A SNAPSHOT OF RESEARCH IN CHILD WELFARE DISPROPORTIONALITY AND DISPARITY

Introduction

Dialogue and a deeper understanding of disproportionality and disparity in child welfare are crucial to crafting effective policy and practice. This document introduces the literature on disproportionality and disparity in the child welfare system. It includes a brief overview of key themes in the literature, summaries of sample articles representing different perspectives, and a longer reference list.

Although sometimes used interchangeably, the terms “disproportionality” and “disparity” have distinct meanings. Disproportionality occurs when the proportion of individuals in a target population differs from the general population. Disparity refers to unequal treatment on the basis of race (or other characteristics such as gender). Disproportionality and disparity have been observed at several points in the child welfare system, including maltreatment reporting, substantiation, placement, service delivery and accessibility, and exit. While it is clear that disproportionality occurs, it is unclear whether this reflects bias at multiple points within the child welfare system, differences in exposure to risk factors related to maltreatment such as poverty, or, most likely, both.

The most recent National Incidence Study (NIS) drew attention to issues of race and child welfare. The first three NIS reports found no differences between White and Black maltreatment rates, suggesting that disproportionality observed in CPS data reflected bias. The fourth and most recent NIS report, however, reported significant differences in maltreatment rates by race (Sedlack, Mettenburg, Basena, Petta, McPherson, Greene, & Li, 2010).

There are mixed results from research examining the role of race and risk factors on child maltreatment. Some studies report that race does not significantly influence maltreatment rates after controlling for risk factors, while others find the significance of race persists. A forthcoming paper by Needell and colleagues found that among low SES children, Black children are at lower risk for child welfare intervention when controlling for risk factors (Putnam-Hornstein, Needell, King, & Johnson-Motoyama, in press).

The following summaries present some of the differing research findings and perspectives on disproportionality and disparities. Bartholet (2009) and Drake and colleagues’ (2011) analyses emphasize the role of risk, while Detlaff and colleagues (2011) and Roberts (2011) emphasize the role of bias. Barth (2005), Coulton et al. (2007), and Putnam-Hornstein et al. (in press) emphasize multiple pathways to disproportionality, while Wulczyn (2003) emphasizes service patterns. Sabol and colleagues (2004) and Crampton and Coulton (2008) demonstrate how life table analysis can be used to study disproportional penetration of child welfare services into communities. Parrish and Hargett (2009) show how supervision practices can reduce disproportionality.

Barth argues that a combination of factors cause disproportionality. He proposes four models explaining disproportionality: 1) differential levels of risk resulting in differential need for child welfare intervention by various race groups, 2) individual or systemic bias in the child welfare system resulting in the overrepresentation of Black children, 3) disproportionality resulting from differences in placement dynamics among race groups, and 4) a multiplicative model assuming that a combination of factors cause disproportionality. He argues that findings of NIS 1-3 suggesting no differences in the risk for maltreatment by race should not be readily accepted because of sampling problems. The child welfare system is susceptible to labeling bias (assuming deviance), substantiation bias (using race or socioeconomic status as evidence for maltreatment), and visibility bias (increased reporting due to higher levels of contact with public services). Service delivery varies by race, sometimes in ways that seem to reflect cultural competence (e.g. higher kinship care placements for African American children). He concludes that child welfare services need to be proportionate to children’s needs, not their proportion in the population.


Bartholet maintains that disproportionality in child welfare is mostly explained by differential exposure to risk factors. She argues that the “Racial Disproportionality Movement,” a group of influential leaders and foundations, incorrectly asserts that there are no actual differences in maltreatment rates between Whites and Blacks and that disproportionality results completely from bias. She says “Movement” claims rely on methodologically flawed studies and ignore more sophisticated analyses that control for risk factors. Bartholet contends that no persuasive evidence of system bias exists and that, if anything, evidence suggests children are underserved. The “Movement” has promoted efforts to prevent Black children’s entry into the system. However, she contends that if Black children are more often victimized, higher rates of system involvement are appropriate. Bartholet argues that strategies such as child abuse prevention are more appropriate to address disproportionality.


This paper considers ways that neighborhoods influence child maltreatment which can affect disproportionality. Neighborhoods have been found in many studies to differ in rates of reported child maltreatment. Neighborhood factors, such as difficult economic conditions and low social integration, can act as risk factors for maltreatment. Neighborhoods can also impact the process of maltreatment definition, recognition, and reporting.


This paper expands upon Sabol, Coulton, and Polousky’s 2004 paper (see below) to establish life table analysis as a method to understand disproportionality. The authors extend their life table analysis to foster care placement data, and discuss how life table data was used in advocacy efforts in Cuyahoga County’s Department of Children and Family Services.
This study found that race shapes caseworker risk assessments and subsequent decisions regarding substantiation. Using data from Texas Family and Protective Services, the researchers initially found no increased risk for substantiation among African American families compared to White families when controlling for socioeconomic status. However, when caseworkers’ risk assessments were added to the model, a new pattern emerged with African American families 14.8% more likely, and Hispanic families 20.9% more likely than White families to have substantiated abuse. White families were generally rated at higher risk than other race groups. This study suggests that caseworkers use different thresholds in decisions to substantiate abuse for White and Black children.

This study finds evidence that risk, not bias, explains disproportionality. The authors use national data to compare disproportionality ratios of child abuse and neglect to infant health outcomes that are less subject to bias such as infant mortality, low birth weight, and prematurity. Black children have 1.92 to 2.56 times higher incidences of infant mortality, low birth weight, and premature births than White children. Disproportionality ratios for child abuse and neglect were either consistent or lower than these rates, suggesting that risk explains disproportionality. Among Hispanics, the paradox of high poverty but little to no increased risk of poor health outcomes was found.

This paper discusses clinical supervision as a tool for reducing disproportionality in child welfare. Professionals need to understand African American history, culture, diversity and how the continued legacy of institutional and structural racism shapes client’s experiences, identity, and mental well-being. Applications of the administrative, educational, and supportive models of supervision through a race equity lens include ensuring supervisees follow procedures and have the skills and knowledge that they need, detecting and raising staff self-awareness of bias, and implementing specific action steps. Intervention strategies such as the use of multidimensional, strength-based assessments and in-home services are recommended. The authors also emphasize the importance of staff diversity, cultural competence training, and strong agency infrastructures (e.g. appropriate supervision and realistic caseloads).

This article suggests that Black children are less likely than White children to receive child welfare intervention (referral, substantiation, and placement into out of home care) when controlling for risk and protective factors. Using official CPS data in California, the authors initially find that Black and Latino children with U.S. born mothers are more likely to receive system intervention. In a subgroup analysis of children with public health insurance, a marker for low SES, these disparities diminish. Analysis further controlling for risk and protective factors such as infant health and maternal education found significantly lower risk for system intervention among Black children and Latino children, particularly those with foreign born mothers, than White children. The authors also observe the “epidemiological paradox,” strong infant health and low maltreatment despite low socioeconomic status among Latino children.

Roberts highlights the role of racism in disproportionality. While poverty can lead to actual maltreatment, the detection of maltreatment, and can affect the definition of maltreatment, racism and discrimination have unique effects on disproportionality beyond poverty. Roberts argues that the Adoption and Safe Families Act of 1997 intensified disproportionality by promoting quick removal and adoption. She advocates for overall system reforms that improve family’s standard of living, shift control into their hands, and properly funding programs such as family preservation and child abuse prevention. Roberts also discusses the child welfare system’s potentially damaging effect on the African American community, particularly communities with high levels of system involvement.


This study finds high rates of child welfare intervention in the Black population, using life table analysis. Using official Cuyahoga County data, the authors present the cumulative risk of being reported/substantiated for maltreatment by age 10. Overall, 31% of children in Cuyahoga County experienced a maltreatment report by age 10, including almost half (49.1%) of Black children and 20.7% of White children. One third (33.4%) of Black children versus 11.8% of White children had substantiated or indicated maltreatment. Conventional cross-sectional analyses showed similar magnitudes of disparities, but much lower percentages of the population involved with child welfare.


This study shows African American children have longer length of stays than Caucasian children and are overrepresented in foster care because they are less likely to reunify and are more likely to be adopted. Using 10 years of data from a large multistate archive, Wulczyn demonstrates that early exits from care are shaped by reunification, while stays in care between 1 and 8 years are shaped by adoption. African American and Caucasian children were less likely to be reunified in 1996 than in 1990, with a sharper decrease for Caucasian children. Exits to relatives happened more quickly in 1996 than in 1990, perhaps because of the Adoption and Safe Families Act. The pace of adoption remained slower for African American children in 1996, but the race gap had closed somewhat.

Selected References


