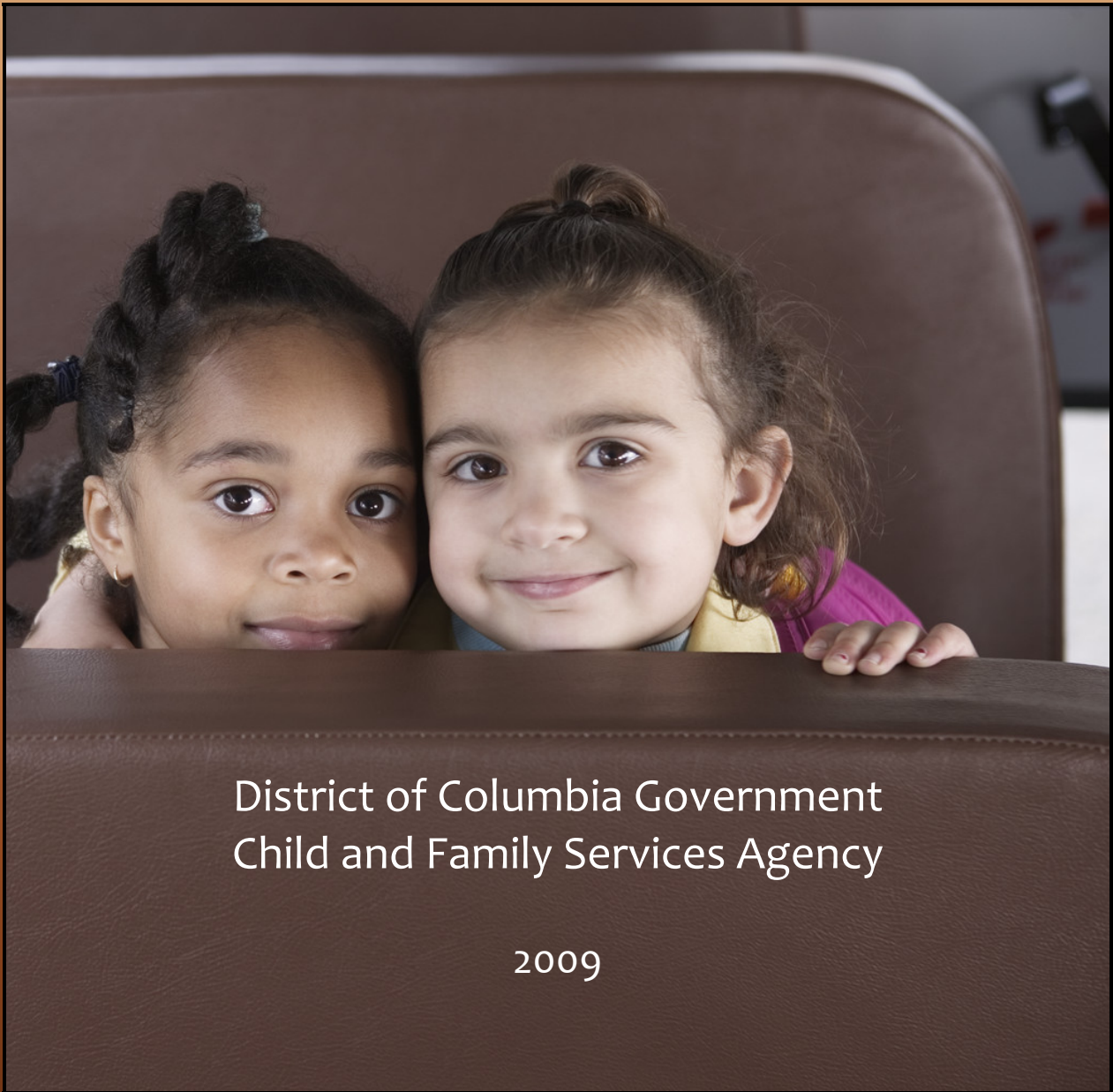


Racial Disproportionality  
and the District of Columbia  
Child Welfare System  
The Latino Community at a Glance



District of Columbia Government  
Child and Family Services Agency

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## I. Introduction

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The District of Columbia's Family Court is one of 36 in the nation to participate in the 2007 Victims Act Model Courts program of the Permanency Planning for Children Department of the National Council for Juvenile and Family Court Judges. Each model court system is charged with identifying "impediments to the timeliness of court events and delivery of services for families with children in care, and then designing and implementing court- and agency-based changes to address these barriers."



In collaboration with the model court imperative, the Child and Family Services Agency (CFSA) established a plan of action to assess, for the first time, the impact of racial disproportionality and disparate treatment within agency policies, practices, and culture. Specifically, CFSA was the lead designee for a collaborative review of under-representation of Latinos in the District child welfare system. Partnering with CFSA in the review were representatives from the Office of Latino Affairs and two key Hispanic social service agencies in the District. In addition, CFSA established a relationship with the Casey Alliance for Racial Equity in the Child Welfare System to receive consultative assistance and training on organizational response to reduce the disproportionate representation of minorities in the foster care system. CFSA further established three goals to guide action with a special emphasis on Latino children.

**Goal I: Establish and implement a data collection protocol to assess disparity in foster care experiences for children and youth in foster care.**

*Current data collection protocols do not adequately capture racial or ethnicity indicators to make accurate determinations about the degree of over- and under-representation of children of color at CFSA. In most cases, racial and ethnicity information is either not collected or ambiguous.*

**Goal II: Assess the under-representation of Latino children in the District of Columbia foster care system.**

*Preliminary analyses indicate that in proportion to their population in the District of Columbia, African-American children are over-represented in all phases of the child welfare system while Latino and White children are under-represented.*

**Goal III: Assess whether risk assessment tools contribute to disproportionality among children in foster care.**

*Research on the contribution of actuarial risk assessment tools to racial and ethnic disproportionality in child welfare suggests that these tools minimize rather than exacerbate racial and ethnic biases in the estimation of risk.*

These goals are helping CFSA understand the presence of racial disproportionality in the District's child welfare system. Further, they provide a foundation from which exploration of racial and ethnic biases may continue.

This report provides:

- A profile of the District's Hispanic community
- Examination and review of various literature on disproportionality among the Hispanic population in child welfare
- Representation rates of children of color served by CFSA
- Exploration of factors contributing to disproportionality in the District of Columbia's child welfare system
- Recommendations to ameliorate current disproportionality.

## II. Summary of Key Findings

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Preliminary quantitative data reveal a relatively consistent rate of under-representation of Latino children in the District's child welfare system. While these children are 10% of the District's child and youth population, they are only 6% of the District child welfare population. Analysis of CFSA data reveals that Latino children and youth in the system:

- Represent about 6% of accepted referrals and about 5% of alleged victims.
- Are about equally served in home and out of home.
- Are likely to be placed in family-based care (64%) when they must be removed for safety. Of those in family-based care, the majority are in traditional foster care (41%) followed by specialized care (31%), kinship care (15%), and pre-adoptive placement (14%).
- Are likely to have less than three placements while in foster care (74%).
- Are most likely to have a permanency goal of reunification with parents or a legal guardian (34%), followed by Alternative Planned Permanent Living Arrangement (29%) and adoption (18%).

To supplement these statistical findings, Mary's Center for Maternal and Child Care (MCMCC) and Latin American Youth Center (LAYC) responded to questions about the impact of disproportionality in local child welfare on the District's Latino community and possible solutions.

Both agencies believe the incidence of child abuse and neglect in the Latino community is severely underreported, which has negative consequences in both the short and long terms. In the short term, MCMCC and LAYC are often overwhelmed and ill-equipped to deal with issues associated with child abuse and neglect. In the long term, far too many children, youth, and families in need of help never receive it and are left to endure in silence, increasing the likelihood of perpetuating the cycle of abuse and/or neglect.

Both organizations agree that fear regarding immigration status is a strong deterrent to seeking help from mainstream public systems, including child welfare. At the same time, they note specific risk factors within the community including childcare issues stemming from inadequate family support; lack of affordable housing, leading to overcrowding and possible sexual abuse; cultural norms that favor corporal punishment; and domestic violence and alcohol abuse.

To address under-representation of Latino children and youth in District child welfare, these knowledgeable organizations recommended:

- Outreach to heighten community awareness and reduce fear.
- Increased hiring of bilingual social workers and cultural competency training for child welfare managers and staff.
- Availability of training for mandated reporters in Spanish.

## III. Understanding Disproportionality

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General concerns regarding racial disproportionality in child welfare have received considerable attention over the past two decades. Historically, the discussion among researchers has included the prevalence, nature, and role of racism; treatment disparities; methodological challenges; and promising practices associated with racial disproportionality (Hill, 2006; Ards *et al*, 2003; Center for the Study of Social Policy, 2004; Minnesota Department of Human Services, 2002). Studies have focused largely on the over-representation of African-American children in child welfare systems across the country. The ongoing discussion, however, has yet to keep pace with a changing U.S. demography and does not address the larger issue of disproportionality across other groups of color—particularly Latinos, now the largest group of color in the United States.

Although available evidence suggests no differences in the overall incidence of child maltreatment across races (Sedlak, 2001), differences in the relative presence of children of color in child welfare systems persist. In fact, more than half the children in foster care are children of color, although these children represent only 40% of all children in the nation (AFCARS, 2005). Given the propensity for “equal” child maltreatment across racial and ethnic groups, the levels of disproportionality in child welfare systems have been attributed to three categories of risk factors: (1) parent and family, (2) community, and (3) organizational or systemic factors (Hill, 2006). In regard to organizational or systemic factors, there is concern that uneven distribution of risk is directly linked to racial disproportionality within the child welfare service system.

In general, a focus on over-representation of one race or ethnic group obscures the challenge and importance of addressing under-representation of other groups. Both types of disproportionality can be problematic. The potential consequences of over-representation include unnecessary exposure of children and families to disruptions in care along with a punitive, rather than supportive, response to family stress. Conversely, under-representation may suggest inattention to the needs of particular groups and ultimately to the safety and wellbeing of children. It may also suggest that needs in under-represented communities are not being identified. For marginalized groups, such as the Latino community in Washington, DC, under-representation may exacerbate vulnerability because the safety net, designed to mitigate risk of child maltreatment, is not used.

Measures of disproportionality help to identify under- or over-representation of racial and ethnic groups. Recently, CFSA adopted several measures referenced by the Center for the Study of Social Policy (CSSP) to quantify the phenomena of racial disproportionality. The rate is calculated by dividing the percentage of children in a racial or ethnic group in the child welfare system by the percentage of children in that same racial or ethnic group in the overall population. Disproportionality rates above 1.00 indicate over-representation while disproportionality rates below 1.00 indicate under-representation (CSSP, 2004). National disproportionality rates for foster care are presented in Table 1 (Hill, 2006).

<b>Table 1: Disproportionality Rates for Children in U.S. Foster Care by Race and Ethnicity, 2000</b>				
<i>Race/Ethnicity</i>	<i>2000 Census</i>	<i>2000 AFCARS</i>	<i>Disproportionality Rate</i>	<i>Under/Over Representation</i>
Non-Hispanic Whites	60.9%	46.0%	0.76	Under-represented
Non-Hispanic African Americans	15.1%	36.6%	2.43	Over-represented
Non-Hispanic Indians	1.2%	2.6%	2.16	Over-represented
Non-Hispanic Asians/Pacific Islander	3.6%	1.4%	.039	Under-represented
Hispanics	17.0%	13.5%	.079	Under-represented
<b>Total</b>	<b>100%</b>	<b>100%</b>		

### ***Disproportionality and Disparity***

Patterns of treatment may be observed by examining disproportionality across decision points or in reference to specific areas of interest (entry, service provision, reunification rates, etc.). These observations can then be used to better isolate the problem and to craft appropriate intervention strategies.

Racial and ethnic disproportionality is a serious concern for the child welfare community for two reasons: distribution of risk and equity of treatment. Regarding risk, increased prevalence of certain familial and community risk factors for child maltreatment in communities of color is evident. Improved risk assessment tools have been used to better understand these factors. In

regard to treatment equity, child welfare researchers have reviewed the literature on treatment disparities for children of color and have found fewer and lower quality services, fewer supports for foster parents, fewer contacts with caseworkers, less access to mental health and substance abuse treatment, and higher placement in detention or correctional facilities (Hill, 2006). Some have concluded that there is “a pattern of inequity, if not discrimination, based on race and ethnicity in the provision of child welfare services” (Courtney *et al*, 1996). This pattern (of disparity) is blamed on lack of cultural awareness along with systemic cultural biases built into both policy and practice (Bent-Goodley, 2003; Everett *et al*, 2004).

Other studies have found that race is not always an overarching factor in every aspect of treatment of children in child welfare systems (Dunbar & Barth, 2007). The National Survey of Child and Adolescent Well-being (NSCAW), for example, found that although there were indeed race-based differences in services received and reunification rates, race was not a significant predictor of receipt of services for in-home children nor was it associated with the decision to place children in out-of-home care (Dunbar & Barth, 2007).

### ***Promising Approaches to Eliminating Disproportionality***

Several jurisdictions have been struggling with how to address racial and ethnic disproportionality in child welfare. A few promising approaches were spearheaded in 2005 by the Casey Family Programs' *Breakthrough Series Collaborative on Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System (BSC)*. Nine states have been participating: California, Connecticut, Illinois, Iowa, Michigan, Minnesota, North Carolina, Texas, and Washington (<http://www.casey.org/Resources/Projects/BSC>). Emerging practices are clustered around four core strategies: (1) recruitment, training, and support of resource families; (2) building community partnerships; (3) team decision making; and (4) self-evaluation. Several specific activities were highlighted:

- Recognizing and highlighting the problem of racial and ethnic inequality.
- Using data to better understand and communicate the problem.
- Involving communities in the conversation.
- Expanding services and supports.
- Changing institutional policies.
- Institutionalizing evaluation strategies.

As an example, the state of Iowa addressed disproportionality with outcomes that provide useful insight. First, a “Racial Equity Scorecard” was developed to assess the level of disproportionality at key decision points in a Native American community (Derezotes *et al*, 2008). The investigation found that reports of child abuse and maltreatment were considerably more prevalent in the Native American community than in the Caucasian community. In consultation with the Casey-CSSP Alliance on Racial Equity, the local agency developed a response strategy to this information. “Because of the overwhelmingly high rate of participation at the initial gateways into the system, the collaboration decided that . . . emphasis would be placed on efforts at these initial gateways.” (Derezotes *et al*, 2008)

The strategy used two practice models: (1) a placement prevention strategy focused on educating parents about their rights and responsibilities as well as referrals to service providers and (2) a parent mentoring program. Preliminary evidence suggests that this practice modification has resulted in the following initial benefits for both Native American families and the local child welfare system:

- Increased knowledge for Native American families about child protection processes and services.
- Facilitated communication between child protection workers and Native American families.
- Increased use of more culturally appropriate placement prevention strategies.

Miller and Ward (2008) observed that the focus of emerging strategies created by the BSC methodology was overwhelmingly on the “front-end” of the system with concentrated improvement efforts in preventing placement, providing support services for in-home cases, and enhancing responsiveness of case planning and decision making.

It also appears that much of the focus of these emerging strategies is centered on the over-representation of children of color, with special attention to African American and Native American children. Modification of these efforts might be required to address under-representation of other racial or ethnic groups.

## IV. Changing Regional Demographics

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### ***District of Columbia***

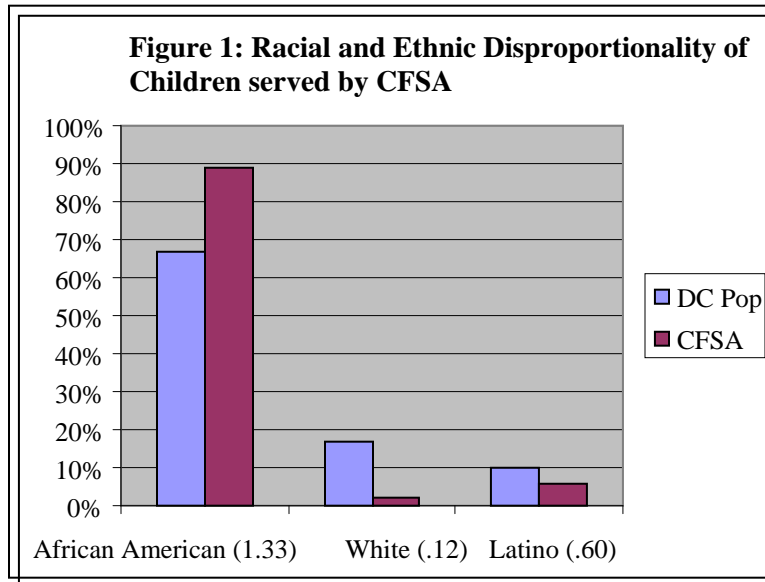
Over the past three decades, the District of Columbia has experienced dramatic demographic changes, including an overall increase in population with a substantial portion attributed to immigration. Between 1980 and 2006, the immigrant population quadrupled, and in 2005, the number of immigrants topped 1 million in the metropolitan area. In some areas, immigrants comprise as much as 29% of the population, giving the region the seventh largest metropolitan concentration of immigrants in the U.S. Indeed, 13% of the total population of the District is foreign born (Layton & Keating, 2006; Singer, 2007). Of these, almost half (48%) come from Latin American countries. For example, between 1990 and 2000, the Hispanic population grew by 66% (OLA, 2009). This population is projected to continue growing at a faster rate than the general population (OLA, 2009).

The profile of Latinos in the District is not characteristic of Hispanics nationwide. Latinos in the District are generally younger males who have arrived relatively recently (a third within the last six years), have a high rate of employment, and are mostly clustered in Wards 1 and 4 (Singer, 2007; OLA, 2009). A third of District Latino immigrants are from Central America. At least a third have difficulty with English. In addition, Latino households and families tend to be larger with more dependent children (OLA, 2009).

Like any relatively new ethnic minority immigrant group, the District’s Latino community is confronted with challenges that not only affect family functioning within their immigrant community but also carry implications for the city’s efforts to address their needs.

### ***District Child Welfare System***

As of November 30, 2008, 89% of children committed to the care of the District were African-American. This percentage is significantly disproportionate to the total proportion of African-American children residing in the District of Columbia (67% according to the U.S. Census Bureau, American Community Survey, 2007). In contrast, children who identified as Hispanic made up only 6% of the District’s foster care population and 10% of the District’s total child and youth population. Children who self-identified as White Non-Hispanic made-up just 2% of the children served by CFSA but more than 17% of the District’s total child and youth population.



## V. Disproportionality and the District Child Welfare System: A Review of SACWIS Data

CFSA is currently studying and analyzing data from the District's State-Administered Child Welfare Information System (SACWIS) known locally as FACES.net.

### **Methodology**

Disproportional measures are based on existing FACES Core Management and Best Practice data reports with Smart Goal data measures included. In addition, these measures are based on child welfare outcomes and measures developed by the Adoption and Foster Care Analysis and Reporting System (AFCARS), a federal data collection effort that provides child-specific information on all children covered by the protections of Title IV-B and Title IV-E of the Social Security Act. Five core measures include:

1. Permanency Goals for Children in Foster Care by Race/Ethnicity
2. Placement Type of Children of Foster Care by Race/Ethnicity
3. Number of Placements of Foster Care Children by Race/Ethnicity
4. Number of Children served In-Home and Out of Home by Race/Ethnicity
5. Number of Accepted Referrals by Race/Ethnicity

### **Findings**

Preliminary results from initial statistical reports are presented below. It is important to note that the race/ethnicity of a substantial portion of the CFSA population is unknown. This relatively high percentage is a common barrier identified by other jurisdictions as well when researching and reporting data on racial disproportionality. Although CFSA maintains a data-rich SACWIS system, data entry of race and ethnicity is an area in need of improvement.

### **Permanency Goals**

The majority of Hispanic foster youth have a primary permanency goal of reunification with parents or legal guardian (n= 47 or 34%), followed by Alternative Planned Permanent Living Arrangement (APPLA) (n=40 or 29%), and adoption (n= 25 or 18%). In comparison, the primary



goal for African American foster youth is APPLA (n=734 or 39%), adoption (n=453 or 24%), and reunification (n=434 or 23%). A significant proportion of youth whose race or ethnicity was unknown had a primary permanency goal of reunification (n=112 or 67%). Twenty percent had no identified goal, and about 7% had goals of adoption and APPLA respectively (Table 2).

Reunification was the most likely goal for Hispanic foster youth compared to a goal of APPLA for African American youth. For both groups, however, APPLA represented a significant portion of permanency goals (i.e., 29% for Hispanic youth and 39% for African American youth). A somewhat surprising finding was that 67% of an unidentified racial category had a goal of reunification, the highest for any group.

<b>Table 2: Permanency Goals of Children in District Foster Care by Race/Ethnicity</b>							
<b>Race/ Ethnicity</b>	<b>Type of Permanency Goals</b>						<b>Total Children</b>
	<i>Adoption</i>	<i>APPLA</i>	<i>Family Stabilizing</i>	<i>Guardian- ship</i>	<i>Legal Custody</i>	<i>Reunification</i>	
Hispanic	25	40	0	11	0	47	123
African American	453	734	1	229	2	434	1853
White	4	3	0	1	1	3	12
Unknown	12	12	0	3	2	112	141
Other	0	3	n/a	4	0	0	7
Total	494	792	1	248	5	596	2136

### **Placement Setting**

The majority of Hispanics (64%), African Americans (73%), and the unknown race/ethnicity population (87%) were placed in family based care. Of the Hispanic population placed in family based care, a majority of Hispanics were placed in traditional foster care (41%), followed by specialized care (31%), and almost identical percentage were in kinship (15%) and pre-adoptive placements (14%). A different pattern was found for African American foster youth. Almost 30% of African American youth were placed in specialized care, 29% in traditional foster care, and 20% in kinship care. Of the unknown population, 48% were placed in traditional foster family setting, 42% were placed in kinship care, and 9% percent were placed in specialized foster care.

Thirty eight percent of the Hispanic youth in care were placed in “other” placement settings (e.g., abscondence, college/vocational, correctional facility, developmentally disabled, hospitals, medically fragile, not-in-legal placement, respite care, substance abuse and/or transitional living services programs), 29% in group home settings, and 24% in independent living settings. A similar picture emerged for African American foster youth: 33% were placed in other placement settings, 26% in a group home setting, and 24% in independent living programs.

<b>Table 3: Placement Type of Children in Foster Care by Race/Ethnicity</b>										
<b>Race/ Ethnicity</b>	<b>Placement Type</b>									
	<i>Foster Homes</i>					<i>Congregate Care</i>				
	<i>Kinship</i>	<i>Pre-Adoptive</i>	<i>Specialized</i>	<i>Traditional</i>	<i>Total</i>	<i>Group Home</i>	<i>Independent Living</i>	<i>Residential Treatment</i>	<i>Other*</i>	<i>Total</i>
Hispanic	13	12	27	36	88	14	12	4	19	49
African American	276	191	500	399	1366	150	136	96	191	573
White	2	3	2	2	9	0	0	3	0	3
Unknown	51	1	11	59	122	28	6	1	12	47
Other	5	0	0	0	0	0	1	0	2	3
<b>Total</b>	<b>346</b>	<b>207</b>	<b>540</b>	<b>496</b>	<b>1589</b>	<b>192</b>	<b>155</b>	<b>104</b>	<b>224</b>	<b>647</b>

\* Note: Other includes children in Abscondance, College/Vocational, Correctional Facility, Developmentally Disabled, Hospitals, Medically Fragile, Not in Legal Placement, Respite Care, and Substance Abuse and Transitional Living Services Program.

**Number of Placements**

Seventy-four percent of Hispanic youth have had less than three placements while in foster care. Almost the same amount, 76% of African American youth have had less than three placements while in foster care. Eighty-two percent of the unknown race/ethnicity category had less than three placements while foster care. The percentage of Hispanic and African American youth with three or more placements was almost identical, 26% and 24% respectively.

<b>Table 4: Number of Placements of Children in Foster Care by Race/Ethnicity</b>			
Race/Ethnicity	Number of Placements		
	<3	>3	Total
Hispanic	101	36	137
African American	1423	447	1870
White	11	1	12
Unknown	183	41	224
Other	15	6	21
<b>Total</b>	<b>1724</b>	<b>528</b>	<b>2250</b>

**In Home versus Out of Home**

The percentage of Hispanic youth in out-of-home care mirrors the percentage of Hispanic youth in in-home care. Conversely, the data indicate that for African American youth, there is a significant discrepancy between the number of youth served in-home and those served out-of-home. In the universe of children receiving in-home services 44% were African American. Comparatively, in the universe of children served out of home, 83% were African American.

<b>Table 5: Number of Children served In-Home and Out-of-Home by Race/Ethnicity</b>			
Race/Ethnicity	Number of Children served <b>In-Home</b>	<b>Out of Home</b>	
		<i>Foster Care</i>	<i>Third Party</i>
Hispanic	116	137	0
African American	1108	1870	8
White	2	12	0
Unknown	1279	224	6
Other	16	21	0
<b>Total</b>	<b>2521</b>	<b>2264</b>	<b>14</b>

### **Accepted Referrals**

Hispanics represent about 6% of the accepted referrals and about 5% of the number of alleged victims. In contrast, African Americans represent 43% of the accepted referrals and 44% of the alleged victims. For a significant number of accepted referrals (51%) and alleged victims (51%), race/ethnicity was unknown.

<b>Table 6: Number of Accepted Referrals by Race/Ethnicity</b>			
Referral Type	Race/Ethnicity	Number of Referrals	Number of Alleged Victims
<b>Institutional Abuse</b>	Hispanic	1	1
	African American	8	10
	Unknown	11	13
	<b>Subtotal</b>	<b>20</b>	<b>24</b>
<b>Non-Institutional Abuse</b>	Hispanic	35	44
	African American	229	349
	Unknown	270	408
	<b>Subtotal</b>	<b>534</b>	<b>801</b>
<b>Total</b>		<b>554</b>	<b>825</b>

## **VI. Factors Related to Disproportionality in Child Welfare: What Do Key Latino Stakeholders Say?**

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Preliminary quantitative data reveal a relatively consistent rate of under-representation of Latino children in the District’s child welfare system. To supplement these findings, two key Latino community-based organizations were identified and asked to respond to several themes regarding how disproportionality affects the Latino Community: Mary’s Center for Maternal and Child Care (MCMCC) and Latin American Youth Center (LAYC).

Since its inception in 1988, MCMCC has provided a variety of health, social, and educational social services for immigrant and underserved families and communities throughout metropolitan DC region. Similarly, LAYC has provided comprehensive, multi-lingual,

and culturally sensitive programs and services for Latino and immigrant youth and their families since 1974. LAYC is dedicated to increasing opportunities in education, employment, social services, advocacy, and social enterprise.

## **Methodology**

CFSA contacted MCMCC and LAYC with a request for staff to respond to the following questions:

1. Based on your experiences, what are the protective factors within the Latino community that might contribute to a decreased incidence of (documented) child abuse and neglect among the Latino population in the District?
2. What community-based systems/services are in place to help Latino families where there may be a risk of child abuse/neglect?
3. From your perspective/experience, what are the cultural nuances associated with identifying behaviors as child abuse/neglect. For example, what is considered normal discipline vs. physical abuse that might require reporting and/or some other form of intervention?
4. How do immigration issues and/or fear of deportation play a role in the reporting of child abuse and neglect?
5. Based on your experiences, when child abuse or neglect is identified in the Latino community, is there a higher incidence of neglect or abuse? What other factors are more likely to be involved (e.g., domestic violence, corporal punishment, medical neglect, parental substance abuse, etc.)?
6. Are there additional underlying factors or considerations that we should take into account as we continue to examine the disproportionality alongside under-representation of Latino children and youth in the District's child welfare system?

## **Stakeholder Responses**

### **Incidence of Abuse/Neglect in the Latino Community**

Both agencies agreed that the incidence of child abuse and neglect in the Latino community is severely underreported which has negative consequences both in the short and long-term. In the short term, organizations such as MCMCC and LAYC are often overwhelmed and ill-equipped to deal with the problems and issues associated with child abuse and neglect. In the long-term, it appears that far too many children, youth, and families in need of help never receive it and are left to endure in silence, increasing the likelihood that a cycle of abuse and/or neglect is perpetuated. As representatives from LAYC asserted:

*Too many of our youth, who need the protective services of CFSA, are never touched by the system. This has meant that LAYC has had to seek non-systemic supports for these families, when really it should be a CFSA responsibility. . . . Prolonging the reporting process is often detrimental to children and may compound the effect of the abuse. Such effect is evidenced by the large number of 18-21 year old females served by LAYC's housing and residential programs whose history include child abuse or neglect with no involvement by CFSA.*

## **Reporting Child Abuse and Neglect in the Latino Community**

There was a consensus from both organizations that immigration status plays a huge role regarding whether or not members of the Hispanic community report child abuse/neglect.

*The families will not go to the police or report because they do not want to have anything to do with police or any other related public entity that could lead to deportation. There is a fear of being singled out if one reports that could lead to unwelcome attention to that individual. (MCMCC)*

*Because of fear of deportation, undocumented individuals are often less likely to report child abuse or neglect. In my experience, individuals who despite their fears do report, often delay and/or do so through a third party as opposed to reporting to the appropriate authorities. In turn, this creates layers of misinformation, further delaying the safety and wellbeing of victims. (LAYC)*

Furthermore, the local anti-immigration climate in some jurisdictions within the greater DC metropolitan region appears to have heightened fears in the immigrant community regarding the potential negative consequences related to getting involved with the legal authorities. As reported by LAYC:

*The immigration fears are only worsening in light of the current situation in our region, including raids, anti-immigration rhetoric and the failure of the immigration reform laws to be passed several months ago.*

Immigrant families seeking help often encounter frustrating and complex barriers, due in part to their immigration status. Mary's Center staff reports:

For example, there are more and more risks due to abusive employers who threaten to go to authorities if an employee protests how they are treated, including wanting a different schedule so that they could be more available to their children or trying to get a day off to take their child to a medical appointment. . . .[F]rustration which could increase the use of alcohol in the home, leading possibly to increased domestic violence or neglect of a child . . . [O]ther stressors of immigration issues include lack of affordable housing leading to housing overcrowding and not knowing who you are living with, and the general day to day stressors of being an immigrant in the city, confronting racism and prejudice, not being treated fairly, and living one day concerned about their status.

## **Factors Influencing Potential Abuse and Neglect in Latino Communities**

***Impact of Inadequate Family Support on Childcare:*** Representatives from both MCMCC and LAYC commented that all too often many Latino families are in “survival mode”, focusing on providing basic necessities for their children and families. They also struggle with addressing emotional and psychological needs of children. This may mean that as Latino parents strive to make ends meet through multiple jobs in the evening, mornings, and weekends, children are often left alone.

*It is a myth of days gone by to think that there are large numbers of extended family reaching out and supporting each other. Those resources are not there anymore, if they ever really were, for families coming new to this country. (MCMCC)*

*The Latino nuclear families in the DC area as defined by the USA culture are not as prevalent as one might think. As a function of the group economy, Latinos are more likely to rely on their extended family for childcare, nutrition, medical, and other resources and financial support. Otherwise, the incidence of neglect, especially, would reach alarming levels. (LAYC)*

Furthermore, the absence of an extended family supportive system often results in many Latino families expecting older children to take on childcare responsibilities for younger siblings.

*Many families, due to economic reasons and mistrust of leaving their child with an unknown entity, will leave underage children with the responsibility of providing care to their younger siblings including infants. They realize the danger, but the alternatives are worse in their eyes or [it is] not affordable to pay for someone to care for them. (MCMCC)*

Representatives from LAYC contend that the combined impact of economic disadvantages along with the absence of supports sometimes results in Latino parents unwittingly placing their children at risk of possible neglect by leaving them in the care of inappropriate caregivers.

**Lack of Affordable Housing:** There was also consensus that the lack of affordable housing for Latino families creates conditions that may increase the incidence of abuse and/or neglect. A significant number of Latino families lack sufficient income to secure adequate housing, which leads to multiple families sharing living quarters. As representatives from MCMCC observed, it is not uncommon for families with children to all sleep together in one bed and share a room with another family they do not know. A representative from LAYC reports that this practice of shared housing places girls at particular risk of sexual abuse.

*Often multiple adults and children can reside in a small apartment. This lends itself to abuse, particularly of young girls, who do not have privacy and are at risk of sexual exploitation by older men residing in the household. Many of the fathers of our teen parents are older men. (LAYC)*

**Different Cultural Norms Regarding Corporal Punishment:** Some new Latino immigrants have cultural practices regarding corporal punishment in sharp contrast to U.S. child abuse laws. Unfortunately, as representatives from LAYC observed, corporal punishment is often not viewed as a form of abuse but widely accepted, encouraged, and practiced as a form of discipline. Representatives from MCMCC agreed and concluded that many in the Latino community view corporal punishment as a positive childrearing practice.

*Corporal punishment is also seen as a positive discipline strategy, and it is honestly thought that that strategy made them better individuals.*

**Domestic Violence and Alcohol Abuse:** MCMCC identified the prevalence of domestic violence and alcohol abuse as a concern with visible impact on child maltreatment.

*Domestic violence is also prevalent in our community. Domestic violence can lead to neglect when the victim cannot care for her children due to injury, stress, feeling depressed, and apathy. We also see domestic violence turning against the children on some occasions, and that can be verbal abuse or physical abuse, seen then as discipline. There are very few supports for victims in the city who are immigrants and do not speak English. This creates a strain even if one wants to leave the situation in support of their children. The perpetrator will also often threaten the victim that he will turn her in to the authorities, and this threat carries over if she wants to call CFSA for help for her children. (MCMCC)*

## **Recommendations for Addressing Under-representation of Latino Children and Youth**

**Outreach and Awareness:** Both agencies agreed that educating the Latino community about the role and mission of CFSA was paramount and an important first step in improving reporting of child abuse in their community. Both agencies also acknowledged that education of the Latino community through outreach and awareness efforts would begin to address the widespread fear of reporting. Outreach efforts would also improve Latino community awareness of resources at their disposal such as parenting classes, counseling, childcare, and medical services that are preventive strategies of child maltreatment.

*Educating the community in some of these areas may help them feel comfortable reporting, may allow them to distinguish between what is abuse or neglect and what not, and the like. . . . Increase awareness of physical, emotional, and psychological impact of child sexual abuse, physical abuse and neglect—i.e., a child who has been molested exhibits specific behaviors that are at times dismissed as a normal part of development or simply ignored. . . . Awareness of local laws regarding child rearing—i.e., basic medical requirements, childcare laws. This kind of information may help community members better identify and hopefully report abuse. (LAYC)*

**Importance of Bilingual Staff and Cultural Competency Training:** Agency representatives agreed that a central strategy of CFSA's Latino community outreach efforts would be to increase bilingual staff. Limited English proficiency and/or poor literacy levels continue to be major issues in the Latino community. A general concern is whether the CFSA Hotline has the capacity to accept Spanish-speaking calls. The extent to which CFSA workers are culturally competent to engage Latino families was another important theme identified by agency representatives.

**Mandated Reporter Training:** MCMCC representatives suggested that mandated reporter training be a part of CFSA outreach efforts. There was also a sense that mandated reporters in the school and healthcare systems as well as other entities may intentionally choose not to report because of fear of deportation of the child and/or the child's family.

*Staff also fear reporting clients due to concerns that the client will be deported. . . . A large number of health providers and teachers are turning away from the situation because they have other more severe cases of abuse such as substance abuse, hunger, medical neglect, etc. and they just don't want to be involved in the courts more time than they are already. (MCMCC)*

## **VII. Examining Child Welfare Risk Assessment Tools**

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### **Development of Risk Assessment Tools**

Assessing the risk of child maltreatment is a critical function of child welfare agencies and occurs throughout a child's tenure in care. The development of valid and reliable measures to assess risk, however, is a relatively recent trend. Consensus-based instruments, which rely on human behavior theory and the expertise of experienced child welfare professionals, were first developed as a way to standardize risk assessment. Unfortunately, they have generally been found to have poor internal consistency as well as poor predictive utility (Barber *et al*, 2008; D'Andrade, 2008). More recently, the practice of risk assessment has been focused on increasing the psychometric properties of the instruments. This has led to the increased use of actuarial-based risk assessments, which require extensive longitudinal research and the use of probability models to estimate risk.

The benefits of using actuarial-based risk assessment tools over consensus-based ones has been well established: they have been found to be more stable, provide more consistent estimates of risk, and have better predictive validity (D'Andrade, 2008; Baird *et al*, 1999). To be most effective at estimating risk, however, actuarial-based risk assessments must be validated for each population (Johnson & Healy, 2008).

Critics of this approach contest the a-theoretical foundation for decision-making regarding human behavior (Schwalbe, 2004). Others object to the limited field upon which workers must focus in the scope of an investigation, marginalizing the worker's insight and the voice of the child (Goddard *et al*, 1999). Yet still others suggest that both approaches be integrated into a modified risk assessment model (Shlonsky, 2005).

Developed by the Children's Research Center (CRC), the Structured Decision Making (SDM) model<sup>1</sup> is one attempt at such integration. To ensure the validity of the actuarial instrument, the CRC recommends that a risk assessment validation study be conducted within three years of implementation to determine whether the particular instrument (1) is composed of the best combination of risk factors; (2) has risk classification cut points best suited to the client population; and (3) accurately classifies families within subgroups (Johnson & Healy, 2008).

### ***Racial and Ethnic Bias in Risk Assessment***

In addition to the overall ability of risk assessment tools to accurately estimate risk, there is also speculation that the instruments may be racially or ethnically biased. In particular, some have expressed concern that the over-representation of children of color in the child welfare system is a result of the focus on socio-economic and family risk factors in risk assessment instruments.

Although research has found no overall racial difference in the incidence of child maltreatment, racial differences in types of child maltreatment have been observed (Sedlack, 2001; Baird *et al*, 1999). White children are more likely to suffer from abuse and African American children are more likely to suffer from neglect (Sedlack, 2001). These differences can be attributed to the uneven distribution of risk factors in each group. For instance, African-American households overall have lower incomes and a higher incidence of a single mother-head of household, which are risk factors for neglect. In addition, the substantially greater numbers of male caregivers in White homes increases the estimated risk of physical and sexual abuse (Baird *et al*, 1999). When these circumstances are considered overall, risks even out across races (Sedlack, 2001).

Some posit that because actuarial tools are able to detect these differences in risk factors, they provide a more equitable distribution of risk (Baird *et al*, 1999). A 1999 CRC analysis of one of its actuarial tools, which was conducted in three states and included several thousand cases, examined whether the tool was racially biased (Baird *et al*, 1999). Concerns that the tool's focus on socio-economic and family risk factors (including family size, composition, and income) inherently led to over-representation of African-Americans in the child welfare system were not supported by this analysis (Baird *et al*, 1999). The authors found no racial differences in the following measures: distribution of African American and Whites across three to four risk categories (low, moderate, serious, and very high), mean scores for risk, or the percent of substantiated cases at 24 months. In California, the analysis included the Latino population. The average risk for Latinos was comparable to both African Americans and Whites. Their distribution across categories of risk was similarly patterned. In all three states, Whites were appraised at slightly higher risk (Baird *et al*, 1999). The authors assert: "Data from states using

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<sup>1</sup> The Child and Family Services Agency uses a modified version of the CRC SDM Tool.



actuarial risk assessment systems clearly demonstrate that these instruments do not discriminate against African-American families. In fact, they bring a level of equity to CPS decision making that could very well serve as at least a partial remedy to racial disproportionality that has plagued child welfare over the years.” (Baird *et al*, 1999)

The analysis suggests that the actuarial-based risk assessment instrument does not, in and of itself, introduce racial bias into the decision-making processes. This suggestion, however, should be interpreted with caution for the following reasons: (1) the assessment was not conducted on the current version of the SDM tool utilized at CFSA with the DC population, (2) the Latino population of only one state was included in the analysis, and (3) it is not known whether the estimation of risk reflects the actual decision-making practice regarding children and families brought to the attention of CFSA.

In 2005, CFSA contracted with the Children’s Research Center (CRC) to develop six CFSA-specific SDM tools: *Family Risk Assessment*, *Parent Strengths Needs Assessment/Reassessment*, *Child Strengths Needs Assessment*, *In-Home Safety Assessment*, *Risk Reassessment*, and *Reunification Reassessment*. The tools were based on evidence or data from other jurisdictions and designed to promote reliability, validity, equity, and utility in child welfare decision making. To date, the tools have not been adequately implemented in CFSA – only the paper version of the *In-Home Safety Assessment* is currently being used and the extent and consistency of its use is undetermined. Therefore, the data currently available on the SDM at CFSA is severely limited for understanding the role of racial or ethnic bias in the utilization of the risk tool.

Currently, there is an initiative underway to revise the procedures for the use of the SDM at CFSA. This effort will ensure that the SDM protocols are accurately implemented in FACES so that they meet CRC standards. To maximize its accuracy and usefulness, the CRC encourages a subsequent risk assessment validation study to be conducted within three years in order to best tailor this tool to the unique population served by CFSA.

The literature suggests that the SDM tools actually enhance equity (Baird *et al*, 1999) rather than exacerbate disproportionality. Complete implementation of this model at CFSA would possibly be helpful in addressing the over-representation of African American children and the under-representation of White and Latino children in the system. Further investigation is necessary to examine how the risk estimates developed by these tools will be incorporated into decision-making, policy development and practice at CFSA.

## VIII. Conclusions

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Disproportionality is problematic for all communities in DC. Reports from key stakeholders in the Latino community indicate that under-representation is indeed evidence of unidentified and unmet needs. Front-end barriers to service access and use include the fear of authority figures and systems, immigration status concerns, systemic forces, anti-immigrant bias, and lack of awareness.

### **Areas of Further Study**

Further study may be required to carefully examine the organizational factors that might contribute to uneven service distribution, including:

- Disparate treatment by socio-economic status, race, and ethnicity of children and families in the District’s child welfare system
- Use of risk assessment tools to foster equity in decision making

## ***Recommendations for Future Action***

Although the focus of this paper has been on the under-representation of the Latino population, reciprocal concerns exist for identifying and eliminating the over-representation of African American children in the child welfare system. The general issues surrounding disproportionality warrant a simultaneous effort for addressing concerns on behalf of both populations. Promising practices used in other jurisdictions, as well as input from the local Latino community stakeholders, have informed the following recommendations that have been equally weighted for African American clients served by CFSA:

- 1. Raise awareness regarding the problem of racial disproportionality.**  
Explore the opportunity for providing mandated reporter training in Spanish.
- 2. Maximize use of data to inform the scope and solutions for disproportionality issues.**
  - Expand the racial categories available in FACES to acknowledge the diverse populations in the District of Columbia.
  - Require enhanced and improved race and ethnicity data entry at the intake and investigation level.
  - Require review of current client data in order to update racial categories.
  - Maintain and review quality control over disproportionality data.
  - Refine utilization and regular evaluations of qualitative and quantitative data to inform CFSA best practice standards for addressing disproportionality comprehensively.
  - Re-examine the new CFSA SDM tool every two years to evaluate potential biases and social indicators.
- 3. Involve communities in the discussion and planning.**
  - Consult with agencies and leaders in the Latino and African- American communities to better understand the unique and similar challenges related to interfacing with CFSA and service utilization.
  - Incorporate the views of direct-service providers and clients into the policy and planning processes for serving CFSA clients.
  - Identify quality services (including prevention, advocacy, education, training, and outreach) that address the specific needs of the identified communities.

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