



## Examining the Disproportionate Representation of Children of Color in the Child Welfare System

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### I. Problem of Overrepresentation and Disproportionality

African American children are overrepresented in America's child welfare system. Although African Americans constituted 15 percent of the child population of the United States in 1999, they accounted for 45 percent of the children in substitute care<sup>1</sup>. Hispanics, American Indians and Asians are also inappropriately disproportionately represented in child welfare in different parts of the country. Why is disproportionality a problem? Children of color remain in the system for long periods of time. Longer stays are strongly correlated with higher levels of mental health problems, poor academic performance, and anti-social behavior. They also experience numerous moves from one foster home to another. And, many of them who age out of the system contribute to higher rates of homelessness, prostitution and criminality. It is time for this nation to aggressively address the issue of inappropriate disproportionate representation of children of color in child welfare. The purpose of this brief is to enhance understanding of the causes and magnitude of the problem and to recommend strategies for resolving this national crisis.

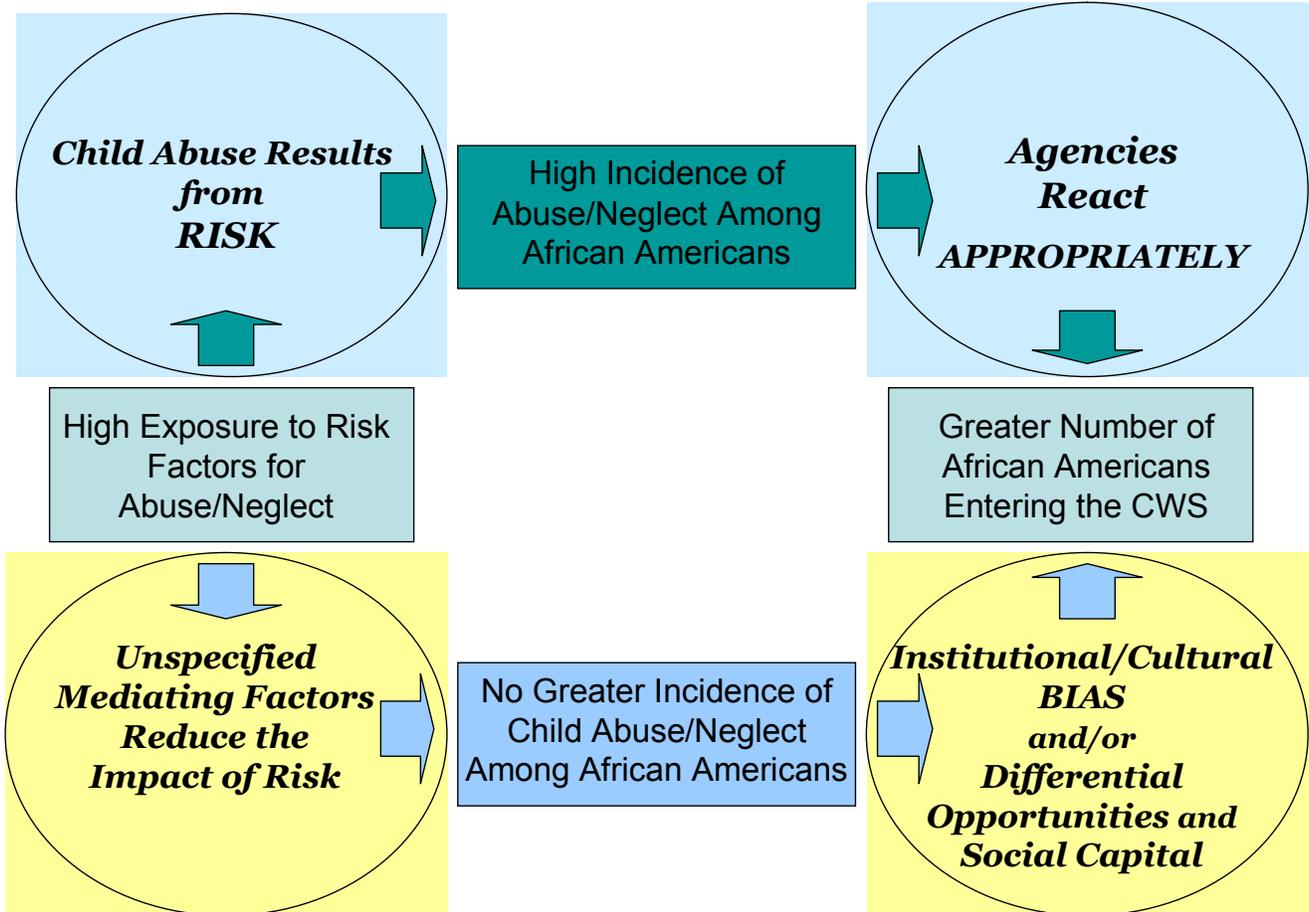
Children of different ethnic and racial backgrounds follow alternative paths through and are disproportionately represented within the child welfare system.<sup>2</sup> In order to

begin to understand the reason for this phenomenon, one must look closely at the factors that impact these children and families. By looking at the general population and examining those risk factors correlated with child welfare system involvement, one can begin to

look more closely at which children are disproportionately represented at different points in the system. A model developed by the Race Matters Consortium serves as a framework to discuss the relevant issues (Figure 1).<sup>3</sup> This model, adapted from Barth,<sup>4</sup> presents two hypothesized paths that children could follow into and through the child welfare system. The first path identifies situations in which a high number of risk factors exist with the absence of factors that would keep a child safe. In this case, a child will experience abuse or neglect. If this system is operating appropriately, children enter the child welfare system when they have high risk factors.

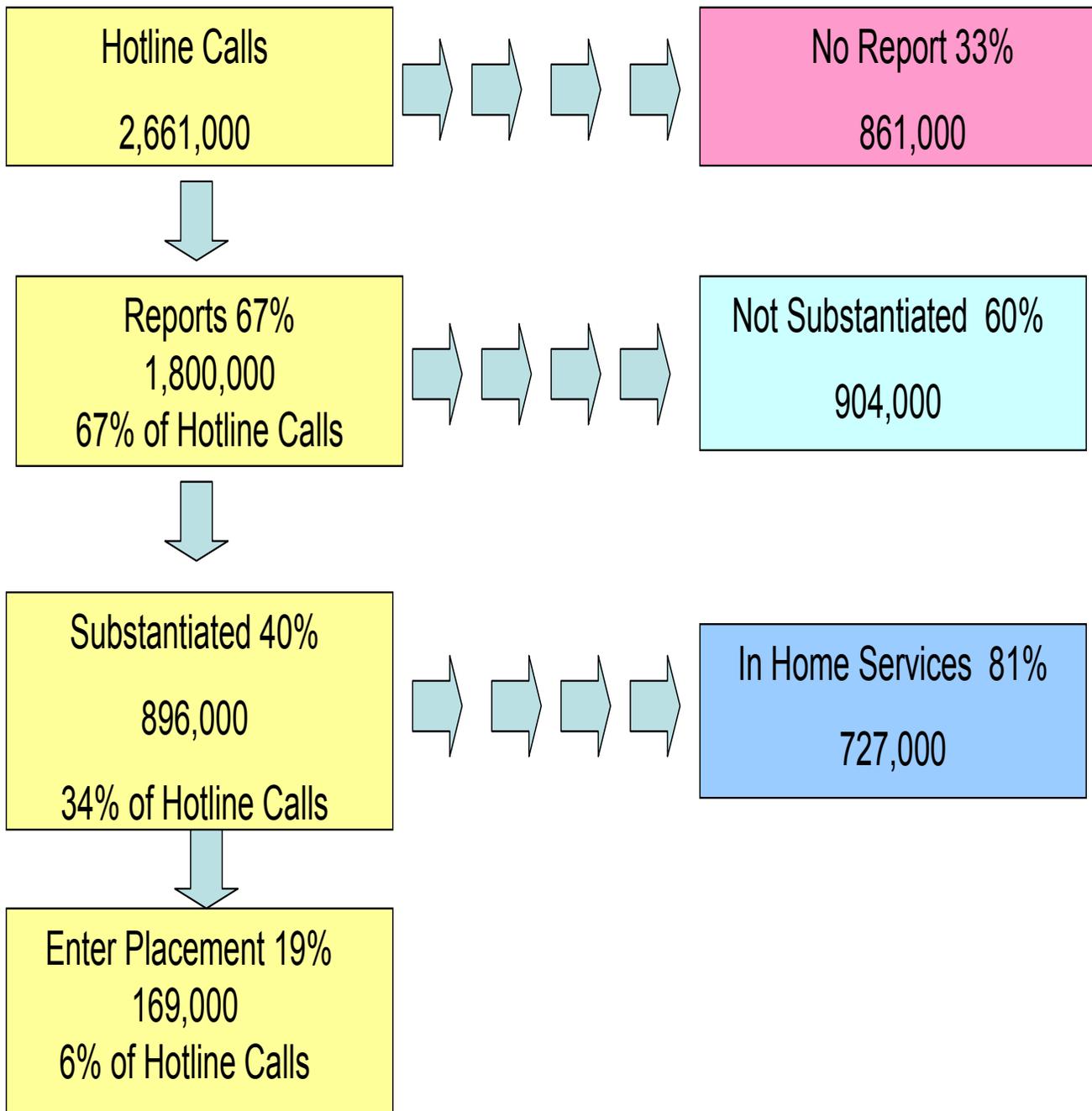
The second path begins with children that have the same degree of risk as in the first path, but it introduces the possibility of interacting factors that mediate the risk of maltreatment. Following this second path, children who may appear to have a greater degree of risk are not maltreated at higher rates. The result of this second path is proportional representation of all children in the child welfare system.

Figure I



# SIMPLIFIED CASELOAD MODEL

Data for this chart was obtained from the 2002 ACF Child Maltreatment Report



Multiple hypotheses exist about what is responsible for the disproportionality in the second path. Is the disproportionality appropriate? Are African American and American Indian children over reported? Are children of other racial and ethnic backgrounds underreported? Are children of different races and ethnic backgrounds exposed to different types of maltreatment? Does institutional bias explain such a high number of African American children in the child welfare system? Do on-line workers' behaviors explain the phenomenon? What role does the community and family play? Recognizing that disproportional representation is present in the child welfare system, what happens to children would depend on factors at several levels: federal and state policy, agency/site, practice, the community, the family, and the individual.

Federal and state policies guide practice. As new policies are crafted, practices change based on new regulations and changes in funding. In addition, private agencies and regional state offices can have their own implementation guidelines that impact the way workers execute their jobs. Communities are set up in very different ways and have a wide disparity of resources from one to another. How does community composition impact a family's experiences with the child welfare system? Families are diverse. Depending on their internal resources and strengths, families may need different types and levels of external resources. What do we know about the things that strengthen families to work effectively? Each child is unique. Do children of different racial and ethnic backgrounds have the same experiences? If children of different racial and ethnic groups experience different types of abuse, alternative services might be needed to meet their needs. Are children's needs being addressed within the child welfare system?

## **II. Goals and Activities of the Race Matters Consortium**

Concerned individuals representing child welfare research, policy, practice and advocacy efforts have joined together to form *The Race Matters Consortium* to examine and address the root causes of disproportionality in the child welfare system. To date, members have joined together for two forums. The first - a research forum sponsored by the Children and Family Research Center (CFRC), School of Social Work, University of Illinois at Urbana-Champaign and Westat in January of 2001 - provided an opportunity for an initial discussion of current research on race and ethnicity in the field of child welfare. It was here that members began to grapple with a model for examining

disproportionality at decision points within the child welfare system. The articles presented at this forum have been compiled in a book that is currently in press with the Child Welfare League of America.<sup>5</sup>

Simultaneously recognizing a need to address the issues of idisproportionality in the child welfare system, Casey Family Programs partnered with CFRC and Westat to host the second forum in March of 2002. This second forum was expanded to include discussions on the impact of policy and practice on inappropriate disproportionality as well as strategies for addressing the problems related to it. Lively discussion resulted in a successful convening that brought many questions to the foreground. Participants present were committed to continuing the discussion and formed work groups. Currently, three work groups continue to drive the effort toward the following objectives: 1) heightening national attention to disproportionality in order to impact policy and practice, 2) furthering research, and 3) developing a full policy agenda.

## **III. Synthesis of Research Findings**

What do we know about minority disproportionality in the child welfare system? The causes of disproportionality are multifaceted, since they operate at individual, family, community, state and federal policy levels. Policy level implications exist both inside of and beyond the child welfare system. At the individual level, causal factors may be correlated with: (a) the risk factors among the children, such as mental disorders, physical disabilities, antisocial actions, and delinquent behavior; (b) the risk factors among the parents and families, such as poverty status, emotional instability, substance abuse, poor parenting practices, homelessness, unemployment, and use of severe disciplinary measures. Risk factors at the community levels may also contribute to disproportionality: large concentrations of poverty, high rates of crime and substance abuse, high levels of child maltreatment, pervasive joblessness, weak informal networks, and inadequate formal supports. The context and work environment of the child welfare system may also be important causal factors: size of caseload, turnover of staff, worker biases, failure to locate and place child with extended family members, racial and ethnic diversity of workers, extent of professional training, lack of bilingual staff, few minority-run agencies as providers, lack of access to other systems and services (health care, mental health, substance abuse treatment, affordable housing), and systemic racism. The priorities of various public

policies may also be important contributors to disproportionality: favoring out-of-home placement over family preservation; promoting the termination of parental rights over family reunification, and providing greater financial support and services to non-kin over kin caregivers.

Other child-oriented systems contribute markedly to the high proportion of children of color in child welfare. Welfare policies, for example, are intrinsically linked with child welfare policies, since one must first qualify for public assistance before one is eligible for foster care IV-E funds. While the 1996 welfare reform act has not yet had a major impact on the child welfare caseload, its effects are likely to be felt in future years, due to: the expiration of five-year lifetime limits, continuing increases in “child-only” cases, and a slow growth economy. Mental health systems also contribute to the concentration of children of color in child welfare. Since minority youth are more often perceived as having a learning disability or aggressive behaviors, they are more likely to be diagnosed as “mentally retarded” or prescribed medications to control their “belligerence.” Thus, there is a strong correlation between the overrepresentation of minority children in special education programs and their disparate representation in foster care. Minority children are also more likely than non-minorities to be taken from parents with “mental” disorders or to be placed in foster care for parental neglect or antisocial behavior. The juvenile justice system continues to be an important source for channeling minority youth into child welfare. About 15 percent of children in foster care were placed because of delinquent behavior or status offenses. Moreover, two-thirds of incarcerated mothers report that their children were being cared for by relatives (inside and outside of foster care) or in non-related foster homes.

What does research tell us about racial differentials related to child maltreatment? Indeed, many studies that have been conducted in various localities across the nation have found higher rates of maltreatment among minorities than Whites. However, several national studies have obtained contradictory findings. Most importantly, all three waves (1980, 1986, 1993) of NIS found no significant differences in overall child maltreatment between African Americans and Caucasians. On the other hand, NIS data consistently found higher maltreatment rates among low social and economic groups. Yet, when socio-economic factors are controlled for, maltreatment rates are *lower* among African Americans than Caucasians. While there have been many critiques of NIS, many of them have focused on features

that were not part of the original sample design. On the other hand, DHHS continues to conduct exploratory studies that are responsive to these concerns in order to enhance the quality of data in future NIS surveys.

To what extent are there racial differentials at various decision-making stages in the child welfare system? Are minorities more likely to be reported than non-minorities? The research evidence appears to be mixed. There is a large body of research that concludes that African Americans are more likely to be reported than Caucasians. But there are many other studies that have found no racial differentials in reporting. On the other hand, there is more agreement regarding racial disproportionality in investigations and substantiations. Many researchers have found higher rates of investigations and substantiation among African Americans and other minorities than among Caucasians. But the results are also mixed with respect to the role of race in foster care placement. Once again, there are numerous studies that have found higher rates of placement among African Americans than Caucasians. Yet, there are many other studies that have not found race to be a significant factor in foster care placement. Conflicting research findings about race and other predictors of decision-making may result from various methodological differences: scope of the study (national vs local); unit of analysis (child, family, worker or agency); source of data (administrative records vs interviews); analytic strategy (bivariate correlations, multiple regressions, etc); and the failure to adequately separate race from class. Studies that employ comparable methodological designs and rigorous statistical techniques, however, tend to find race effects (alone or in interaction with other factors) regarding the reporting of maltreatment and the placement of children in foster care.

Are there racial differentials regarding exit from care? There is widespread agreement that since minorities are likely to remain in care longer than non-minorities, they have slower exit rates. For example, African Americans are less likely to be adopted or reunified than Caucasians. However, these differences are likely to diminish over time. But the slower rates of reunification and adoption of children of color contribute to their overrepresentation in the child welfare system. Moreover, most studies agree that minority children have the same probability of re-entering the child welfare system as non-minorities. Thus, there is little support for the belief that higher re-entry rates among African American children contribute to their overrepresentation in child welfare.

There is also much consensus among studies about disparities in the delivery of services to minorities. 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, the support their families receive, and their eventual outcomes. These service disparities are very evident with regard to kinship care families. Despite their disadvantaged status, kin caregivers receive less economic assistance and fewer social and psychological services than non-related caregivers. In sum, researchers have been more successful at documenting the prevalence of racial disparities in child welfare processes and services than in explaining why these inequities are occurring.

#### IV. Research Implications

What implications does this summary have for future research on inappropriate minority disproportionality in the child welfare system? First, it is essential that this issue be assigned high priority as an important area of inquiry in order to enhance the quality of services and outcomes for all children regardless of race, ethnicity or class. Second, more researchers should heed the following suggestions, which were offered after a comprehensive review of the literature on race and child welfare:

“It is an inescapable conclusion of this review that race and ethnicity should be better acknowledged in future child welfare research. We encountered many studies in which these factors were not even mentioned as variables, although the sample size and location of the study would have lent themselves to such analysis. The failure or unwillingness to at least acknowledge the relationships among race, child welfare services, and child welfare outcomes may only serve to invite uninformed speculation about the reasons for these relationships. Whenever methodologically possible child welfare researchers should include race as an explanatory factor in research designs and consider their theoretical justification for doing so (i.e, why does the researcher think that race might play a role?”<sup>6</sup>

This summary of research on disproportionality has revealed that the relationships between race/ethnicity and disproportionate representation and treatment are complex. A research agenda is needed that is reflective

of all minorities, sensitive to the resilience of low-income families, multi-level, multi-methods, and rigorous analytic techniques. Accordingly, the following topics of this research agenda will be discussed:

1. Developing common definitions of important terms
2. Increasing the inclusion of different racial and ethnic groups
3. Acknowledging the variation of family contexts and functioning
4. Understanding the variation of geographic contexts
5. Examining the contexts and operation of the child welfare system
6. Enhancing methodological approaches and techniques

#### *Common Definitions*

The quality of research on disproportionality will not improve until more common definitions are developed for important terms. Based on the working definitions developed by the Race Matters Consortium, it is important to distinguish between disproportionate representation and disproportionate treatment. The first concept refers to the over- or under-representation of minorities in child welfare as compared to their representation in the general population. The second concept refers to disparities or differential treatment or services provided to minorities as compared to the services provided to comparable non-minorities. The disproportionality measures developed by Fluke et al (2002) and Ards, Myers and Malkis (2002) appear to be very promising in increasing our understanding of the different dimensions of disproportionality.<sup>7 8</sup> Researchers might replicate these measures in different localities on a broad range of racial and ethnic groups. Moreover, the field definitely needs to develop common definitions of child maltreatment. Despite much progress over the years to identify various forms of “abuse” and “neglect,” many different circumstances are encompassed within these terms. These maltreatment classifications are very important, since the majority of children in foster care are placed for neglect, rather than abuse. The type of protocols to assist NIS sentinels to identify child maltreatment might be emulated and tested by researchers at the state and local levels. More efforts need to be placed on developing more culturally-sensitive tools to measure risk factors that are correlated

with maltreatment. The risk assessments developed by Baird and Johnson should be considered for further testing and replication, since their use appeared to minimize racial and ethnic differences.<sup>9 10</sup> Such tools need to be tested on a broad range of racial and ethnic groups in a variety of localities. On the other hand, the field also needs to develop tools to assess protective factors and resiliency among low-income families. Such measures might also assist workers to more effectively target services and resources to families.

#### *More Inclusion of Racial and Ethnic Groups*

Research on minority disproportionality will not make any advances unless aggressive actions are taken to be more inclusive of the broad range of racial and ethnic groups.

Most child welfare studies with minorities in the sample usually include African Americans, mainly because of their relatively larger numbers and geographic dispersion.

But special efforts should be undertaken to include other minorities, notably Hispanics, American Indians and Asians and Pacific Islanders. Since these groups are concentrated in specific regions and localities, such sites might be selected purposively in order to obtain sizable numbers of these minorities. Whenever possible, every effort should be made to over-sample minority groups to enhance the generalizability of the findings.

Research on minorities must also be sensitive to the heterogeneity within each of these groups. "Hispanics," for example, encompass widely differing "Latino" cultures among Puerto Ricans, Mexicans, Cubans, and South and Central Americans. Similarly, "Asians," include diverse cultures among Chinese, Japanese, Koreans, Cambodians, Vietnamese, East Indians, etc. Similar cultural diversity exists among Native Americans and Pacific Islanders. African Americans are also not monolithic, since they include growing numbers of immigrants from the Caribbean, South and Central America and the continent of Africa. Moreover, more research is needed on the varying use of child welfare services by minorities based on recency of immigration. In addition, researchers will have to use data collection instruments that have been translated into the languages of linguistic minorities and will need to hire multi-lingual staff. Most importantly, special initiatives should be implemented to develop and use common classifications of the various minority groups in child welfare administrative records in different states. Too often, Hispanics are either combined with Caucasians, or are

included in "other nonwhites" with American Indians and Asians and Pacific Islanders. Furthermore, with the steady growth in multiracial groups, it is important for child welfare researchers to conduct more studies of the children of racially mixed parents.

#### *Variation in Family Contexts and Functioning*

Researchers in child welfare must acknowledge the heterogeneity of low income populations and recognize that they are not monolithic. While poor families share their economic status with others, they have diverse values, beliefs, aspirations, coping styles, socialization patterns and child-rearing practices that are sometimes more similar to those of middle-income families. It is also very important not to prejudge the functioning of a family based solely on its structure. In fact, many studies have revealed that many single-parent families function more effectively than many two-parent families. Thus, it is necessary to understand the complexity of relationships between race, class, gender and child welfare systems. Research on disproportionality must first identify any risk factors in the family or community that might increase the likelihood of child maltreatment. Second, however, it is important to also identify protective (or resiliency) factors that might mediate those risk factors to reduce child abuse or neglect. Thus, researchers must identify the presence or absence of informal support from extended family networks and the degree of access to services and assistance from formal agencies, churches and other organizations. It is also useful to learn about the family's past involvement with child welfare and other systems to better understand their trust or distrust of those agencies.

#### *Variation in Geographic Contexts*

In order to enhance understanding of disproportionality, it is important for research to be targeted to local sites at either the state or county levels. Research studies have indicated that since minority disproportionality may differ widely within states and counties, it is necessary to disaggregate the analyses. Studies are needed that examine differences in disproportionality between: urban and rural areas, urban and suburban areas, low income and middle-income communities, and among low income neighborhoods that vary in rates of child maltreatment. Moreover, geographic contexts should be selected that would enhance the inclusion of traditionally-omitted minorities in research studies. In addition, representative samples of minority groups should be selected within specific geographic contexts that would permit the generalizability of findings.

## *Contexts of Child Welfare System*

Research on disproportionality must examine the context and operation of the child welfare system in order to more effectively assess the impact of systemic factors.

An important contextual factor that studies should consider is the extent to which other systems (such as welfare, mental health, police, juvenile justice, hospitals, special education, etc) contribute to the disproportionality of minorities in child welfare. It is also interesting that most of these systems also have an overrepresentation of minorities. They also have close links with child welfare, since they are major sources of referrals of cases

to child welfare. Moreover, more research is needed on the impact of policies in external systems on child welfare. For example, studies are needed on the consequences of welfare policies (such as the termination of families from its rolls due to full family sanctions or reaching five-year lifetime limits, etc) on child welfare caseloads. Research is also needed of the effects of other systems (such as juvenile justice, mental health, hospitals, and special education) on disproportionality and disparities in outcomes for children of color in child welfare. For example, studies are needed to explain why such high proportions (between 30% and 41%) of youth in foster care receive special education services. Moreover, data collection and research are needed to explain the significant number of youth who overlap both the juvenile justice and child welfare system. Studies are also needed: (a) to understand the multiple causes of disproportionality; (b) to determine the contribution of institutional racism to minority disproportionality in child welfare; (c) to assess the impact of the child welfare “culture” and working environment on the decisions that are made at various stages of child welfare processes; and (d) to identify promising practices and policies that are successful in reducing disproportionality. While major focus has been on the overrepresentation of minorities in child welfare, more research is needed on underrepresentation for certain ethnic and racial populations. More studies should examine the underrepresentation of poor whites in the child welfare system, and why some minorities (such as Asians) consistently appear to be underrepresented. Do these groups have patterns of child maltreatment that are unrecognized and untreated?

## *Enhancing Methodological Techniques*

In order to more adequately understand the causes, prevalence and consequences of disproportionality in

child welfare, the quality of the research must be enhanced. In addition to more common classifications of variables in administrative record data, more surveys and direct interviews are needed to supplement record data. More longitudinal studies are needed that track children from the stage of reporting of maltreatment to their exit from the system. There also should be more comparative studies that explain why some poor minority children are reported to CPS, while other poor minorities are not reported. There is an urgent need for experimental and quasi-experimental designs with systematic control or comparison groups. More multi-method approaches should be implemented that incorporate both quantitative and qualitative strategies. Improved measures, such as experimental audits, should be employed to detect unconscious prejudice and racism among workers and supervisors. More rigorous statistical techniques, such as logistic regressions, event history, proportional hazard analyses, etc. should be used in studies of disproportionality. These improved techniques should facilitate analyses that disentangle race from class, and risk factors in families from risk factors in communities.

## **V. Policy Implications**

This synthesis has many implications for public policies. First, we will identify policies in systems outside child welfare that might reduce minority disproportionality. Second, the implementation of policies in the child welfare system to reduce disproportionality will be discussed. The following systems related to child welfare will be addressed: welfare, mental health, and juvenile justice.

### *Welfare Policies*

Since it is not possible to place children into foster care unless their families are receiving or eligible to receive public assistance, more sensitive welfare policies should be developed. Consequently, inappropriate disproportionality in child welfare can be reduced, if there were family-strengthening welfare policies that: (a) enhanced the job skills of parents; (b) provided affordable child care for low-income parents who might work non-traditional hours, such as night shifts or on weekends; (c) provided health insurance for workers who are employed in jobs with no health benefits; (d) provided transitional and subsidized housing for low income families; (e) removed the 5-year limits on lifetime assistance in order to permit the rehabilitation of recipients with multiple handicaps, such as high school dropouts, police records,

physical or emotional disabilities, and alcohol and drug addiction; (f) permitted employability credits for recipients who receive vocational training or attend two-year community colleges; and (g) provide more adequate funds and services to kin caregivers of “child-only” families to prevent them from entering the child welfare system.

#### *Mental Health Policies*

Mental health systems could reduce disproportionality in child welfare and racial and ethnic disparities in mental health services if the recommendations in the U. S. Surgeon General’s (2001) report on “culture, race and ethnicity” were adopted.<sup>11</sup> Some of those recommendations included: promoting better cultural awareness among mental health professionals; enhancing awareness among mental health professionals of unconscious stereotyping and biases that might contribute to racially differential diagnoses; developing mental health services that are tailored to various minorities; providing more funds to expand the number of minorities at all levels of the mental health professions; conducting more research into different mental health issues among various racial and ethnic minorities; and mounting an aggressive campaign to educate the general public about the racial and ethnic disparities in mental health services.

#### *Education*

Moreover, the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) mandated school districts to track and reduce disproportionate representation of minorities in special education programs. Consequently, several policy initiatives have been recommended to reduce minority disproportionate representation in special education.<sup>12</sup> Some of the recommendations include: developing and maintaining a database to continually monitor and track the representation of minorities at all stages of special education processes; equalizing access to quality pre-referral and ancillary services to avoid inappropriate placement in special education; including greater representation of racial and ethnic minorities on the planning team responsible for making the placement decisions; using more culturally competent curricula and instructional materials; and recruiting and retaining a culturally diverse special education staff.

#### *Juvenile Justice*

The close relationships between the overrepresentation of minorities in the juvenile justice and child welfare systems dictate the need to develop more culturally sensitive policies to reduce minority disproportionality. In 1992, disproportionate minority confinement (DMC) was elevated to one of the four “core” priorities of OJJDP. In the 2002 amendments, the legislation required states to not only address and reduce disproportionate minority confinement in secure facilities, but also disparate treatment of minorities at all stages of juvenile justice processes. Recommendations to reduce disproportionate representation include: requiring states to develop a database to track representation at all stages of processing; requiring states to conduct periodic reports on the progress made toward reducing disproportionality; including racial and ethnic diversity among the team responsible for developing community-based strategies to reduce disproportionality; identifying promising practices among states that are successful in reducing disproportionality among minorities; and enhancing the cultural competence of personnel (police, social workers, counselors, judges, etc) to reduce disparate treatment of minorities.

#### *Child Welfare*

However, the strongest impact for reducing inappropriate disproportionality in child welfare must come from developing culturally sensitive policies and practices in this field. Recommendations to reduce disproportionality include: (a) providing funds to assign higher priority to preserving children within families than in placing them outside their family networks; (b) providing resources to use kin caregivers as an—outside the system—placement of children who must be removed from their biological parents; (c) providing stipends and support services to kin that are equal to those provided to non-kin; (d) providing IV-E funding directly to tribes to help support and strengthen the Indian Child Welfare Act; (e) establishing subsidized guardianship as a permanency option that is eligible for IV-E funds; (f) providing financial incentives to states to achieve high rates of family preservation and family reunification; (g) revising ASFA to extend its timetable for TPR’s to be commensurate with the actual amount of time that is needed to achieve stable recovery from alcohol or drug abuse; (h) amending MEPA/IEPA to reaffirm the consideration of race, culture and heritage

as a priority factor in placing minority children with foster or adoptive parents; and (i) increasing the racial and ethnic diversity of community-based agencies that provide child welfare services.

There is also a need for child welfare policies which are similar to those in juvenile justice or special education, such as: require states to develop and maintain a database to track the representation of minorities at all stages of child welfare processes; require states to examine decision points, laws, implementation of those, and practices to determine how they impede or exacerbate disproportionality, require states to conduct periodic studies of the amount of progress they have made toward reducing disproportionality; expand the racial and ethnic diversity of professionals (police, teachers, doctors, counselors, social workers, etc) who are responsible for identifying and reporting child maltreatment; and enhance the cultural competence of CPS personnel to increase their awareness of unconscious stereotypes and biases that might contribute to disproportionate representation and disparities in services delivery.

## VI. Practice Implications

“Cultural competence can be defined as a set of behaviors, attitudes, and policies that enable a system, agency, and/or individual to function effectively with culturally diverse clients and communities.”<sup>6</sup> Decisions made in federal and state policies, regional and agency level leadership, and direct practice application all impact children and families. In order to ensure effective services are being provided to children and families of all races and ethnic backgrounds, the following nine concepts should be integrated at all levels of intervention: 1) respect for families, 2) cultural sensitivity and competence, 3) a multisystems approach to service delivery, 4) an emphasis on strengths, 5) the empowerment of families, 6) application of proactive and active interventions, 7) encouragement of supports, 8) use of community resources, and 9) prevention.<sup>7</sup>

Those helping families deal with issues of child abuse and neglect may touch on many sensitive issues for the family members that are highly influenced by ethnic/racial and religious beliefs. Child rearing practices, emotions and behaviors, attitudes about child abuse and neglect, mental health treatment, and response to helping professionals can all have cultural meanings.<sup>13</sup> Thus, in forming effective helping relationships, it is important to understand how

clients' backgrounds influence their behavior, thinking and responsiveness to ideas and interventions presented.

The professional working with individuals of other ethnic or racial backgrounds must develop cultural empathy in order to effectively intervene.<sup>14 15</sup> It is not the client's cultural differences that causes problems, but instead the professionals cultural surround, including the prejudices that it entails.<sup>16</sup> First, the helping professional must be aware of his or her own behaviors, habits, and customs that are culturally based in order to begin to have a broader understanding of cultural differences. He or she must then develop not only a basic knowledge of the client's culture - but also an ability to recognize that which one does not know and an awareness of how to obtain relevant information, a genuine respectful curiosity about the client, and the skills to work collaboratively with the client in the relationship rather than from a position of power.

Effective cross-cultural communicators respect individuals from other cultures, are open to new information, have a sense of humor, tolerate ambiguity well, approach others with a desire to learn, and make continued and sincere attempts to understand the world from others' points of view.<sup>17</sup> In order to begin to understand what is important to a family one is providing services to, Lynch suggests that the helping professional examine eight value areas.<sup>18</sup> The table below expands on Lynch's model. By examining where on the poles of the nine value content areas in which a family establishes a priority meaning, the professional can begin to understand important values of the family. Once this information is established, the helping professional has a personal context within which to communicate with the family.

Assuming that the helping professional has a basic understanding of the internal structure of the family, he or she should begin to examine who within the communities the family is a part of could be key players in the change process. By looking at the different institutions, agencies and systems that have an impact on the family, external resources can be identified. Workers must actively reach out to family members and the systems they interact with - including schools, community services, the juvenile justice system, and police - using them to identify develop, and maintain support networks. Research suggests that child- and caregiver-focused interventions that are targeted, intensive, long-term, and comprehensive can increase protective factors and improve positive outcomes for children.<sup>19</sup>

Family Value Content Areas	
High context (less verbal)	Low Context (more verbal)
Extended family and kinship networks	Small unit families with little reliance on the extended family
Interdependence	Individuality
Nurturance of young children	Independence of young children
Time is given	Time is measured
Respect for age, ritual, and tradition	Emphasis on youth, future, and technology
Ownership defined in broad terms	Ownership is individual and specific
Differentiated rights and responsibilities	Equal rights and responsibilities
Harmony	Control

The strengths of both the internal and external resources should be identified to build upon for the development of an intervention plan. It is important when developing interventions to be sure to intervene in a culturally competent manner. This requires an ability to empower families. The role of the worker is to provide family members with tools that will empower them to interact effectively with other systems and begin to find their own solutions rather than being dependent upon the helping professional to fix or solve them.<sup>20</sup>

Effective empowerment involves helping families take back the control of their own lives and feel that they can effect important changes for themselves.<sup>21</sup>

When done effectively, empowering the family works to create a stronger foundation that can help prevent additional difficulties within the family. For families who have children in the child welfare system it may be necessary to begin by tracking down the biological parents, conducting diligent searches of both custodial and non-custodial parents, if necessary. Parents should be provided with supports and rehabilitative services to preserve their family and create an environment that would expedite reunification with their children whether or not biological parents are able to actively participate. Extended family

should be approached to determine whether they might be able to care for the child(ren) or provide some kind of support while the family is receiving services. Family members can also provide information about children's needs and the way their own family functioned. This information can provide important information to the foster parents to help them better understand the child's world prior to placement, and to provide the worker information about how the family works.

Unfortunately, extended family is not always available to care for kin. When this occurs, providing children a foster family of the same ethnic or racial composition can provide children with a cultural continuity that non-same race families would not be able to provide. It may be necessary to develop campaigns among churches or other community-based groups to recruit foster parents of the same racial or ethnic origin of the children who need homes. When homes of similar racial and ethnic background are not available for children in care, it is essential that individuals who do care for the children are culturally competent. Developing the cultural competence of foster families of diverse racial and ethnic backgrounds can only strengthen any foster care program, providing additional resources for the children in care.

## VIII. Action Implications

What can be done to reduce the disproportionate representation of children of color in the child welfare system? There is a role for everyone. Researchers should enhance the quality of their studies to more adequately identify the causes of this problem and the specific stages in the child welfare processes where disparities continue to exist. State administrators of child welfare agencies should enhance the cultural competence of their workers and regularly conduct self-assessments of their strategies to reduce disproportionality. Federal policymakers should require states to continually monitor their progress in addressing this problem and provide them with resources to implement effective interventions. And, concerned citizens should mobilize groups in their communities to address this crisis and urge their legislators to develop policies and programs to reduce disproportionality in the child welfare system.

### Disproportionality in Terms of Caregiver and Child Services Provision and Outcomes

While the concept of *disproportionality* is often applied to determine disproportional *use of foster care* as a solution across racial/ethnic groups, it also can be used to highlight at least two other areas of concern: (a) underutilization of or access to services; and (b) 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).

### Recommendation to Use Disproportionality as an Organizing Concept

In many ways, disproportionality and overrepresentation are two sides of the same coin, but they are not equivalent. For example, because of the large degree of disproportionality of African-American children in child welfare relative to all other racial/ethnic groups, they are greatly overrepresented in child welfare. Hispanic children, while disproportionately represented relative to White children, are underrepresented in child welfare since they are disproportionately under-represented relative to African-American children.

Maybe it's a fine point but studying disproportionality means examining relative reasons why each racial/ethnic group is more or less prone to be in the system. Studying overrepresentation means examining why only those groups who are overrepresented (possibly only African-Americans) are more prone to be in the system than everyone else.

Disproportionality is a potentially more useful term. It enables us to think more clearly and comprehensively about a complex issue and the . research, policy, and practice strategies that could alter the situation for the betterment of all children.

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## (Footnotes)

- <sup>1</sup> U.S. Census Bureau. (2000). *Presence of Children under 18 years old – households by total money income in 1999, type of household, race and origin of householder*. Census Bureau. Available: <http://www.census.gov/hhes/poverty/poverty97/pv97est1.html> [2001, January 21]
- <sup>2</sup> Disproportionality refers to a situation in which a particular racial/ethnic group is represented at a different percentage than children of other racial/ethnic groups. It can include overrepresentation but also includes underutilization of or access to services, and disproportional rates of prevention and child service outcomes.
- <sup>3</sup> Derezotes, D.M., and Poertner, J. (in press). Factors contributing to the Overrepresentation of African American Children in the Child Welfare System: What we know and don't know. In Derezotes, D.M., Testa, M., and Poertner, J. (eds), *Race Matters: Examining the Overrepresentation of African Americans in the Child Welfare System*. Washington DC: Child Welfare League of America.
- <sup>4</sup> Barth, R. P.(in press). Child welfare and race: Reviewing previous research on disproportionality in child welfare. In Derezotes, D.M., Testa, M., and Poertner, J. (eds), *Race Matters: Examining the Overrepresentation of African Americans in the Child Welfare System*. Washington DC: Child Welfare League of America.
- <sup>5</sup> *Race Matters: Examining the Overrepresentation of African Americans in the Child Welfare System*. Washington DC: Child Welfare League of America.
- <sup>6</sup> Courtney, M.E., Barth, R.P., Berrick, J.D., Brooks, D., Needell, B., & Park, L. (1996). Race and child welfare services: Past research and future directions. *Child Welfare*, 75(2), 99-137.
- <sup>7</sup> Fluke, J., et.al. (2002). Disproportionate representation of race and ethnicity in child maltreatment: Investigation and victimization. Paper presented at HHS Research Roundtable on September 19-20, 2002.
- <sup>8</sup> Ards, Myers and Malkis (2002). Discrimination when nobody discriminates: The case of child maltreatment in Minnesota. Paper presented at HHS Research Roundtable on September 19-20, 2002.
- <sup>9</sup> Baird (In Press). The impact of risk assessments and their relationship to maltreatment recurrence across races. In Derezotes, D.M., Testa, M., and Poertner, J. (eds). *Race Matters: Examining the Overrepresentation of African Americans in the Child Welfare System*. Washington DC: CWLA Press.
- <sup>10</sup> Johnson W. (In Press). An examination of the racial/ethnic equity of child protection decisions made using a research-based assessment instrument. In Derezotes, D.M., Testa, M., and Poertner, J. (eds). *Race Matters: Examining the Overrepresentation of African Americans in the Child Welfare System*. Washington DC: CWLA Press.
- <sup>11</sup> U. S. Surgeon General, (2001). *Mental health: culture, race and ethnicity*. Washington, DC: U.S. Government Printing Office.
- <sup>12</sup> Salend, S.J., Duhaney, L.M.G., and Montgomery, W. (2002). A comprehensive approach to identifying and addressing issues of disproportionate representation. *Remedial and Special Education*, 21(5), 289-299.
- <sup>13</sup> Cohen, J.A., Deblinger, E.M., and de Arellano, Anthony P. (2001). The importance of culture in treated abused and neglected children: An empirical review. *Child Maltreatment*, 6(2), 148-157.
- <sup>14</sup> Dyche, L., Zayas, L.H. (2001). Cross-cultural empathy and training the contemporary psychotherapist. *Clinical Social Work Journal*, 29 (3), 245-258.
- <sup>15</sup> Cultural empathy is the ability to have an emotional resonance with another where the usual clues that they rely on for understanding and communication are absent.
- <sup>16</sup> Dean, R.G. (2001). The myth of cross-cultural competence. *Families in Society: The Journal of Contemporary Human Services*, 82(6), 623-630.
- <sup>17</sup> Giles, H. and Franklyn-Stokes, A. (1989). Communicator characteristics. In M.K. Asante & W.B. Gudykunst (Eds.), *Handbook of International and Intercultural Communication*. Beverly Hills, CA: Sage Publications.
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- <sup>19</sup> Boyd-Franklin, N. & Bry, B.H. (2000). *Reaching Out in Family Therapy: Home-based, school, and community interventions*. New York: The Guildford Press.
- <sup>20</sup> IBID
- <sup>21</sup> Boyd-Franklin, N. (1989). *Black Families In Therapy: A Multisystems Approach*. New York: The Guilford Press.