in detention. While the results of these efforts have been mixed in terms of producing measurable change in racial disparity, the strategies themselves provide a list of practices that could be considered by any agency seeking to mitigate the effects of disproportionate representation of children of color. Strategies tried in the JDAI sites (with our suggestions for modification for the child welfare system in italics) include the following:

- Build cultural competence in system agencies and staff by providing cultural diversity and communication training.
- Revise risk-assessment tools for decision points such as detention intake so that factors that over-weighted the decision to detain for youth of color were made less important in the overall decision. *Revise risk assessment tools for decision points including intake, investigation, and substantiation.*
- Improve the quality of defense counsel provided to youth of color, using paralegals with community ties, case advocates, or trial assistants to provide interviews and counsel to youth and pass on information and alternatives to detention programs to attorneys. *Improve the quality of representation provided to birth families and children.*
- Expand the continuum of detention alternatives. *Expand the continuum of services offered to families and children.*
- Develop community programs providing supervision, tutoring, counseling, recreation, curfew checks, meals, transportation, referrals, work with families, and checks on school attendance and performance. Such programs have been designed to reduce the risk of re-offending and to ensure court appearances for youth awaiting trial. *Similar community programs can support both children and their families, and help keep children in the child welfare system from becoming involved with the juvenile justice system.*
- Conduct a survey of decision-makers to assess the system's sensitivity to and understanding of racial, ethnic, and cultural differences.
- Speed the resolution of cases by using a "fast track" process.

- Increase the proportion of staff who are people of color to reflect the percent of such youth in detention.
- Add a community-based partner agency to work with families in using home supervision and electronic monitoring programs.
- Add staff of color to work in residential treatment programs to reflect the demographics of the youth in care.
- Spread the continuum of services to a wider geographic area, to make detention alternatives more accessible to youth of color.
- Implement quality control efforts that look at individual youth and decisions on a daily basis, and using data continuously to monitor results.

A factor that was clearly involved in the failure of one community to reduce disparity in juvenile detention was a change in city administration that did not support efforts that had begun. "...in an environment that no longer embraced detention reform in general, there was even less official interest in addressing racial disparities in juvenile justice. Despite the considerable personal and professional commitment of the DMC (Disproportionate Minority Confinement) committee's members their efforts, perhaps predictably, failed to gain traction in a context no long supportive of detention reform in general" (Hoytt et al., 2002, p. 53). This is a lesson that is most important to child welfare agencies at a time when political and economic issues point to difficulties in sustaining current efforts, no less beginning new ones. This is one of ten "lessons learned" cited in this report (Hoytt et al., pp. 65-70):

1. Without a commitment to juvenile detention reform in general, reducing racial disparities is unlikely.
2. An explicit focus on reducing racial disparities is essential.
3. Reducing racial disparities requires authoritative leadership.
4. Define the problem in terms that can be changed.
5. Emphasize action, not just discussion or training.
6. Broad, diverse coalitions can facilitate DMC reduction.
7. Individual agencies can make a difference.
8. Keep the police in the work.
9. Data really helps.
10. It is possible to reduce racial disparities in juvenile justice.

Education

The following five strategies for mitigating the effects of racial disproportionality come from the education sphere (Warger and Burnette, 2000). For each, we suggest ways they can be adapted to use in child welfare. In addition, child welfare agencies can take an active role in advocating for schools to employ these same strategies and others that can improve the educational achievement

of youth in out-of-home care. Children in foster care, regardless of race or ethnicity, have poorer outcomes in education than other children (Burley and Halpern, 2001).

1. Promote family involvement and respect diverse backgrounds

Family group decision-making, discussed above, is the most direct way to involve families in the lives of their children in care. There are others: mentoring of the birth family by the resource family, joint involvement of resource and birth families (both maternal and paternal, and including siblings and extended family members) in activities in the child's life, and simply keeping lines of communication open are some. Where birth parents cannot be in the picture, other kin, including extended family and fictive kin, can be a part of the child's life.

2. Make the curriculum relevant

For "curriculum," substitute the "daily life of the child." Do the school, activities, sports opportunities and community events reflect the community/culture from which children come? Do they see a future for themselves in the lives of the people around them? Can they relate to the individuals who care for them and those who make the decisions that affect their lives and those of their families?

3. Build on students' strengths

Strengths-based social work looks at the strengths of the individual child as well as those of the family, and builds on those strengths. To the extent those strengths are related to the child's culture, work can focus on helping both the child and the resource family understand that connection and encourage it to unfold. For example: a talent for writing may be expressed by composing rap lyrics as well as by writing school-based essays.

4. Take the teacher preparation program to the community

As Warger and Barnette (2000) say, "There is no better way to develop understanding of a culture than to live within it." Social workers and resource families can be recruited in the communities from which the children who enter care come. Those who are from outside the community can be given opportunities to spend time in and get to know the people, the activities, and the culture.

5. Provide district support to build the capacity of personnel

Give social work staff and resource families the tools and support they need to provide culturally competent care. This may include training, values clarification, language instruction and interpreters, a representative from the child's community who participates actively in case, permanency, and treatment planning, or other resources that can help establish the child as the focus of the effort.

Health Care

Health care outcomes for people of color are generally worse than those of white Americans (Agency for Healthcare Research and Quality, 2000). Children in foster care, the majority of whom

are of color, face more physical, dental, developmental, emotional, and behavioral health challenges than children, including those living in poverty, who do not enter care (Dicker, Gordon and Knitzer, 2001; CNC, 2002b). To the extent that health and mental health care for children and families of color can be improved, those children who enter the out of home care system will suffer less from poor outcomes. Similarly, improvements in the care of all children in the system will positively affect the health status of those who are children of color.

Betancourt, Green and Carrillo (2002) suggest strategies for linking cultural competence to the reduction of racial and ethnic disparities in health care organizationally, systemically, and at the level of direct service. Those strategies can also be employed within the child welfare system and in cross-system work that addresses the health and mental health care needs of children in out of home care.

In organizations, Betancourt et al. (2002) suggest that cultural competence can be promoted in the following ways, which can also be accomplished in child welfare organizations:

- Encourage and strengthen programs that advance minority leadership, with the goal of developing future leaders in the field.
- Make it a priority to hire and promote minorities.
- Involve community representatives in planning and quality improvement meetings.

Systemically, their suggestions include the following (Betancourt et al., 2002):

- Facilitate communication by providing interpreters when necessary.
- Provide information at a level that is understood by the consumer, taking into account health literacy, language proficiency, and cultural norms.
- Identify reimbursement strategies for interpreter services.

At the direct service (clinical) level, Betancourt et al. (2002) recommend the following:

- Require cross-cultural training for providers at all levels. Such training should raise awareness of the facts about racial and ethnic disparities; explore the ways in which sociocultural factors affect health beliefs and behaviors; identify the ways in which race, ethnicity, culture, and class impact clinical decision-making; and increase skills in cross-cultural assessment, communication, and negotiation.
- Employ culturally and linguistically appropriate consumer survey methods as a component of quality improvement, in addition to process and outcome measures that reflect the needs of the population.
- Develop programs that help consumers navigate the system and become more active partners.

Conclusion

Children of color are over-represented in the out-of-home care system; African American, Native American, Asian/Pacific Islander, and Latino children are disproportionately represented in the child welfare systems of various states. Agencies responsible for those children have a duty to work to achieve the best possible outcomes. When disparity of outcomes by race or ethnicity occurs, as it does throughout the system, agencies must employ strategies that seek to mitigate those disparities and improve outcomes for all children.

This paper has looked at a number of areas in which strategies might be used to work toward mitigating disparate outcomes: better data collection and analysis; more family involvement in planning and decision-making; more frequent and more timely permanency, and especially reunification with birth parents; more frequent, more timely, more permanent and better supported placement with relatives; diligent recruitment of resource families who come from and reflect the neighborhoods and cultural backgrounds of the children in need of families; maintaining connections with family during placement; and culturally competent practice at all levels, from direct service to cross-systems. Strategies for reducing disparate outcomes are being explored in many systems, including child welfare, juvenile justice, education, and health care. Since these systems often serve the same children and families, policy and practice in one often affects the others.

It is our hope that, by outlining practices being tried in these various systems, agencies will begin to look at a range of strategies they can incorporate into their own efforts to improve outcomes for children of color.

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Overrepresentation and Underrepresentation: Disproportionality

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has published guidelines for defining overrepresentation numerically. The Minority Overrepresentation Index is calculated by dividing the percent of each ethnic group in the system by the percentage in the census population. (Juvenile Justice Evaluation Center, n.d.) Any index greater than 1 is considered overrepresentation; an index less than 1 would be considered underrepresentation. Either case would indicate that the group in question was represented disproportionately to its representation in the general population.

We have used this Index to look at children in foster care in each state for which the data is available from the Department of Health and Human Services' Child Welfare Outcomes Annual Report⁶. For fiscal year 2000, African American children are overrepresented in every state. Native American and Hispanic children are also overrepresented to varying degrees in many states. Across the board, disproportionality seems to be the rule, rather than the exception.

	Black	American Indian/Alaskan Native	Asian/Pacific Islander	Hispanic	White
AL	1.7	0.2	0.0	0.4	0.7
AK	2.7	3.0	0.2	0.3	0.5
AZ	3.6	0.4	0.0	0.9	0.9
AR	1.9	0.1	0.4	0.4	0.8
CA	4.7	2.4	0.2	0.8	0.8
CO	3.7	3.0	0.3	1.1	0.7
CT	3.3	0.5	0.1	1.8	0.5
DE	2.7	0.3	0.1	1.1	0.5
DC	1.3	0.0	0.1	0.1	0.0
FL	2.2	0.3	0.1	0.5	0.8
GA	1.7	0.5	0.2	0.5	0.6
HI	1.3	5.5	1.6	0.2	0.7
ID	5.0	6.9	0.1	0.9	0.9
IL	4.0	1.0	0.0	0.3	0.3
IN	4.0	1.5	0.1	0.8	0.6
IO	3.8	5.3	0.6	0.9	0.8
KS	3.2	0.9	0.2	0.5	0.9

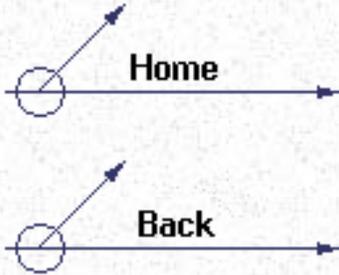
⁶ Minority Overrepresentation Indices determined using data from: U.S. Department of Health and Human Services. (2003). *Child welfare outcomes 2000. Annual report*. [Online]. <http://www.acf.hhs.gov/programs/cb/publications/cwo.htm>. For each state, percent of children of each race in care on 9/30/00 was divided by the percent in the general population.

	Black	American Indian/Alaskan Native	Asian/Pacific Islander	Hispanic	White
KY	2.2	0.5	0.1	0.4	0.8
LA	1.6	0.5	0.2	0.4	0.6
ME	2.3	1.9	0.8	2.0	0.8
MD	2.4	0.3	0.1	0.2	0.3
MA	2.7	1.5	0.4	1.9	0.6
MI					
MN	4.4	7.2	0.4	1.3	0.6
MS	1.3	0.0	0.3	0.4	0.8
MO	2.9	0.5	0.2	0.4	0.7
MT	3.5	3.6	0.3	1.2	0.7
NE	3.1	6.4	0.3	0.9	0.8
NV	2.8	0.7	0.5	0.3	1.1
NH	3.1	0.5	0.2	1.8	0.9
NJ	4.0	4.0	0.0	0.5	0.4
NM	3.8	0.6	0.4	1.1	0.9
NY	2.5	0.5	0.1	0.8	0.3
NC	1.9	1.5	0.2	1.0	0.7
ND	2.4	4.0	1.7	1.5	0.7
OH	3.3	0.5	0.1	0.9	0.6
OK	2.1	1.5	0.4	0.6	0.8
OR	5.1	3.1	0.3	0.6	0.8
PA	4.1	1.0	0.2	1.8	0.5
RI	3.8	2.2	0.6	1.0	0.8
SC	1.7	0.7	0.2	0.5	0.6
SD	2.0	4.6	0.3	1.8	0.4
TN	1.8	1.0	0.4	0.6	0.8
TX	2.3	1.3	0.1	0.8	0.8
UT	5.3	4.2	0.5	1.5	0.7
VT	2.4	1.0	0.2	0.4	1.0
VA	2.2	0.3	0.2	0.6	0.7
WA	3.4	4.8	0.2	1.0	0.8
WV	2.3	0.5	0.2	1.2	0.9
WI	6.4	2.5	0.3	0.9	0.5
WY	5.6	0.9	1.0	0.9	1.0

Reference

Juvenile Justice Evaluation Center. (n.d.). *Disproportionate minority confinement (DMC)*. [Online].
<http://www.jrsa.org/jjec/programs/dmc/identification.html>

Products



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