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BEING ACCOUNTABLE: OVERREPRESENTATION OF CHILDREN
OF COLOR IN THE CHILD WELFARE SYSTEM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work


by
Victoria Lee Scheele
Juliana Francesca Simixhi
June 2008

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Approved by:


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ABSTRACT

Over half-a-million children are in the foster care system due to abuse and neglect. Since the 1950's children of color have been over represented in the child welfare system. This research involved a secondary data analysis of the Voluntary Family Services (VFS) cases in one child welfare office in California over an 18-month period of time. It examined the ethnic variations in VFS utilization, services delivered, and services completed.

The sample included 51 cases with a total of 126 children. Minority families constituted $N = 40$, 78.4 percent of the VFS cases and Caucasian families represented $N = 11$, 21.6 percent of the VFS cases analyzed. Minority families received required service delivery 54.6 percent of the time and Caucasian families received required service delivery 81.5 percent of the time. This finding was significant for race as a predictor of service delivery. Minority families, completed services 63.8 percent of the time and Caucasian families completed services 77.7 percent of the time. Fifty of the 51 VFS cases were closed regardless of service delivery by child social workers or service completion by families as required by case plans.

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Julia Simixihi and Victoria Scheele

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	vii
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	5
Significance of the Project for Social Work	7
CHAPTER TWO: LITERATURE REVIEW	
Introduction	10
History of African American Children and the Foster Care System	10
Statistics on the Overrepresentation of Children of Color in the Foster Care System	16
Theories Guiding Conceptualization of Racial Discrepancies	18
Voluntary Family Maintenance: An Alternative To Out-Of-Home Placement	23
Summary	24
CHAPTER THREE: METHODS	
Introduction	25
Study Design	25
Sampling	26
Data Collection and Instruments	27
Procedure	28
Protection of Human Subjects	29

Summary	29
CHAPTER FOUR: RESULTS	
Introduction	31
Presentation of Findings	31
Service Provision	35
Client Service Completion	37
Summary	38
CHAPTER FIVE: DISCUSSION	
Introduction	39
Discussion	39
Limitations	46
Recommendation for Social Work Practice, Policy and Research	47
Summary	48
APPENDIX: DATA EXTRACTION INSTRUMENT	50
REFERENCES	53
ASSIGNED RESPONSIBILITIES PAGE	57

LIST OF TABLES

Table 1. Ethnic Representation	33
Table 2. Substantiated Allegations	35
Table 3. Home Call Service Provision	37

CHAPTER ONE

INTRODUCTION

This chapter provides an overview of child welfare historical and political trends by shedding light on how past policies and practices have contributed to creating an unequal representation of children of color in the foster care system today. It incorporates available statistics in order to depict the severity, magnitude and persistence of this dilemma as well as numerous factors that serve to exacerbate current conditions. It also discusses the role and objectives of the most recent piece of legislation enacted to address this issue, AB 636 Accountability Act. Last, it provides a brief overview of the Voluntary Family Services program and its utilization as a way of improving family functioning and keeping children of color out of the foster care system.

Problem Statement

The legacy of the Child Welfare System can be described as a continuous struggle to humanize services via systematic challenges aimed at disrupting a bureaucratic cycle of overt unequal and discriminatory practices. It has successfully moved away from harsh,

sterile conditions and has reached many successes in establishing a caring, nurturing alternative with a focus on child safety and well-being. Despite the many advances, history's impact lingers on, placing certain ethnic groups at great disadvantage, thus robbing them of optimum functioning. This phenomenon is apparent in the overwhelming representation certain minority groups have in the foster care system. Although minority children comprise only 40 percent of the child population nationwide, they represent more than half of the 500,000 children in foster care. This is a fact that can no longer afford to remain unnoticed or ignored (Child Welfare League of America, 2003).

Of particular concern is the overrepresentation of African American children in the foster care system. Black children account for only 15.1 percent of the child population nationwide yet comprise 36.6 percent of the children in foster care (Child Welfare League of America, 2003). These statistics indicate that there is still much to address in order to build an efficient, effective, humane institution whose objective is the well-being of children and the preservation of families.

"The current crisis cannot be understood without examination of the peculiar political and historical absence that have left many African American children at risk today" (Rosner & Markowitz, 1997). Establishing such a relationship is imperative in order to disrupt a malfunctioning cycle that continues to have grave impact on the lives of children.

The long history of the foster care system, points to a system in which the care and resources controlled by sectarian agencies excluded Black children completely until the first half of the 20th century. This pattern was followed by a segregated system which sorted children into institutions according to race and religion. Attempts to escape the detrimental effects of a child welfare system that segregated and abandoned African American children were replaced by more covert discriminatory mechanisms. The racial antagonism produced by this intransigent system continued with each subsequent child welfare regulation which proved ineffective in overcoming the historical trends as they continue to affect the quality of lives among many African American families and primarily their children.

The overwhelming statistics have been a cause of considerable concern expressed by many professionals interested in improving child welfare outcomes. This is one of the factors which led to the implementation of the Child Welfare System Improvement and Accountability Act (AB 636), which was put in place in January of 2004. The new system incorporates existing national federal standards with new outcome and accountability measures for all states, including California. In order to ensure the well-being of every child nationwide, the federal government requires that each county rely on quarterly self-assessments and system improvement plans to identify strengths and areas in need of improvement by holding them accountable to quarterly outcomes (Needell & Patterson, 2004). States are also required to submit an annual report of the outcomes achieved which the federal government reviews and utilizes to determine the upcoming funds they will offer each state in order to either continue or stop services.

Policymakers, child welfare advocates, stakeholders, practitioners and educators have joined efforts in abiding by and fulfilling federal regulations. Despite the dedication, training and efforts to improve outcomes,

most states have made little progress in achieving desired objectives. Given that the recently enacted legislation requires agencies to utilize funds efficiently so as to meet the federal mandated criteria, front-line social workers need to make wise, well-thought out decisions about the services and aid they offer to each individual family.

Purpose of the Study

This study examined the ethnic composition of families enrolled in Voluntary Family Services (VFS) as well as service delivery and service completion rates among the various ethnic groups utilizing these services. The research was conducted in one child welfare office in a large ethnically diverse county in California. Voluntary Family Services is comprised of two programs. The first program is Voluntary Family Maintenance (VFM) is defined by Los Angeles County DCFS Procedural Guide 0090-503.10, p. 2, (2003) as follows.

Voluntary Family Maintenance (VFM) is the provision of non-court, time limited protective services to families whose children are in potential danger of abuse, neglect or exploitation when the child can

safely remain in the home and the family is willing to accept services and engage in corrective action.

The second program, Voluntary Family Reunification (VFR), allows the family to determine the need for out-of-home care and develop a case plan, including planning for the child's return home within a specific time frame without juvenile court intervention (Los Angeles County DCFS Procedural Guide 0100-510.21, p. 2. (2004)). When a family has been reported for suspected child abuse, the charges are investigated by a child welfare social worker. If the charges are substantiated as a result of the investigation, the case can either be taken to court or, if it meets the criteria, can be referred for Voluntary Family Services. The child social worker and the supervising child social worker review the case and determine whether it meets the criteria for VFS. Of particular interest is whether families of color are referred and qualify for VFM and VFR at the same rate as whites. Studies show that existing policies responsible for guiding and shaping the practice social work professionals deliver to their clients are disparate in nature. They offer fewer resources to or fail to make equitable services available to families of color which

promote family preservation or reunification than for Caucasians. In addition, there seems to be insufficient incentives offered to kinship care, thus elevating the risk of separation from family and relatives (Perry & Limb, 2004).

VFS general casework activity was analyzed for timeliness and adequate service delivery. For the case to be successfully completed, parents must engage in corrective action and complete services as stipulated in the case plan. The study will examine enrollment in the programs by various ethnic groups, the services delivered, and completion rates by enrolled ethnic groups.

Significance of the Project for Social Work

Although VFS programs have been available to the child welfare population since 1993, they have not been empirically evaluated for effectiveness. Historically, enrollment in these programs has been low. However, with greater emphasis being placed on keeping children at home through family preservation and the provision of services, VFS are being utilized more frequently.

Studies have shown that Black children at every age level are significantly more likely to be considered for out-of-home placement, more likely to enter and stay in foster care and less likely to reunify with their biological family (Wulczyn, 2004). Statistics show that in 2006 in California, Hispanics were the largest number of children in the child welfare system. The disproportional removal rates of African American children and the large number of Hispanic children in the child welfare system make it imperative that existing programs designed to keep children out of foster care be closely scrutinized and evaluated for effectiveness. Analysis of VFS is the first step in increasing program effectiveness and to improving outcomes for families enrolled with these services.

In working to overcome racial disparity and ethnic overrepresentation in the foster care system, it is important to provide services congruent with the values that the social work profession is based upon, equity, fairness, and protection of vulnerable populations. Prolongation of this legacy and dedication to reach optimal effectiveness in the future can be accomplished

via meticulous evaluation of how services are implemented and thorough analysis of program outcomes.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter two is a summary and critical review of the literature related to the overrepresentation of African American children in the foster care system. The literature examines the history and breadth of the problem as well as the various contributing factors that have lead to the disproportional numbers of African American children in the foster care system. Theories guiding the conceptualization of the problem will be explored.

History of African American Children and the Foster Care System

Consideration of the present day problem of overrepresentation of African American children in the foster care system must take into consideration the history of African Americans and racism in this country. According to Billingsley and Giovannoni (1972), "Racism is a social force deeply imbedded in the fabric of the society in which we live. It is the systematic oppression, subjugation, and control of one racial group

by another dominant or more powerful racial group, made possible by the manner in which the society is structured" (p. 8). African Americans' unique position in this society emanates from the institution of slavery. Their very presence in early American society was marked by oppression, subjugation, and control by white society. Emancipation resulted in a massive social upheaval. According to Du Bois (1956),

Emancipation and pauperism must ever go hand in hand; when a group of persons have been for generations prohibited from self-support, and self-initiative in any line, there is bound to be a large number of them who, when thrown upon their own resources, will be found incapable of competing in the race of life. (p. 269)

While emancipation ended slavery, it created another set of problems for the African American child and his family. In 1865, Congress established the Freedmen's Bureau to attempt to provide for relief of the newly freed slaves. Under funded and opposed by many, the Freedmen's Bureau only existed until 1871 leaving poor African American families in difficult circumstances (Billingsley & Giovannoni, pp. 42-43).

African American children were excluded from early child welfare efforts. Poor laws that practiced indenturing children to other families marked the beginning of the child savers movement. This was followed by the movement of poor children to institutions or to the West via the orphan trains. Instead African American communities relied on an informal system of child protection. Under the system of slavery, kinship network systems flourished similar to those in the African Societies from which the slaves had originated (Sudarkasa, 1997).

African American communities included extended family members living in close proximity particularly in the rural South. Orphans and other children in need were cared for through an informal system of kinship or fictive kin care. These arrangements were outside the child welfare system with no formal legal arrangements. With the collapse of the Freedmen's Bureau, Black communities were left without formal sources of social support and resources to provide for the needs of dependent children in their midst. Major sources of aid within the Black community were provided by Black churches, schools and universities, Black lodges and

women's clubs and Black individual philanthropy (Billingsley & Giovannoni, 1972, pp. 46-47).

As the public child welfare system developed in the early 20th century, African American children were still excluded. This pattern was followed by a segregated system which sorted children in institutions according to race and religion. Overt racial discrimination resulted in the development of few Black agencies which were unable to meet the overwhelming demands for all the Black children who had been abandoned by society.

Since the 1950's children of color have been over represented in the child welfare system (Rosner & Markowitz, 1997). This increase is believed to be due to the Civil Rights Movement's fight for integration, the migration of rural African Americans to cities in both the north and south and white flight from the cities to the suburbs (McRoy, 2004). With fewer Caucasian families needing services, attention was turned to the poor African American families moving into the cities.

The foster care population has increased substantially over the last 20 years and is becoming more diverse with a growing population of ethnic minority groups. The instability created first by disruption and

separation from the biological family, followed by multiple foster care placements is linked to many behavioral and emotional problems such as difficulty coping and adjusting in addition to low self-concept and high aggression levels (Harden, 2005). Entering foster care after being exposed to traumatic experiences further diminishes the chances these children have to resume healthy development due to the exacerbation of their behavioral and emotional states during foster placement (Bass, Shields & Behrman, 2005). The deleterious impact of the foster care experience manifests in many ways, placing foster children at a higher level of morbidity throughout childhood in comparison to children who do not become involved with the system (Harden, 2005). The same study found that foster care placement and foster care experience present numerous risk factors that are associated with poor developmental outcomes.

A considerable number of children suffer from poor health and are psychologically vulnerable. Children in foster care are also reported to have more physical and mental health problems in comparison to children who grow up in their own homes and are also at a greater risk of developing behavioral disorders which impacts their

social functioning in the future (Bass et al., 2005).

They become disengaged from education and often have more negative post-school outcomes which results in limited employment opportunities.

A national survey studying foster care emancipation, found that within a four year period, 25 percent of foster youth became homeless, nearly 50 percent were unemployed and 42 percent had already become parents to at least one child (Cook, 1992). These findings are even more pronounced for African American children, who in addition to risk factors like poverty and maltreatment, receive fewer services and differential treatment when involved with the child welfare system. They are also more likely to remain in foster care longer than any other group. Already disadvantaged and subjected to prolonged foster care exposure, this population is at greater risk for poor physical and mental health, attachment disorders, and inadequate social skills as well as compromised overall functioning (Belanger, Bullard, & Green, 2003).

Statistics on the Overrepresentation
of Children of Color in the
Foster Care System

On the national level, a 2003 federal child abuse and neglect report of children in foster care by the Child Welfare League of America (CWLA) documents disproportion rates among African American children, who account for 15 percent of children in the U.S. population, yet comprise 40 percent of the foster care population. According to the Department of Health and Human Services (DHHS), the rates are much lower for White children who comprise 61 percent of the population yet represent only 38 percent of the national foster care population (CWLA, 2003).

Information available through the Center for Social Services Research (CSSR) AT U.C. Berkeley confirms that the state of California has a serious problem with African American children being overrepresented in the system. Over one-third of African American children have been reported to the child welfare system by the age of six and nine percent of African American children having entered foster care at least once by that age. Hispanic children, while not overrepresented, comprise the largest

group in the child welfare system in California at 42.4 percent.

Los Angeles County has the largest number of children in foster care in the United States with 150,000 referrals per year and 25,290 children in foster care (L. Nguyen, lecture, May 30, 2007). According to the CSSR (2006), the disparity indices by ethnicity indicated a 5.920 disparity rate for African American children in foster care in Los Angeles County.

African American children are over represented at all points in the foster care system. In Los Angeles County, African American children have more allegations brought at a rate of 91.76 per 1,000 as compared with 30 per 1,000 for white children. They have more substantiated allegations at a rate of 20.83 per 1,000 for black children as compared with 6.02 for white children, and more entries into foster care with 10.46 per 1,000 for black children compared with 2.50 entries per 1,000 for white children. According to the CSSR, on July 1, 2006, 35.50 per 1,000 black children were in foster care as compared to 5.35 per 1,000 white children in foster care at this same point in time (CSSR, 2006).

Theories Guiding Conceptualization of Racial Discrepancies

There are many theories that attempt to shed light on what causes racial discrepancies in ethnic representation in foster care. Theories about the causes of disproportionality have been categorized as parent and family risk factors, community risk factors, and organizational and systemic factors (McCrory, Ayers-Lopez, & Green, 2006). Parent and family risk factors include substance abuse, domestic violence, incarceration, poverty and unemployment, single parent families and teen parenthood. Research continues to show that low income and single household families have more than double the abuse rate than those whose income exceed \$30,000 (Sedlack & Broadhurst, 1996). Community risk factors take into account the fact that many children of color live in communities with risk factors such as poverty, unemployment, welfare assistance, crime, gangs, and drug activity which makes them more visible to child welfare reporting authorities. Organizational and systemic factors point to the decision making process of CPS agencies, cultural insensitivity and biases of social workers, government policies, and institutional or

structural racism (McRoy, 2004). When considering theories to guide this study, ecological theory, systems theory, person in environment and conflict theory all offer a structure that would address the risk factors mentioned above. Regardless of theory utilized, institutional racism and individual biases must be taken into account when studying this problem.

Theories on parent and family risk factors assert that disproportionality is caused by being exposed to risk factors such as single parent households, unemployment, teen parenthood, substance abuse, poverty, mental illness, incarceration and domestic violence among others whose adverse impact results in higher child maltreatment rates (Wells & Tracy 1996). Family stability affects a child's physical, social, cognitive and emotional maturation, shaping their future experiences. Failure to connect to caregivers, experience stability and consistent parental care, has detrimental outcomes which destroys the chances of these children to grow up and self-actualize (Harden, 2005).

Community risk factors theories posit that it is the community in which a family resides that leads to overrepresentation of minority groups in the child

welfare system rather than class and race. Proponents of this theory identify levels of poverty, homelessness, crime, and violence rates in addition to family structure as the main risk factors associated with disproportional representation of minority groups (Drake & Pandey, 1996).

However, according to organizational and systemic factors, it is worker biases and individual discriminatory practices that reinforces institutional racism which serves to further punish minorities by neglecting their needs in addition to reinforcing ethnic overrepresentation (McRoy, 2004).

Race has been found to be a strong predictor of out-of-home placement. According to the DHHS, African American child victims of maltreatment were 36 percent more likely than white child victims of maltreatment to be placed in foster care (2005). Once in the system, numerous studies have shown that African American children are significantly less likely to be reunified with their parents and that white children are four times more likely to reunify than African American children (Hill, 2006, p. 24). Disparity in treatment has been found by numerous studies in areas such as "...fewer and lower quality services, fewer foster parent support

services, fewer contacts by caseworkers, less access to mental health services, less access to drug treatment services, and higher placement in detention or correctional facilities" (Hill, 2006, p. 28). According to Robert Hill, there is much consensus in recent studies that "...race is one of the primary determinants of decisions of child protective services at the stages of reporting, investigation, substantiation, placement, and care" (2006, p. 1). This can explain the finding that children of color have different outcomes and are treated differently in the child welfare system.

Finally, an approach worthy of consideration, explained from a developmental perspective, is the ecological theory which holds accountable the multiple ecological systems and particularly the "microsystems" which have the most significant impact on the child-adult relationship. This theory contends that optimal developmental outcomes for children in foster care can be achieved by providing them with the continuous, constant care of a nurturing environment of supportive microsystems. A high-quality care giving ecology will produce the needed safety and stability for positive development for children in foster care which they did

not receive from their biological parents (Harden, 2005, p. 39). Studies show that instability resulting from multiple foster care placements is linked to many behavioral and emotional problems such as difficulties with coping, adjustment, low self-concept and high levels of aggression (Harden, 2005). Apart from negative developmental outcomes, placement instability is associated not only with disruption rates and changes in placement, but also with the length of time the child spends in foster care. Studies have shown that African American children spend significantly more time in the foster care system and wait longer to be placed with foster families or to be adopted (Bass et al., 2005).

A collective notion implicit in all the guiding theories that focus on child safety and permanency is based on the implementation of empirically tested high quality programs. This contributes to a more positive experience for the children involved in the child welfare system. The child welfare system and particularly the foster care triad comprised of professionals, biological and foster parents as well as their children can be strengthened by eradicating discriminatory practices and replacing them with culturally sensitive ones that

appreciate and respect the client's value system thus creating healthy intercultural lines of communication. Front line workers' cultural values and the manner in which they express their beliefs either when interacting with or making decisions about the clients' circumstances are extremely important and as such they are required to be aware of their biases by continuous evaluation and by the practice of self-awareness.

Voluntary Family Maintenance: An Alternative To Out-Of-Home Placement

One program designed to reduce the need for out-of-home placement is the use of a Voluntary Family Maintenance Agreement. Families who have been reported, investigated, and have substantiated allegations of child abuse or neglect may be given the opportunity to utilize a Voluntary Family Maintenance agreement to open a case and provide services to the family without court involvement. This is a decision point in the child welfare system when the Child Social Worker (CSW) along with her supervisor can offer the family services to resolve the existing child safety issues within the family. As such, it has the potential to reduce the number of children of color entering foster care.

Summary

This chapter covered a summary and critical review of the literature related to the overrepresentation of African American children in the foster care system. It reviewed the history and breadth of the problem as well as the various contributing factors that have led to the large numbers of children of color in the foster care system. Theories guiding the conceptualization of the problem were explored. The research questions are as follows. Are minority families proportionally represented in Voluntary Family Services cases? Are services delivered equally to minority clients and to Caucasian clients involved in Voluntary Family Services? Are service completion rates equal for minority families and Caucasian families involved in Voluntary Family Services?

CHAPTER THREE

METHODS

Introduction

Chapter Three covers an outline of the research methods utilized in this study relating to ethnic differences in the rates of utilization, service delivery, and client service completion of Voluntary Family Maintenance (VFM) and Voluntary Family Reunification (VFR) Agreements. This section discusses the design of the study, the sampling methods, data collection methods, procedures used, and protection of the confidentiality of case records.

Study Design

The purpose of the proposed study was to assess whether there were significant ethnic variations in VFS client utilization, services delivered, and client services completed. Data was obtained from closed VFM and VFR cases that had been opened during the 18-month time period from January 1, 2006 through June 30, 2007. These cases were selected from one child welfare office in the state of California. These cases were chosen because they reflect recent activity on VFM/VFR cases, because they

were readily identifiable and available, and because an evaluation had not been done on these cases in the past.

One of the limitations of this study was that data was collected from only one geographic area and as such can not be generalized to other areas. Another limitation is that only the client cases identified by the case transfer check sheet logs were considered. There is a possibility that there are other existing cases that were not included in the case logs and therefore were not included in this study.

Sampling

Purposive sampling was utilized with the closed VFM/VFR cases from January 1, 2006 to June 30, 2007 identified and examined. The criterion for this sample was that the cases must have been closed as VFM/VFR and that they were among the cases opened during the time frame of January 1, 2006 through June 30, 2007. VFM/VFR cases were identified through case transfer check sheet logs maintained by the Emergency Response Unit of the office.

Data Collection and Instruments

The data for this research were collected from the VFS case files that were opened during the 18-month period of January 1, 2006 through June 30, 2007. The cases were all closed at the time of data extraction. Demographic variables collected from each case include age of parents/caregivers, gender, ethnicity, marital and employment status and number of children. A data extraction instrument was created for this study (see Appendix) because current research lacks such an instrument. It was designed to track whether adequate and appropriate services were provided. Ethnicity served as the independent variable with two categories: minorities (African American, Hispanic, and other) and Caucasian. Services delivered by social workers served as one dependent variable and client completion of services as another dependent variable. For the purposes of this research, each of the three home call components, first home call in ten days, two home calls per month in the first 90 days, and one home call per month in the final 90 days, were compared to case ethnicity to explore the issue of equality of service delivery. The service provision variable was analyzed based on the home calls

completed and documented by the social worker in three separate groups. The calls are categorized as follows: group one = first call completed within 10 days of receiving case; group two = two home calls each month in the first 90 days; group three = one home call per month for the duration of the time until case was closed. Service delivery for each family was analyzed based on the cumulative score for all the scores received in the three groups ranging from 0 to 3.

The strength of the instrument is that it was designed to check for concrete compliance with the social worker responsibilities for service delivery as set out in procedural guidelines for VFM/VFR cases and client compliance with the agreed upon case plan. Its limitation is that there may be other factors contributing to the success or failure of VFM/VFR cases that are not accounted for by this instrument. It is attached in the Appendix.

Procedure

Data were extracted from case files and recorded in an Excel file. No identifying information was recorded in this file. Cases are identified by number, beginning with

one. A password protected master list was created with the case name and corresponding number. This master list was not removed from the agency and was destroyed upon completion of the data analysis. Data collected, instruments used, and the procedures for maintaining confidentiality were approved by the Assistant Regional Administrator on November 30, 2007. Data collection occurred between January 8, 2008 and March 30, 2008. The results of the data analysis are available after June 30, 2008.

Protection of Human Subjects

In order to protect the confidentiality of the case files, information was recorded at the agency in an Excel file by number without identifying information. A master list was created with the case name and a corresponding number. This master list was password protected and therefore not accessible by DCFS employees.

Summary

Chapter Three outlines the research methods utilized in this study relating to ethnic differences in the enrollment, service delivery and service completion for Voluntary Family Service agreements. This section

discussed the design of the study, the sampling methods, data collection methods, procedures used, and the protection of the confidentiality of case records.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four examines the characteristics of a purposive sample of clients who received VFM/VFR services after being reported to child welfare services for child maltreatment. Ethnic demographics for this group are summarized and compared to court mandated cases filed by this office during the same period. Services provided to voluntary clients were analyzed to determine to what extent ethnicity influences provision of services delivered to each racial group. Finally, this research summarizes VFM/VFR client service completion rates for both minorities and Caucasians.

Presentation of Findings

This research examined the racial representation in a VFM/VFR purposive sample of child maltreatment cases reported during an 18-month time frame from January 1, 2006 to June 30, 2007. The areas of focus are discussed in the following order. Are minorities overrepresented in Voluntary Family Services cases? Are services delivered equally to minority clients and to Caucasian clients

involved in Voluntary Family Services? Are service completion rates equal for minority families and Caucasian families involved in Voluntary Family Services?

Minority families are overrepresented in both VFS where they comprise 78.4 percent (n = 40) of the cases and in court ordered cases where they make up 80.6 percent (n = 100) as compared to their representation in the service area population of 57.1 percent. Caucasian families are underrepresented and make up 21.6 percent (n = 11) of the VFS population and 19.4 percent (n = 24) of court cases in comparison to their representation in the service area population of 42.9 percent. Racial/ethnic group differences between VFM/VFS, court mandated and population area served by the agency are presented in Table 1.

Table 1. Ethnic Representation

	Minority Population	White Population	Total Population
Service Area	183,988 (57.11%)	138,182 (42.89%)	322,170 (100%)
VFS Cases	40 (78.4%)	11 (21.6%)	51 (100%)
Court Ordered Cases	100 (80.65%)	24 (19.35%)	124 (100.0%)

From the voluntary sample, the female caregivers (n = 49) had a mean age of 35 years, comprised of 81.6 percent minorities (n = 40). A more precise breakdown of racial/ethnicity for this group is as follows: 63.3 percent (n = 31) Hispanic, 28.6 percent White (n = 14); 4.1 percent (n = 2) African American; and 4.1 percent (n = 2) of female caregivers belonged to other racial groups. The father population (n = 39) was less than that for mothers but was similar in racial representation and in the mean age calculated as 38 years. Out of this group 66.7 percent (n = 26) were Hispanic; 15.4 percent (n = 6) were White; 7.7 percent (n = 3) African American and 10.3 percent (n = 4) accounted for individuals of other races which accounts for 15 percent whites and 85 percent minorities.

With the exception of one cases whose marital status was not recorded, more than half of the population, 52.9 percent, (n = 27) were married while 47 percent (n = 23) reported single status. The number of children varied from a minimum of one child to a maximum of 5 children per household. Of the mothers, 35.3 percent were employed in comparison to 51 percent (n = 26) who were unemployed; 7.8 percent (n = 4) claimed disability and 5.9 percent (n = 3) reported no status.

Employment rates for the male caregiver population were more than half or 54.9 percent (n = 28) employed; 11.8 percent (n = 6) unemployed; 3.9 percent (n = 2) were disabled and 29.4 percent of the cases (n = 15) reported no employment status. In 41.2 percent of the cases, the leading substantiated allegation was neglect (n = 21), followed by 21.6 percent for multiple allegations (n = 11), 9.8 percent for physical abuse (n = 5), 9.8 percent for substantial risk (n = 5), 7.8 percent due to emotional abuse (n = 4) and 3.9 percent for domestic violence (n = 2), 3.9 percent for caretaker incapacity (n = 2). Please refer to Table 2.

Table 2. Substantiated Allegations

		Frequency	Valid Percent	Cumulative Percent
Valid	Neglect	21	42	42
	Multiple	11	22	64
	Physical	5	10	74
	Substantial Risk	5	10	84
	Emotional Abuse	4	8	92
	Domestic Violence	2	4	96
	Caretaker Incapacity	2	4	100.0
	Total	51	100.0	

Service Provision

Another area of focus for this study was the home call services that the child social worker delivered to different racial groups. Table 3 lists the number of observed and expected home calls completed for each racial/ethnic group. Five cases had missing information and, thus, were not included.

Documentation of dates for the first home call was missing in two of the 51 entries; therefore consideration was only given to the 49 cases for which the information was recorded by the social worker. Of these cases, first home calls were made within the required ten days from the transfer date in 17 of the 49 cases or 35 percent of

the time. They were not made in a timely manner in 32 of the 49 cases, or 65 percent of the time. On the issue of service delivery in the first 90 days when two home calls are to be made each month, documentation was missing for five cases. In the remaining 46 cases, the required home calls were made in 25 of the cases, 54 percent of the time. They were not made in 21 of the cases, 46 percent of the time. The final component of service delivery required one home call per month for the final 90 days of the case. In six cases, this information was not available, leaving 45 cases where the home calls were documented. In 38 cases, 84 percent, the required calls were made. In seven cases, 16 percent, the required home calls were not made.

Table 3 lists the number of observed and expected home calls completed for each ethnic group. Five cases had missing information and, thus, were not included.

Table 3. Home Call Service Provision

	Population	Expected	Actual	Percent
Minority	37	111	59	53.1
Caucasian	9	27	22	81.5
Total	46	138	81	59.4

An independent samples 2-tailed test was utilized to examine the relationship between racial groups and service delivery. The statistical analysis revealed a significant relationship between the independent variable ethnicity and the dependent variable service delivery. The mean services provided to Caucasians (2.73) was significantly greater than that for minorities (1.78). ($t = -2.464$, $df = 49$, $p = .017$)

Client Service Completion

Out of the 51 VFS cases, six cases had missing information in the area of client completion of services. In the remaining 45 cases, 66 percent completed services and 33 percent did not. Regardless of whether clients completed the services required by their case plans, out of the 51 cases examined, 50 cases closed without going to court.

Summary

This chapter presented the most recent patterns of racial representation for VFM/VFR and court ordered cases reported for child maltreatment. The answers to the following questions were provided. Are minority families proportionally represented in Voluntary Family Services Cases? Are services delivered equally to minority clients and to Caucasian clients involved in Voluntary Family Services cases? Are service completion rates equal for minority families and Caucasian families involved in Voluntary Family Services? Ethnic demographics for the population of the area served by this child welfare office, ethnic demographics of court cases filed by this office, and ethnic demographics of the VFS cases are presented and compared. Service delivery by child social workers and client service completion rates are reported for both minorities and Caucasians.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five provides a discussion of the findings of overrepresentation of families of color in the Voluntary Family Services agreements studied and the finding of significant disparate treatment in service delivery to minority families. Also discussed are the parents' completion of the case plan services and closure of the cases. The problems of overrepresentation and disparate treatment of families of color in the child welfare system are complex and both the outcomes and related social issues contributing to them will be discussed in this chapter. Also discussed are the limitations of this research and recommendations for future social work practice, policy and research.

Discussion

Overrepresentation and disparate treatment of families of color in the child welfare system is well documented and researched. The reasons for this overrepresentation are complex and intransigent. The

community served by the child welfare office where the research was done represents many of those complexities.

This research found that minority families were overrepresented in enrollment in VFS cases while Caucasian families were underrepresented. Since VFS is intended to help families resolve the problems that create safety issues for their children without court involvement, high enrollment rates by minorities could be viewed as a positive outcome. However, the examination of the racial composition of court cases during this same time period also reveals an overrepresentation of minority families in child welfare court cases while Caucasian families were underrepresented in court cases as they were in VFS cases.

Risk factors for children entering the child welfare system include parent and family problems, poverty and community problems, and institutional and systemic factors. Parent and family problems include substance abuse, domestic violence, parental mental illness, and parental incarceration. Another factor is associated with poverty and living in impoverished communities where drugs and gangs flourish and there are few resources available for poor families. Hill (2006) discusses the

"visibility hypothesis" which suggests that the overrepresentation of African American children in the child welfare system may be related to the racial composition of the area in which they live making them more visible (p. 27). A third factor involves institutional and system factors including racism that are often cited as reasons for the higher rate of child abuse reports for African American children and the disparity of service delivery to families of color.

In exploring the substantiated allegations that caused voluntary family services cases to be opened, many factors were found that related to parental and family risk factors. Parents with substance abuse problems are rarely included in voluntary services due to the time limited nature of the services and the intractability of substance abuse problems. The reasons for VFS cases being opened included neglect, physical and emotional abuse, caretaker incapacity, substantial risk of abuse, domestic violence and some combination of these factors. These reasons primarily relate to parent and family problems.

Lack of personal and community resources may have also played a role in the findings. Census figures from 2000 reveal that the area served by this office has one

zip code with the highest average household income in the area of \$67,419 and the lowest number of persons per household at 2.83. This zip code also has a population that is 77 percent Caucasian. According to the Center for Social Services Research, (2006), this zip code also has the lowest rate of child abuse and neglect referrals. These same sources reveal that the zip code with the highest Hispanic population has the lowest household income at \$42,108 and the highest number of persons per household at 3.63. It is interesting to note that these two communities exist side. Studies consistently show that upper income households are referred for child abuse and neglect at a lower rate than those in lower income households. This research confirmed those findings.

African Americans account for a small minority in this service area with only 2½ percent of the population. Yet they are represented at twice that rate in the VFS cases examined. Such a small minority is very visible in the community lending weight to the "visibility hypothesis." In the three cases involving African American families, two involved substantiated physical abuse in the form of inappropriate discipline by spanking the child with an object. Physical discipline by spanking

with the use of an object, such as a belt or a switch from a tree branch, has been a common method of discipline in the African American community. While not appropriate, and against the law in California, greater education is needed to prevent African American families from becoming involved with child welfare services over this issue.

In examining service delivery, three primary requirements of service for VFM/VFR cases were explored. The first requirement is that the child social worker visit the family in their home within ten days from the date the case is signed off for transfer from the Emergency Response Unit to the Family Maintenance and Reunification Unit. This quick response to the family is necessary as VFS cases have limited time frames in which to accomplish the case plan goals. The second requirement for service delivery in these cases is that two home calls are to be made to the family each month for the first 90 days of the case. This requirement serves to give the families needed support as they work to make the necessary changes for the safety and well-being of their children. The third requirement for service delivery is that one home call be made to the family each month

during the last 90 days of the case. This requirement continues the support to the family as they complete their case plan.

Research results show that required service in the form of home calls in these cases was frequently not delivered. Furthermore, when overall service delivery was compared by ethnicity, Caucasian families received the expected service delivery 81.5 percent of the time while minority families received the expected service delivery 53.1 percent of the time. This made ethnicity a significant predictor of service delivery. This disparity in service delivery mirrors many other studies that have found that minority families receive fewer and lesser quality services than Caucasian families.

All but one of these VFS cases closed regardless of service delivery or client completion or incompleteness of case plan services. Therefore, it cannot be argued that the disparity of service led to negative outcomes for the cases. However, it shows that minority families in need of services did not receive them as required by child welfare policy and further, did not receive them at the same rate as Caucasian families. In one case, the child social worker did not make the first home call until 33

days after the transfer date. This Hispanic family should have already had two home calls from their social worker as over one month had passed. When the worker contacted the mother in the case, the mother was upset. Since she hadn't heard from the department, she believed the case had been closed.

In researching the cases for completion of the services by the clients as required in their case plans, it was found that six cases had missing information on service completion. Of the cases where information was available, 66 percent completed the required services and 33 percent did not. However, regardless of service plan completion by the clients, 50 of the 51 cases examined were closed without going to court. Although the parents did not complete all services in the time period allotted, upon reassessment of the situation, it was decided that the child safety issue had been sufficiently ameliorated and the decision was made to close the case. One case was referred to court because the parent relapsed into drug abuse and was unable to complete voluntary services in a timely manner.

Voluntary Family Maintenance and Voluntary Family Reunification agreements represent an attempt to provide

families with substantiated allegations of child abuse or neglect case management and services without taking those families to court. The families must be cooperative and agree to work with child welfare to resolve the problem and the issue must be one that can be resolved in a relatively short period of time. Families of color were the majority, 78.4 percent, of those utilizing Voluntary Family Services. In this sense, VFS were a success as families were kept out of the court system, were able to improve conditions within their families and the safety of their children was maintained.

Limitations

A limitation of this study is that it was conducted using data from only one child welfare office in California. As such, the findings cannot be generalized to apply to VFS cases elsewhere in the state. Another limitation is the sample size. Due to time constraints, and availability of records, VFS cases were selected from an 18-month time period only. As a result, of these considerations, only 51 VFS cases were available for study. Both the computerized files and actual hard copy case files were accessed for data, however, some data

important to this research was missing. A complete data set would have provided a more accurate picture of service delivery by social workers and service completion by clients. Finally, as 50 out of 51 cases were closed regardless of service delivery or service completion, closed status of the case could not be used as an indication of success. This limits the ability to analyze the success or failure of the VFS cases.

Recommendation for Social Work Practice, Policy and Research

The problem of overrepresentation of families of color in the child welfare system needs continuing research and monitoring. Child welfare policies and practice need to be evaluated for their impact on the problem of overrepresentation. VFS offers an opportunity to correct the child safety issues that exist within the family by utilizing child welfare services without going to court.

However, public child social workers need to be held accountable to child welfare policy requirements when providing services. To assure that service is being provided in an equitable manner, home calls by social workers should be monitored for compliance with policy

for timeliness and frequency. To improve the provision of timely first home calls, the worker assigned to carry the case should make the first call with the emergency response worker when the original case plan is agreed to and signed by the family. This would facilitate the working relationship between the CSW and the family from the beginning of the case. Cases should continue to be carefully reviewed to assure that they meet the criteria for Voluntary Family Services before being accepted into the program. Client registration and participation in services needs to be monitored monthly throughout the case. To eliminate missing data, all case activity needs to be entered into the computerized child welfare system.

An area for follow-up research would be to explore the frequency of child abuse reports received on families who have participated in Voluntary Family Services.

Summary

This chapter discussed the findings of overrepresentation of families of color in Voluntary Family Services and the finding of significant disparate treatment in service delivery to minority families. Also explored were the parents' completion of case plan

services and closure of the cases. Limitations of this research were discussed and recommendations for future social work practice, policy and research were made.

APPENDIX
DATA EXTRACTION INSTRUMENT

DATA EXTRACTION INSTRUMENT

- I. Demographics**
- II. Qualifying Characteristics of VFM/VFR**
 - a. Did the family qualify for VFM/VFR per WIC 301 and DCFS policy?
 - b. Was there a founded allegation?
 - c. Did the family admit that there was a problem?
 - d. Will the problem be ameliorated/solved within 6 months for VFM and within 5 months for VFR?
 - e. Did the family agree to attend suggested services?
 - f. Were the parties cooperative?
 - g. Did the family agree to keep DCFS apprised of their whereabouts?
 - h. Did the family sign or agree to sign "Release of Information" documents?
 - i. Is there an alternative plan in the event the parents were unable to ameliorate or solve the problem within the required time limits, such as, Legal Guardianship for the VFR, VFR for VFM, extended time for VFM or detention (court involvement)?
- III. General Casework Activities**
 - a. Is the case a VFR or a VFM?
 - b. Is this case a Family Preservation case?
 - c. Was the case reviewed by the ARA for VFM 0-5?
 - d. What is the founded allegation(s)?
 - e. What is the date the case was sent to the transfer desk? (sending supervisor's signature)
 - f. Was the H/C completed within ten (10) days of the receipt of the case?
 - g. What is the date of the first home call?
 - h. Are clients enrolled in the specified case plan services?
 - i. Have the clients registered with their providers?
 - j. Were two (2) home calls completed each month with the first 90 days?
 - k. Were the mandatory other home calls completed throughout the 6 months?
 - l. Did the CSW have at least monthly contacts with all service providers?
 - m. Are all contacts documents on CWS/CMS?
- IV. VFR**
 - a. Did the family complete all services as stipulated in the Case Plan?
 - b. Were verification documents of services completion submitted to CSW?
 - c. When the child was returned to the parent, was the case closed?
 - d. When the child was returned to the parent, was a VFM offered to the parent?
 - e. If the services were not completed, what action was taken (ex. detention, loss contact, closure?) Why?
 - f. Was a TDM conducted to resolve any issues/crisis (ex. Not in services, back on drugs, physical punishment of the child etc.)?
 - g. Was SDM Reassessment completed?

V. VFM

- a. Did the family complete all services as stipulated in the Case Plan?
- b. Was the case closed?
- c. Were verification documents of services completion submitted to CSW?
- d. Before detention, was a VFR offered to the parent? Why not?
- e. Was a TDM conducted to resolve the issues/crisis? (ex. not in services, back on drugs etc.)
- f. Was SDM Reassessment completed?

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader Victoria Scheele

Assisted by: Julia Simixihi

2. Data Entry and Analysis:

Assigned Leader Julia Simixihi

Assisted by: Victoria Scheele

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Julia Simixihi & Victoria Scheele

b. Methods

Team Effort: Julia Simixihi & Victoria Scheele

c. Results

Assigned Leader: Julia Simixihi

Assisted by: Victoria Scheele

d. Discussion

Assigned Leader: Victoria Scheele

Assisted by: Julia Simixihi