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An Evaluation of Factors Related to the Disproportionate Representation of Children of Color in Santa Clara County's Child Welfare System: Child Welfare Practices and Ethnic/Racial Disproportionality in the Child Welfare System

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An Evaluation of Factors Related to the Disproportionate
Representation of Children of Color in
Santa Clara County's Child Welfare System:

Child Welfare Practices and
Ethnic/Racial Disproportionality in the Child Welfare System

Phase 3
Final Report

Submitted to the County of Santa Clara
Social Services Agency
Department of Family and Children's Services

By

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Executive Summary

Introduction

While child abuse and neglect appears to affect children of all racial and ethnic origins (US Department of Health and Human Services, 1998; Sedlack & Broadhurst, 1996), an analysis of national, California and Santa Clara County data on the ethnicities of children in out of home placement reveals that, compared to their presence in the general population, there is a disproportionate involvement of children of color in the public child welfare system (CWS). In Santa Clara County, in particular, when compared to the general population, African American, Hispanic/Latino and Native American children are overrepresented in Santa Clara County's CWS, while Asian American/Pacific Islander and White children are underrepresented. African Americans represent 4 percent of the general child population in the county, and are 13.6 percent of children in supervised foster care. Hispanic/Latino children represent 30 percent of the general child population in Santa Clara County and constitute 55.3 percent of the child welfare cases. Native Americans are approximately 0.5 percent of Santa Clara County's population and represent 0.6 percent of children in the CWS. Asian American/Pacific Islander children represent 21 percent of the general county child population and 5.4 percent of children in the CWS; Whites constitute 45 percent of the general child population and 25.0 percent of the child welfare population (Needell et al., 2003; U.S. Bureau of the Census, 2000).

The disproportionate involvement of children of color in the CWS has long been an issue of concern for CWS workers, clients, researchers and government and community groups; yet few studies have systematically investigated the factors associated with this disproportionality. In an effort to better understand the factors related to the disproportionate number of children of color in the CWS in Santa Clara County, the Department of Family and Children Services (DFCS) contracted with the Child Welfare Research Team (CWRT) in the College of Social Work at San José State University to conduct a three-year study on this topic.

The overall question posed by DFCS was: What are the primary reasons why children of color are disproportionately represented in Santa Clara County's Child Welfare System? In order to address the complexity of this question, the CWRT elected to employ a multiphase/multimethod approach, beginning with an initial exploratory phase that was completed in May 2001. Data for Phase 1 were gathered from three sources: research literature at the national, state and county levels; Santa Clara County's management information system (CWS/CMS); and focus group discussions with professionals in Santa Clara County who provide child welfare services, as well as parents, caregivers and youth who are recipients of CWS services. Four central themes emerged from Phase 1 findings (please see Phase 1 Final Report for a complete description of the findings from which these themes were generated).

Conclusions from Phase 1 indicated that more research was needed that focused on the actual experiences of children in care and the individual and family-related

characteristics that are associated with these experiences. Phase 1 results also indicated that CWS/CMS data alone would not provide the information needed to address these research aims. Thus, Phase 2, which concluded in August 2002 focused on characteristics of children and families of color in the CWS and experiences they had as they wended their way through the system. The methodology for Phase 2 included extensive, in-depth case record reviews with a sample of 403 closed child welfare case records, enabling us to collect information on the individual child and family, as well as system-related characteristics not included in the CWS/CMS database. The case record review data provided extensive information on decisions at key points in the system and children's progress through the system, as well as services ordered for children at the time of case disposition and at subsequent hearings. In addition, a parallel descriptive analysis of 1720 closed cases within the CWS/CMS database allowed us to examine the entire histories of children as they progressed through the CWS and to conduct analyses that were not possible with the CWS/CMS cross-sectional dataset that we used in Phase 1. Key informant interviews with managers and supervisors in the county's DFCS at key decision points in the system provided additional information pertaining to cultural and environmental aspects of the agency. (Please see Phase 2 Final Report for a complete description of the study methods and findings).

The current report provides findings from Phase 3 that was originally to be conducted from September 2002 to August 31, 2003. However, due to contractual changes involving the Scope of Work, the CWRT was not able to begin work until the end of January 2003. Thus, the research involved in Phase 3 was conducted over a shorter seven-month time period. This third phase of the research project focused on agency practice and ways in which current practice interacts with child, family and cultural characteristics of different racial/ethnic groups. Phase 3 of the study addressed three overall aims: 1) to assess identified key practices for children and families of color in Santa Clara County's CWS, 2) to examine the influence of the court system on service recommendations for children and families and, 3) to conduct a statewide comparative analysis of identified key practices that may affect the disproportionate representation of children of color in the CWS.

The primary methodology for Phase 3 included semi-structured in-depth interviews and focus groups with DFCS supervisors and managers, social workers and parents involved in the CWS; a qualitative and quantitative comparison of child welfare practices and outcomes between the DFCS South County and Main County offices; a reanalysis of cases from Phase 2 with successful outcomes and an analysis of factors that contributed to those positive outcomes; a supplemental data collection for our case record review sample so as to include information on court ordered changes to the social worker recommendations at the jurisdictional/dispositional hearing; and, a statewide survey of county child welfare directors, managers or supervisors in California counties and quantitative analyses using a statewide database consisting of county-level characteristics.

Overall Conclusions

Results from Phase 2 indicated that different racial/ethnic groups experience unique pathways through the CWS (Hines et al., 2002). At every point in the system, various child welfare practices and services impact children and families. Phase 2 results indicated that children and families of color in Santa Clara County's CWS tend to be recommended services that are traditional and formal in nature and that do not appear to meet the wide range of needs experienced by these highly diverse racial/ethnic family groups. Indeed, children and families of color in the CWS represent a high risk group who are often impacted by myriad psychosocial challenges yet services recommended for these families tend to be limited to a one-size-fits all approach.

Moreover, there exists relatively little empirical evidence that traditional child welfare services are effective in maintaining or reunifying children and improving family functioning. Even less research has been conducted on the impact of child welfare practices for children and families of color. Yet because children and families of color are disproportionately represented in the CWS, the effectiveness of child welfare practices for these groups is of particular interest. Research suggests that children and families of color tend to have longer stays in the CWS, that they receive fewer and less comprehensive services, and have poorer case outcomes than White children and families (Close, 1983; Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996). This bleak outlook for children and families of color in the CWS creates an urgent need to understand child welfare practices and services that result in enhanced outcomes for these families. It is especially important to identify the types of individual and contextual factors that hinder or support the effectiveness of these practices.

Phases 1 and 2 of this study focused on examining reasons for the racial/ethnic disproportionality in the County's CWS and identifying the decision points where it occurs. *The primary goal of Phase 3 was to assess key practices for children and families of color in the CWS at both the county and state levels in order to provide information that might help generate strategies aimed at reducing ethnic/racial disparities and develop more effective services and supports for children and families of color.*

In order to develop a context for examining practices in Santa Clara County's CWS, we first conducted analyses to assess types of practices and case characteristics associated with successful outcomes for children and families across different racial/ethnic groups. Using data from our Phase 2 Case Record Review sample and defining successful outcomes according to US DHHS guidelines (i.e., safety, permanency, and family and child well-being), results indicated that there were minimal ethnic differences in successful outcomes. It is important to note that major ethnic differences do exist in Santa Clara County's CWS. Phase 1 and 2 confirmed that certain ethnic groups are over-represented (i.e., Latinos, African Americans) while others are under-represented (i.e., Asian American/Pacific Islanders) in the county's CWS. Phase 2 results also indicated that there are significant ethnic differences in demographic, system-related, and psychosocial characteristics and that many of these variations appear at early

choice points in the system. Phase 3 results suggest that when success is defined according to DHHS guidelines, ethnic differences at the conclusion of the case are not evident. One interpretation for this finding might be that while there is a clear disproportion of ethnic groups in the system, once in the system, children as a whole, regardless of race/ethnicity, are generally faring the same. Phase 2 results found that children and families of color in Santa Clara County's CWS are receiving a "one-size fits all" approach to services (Hines et al., 2002). Although this may seem equitable and logistically efficient, it appears ultimately ineffective in serving a diverse group of children and families.

While little research exists that empirically supports policies, programs and practices that attempt to reduce ethnic/racial disproportionality, some programs and practices appear promising and merit further exploration. In general, these practices aim to reduce the need for out-of-home placement and increase family and community participation in decision making.

In our analysis of Santa Clara County child welfare practices, results based on focus group and interview data indicated that in-home services, family conferencing, and team decision making (TDM) were viewed by participants as ways to improve decision-making with families from diverse cultural and ethnic groups. Participants noted that both formal and informal collaborative relationships with other services delivery systems, such as domestic violence and substance abuse treatment systems, are critical for successful interventions with children and families. Furthermore, participants recognized the importance of training and cross-training to enhance the capacity of helping professionals in child welfare and other systems to better address the needs of children and families of color.

It is interesting that most practices and contextual factors mentioned by social workers had both positive and negative aspects. Many of the practices and contextual factors that negatively impact children and families of color were actually barriers to successful implementation of the practices that social workers felt have a positive impact on children and families of color. Although practices such as orientation of new clients; family and team decision-making; preventive services; substance abuse services; cultural competency; collaboration with other agencies and systems; a strength-based approach; and the use of relative placements were described as having a positive impact on children and families of color, certain negative practices and contexts impeded their effective implementation. For instance, having to screen out large numbers of inappropriate referrals; inconsistency in decision-making practices; a shortage of services, particularly substance abuse and preventive services; lack of client access to services; difficult protocols for placing children with kin; gaps in cultural competency; time limits; and agency-level factors such as heavy caseloads, staff shortages, substantial amounts of paperwork, lack of access to information about resources; and confusion about the agency's overall mission and key policies all impeded implementation of the best practices. These findings suggest that in addition to building on current positive practices for children and families of color, CWS stakeholders should also actively work both internally and in collaboration with partners to reduce barriers to these best practices.

Our analysis comparing South County and the Main Office enabled us to examine contextual factors that may have an impact on child welfare practices, in this case, small vs. large and urban vs. rural. Results indicate that children in South County appear to have better outcomes, i.e., they have fewer number of unique placement homes in the current episode, have a shorter average stay per placement, a shorter length of time in out-of-home placement, and are younger at time of case closure. Study participants described South County as “a small county or rural area.” This geographic difference, and factors related to an organizational culture that emphasize a commitment to maintaining and reunifying families, the practice of providing an orientation to the child welfare system, as well as the finding that fewer workers are assigned during the course of the case may all be related to these positive outcomes for children in South County. It is interesting to note, however that our multivariate analyses that examined case characteristics and system-related factors related to reunification indicated that when taking other factors into account, geographical location was not a significant predictor of reunification. Rather, fewer workers, shorter case duration, and fewer placements were the strongest predictors. More research on factors related to agency culture and geographical location as they impact child welfare practice and outcomes for children and families of color is clearly warranted.

Research indicates that the court system is likely to have an impact on the practices that are provided to children and families in the CWS. In our analysis conducted to determine the extent to which court orders changed social worker recommendations at the jurisdictional/dispositional hearing, results indicated that the court made changes to the initial social worker in approximately half of the cases. Results further indicated that that ethnicity was not related to whether or not a change occurred. These results do not necessarily indicate that the system and courts treat children and families from different ethnicities the same, but rather that when the judge decides to make a change from the social worker recommendations, these changes appear to occur equally across ethnic groups. It was the opinion of members of the Court Officer Unit focus group that ethnicity does not contribute to decisions in court, but rather it is circumstances that drive the case.

Findings from qualitative analysis exploring the relationship between the child welfare and court system painted suggested that the collaboration between the child welfare system and courts is problematic. Agency-wide focus group participants felt that the child welfare and court system have different perspectives on the needs and circumstances of children and families in the CWS and that the court system may have unrealistic expectations of families. More research in this area is needed, as is further investigation of ways in which relationships between court personnel and child welfare workers have an impact on the experiences of children and families of color involved in the CWS.

Results from our statewide survey indicate that certain types of practices are considered by county child welfare personnel to be effective with diverse populations, and that these practices are related to disproportionate representations of children of

color in county child welfare systems. Descriptive results revealed four overall types of practices considered to be most effective with children and families of color, as well as various specific practices within these types of practices including: 1) beginning choice point practices, which included family group conferencing or other team decision-making practices, voluntary family maintenance or other prevention/family preservation services, and risk assessment tools or systems, 2) continuing care/ending choice point practices, which included, placement related practices, the Family to Family Initiative, and intensive and collaborative interventions for high-risk children, 3) both beginning and continuing/ending choice point practices, which included, community-based services, and strength based assessments, and 4) organizational or structural practices which included, cultural competency of staff, collaboration with American Indian tribes and vertical case management.

Similar to findings on practices identified within Santa Clara County's DFCS, practices at the statewide level were described as effective with children and families of color because they are inclusive, collaborative, culturally appropriate and involve client's communities. Although the research literature does not provide convincing evidence of the effectiveness of these practices, the fact that respondents reported these practices as those that are most effective with children and families of color suggests that they may serve as promising models for children and families of color and that more rigorous evaluations of these practices are needed.

Phase 3 also attempted to assess how the practices identified through the statewide survey might affect differential representation of children of color in the CWS. Our analyses uncovered significant associations between practice types, practices and practice characteristics and disproportionate representation. It is interesting that different patterns of association were found for Latinos, African Americans and Asian American/Pacific Islanders.

Specifically, beginning choice point practices were found to have a beneficial effect on Latino overrepresentation. In particular, family group conferencing or other team decision-making interventions predicted lower levels of Latino overrepresentation. However, Latino overrepresentation was greater, not less, when interventions were implemented targeting areas with high concentrations of distressed families. Latino overrepresentation was also greater when clients, foster families, out-of-home placement providers, and other service systems were involved in the development of the practice. As such, it appears that practices may be developed because stakeholders perceive Latino overrepresentation and initiate programs in response.

In contrast to Latinos, targeting practices to at-risk areas for African American populations was beneficial in reducing overrepresentation, as well as targeting of very young children. Less overrepresentation was linked also to whether foster families and clients and contract agencies initiated an intervention, and whether it focused on improving psychosocial outcomes of birth families. The findings suggest a picture almost the reverse of that found for Latinos. Additionally, there appear to be lower levels of African American overrepresentation than expected when key community stakeholders

help to initiate the interventions that focus on high-risk areas and populations. When interventions have a goal of strengthening the well being of birth families, then implementation is associated with less African American overrepresentation. Yet when counties implemented Family-to-Family initiatives greater African American overrepresentation resulted. Again, the implementation of Family to Family programs may be used reactively, in response to high perceived levels of overrepresentation.

As with Latinos, targeting of high need areas was less beneficial for Asian American/Pacific Islander children than not engaging in this kind of intervention. Involving clients and service systems in initiation, again more common for interventions targeting high need areas, was also relatively unsuccessful. On the other hand, management and worker support for a practice was associated with greater success.

While researchers have described the existence of ethnic/racial disparities in every aspect of the CWS, little attention has been given to ways to address the existing disproportionality. It is our hope that the information contained in Phase 3 of the Children of Color Study will help in the development of more effective programs and practices for families and children of color at both the county and state level. Overall, our findings from Phase 3 suggest that efforts to address racial and ethnic disparities in the child welfare system should involve a more concentrated focus on child and family well-being, involving the creation of family-centered and community-based services that are inclusive and collaborative and specifically designed to meet the needs of the diverse cultural and ethnic groups in the child welfare population.

Recommendations for the CWS

Based on Phase 3 findings, we make recommendations/suggestions in the following areas:

1) Tracking successful case outcomes for families and children of color:

- In order to better assess whether safety, permanency, and family and child well-being are maintained and enhanced, records should include more complete and measurable information. We acknowledge that child welfare case records were not originally intended for research. Yet, if the agencies responsible for providing effective services wish to evaluate the performance of their programs more reliably and validly, improving information collection and tracking should be considered.
- The creation of a case summary check-out form used at case closure would be one way to track child outcomes. The check-out form would indicate the child and family's status in major areas of psychosocial well-being (i.e., health, education, and finances), in addition to the existing case outcomes. Given the amount of missing data assessing these domains describing case and child status, and the relative scarcity of information

recorded in the last two court hearings, this form would enable measurement and evaluation of "successful cases and outcomes" in a more consistent objective manner.

- The amount of missing data and the manner in which information is assessed also implies the need for more reliable and valid methods of recording of information.
- It was difficult to assess the successful cases and outcomes in Santa Clara County's CWS. Are the proportions of children reunified with their families or of those adopted high or low? And compared to what? Implementing better record keeping and data collection over time on key characteristics, based on an agreed-upon operational definition would better address the question of effectiveness and performance. Implementing these practices across counties and across states would also facilitate evaluation.

2) Identifying promising practices within Santa Clara's CWS for families and children of color:

- The findings from the qualitative component of this study affirm the value of many efforts that are already in place, such as culturally specific ER response units and family resource centers, and other that are in the process of implementation including efforts to reduce caseloads, initiation of team decision making, and participation in the Family-to-Family initiative.
- Practices that are inclusive, collaborative, culturally appropriate and involve client's communities appear to be best suited to meeting the needs of children and families of color. Although the research literature does not provide convincing evidence of the effectiveness of these practices, the fact that respondents reported these practices as those that are most effective with children and families of color suggests that they may serve as promising models for children and families of color and that more rigorous evaluations of these practices are needed.
- The findings also point to opportunities to further strengthen services for children and families of color. Recommendations related to training, institutionalizing group orientation for clients, and other suggestions from study participants could be used to inform practice and planning.
- It would be beneficial for a team of managers, line staff, family representatives, and community members to review the recommendations suggested by focus group and interview participants to identify and prioritize possible practices for adoption based on their feasibility and utility for children and families of color.

3) Identifying promising practices for families and children of color based on a comparison between South County and the Main Office:

- Future research should include a larger subsample from South County and include methods to understand the reasons behind these location differences. Also, a larger South County Office location sample may enable more detailed comparisons by ethnicity.
- Practices, such as providing a group orientation to families that may assist them in navigating through the system may be easily strengthened in South County Offices and adapted to other regions of Santa Clara County, as recommended by study participants. This practice may be particularly helpful to low-income families and families of color that may be intimidated by or unfamiliar with child welfare and related systems.
- Other practices, such as vertical case management, may hold promise for other regions of Santa Clara County, though the success of this practice may be linked to the “small county” dynamic described by South County study participants. Some participants in focus groups that took place at the main office mentioned this model as promising while others asserted that specialized expertise in different areas of social work was an advantage in providing quality services that are informed by “the most current information.”
- Further examination of ways in which the culture of commitment to maintaining and reunifying families is created, communicated, and continued merits attention. In addition, an exploration of how this culture might be adapted to other parts of the county would be beneficial.

4) Identifying factors related to the Court System that may have an impact on practices for families and children of color in the CWS:

- Although the quantitative and qualitative information described many of the circumstances related to whether or not recommendations may be upheld by the court, it is very difficult to ascertain the degree to which each circumstances influences a court ordered change. More examination of this area is needed, as is further investigation of ways in which relationships between court personnel and child welfare workers have an impact on the experiences of children and families of color involved in the CWS.

- Better and more exhaustive record keeping may not be the solution, as many informal and undocumented actions in the negotiation process occur regularly, and are confidential, thus making much of the data unavailable for research and evaluation purposes.
- Assessing other factors such as courtroom environment, stakeholder characteristics, and other judicial issues would be advantageous in future research.

5) Identifying promising practices for families and children of color based on statewide data:

- County directors and child welfare administrators identified practices with similar characteristics as those identified within Santa Clara County, i.e., those that are inclusive, collaborative, culturally appropriate and involve client's communities appear to be best suited to meeting the needs of children and families of color. However, further research and evaluation is necessary to determine which practices most effectively meet the needs of individual racial/ethnic groups.
- While multivariate analyses suggest that certain practices do predict levels of over and underrepresentation of children of color in the child welfare system, additional research to determine the mechanisms through which these practices impact this disproportionate representation is needed.
- Additional explorations into the relationship between practices, disproportionate representation of children of color in the child welfare system and county characteristics would also help shed light on the process through which certain practices impact children and families of color.

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I. INTRODUCTION

An analysis of national data on the ethnic composition of children in out-of-home-placement reveals that, compared to their presence in the general population, there is a disproportionate involvement of children of color in the public child welfare system (CWS). Statistics indicate that African American and Native American children are overrepresented in the CWS. African American children represent 15 percent of the general child population, yet comprise approximately 42 percent of children in the CWS and Native American children constitute approximately 1 percent of the child population and represent approximately 2 percent of the CWS. Though not all states provide data on Hispanic/Latino children in the CWS, aggregate statistics from those that do reveal that while Hispanic/Latino children make up approximately 16 percent of the national child population, they comprise 15 percent of the CWS population. Asian American/Pacific Islanders and Whites also tend to be underrepresented at the national level. Asian American/Pacific Islander children comprise approximately 4 percent of the general child population and 1 percent of the CWS, while White children who are approximately 64 percent of the general child population, constitute 36% of children in the CWS (Federal Interagency Forum on Child and Family Statistics, 2001; U.S. Census Bureau, 2001; U. S. Department of Health and Human Services, 1999; U. S. Department of Health and Human Services, 2001).

Further analysis at the California level provides important information on differences and trends that may go undetected at the national level. In California, a large and ethnically diverse state, African Americans constitute 6 percent of the general population (32 percent of whom are below the age of 18), but represent approximately 32.9 percent of children in supervised foster care. Hispanics/Latinos comprise approximately 32 percent of the general population in California with 43 percent being below the age of 18, and represent 36.2 percent of children in the state CWS. Native Americans represent 1.0 percent of California's population and constitute approximately 1.2 percent of the children in the CWS. Asian American/Pacific Islanders are under-represented in California's CWS, as they constitute approximately 11 percent of California's general population, with approximately 30 percent being younger than 18, but represent just 2.1 percent of the children in the CWS. While Whites comprise approximately 47 percent of the population in the state, with only 20 percent being below the age of 18, they constitute 27.5 percent of the children in California's CWS (Needell, Webster, Cuccaro-Alamin, Armijo, Lee, Brookhart et al., 2003; Reyes, 2001; U.S. Census Bureau, 2000).

In Santa Clara County, there also exists a disproportionate representation of children of color in the County's CWS. When compared to the general population, African American, Hispanic/Latino and Native American children are overrepresented in Santa Clara County's CWS, while Asian American/Pacific Islander and White children are underrepresented. African Americans represent 4 percent of the general child population in the county, and are 13.6 percent of children in supervised foster care. Hispanic/Latino children represent 30 percent of the general child population in Santa Clara County and constitute 55.3 percent of the child welfare cases. Native Americans are approximately 0.5 percent of Santa Clara County's population and represent 0.6 percent of children in the CWS. Asian American/Pacific Islander children represent 21 percent of the general county child population and 5.4 percent of children in the CWS; Whites constitute 45 percent of the general child population and 25.0 percent of the child welfare population (Needell et al., 2003; U.S. Bureau of the Census, 2000).

Project Description

The disproportionate involvement of children of color in the CWS has long been an issue of concern for CWS workers, clients, researchers and government and community groups; yet few studies have systematically investigated the factors associated with this disproportionality. In an effort to better understand the factors related to the disproportionate number of children of color in the CWS in Santa Clara County, the Department of Family and Children Services (DFCS) contracted with the Child Welfare Research Team (CWRT) in the College of Social Work at San José State University to conduct a three-year study on this topic.

The overall question posed by DFCS was: What are the primary reasons why children of color are disproportionately represented in Santa Clara County's Child Welfare System? In order to address the complexity of this question, the CWRT elected to employ a multiphase/multimethod approach, beginning with an initial exploratory phase that was completed in May 2001. Data for Phase 1 were gathered from three sources: research literature at the national, state and county levels; Santa Clara County's management information system (CWS/CMS); and focus group discussions with professionals in Santa Clara County who provide child welfare services, as well as parents, caregivers and youth who are recipients of CWS services. Four central themes emerged from Phase 1 findings (please see Phase 1 Final Report for a complete description of the findings from which these themes were generated). The four emerging themes from Phase 1 included:

- 1). *Little is known about specific pathways through the CWS and ways in which these pathways differ for various racial/ethnic groups.* Much of the research on children in the CWS focuses on factors related to movement in and out of the system. The specific pathways through the system for children of various ethnicities is largely unknown, and may provide important insights into the factors related to the disproportionate involvement of children of color. Focus group participants in Phase 1 frequently stated that once a child of color enters the system, it is very hard for that child to exit.
- 2). *Various racial/ethnic groups may receive different treatment at key decision-making points in the system.* Differential treatment of children of color in both the initial reporting of child maltreatment and throughout the various stages within the CWS may exist. CWS/CMS data for Santa Clara County corroborate the possible differential treatment of children of color at various points in the system. Phase 1 analysis revealed that African American children spent significantly more time in placement than their White, Hispanic/Latino, and Asian American/Pacific Islander peers. Differences in placement type were also found—although kinship care (placement with a relative) was the most frequent out of home placement (OHP) type across ethnicities, the second most frequent OHP type varied among racial/ethnic groups. For African American, Native American, White, and Hispanic/Latino children, the second most common OHP type was a Foster Family Agency. For Asian American/Pacific Islander children, the second most frequent placement was a Foster Family Home. Asian American/Pacific Islander (18%) children were also placed at the Children's Shelter at higher percentages than children of other racial/ethnic groups. In addition, focus group participants in Phase 1 expressed concern for possible racial/ethnic differences in ways in which services and resources were allocated and ways in which the judicial system handled cases.

3). *System level changes recently initiated at the federal, state and local level will undoubtedly have an impact on children of color in the CWS.* Recent federal policies, including the Multi-Ethnic Placement Act-Interethnic Adoption Provision (MEPA-IEP, 1996); the Adoption and Safe Families Act (ASFA, 1997); the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, 1996); as well as state and local county policies all impact the ways in which families and children of color enter and stay in the CWS. Recent policy shifts toward expedited permanent placements for children in out-of-home care and shortened timelines for reunification, as well as new restrictions for Temporary Assistance to Needy Families (TANF) recipients (more than half of children in foster care are from welfare eligible families) may increase the likelihood of children of color entering and staying in the CWS—although much more research is still needed to determine this association.

4). *Factors related to the disproportionate representation of children of color in the CWS are multiple and complex.* No clear consensus from the research literature exists on how families and children of color become and stay involved in the CWS. Available evidence suggests that, rather than one primary cause, there appear to be numerous and interrelated factors associated with disproportionate rates of children of color in the CWS. Factors found to be associated with CWS involvement for children of all ethnicities, include but may not be limited to: parental mental illness substance abuse, and incarceration; spousal abuse; living in poverty; living in neighborhoods with concentrated poverty, and living in communities with low levels of social organization. For children of color specifically, research also indicates that race and class biases in initial reporting and subsequent CWS service delivery do exist.

Conclusions from Phase 1 indicated that more research was needed that focused on the actual experiences of children in care and the individual and family-related characteristics that are associated with these experiences. Phase 1 results also indicated that CWS/CMS data alone would not provide the information needed to address these research aims. Thus, Phase 2, which concluded in August 2002 focused on characteristics of children and families of color in the CWS and experiences they had as they wended their way through the system. The methodology for Phase 2 included extensive, in-depth case record reviews with a sample of 403 closed child welfare case records, enabling us to collect information on the individual child and family, as well as system-related characteristics not included in the CWS/CMS database. The case record review data provided extensive information on decisions at key points in the system and children's progress through the system, as well as services ordered for children at the time of case disposition and at subsequent hearings. In addition, a parallel descriptive analysis of 1720 closed cases within the CWS/CMS database allowed us to examine the entire histories of children as they progressed through the CWS and to conduct analyses that were not possible with the CWS/CMS cross-sectional dataset that we used in Phase 1. Key informant interviews with managers and supervisors in the county's DFCS at key decision points in the system provided additional information pertaining to cultural and environmental aspects of the agency. (Please see Phase 2 Final Report for a complete description of the study methods and findings). Based on analyses conducted during Phase 2, five overall conclusions were drawn:

1). *Families belonging to each of the four racial/ethnic groups studied, including: African Americans, Hispanic/Latinos, Asian American/Pacific Islanders and Whites are characterized by unique constellations of risk factors.*

- 2). *The characteristics that emerged in our analyses as key characteristics of each of the four racial/ethnic groups have been associated in the research literature as risk factors for child abuse and neglect.* These characteristics have also been associated with increased serious behavioral and adjustment problems in children and adolescents.
- 3). *Once in the child welfare system, children in each of the four racial/ethnic groups follow different pathways and experience different outcomes.*
- 4). *The services ordered for families of color are generally limited to a one-size-fits all approach and to a small array of available services.* The reliance on traditional formal services does not appear to meet the needs of these culturally diverse families and children.
- 5). *There is a need to involve multiple social service systems in a comprehensive and coordinated effort to meet the needs of children and families of color.*

The current report provides findings from Phase 3 that was originally to be conducted from September 2002 to August 31, 2003. However, due to contractual changes involving the Scope of Work, the CWRT was not able to begin work until the end of January 2003. Thus, the research involved in Phase 3 was conducted over a shorter seven-month time period. This third phase of the research project focused on agency practice and ways in which current practice interacts with child, family and cultural characteristics of different racial/ethnic groups. Phase 3 of the study addressed three overall aims: 1) to assess identified key practices for children and families of color in Santa Clara County's CWS, 2) to examine the influence of the court system on service recommendations for children and families and, 3) to conduct a statewide comparative analysis of identified key practices that may affect the disproportionate representation of children of color in the CWS.

The primary methodology for Phase 3 included semi-structured in-depth interviews and focus groups with DFCS supervisors and managers, social workers and parents involved in the CWS; a qualitative and quantitative comparison of child welfare practices and outcomes between the DFCS South County and Main County offices; a reanalysis of cases from Phase 2 with successful outcomes and an analysis of factors that contributed to those positive outcomes; a supplemental data collection for our case record review sample to gather information on the role of the court system in child welfare practice, including court ordered changes to the social worker recommendations at the jurisdictional/dispositional hearing; and, a statewide survey of county child welfare directors, managers or supervisors in California counties and quantitative analyses using a statewide database consisting of county-level characteristics.

Overview of the Report

The next section of this report provides an overview of the study objectives and approach for Phase 3, as well as the specific research questions that guide the analyses presented in each section. The third section reviews the recent research on evidence-based child welfare practices and their application to children and families of color. Section four focuses on the impact of child welfare practices on children and families of color in the Santa Clara County's Department of Family and Children Services (DFCS). Several related analyses were conducted to understand the types of practices and case characteristics that are associated with more successful outcomes for children and families from various racial/ethnic groups; the types of child welfare practices used in Santa Clara County; how practices in the Main County Offices differ from South County Office practices; how

practices interact with child, family and cultural characteristics of differing racial/ethnic groups to produce various outcomes; and the role of the court system on child welfare practices. Section five describes results from our statewide comparative analysis of effective practices for children and families of color in the child welfare system. A summary of the report, as well as recommendations and conclusions are contained in section six.

Definition of Terms used in this Report

Racial/ethnic group refers to cultural heritage and country of origin. Racial/ethnic group is used interchangeably with the terms, children of color and ethnic group.

Disproportionate representation of children of a particular racial/ethnic group refers to the difference between the proportion of children of a particular racial or ethnic group in the CWS and the proportion of children of a particular racial or ethnic group in the general population.

Overrepresentation of children of a particular racial/ethnic group exists when the proportion of children of a certain racial or ethnic group in the CWS exceeds its proportion in the general population.

Underrepresentation of children of a particular racial/ethnic group exists when the proportion of children of a certain racial or ethnic group in the CWS is less than its proportion in the general population.

African American refers to children of African American heritage. The term Black is included in this category.

Asian American/Pacific Islander refers to children of Asian American and Pacific Islander heritage. The following population groups are included: Asian Indian, Cambodian, Chinese, Filipino, Guamanian, Hawaiian, Hmong, Japanese, Korean, Laotian, Polynesian, Samoan and Vietnamese and other Asian American/Pacific Islanders.

Hispanic/Latino/a refers to children of Mexican American and Latin American heritage. The terms Hispanic and Latino/a are included in this category.

Native American refers to children of Native American heritage and includes those designated as Alaska Natives/Aleuts. The term American Indian is included in this category.

White refers to children of European heritage. The term Caucasian is included in this category.

Other category – Those in the Other ethnic subgroup included Native Americans, Ethiopians, White-Armenians, and White-Middle Easterners

II. OVERVIEW OF STUDY OBJECTIVES AND APPROACH FOR PHASE 3

While Phases 1 and 2 of this study focused on investigating reasons for the racial/ethnic disproportionality in the County's CWS and identifying the decision points where they occur, *the overarching goal of Phase 3 was to focus on practices that take place within the CWS that either promote or reduce disproportionality.* More information about child welfare practices including programs, services, strategies, policies, and/or tools can help address racial/ethnic disproportionality by guiding the development of more effective services and supports for children and families of color in the CWS.

In an effort to examine ways to address disproportionality within the CWS, the CWRT explored three overall aims during Phase 3. *The first aim included an assessment of identified key practices for children and families of color in the Santa Clara County's CWS.* Specific research questions related to this aim include:

- What are the key practices in Santa Clara County's CWS that may have an impact on children and families of color?
- What empirical evidence exists for the effectiveness of these practices?
- Have these practices been evaluated regarding their efficacy with varying racial/ethnic groups?
- How do these practices interact with child, family and cultural characteristics of differing racial/ethnic groups involved in Santa Clara County's CWS?
- How do practices in South County vs. the Main Office differ? (i.e., are there differences in worker socialization, training, values/attitudes, stated and unstated expectations norms that contribute to differences in practice and client outcomes?)
- What practice characteristics are necessary in order to promote more positive outcomes for children and families from different racial/ethnic groups involved in Santa Clara county's CWS?

The methodology used to explore these research questions included 1) a review of the current research literature on evidence-based practice for children in the CWS and the application of these practices to children and families of color, 2) semi-structured in-depth interviews with DFCS supervisors and managers, 3) semi-structured focus groups with DFCS social workers and parents in the CWS, 4) a qualitative and quantitative comparison of child welfare practices and outcomes between the DFCS South County and Main County offices, and 5) a review of cases from Phase 2 of the research with successful outcomes and an analysis of factors that contributed to positive outcomes.

The second aim of Phase 3 included an exploration of the influence of the court system on child welfare practice, including court ordered changes to the social worker service recommendations at the jurisdictional/dispositional hearing. We were interested in whether the court system imposed any changes to the social workers' recommendations offered at the jurisdictional/dispositional hearing in a child's case, and if these changes differed by the child's

ethnicity, as well as the nature of the relationship between the child welfare and court systems. Specific research questions related to this aim include:

- To what degree does the court system impose changes to the social workers' case plan recommendations?
- What types of changes to the social workers recommendations does the court system order?
- Do court ordered changes to the social workers' recommended case plan differ by child's ethnicity?
- How does the relationship between the child welfare and court system positively or negatively impact child welfare practices and outcomes for children and families of color?

The methodology used to explore these research questions included case record reviews of the 403 closed child welfare cases used in Phase 2 of the research. Cases were reviewed again and information on court ordered changes to the social worker recommendations at the jurisdictional/dispositional hearing was gathered. Additionally, agency-wide focus groups provided information on the how the relationship between the child welfare and the court system has an impact on practices and outcomes for children and families of color.

The third aim of the research involved a statewide comparative analysis of identified key practices that may affect the disproportionate representation of children of color in the CWS. Specific research questions associated with this aim include:

- What are key practices in California counties that may have an impact on children and families of color?
- What practices are considered most promising by individual counties for children and families of color?
- Comparing counties with large racial/ethnic representation, what factors predict over/underrepresentation of various racial/ethnic groups?

The methodology used to explore these research questions included 1) a statewide survey of county child welfare directors, managers or supervisors in California counties and 2) quantitative analyses using a statewide database consisting of county-level characteristics.

Phase 3 focused on exploring ways to address the disproportionality of children and families of color within the CWS by examining practices that may either contribute to or reduce ethnic/racial disparities. In order to accomplish the aims outlined above, we combined qualitative and quantitative research methods and examined both practices within the system, as well as contextual factors that can potentially have an impact on what transpires within the system. The report begins with a review of the literature on effective practices for children and families in the CWS, followed by a close up view of practices within Santa Clara County and then broadens to include a wider perspective on statewide child welfare practices aimed at children and families of color. The following section will describe the background and literature related to effective practices for children and families of color in the CWS.

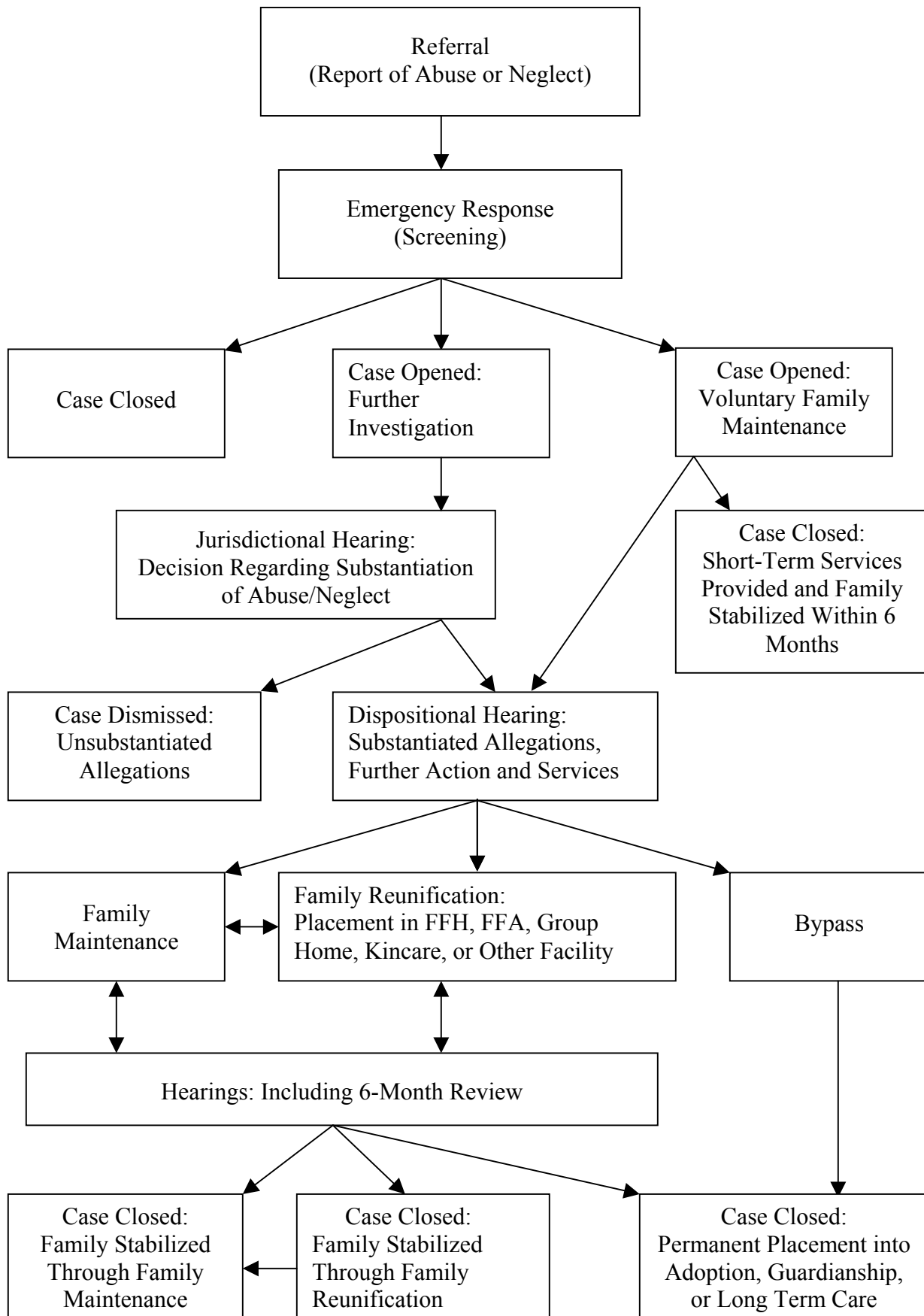
III. BACKGROUND AND LITERATURE REVIEW

Different racial/ethnic groups experience unique pathways through the child welfare system (CWS) (Hines et al., 2002). At every point in the system, various child welfare practices and services impact children and families. Phase 2 results indicated that children and families of color in Santa Clara County's CWS tend to be recommended services that are traditional and formal in nature and that do not appear to meet the wide range of needs experienced by these highly diverse racial/ethnic family groups. Indeed, children and families of color in the CWS represent a high risk group who are often impacted by myriad psychosocial challenges (see Phase 2 report for a full description), yet services recommended for these families tend to be limited to a one-size-fits all approach.

Moreover, there exists relatively little empirical evidence that traditional child welfare services are effective in maintaining or reunifying children and improving family functioning. Even less research has been conducted on the impact of child welfare practices for children and families of color. Yet because children and families of color are disproportionately represented in the CWS, the effectiveness of child welfare practices for these groups is of particular interest. Research suggests that children and families of color tend to have longer stays in the CWS, they receive fewer and less comprehensive services, and have poorer case outcomes than White children and families (Close, 1983; Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996). This bleak outlook for children and families of color in the CWS creates an urgent need to understand child welfare practices and services that result in enhanced outcomes for these families. It is also crucial to identify the types of individual and contextual factors that hinder or support the effectiveness of these practices.

This section will review the current research on evidence-based child welfare practices and their application to children and families of color. Practices will be discussed in relation to key choice points in the CWS including, beginning, continuing care, and ending choice points. Please see *Figure 1* for a flow chart of possible pathways and key choice points in Santa Clara County's CWS. Additionally, contextual factors including cultural competency of workers and services; the unique needs of rural child welfare populations; and the role of the court system will be discussed. Across all stages of the CWS from beginning to end, highlights of practices that appear to be most effective will be presented and the ways in which these best practices may impact children and families of color will be discussed.

Figure 1: Possible Pathways and Key Choice Points In the Child Welfare System



Impact of Child Welfare Practices on Children and Families of Color

Beginning Choice Points

When a child is reported to the CWS, there are various pathways that she or he may take through the system (see figure 1). At the screening stage, the case may be closed altogether with no further action; it may be opened for six months of voluntary family maintenance services; or the case may be opened for further investigation. If the case is opened for further investigation, a jurisdictional/dispositional hearing typically occurs in which there is a judicial finding on whether the allegation of maltreatment is substantiated. If allegations are found to be unsubstantiated, the case may be dismissed, however, if substantiation occurs, children may be placed in out-of-home care, with family reunification services being ordered, or children may be maintained in the home with orders for family maintenance services. In some cases, families may be bypassed for services and have their parental rights terminated at this early stage in the system.

Following the pathway that children may take through the CWS, the screening process is the first entry point into the CWS. On a national level, the U. S. Department of Health and Human services ([U.S. DHHS], 2001) reports that approximately 2.7 million referrals were received by the CWS in 2001; 32.7 percent of these referrals were screened out and closed with no further action. Other national studies have found similar rates of screening out referrals, ranging from 36 percent to 42 percent (Tumlin & Geen, 2000; Wells, Fluke, & Brown, 1995).

Research suggests that certain case characteristics are associated with the decision to open a case for further investigation or to refer to voluntary family maintenance services. For instance, reports involving more than one child, children under age two, severe injury, a minor or other type of injury or physical condition, allegation of sexual abuse, previous reports to the CWS, (Wells et al., 1995); as well as child welfare cases involving AFDC receipt; alleged parental drug use; a female primary victim; reports made by a family member; and reports with direct evidence (Karski, 1999) all have a higher likelihood of investigation than cases not involving these characteristics.

Additionally, cases involving children of color are opened for investigation at a higher rate than cases involving White children. In Wells et al.'s (1995) analysis of 12 child welfare sites, African American children were significantly more likely to have reports investigated than children of other ethnicities, however when the data was dis-aggregated and examined by sites, it was found that almost the entire sample of African American children reported to the CWS came from two sites that exhibited particularly high investigation rates. Yet, in an analysis of data from five states, Fluke, Yuan, Hedderson, and Curtis (2003), found that African American children were significantly overrepresented at the stage of investigation in each of the five states, as well as in all counties within the five states, while White children tended to be underrepresented at the stage of investigation. Rates of disproportionality at the investigation stage for other racial/ethnic groups, including Asian American/Pacific Islander, Hispanic and Native American children showed much wider variation. Depending on the state, these groups were both underrepresented and overrepresented at the investigation stage.

Factors associated with the provision of voluntary services are somewhat less well understood. In a statewide survey in Missouri, Drake (1996) analyzed factors associated with the provision of preventive voluntary services to 3,442 children and families in the CWS, in

comparison to cases that were substantiated by the court. Cases were divided into three types of maltreatment: sexual abuse, physical abuse and neglect. Across all three types of maltreatment, cases from rural areas were significantly more likely to receive preventive services than cases from urban or metro areas. Additionally, predictors of preventive service provision in sexual abuse cases and neglect cases included those that were referred by a non-anonymous source. Physical abuse cases were more likely to receive preventive services when a mandated reporter reported them. Neglect cases were more likely to receive preventive services when they involved White children and families, parents who were unemployed and children and families from non-poor neighborhoods (Drake, 1996).

For children who are not offered voluntary family maintenance services, investigations result in a decision regarding whether to substantiate the maltreatment and take further action or to not substantiate and dismiss the case. Nationally, 27.5 percent of investigated referrals are substantiated (U.S. DHSS, 2001). State data suggest similar substantiation rates. One study conducted in New York state revealed a 30 percent substantiation rate across types of maltreatment, with a 48 percent substantiation rate for physical abuse, 39 percent for sexual abuse and 28 percent for neglect (Eckenrode, Powers, Doris, Munsch, & Bolger, 1988). Interestingly, there appears to be little relationship between screening rates and substantiation rates. States with higher screening in rates do not appear to have higher rates of substantiation of child maltreatment (Tumlin & Geen, 2000).

In California, the overall rate of substantiation of all referrals is 21.2 percent (Needell et al., 2003). Statewide rates of substantiation between various racial/ethnic groups appear similar; Black children have a 22 percent substantiation rate, White children 21.4 percent, Hispanic children 23.4 percent, Asian children 24.5 percent, and Native American children 25.3 percent. Across all ethnic groups, younger children have higher rates of substantiation than do older children (Needell et al., 2003).

Santa Clara County's overall rate of substantiation in 2002 was 17.1 percent--a rate somewhat lower than the state average. Santa Clara County also appears to have greater disparities between racial/ethnic groups in substantiation rates. For instance, Black children in Santa Clara County have an overall substantiation rate of 21 percent, White children 15.4 percent, Hispanic children 18 percent, Asian children 15.1 percent, and Native American children 15.1 percent. Rates of substantiation between racial/ethnic groups in Santa Clara County also depend on the age of the child. As is the case within the state, younger children have a higher likelihood of substantiation, however, in Santa Clara County it appears that Black children between 0 and 2 years of age have a relatively high rate of substantiation (76.8%), whereas, White children 0-2 have a substantiation rate of 62.6 percent, Hispanic children 52.6 percent; Asian children 46 percent, and Native American children 66.6 percent (Needell et al., 2003).

Certain factors appear to be associated with the decision to substantiate an allegation. For instance, reports from professional reporters tend to be substantiated at a higher rate than other reports (Eckenrode et al, 1988; English, Marshall, Coghlan, Brummel, & Orme, 2002), as well as cases referred by law enforcement (English et al., 2002). Poverty and early child bearing have been identified as strong predictors of substantiation (Lee & George 1999). A history of prior referrals or involvement in the CWS are also associated with higher rates of substantiation (Eckenrode et al., 1988; English et al., 2002), and one statewide survey in Washington state found that referrals from rural areas were more likely to be substantiated, although this effect was small (English et al.,

2002). Additionally, cooperation with child welfare agencies has been found to be associated with a lower likelihood of substantiation (English et al., 2002). Factors associated with substantiation also depend to some degree on the type of maltreatment alleged. For instance, sexual abuse reports that involve older, female children in large households tend to have a higher substantiation rate than cases not involving these characteristics, and the same is true for neglect reports that involve younger children with previous child welfare referrals (Eckenrode et al., 1988).

Cases involving children of color appear to have an elevated likelihood of substantiation. One large study conducted in New York state found that for allegations of physical abuse or neglect, African American and Hispanic cases were substantiated at a higher rate than White cases (Eckenrode, et al., 1988). In a more recent study conducted in Minnesota all types of maltreatment were substantiated at a higher rate for non-White groups than for White groups; this effect remained even after factors such as type of reporter, type of maltreatment, geographic location and characteristics of the child and perpetrator were statistically controlled (Ards, Myers, Malkis, Sugrue, & Zhou, 2003). Similarly, in Drake's (1996) statewide analysis of child welfare cases in Missouri, non-White racial status was a significant predictor of substantiation even when other case characteristics were statistically controlled. In contrast, Fluke et al.'s (2003) analysis of disproportionate representation of race/ethnicity in investigation and victimization rates in five states found little disproportionality in rates of substantiation of maltreatment.

In addition to substantiation of an allegation, decisions at the beginning stages of the CWS are also focused on whether to place a child in out-of-home care. Studies have consistently found certain factors to be associated with the decision to remove a child from home. Children of color, in particular African American children have an elevated likelihood of out-of-home placement (Needell, Brookhart, & Lee, 2003; U. S. DHHS, 2001). Other factors associated with the decision to remove a child include inadequate or low income (Berry, 1991; Lindsey, 1991); cases involving prior maltreatment reports (Dalglish & Drew, 1989; U. S. DHHS, 2001); cases involving families with many children (Berry, 1991); lack of cooperation from the family (Dalglish & Drew, 1989; Davidson-Arad, 2001; Karski, 1999); cases involving young children, mothers as perpetrators, and reports made by educational personnel are all associated with court intervention and placement is substitute care (U.S. DHHS, 2001).

Few studies have examined factors associated with the decision to bypass family reunification services and terminate parental rights at the early stages of the CWS. In California, any one of 13 bypass criteria can be used to deny reunification services and pursue an alternative permanent placement. These criteria include:

1. Parents' whereabouts are unknown for six months.
2. Parental mental disability that prevents the utilization of services.
3. A sibling has been removed from the home, returned and then removed from parental custody again.
4. Parent has caused the death of a child.
5. Parent caused severe emotional damage.
6. Parent committed severe physical or sexual abuse to the child, sibling or half-sibling.
7. Reunification has been terminated on a sibling or half-sibling due to indicators # 3, 5 or 6.
8. Parent has been found guilty of rape that conceived the child.
9. Willful abandonment constituting serious danger to the child.
10. Parent failed to reunify with a sibling or half-sibling.
11. Parent convicted of a violent felony.

12. Parent has extensive history of substance abuse and resisted treatment for three years prior, or failed to benefit twice.
13. Parent does not want family maintenance or family reunification services, or does not want the child removed.

In the Bay Area Social Services Consortium's ([BASSC], 2000) report on the use of bypass criteria within San Mateo and Santa Clara Counties, approximately half of the cases reviewed had bypass criteria present. Twenty six percent of these bypass cases were due to parental substance abuse, 18 percent were due to a sibling with parental rights terminated or with a permanent plan, and 13 percent had a parental mental disability that prevented the utilization of services (BASSC, 2000). However, not all cases with a bypass criterion were actually bypassed. Of the cases with a bypass criterion present, 73 percent of cases involving parental mental disability; 38 percent of cases with a sibling who had parental rights terminated or who has a permanent plan; and 13 percent of cases involving parental substance abuse were actually bypassed. Overall 25 percent of the entire sample were bypassed and denied reunification services. Additionally, BASSC (2000) reported that the use of bypass criteria is not empirically or clinically valid and that bypass criteria are not predictive of a lowered likelihood for reunification. Moreover, the report suggested that since many bypass indicators are common within the child welfare population, their use in denying family reunification services may not be warranted.

Beginning Choice Points: Impact on Children and Families of Color

Research clearly indicates that certain factors are associated with various decisions at beginning choice points and these factors disproportionately impact children and families of color. In general, the most consistent factors found to increase the likelihood of investigation, substantiation or out-of-home placement include cases involving more than one child, young children, previous reports to the child welfare system, and families with low incomes (Eckenrode et al., 1988; English et al., 2002; Karski, 1999; Lee & George, 1999; Wells et al., 1995). Children and families of color are at an increased risk for all of these factors, but in addition, studies have indicated that even when these factors are statistically controlled, children of color, and in particular African American children are more likely to have an allegation investigated and substantiated and are also more likely to be placed out of the home (Ards et al., 2003; Drake, 1996; Wells et al., 1995). Additionally, there is evidence to suggest that in cases of neglect, children and families of color may receive voluntary family maintenance services less frequently than White children and families (Drake, 1996). *Taken together these findings suggest that beginning choice point decisions may be biased against children and families of color. Indeed it appears from the research that once a child of color is reported, they are more likely than White children to be set on a pathway through the child welfare system that involves court intervention and out of home removal.*

Decision-Making Practices at Beginning Choice Points

The types of decision-making practices that child welfare workers use at these early stages of the CWS are crucial in determining the trajectory of the pathway that children and families take through the system. However, decisions on whether to investigate a referral, provide voluntary services, substantiate an allegation, remove a child or bypass a case are often complex, ambiguous and multifaceted. Child welfare workers must simultaneously consider numerous factors, including child safety, the best interests of the child, parental rights and preserving family integrity. These

factors must be considered in a complicated context; children and families in the CWS often face multiple and complex challenges and child welfare policies and mandates fluctuate frequently.

Given this difficult context, it is not surprising that studies have found a significant lack of consistency in child welfare decision-making practices across various stages of the system (Rossi, Schuerman, & Budde, 1999; Tumlin & Geen, 2000; Westat, 2001a). For instance, disparities in screening out rates between states have been found to range from a low of 5 percent to a high of 78 percent (Tumlin & Geen, 2000), while disparities between counties have been found to range from a low of 1 percent to a high of 71 percent (Wells, et al., 1995). There is some evidence to suggest that child welfare workers may use more restrictive screening practices when resources or staff are reduced or when the number of referrals is high (Curtis, Boyd, Liepold, & Petit, 1995 as cited in Tumlin & Geen, 2000; Hutchinson, 1989, as cited in Jones, 1993). Moreover, screening decision-making practices tend to be influenced by the average severity level of cases within the agency as a whole and characteristics of the surrounding community. In one survey, workers in 11 child welfare agencies in the state of New Jersey rated vignettes of child maltreatment reports as less severe in agencies that handled the more severe cases of child maltreatment. These agencies were also located in areas that were more socially and economically disadvantaged—suggesting that characteristics specific to agency sites or communities influence screening and substantiation decision-making practices (Wolock, 1982).

Although virtually all states and counties screen child maltreatment reports to some degree, screening practices and policies vary greatly between states and counties. National surveys suggest that a majority of states do have some form of written agency policies to guide screening and investigation decisions (Downing, Wells & Fluke, 1990); yet few states have formal or explicit procedures or instruments delineating reports that should be screened out (Tumlin & Geen, 2000). Approximately 65 percent of states have a single review screening process in which the decision to investigate is made by one worker (Tumlin & Geen, 2000). Moreover, the training of child welfare workers who screen referrals has also been found to vary widely from state to state; with some states having educational or work experience requirements for screening workers, while others do not (Tumlin & Geen, 2000).

Studies investigating consistency between child welfare workers in their decision-making practices indicate wide variability in these practices. For instance, Rossi et al. (1999) explored decision-making practices among 130 child welfare workers and experts in three states. Results indicated that although certain factors were associated with the decision to maintain a child in the home, including families with no prior referrals and cases involving employed caretakers who showed signs of engagement in services, the thresholds used to trigger an out-of-home placement decision were not consistent. For instance, some participants decided on out-of-home care in cases involving just one prior referral, while others recommended out-of-home placements in cases involving two or more prior referrals. Using the same data set, Schuerman, Rossi and Budde (1999) calculated the level of agreement between workers on decisions about services, as ranging from a high of 64 percent to a low of 48 percent, indicating a considerable lack of consensus among workers regarding out-of-home placement decisions.

Studies also suggest that child welfare workers consider numerous factors in their decision-making practices and that these factors are generally not considered in isolation from one another (English et al., 2002). For instance, a recent study by the U.S. Department of Health and Human

Services (2003a) identified four overall factors that influence decisions regarding whether to substantiate an allegation, including:

- 1) Case factors, such as child characteristics, severity of the maltreatment, chronicity of maltreatment, caretaker characteristics, caretaker/child relationship, social and economic factors, and perpetrator access to the child.
- 2) Decision-maker factors, such as caseworkers' individual tendencies, experience level, relationships with co-workers, self-assessments of skills and degree of importance placed on state policy.
- 3) Organizational factors, such as workload stress, and degree of supervisor support.
- 4) External factors, such as state policies.

All of these factors were found to impact the decision-making process of child welfare workers in complex ways that may differ between individual workers, counties and states (U.S. DHHS, 2003).

Yet there is some evidence to suggest that decision-making practices within a particular agency may be more consistent than between agencies. Alter (1985) has suggested that child welfare workers tend to use heuristics or assumptions to guide decision-making and that workers within a particular agency often develop a mutual, although unspoken understanding of the kinds of cases that should be investigated. Indeed there does appear to be greater consistency in initial decision-making practices within agencies than between agencies. For instance, Wells et al.'s (1995) study of 12 child welfare sites, found wide variability between the sites in their investigation decision-making practices, yet when all other factors were held constant, the site of the report was more significant than any other factor in predicting an investigation. These results suggest that the type of decision-making practices common to a particular child welfare agency play an important role in decision-making practices related at the beginning stages of the CWS.

In addition to the importance of agency norms in decision-making practices, the labels used to describe families may also trigger certain decisions. For instance, Martin, Peters, and Glisson (1998) surveyed 100 child welfare workers in five states and found that workers did not make service and placement recommendations for children based on a uniform psychosocial assessment. Instead, decisions were influenced more by the labels attached to children upon entry into care and judicial decisions. Children whose files contained language such as "substance abuser, child of substance abuser, sex offender, victim of sexual abuse and victim of physical abuse" (Martin et al., 1998, p. 3), were more likely to be recommended mental health services and more restrictive placements—regardless of their actual need as indicated in the psychosocial assessment. Similarly, children who were adjudicated delinquent or who were placed in out-of-home care due to behavior problems rather than maltreatment were also recommended mental health services and more restrictive placements, regardless of their actual need.

The influence of agency norms, the use of implicit assumptions and the complexity inherent in child welfare decisions has prompted many practitioners and researchers to call for more objective or collaborative decision-making practices. Structured risk assessment tools, multidisciplinary teams, and family group conferencing are considered by many to offer a more objective, balanced and inclusive method of decision-making at beginning choice points.

Decision-Making Practices: Risk Assessment Tools

Structured risk assessment tools are designed to assist child welfare workers in making accurate assessments at various stages in the CWS. Risk assessment tools generally evaluate factors that are considered to be associated with various outcomes including such items as prior referrals and prior substantiated cases; the presence of substance abuse, mental health or economic problems, family constellation, the type, severity and chronicity of the maltreatment and circumstances surrounding the current incident (Camasso & Jagannathan, 2000). Risk assessment tools fall into two general categories: 1) consensus based systems in which risk factors in the instrument are based on the consensus of judgments made by experts in the field, and 2) actuarial systems in which risk factors are identified based on empirical evidence of factors associated with future maltreatment (Baird & Wagner 2000). There is some evidence to suggest that actuarial systems more accurately capture levels of risk in families referred to the CWS (Baird & Wagner, 2000).

The use of risk assessment tools varies greatly from state to state and county to county, and these tools can be used at various decision points in the CWS from intake to case closing (Wald & Woolverton, 1990). Although risk assessment tools are widely used in CWS agencies, their ability to accurately assess levels of risk is an area of considerable debate in the child welfare field (Wald & Woolverton, 1990). Several researchers have noted that risk assessment instruments have only minimal reliability and validity in predicting case outcomes (Camasso & Jagannathan 2000; DePanfilis & Scannapieco, 1994; Doueck, English, DePanfilis, & Moote, 1993; Wald & Wooverton, 1990).

In 1998, certain California counties, including Santa Clara County began using a comprehensive risk assessment system, known as Structured Decision-Making (SDM). SDM has several components including response priority, safety assessment, risk assessment, family needs and strengths assessment, case planning and management, case reassessment, workload based resource allocation, and the use of management information systems (Children's Research Center, 2003). These components are designed to assist workers in assessing the severity of allegations, making structured decisions, managing workloads, minimizing the trauma associated with maltreatment and preventing the recurrence of maltreatment (California Department of Social Services, 2003). The risk assessment tool used in this system is an actuarial instrument that is intended to estimate the likelihood that maltreatment will recur. In addition to the risk assessment, SDM also calls for a family needs assessment in which family's strengths and resources are to be considered in conjunction with the risk assessment. Although peer reviewed evaluations of the SDM project are not available, the Children's Research Center (as cited by the California Department of Social Services, 2003) reports that a 12-month evaluation on the SDM project was conducted in Michigan. Results indicated that cases receiving SDM had 27 percent fewer new referrals, 54 percent fewer new substantiated allegations, 40 percent fewer children removed to foster care, and 42 percent fewer child injuries than children not receiving SDM. Although these results are promising, more evaluations are needed to discern the effectiveness of SDM, specifically for children and families of color.

Decision-Making Practices: Multidisciplinary Teams/Family Group Conferencing

The use of multidisciplinary teams to assist in child welfare decision-making has gained popularity in recent years. Multidisciplinary teams are designed to better coordinate efforts between child welfare, law enforcement, legal professionals and medical professionals in making decisions

about child welfare cases. These efforts are intended to improve the efficiency and effectiveness of decision-making activities and also in some cases—to reduce the potential for traumatizing children through repeated investigatory interviews (Sheppard & Zangrillo, 1996). Approximately two thirds of states have been found to use multidisciplinary teams in making child welfare decisions (Kolbo & Strong, 1997).

Research on the effectiveness of multidisciplinary teams in improving decision-making in child welfare is lacking. In one of the few studies to address this issue, Hochstadt and Harwicke (1985) evaluated the use of multidisciplinary teams for 180 children referred to the CWS for suspected child maltreatment. The multidisciplinary team included child welfare workers, medical professionals and psychological personnel who completed a multidisciplinary evaluation and participated in a case conference in which specific service recommendations and treatment plans were made. Although no comparison group was used in the study, findings suggested that the use of multidisciplinary teams was associated with a high percentage of children and families obtaining recommended services on their treatment plans. One hundred percent of children with a recommendation to return home did so, and 92 percent with a recommendation to foster care followed that recommendation. Other service recommendations that were received included visiting nurse (76%), additional medical assessment (64%), infant program (64%) and individual psychotherapy (59%). The authors suggest that the use of multidisciplinary teams can positively influence the receipt of recommended services.

In an effort to discern how multidisciplinary teams in child welfare work together, Lewandowski and Glen Maye (2002), conducted a survey of 165 child welfare and community professionals who were a part of a multidisciplinary child welfare team in an urban Midwest county. The sample included social workers, counselors, community members, education professionals, law enforcement, legal professionals and medical professionals. Findings revealed that 72 percent of respondents had team meetings at regularly scheduled times with support staff assigned to the team, and 53 percent had a designated team chairperson. Forty eight percent of the sample indicated that decision-making was most likely to occur around case planning, 32 percent indicated that decision-making was least likely to occur at intake, and 28 percent reported that decision-making occurs at all stages. Inadequate communication was identified as the greatest barrier to effective team decision-making, followed by inadequate resources and inadequate professional respect. Lastly, although most respondents (63%) agreed that family members should be active and equal participants in the team decision-making process, only 35.5 percent reported that family members attended team meetings.

Recently, more concerted attempts to involve family members and extended support systems in decision-making have occurred. Many child welfare systems are moving toward the use of family group conferences to improve decision-making. The use of family group conferences began in New Zealand in 1989, when legislation mandating their use was implemented (Sieppert, Hudson, & Unrau, 2000). Family group conferences, also referred to as family group decision-making, are designed to bring together family members, relatives, and other support systems in order to make decisions about a case. The family group conference is intended to identify the family's strengths and resources; to develop a plan to ensure child safety and improve family functioning; and to foster cooperation, collaboration and communication between families and professionals (American Humane Association, 2003; Pennell, & Buford, 2000). These methods are based on the principle that families themselves possess the most information about what decisions should be made; the approach is intended to be family centered, strengths based, and takes into consideration issues of

culture and community (American Humane Association, 2003).

In addition to family group conferencing, recent efforts have also been aimed at “team decision-making,” a closely related concept that appears to widen the scope of participants in the decision-making process. Team decision-making is one component of the Casey Foundation’s Family to Family Initiative, a broad child welfare effort aimed at improving outcomes for children in the CWS (see page 31 for a discussion of the Family to Family Initiative). The team decision-making component of the initiative involves convening a broad range of participants to share information about the family and develop a plan for child safety, family maintenance or reunification. The team decision-making meeting can involve any participants who can contribute to the decision-making process, including family members, neighbors, foster parents, service providers, child welfare workers and supervisors, other resource staff or other community representations (Casey Foundation, 2003a).

Research on the effectiveness of family group conferencing and team decision-making on outcomes for children and families is lacking, although some studies have investigated the process of implementing family group conferences. For instance Sieppert, et al. (2000) investigated the process of implementing a family group conferencing pilot project in Canada. The sample included 23 child welfare families with court involvement and one family group conference was conducted for each family. Mothers were the most frequent family members to attend the conferences (91%), while 52 percent involved a father, 70 percent involved grandmothers, 57 percent involved aunts, and 35 percent involved grandfathers. Other members of the conferences included child welfare workers (83%), and foster parents (30%). Findings revealed that family group conferences tended to be resource-intensive. Workers performed a wide range of activities in preparing for and implementing the family group conferences. An average of 17 telephone contacts, 2.4 in-person contacts, and 3 letter contacts were made prior to each family conference. Workers also spent time traveling to meet with prospective conference attendees. On average, workers spent 7 hours preparing for each conference. Family conferences lasted an average of 2.75 hours. At the end of the conference, families were asked to rate their experience of the group. Seventy percent reported being highly satisfied with conference preparation and members in attendance; 85 percent felt a high degree of freedom to speak out in the group; 76 percent reported feeling involved in the decision-making process and 65 percent felt highly satisfied with the decisions that resulted from the conference. Unfortunately the ethnicity the families involved in the family group conferences was not provided.

Decision-Making Practices at Beginning Choice Points: Impact on Children and Families of Color

In the beginning stages of the child welfare system, the decision-making practices of child welfare workers can have a substantial impact on children and families of color. However in general there appears to be considerable inconsistency in the types of decision-making practices used in the child welfare field (Rossi et al., 1999; Schuerman et al., 1999; Tumlin & Geen, 2000; Westat, 2001a). Although many child welfare systems are moving toward more objective or multidisciplinary approaches to decision-making, a majority of states still use a single review process in which decisions to investigate are made by one worker (Tumlin & Geen, 2000); and few states have formal policies and procedures for decision-making at early stages of the CWS (Tumlin & Geen, 2000).

However, making child welfare decisions in isolation can have deleterious effects on children and families of color. Research suggests that child welfare workers often use implicit assumptions to guide decision-making. Ways in which each worker thinks about diverse families, and the overall spoken and unspoken expectations and norms of a particular child welfare agency can have an enormous impact on decision-making practices (Cohen, 2003). As Cohen (2003) notes,

The cultural and racial background of families influences the specific factors that workers consider in assessing the severity of risk and level of intervention. Decisions are more likely to be made on the basis of deficits in available resources, accepted agency practice, personal values and biases, and notions of an ideal family, than by application of consistent case rules (Chohen, 2003, p. 145).

It is speculated that in some cases, race/ethnicity may impact decision-making by resulting in a higher level of intervention, while in other cases race/ethnicity may result in less intervention effort. Much of this variation appears to depend on the worker and the context in which the worker makes decisions (Cohen, 2003).

The use of risk assessment tools and multidisciplinary teams/family group conferencing may have the potential to improve decision-making practices affecting children and families of color. Although research on the effectiveness of risk assessment tools in assessing risk for future maltreatment has not been consistently demonstrated in the research literature, the move toward more objective ways of assessing risk at beginning stages of the child welfare system may be promising for children of color. For instance, in one study conducted by the California Department of Social Services (1999), 2,500 substantiated cases from counties that used the SDM system, were evaluated to assess whether the risk assessment instrument used in SDM had any differential impact on African American, Hispanic, or White children and families. Findings indicated that Whites had slightly higher scores on the risk assessment instrument than did African Americans or Hispanics and the authors concluded that the risk assessment instrument did not disparately affect African Americans or Hispanics. While this finding is encouraging, other studies have suggested that risk assessment instruments in general are not always able to accurately predict case outcomes Camasso & Jagannathan 2000; DePanfilis & Scannapieco, 1994; Doueck et al., 1993; Wald & Wooverton, 1990). More research is needed on the impact of risk assessment tools in general, and their impact on children and families of color in particular.

Additionally, more research on the effectiveness of multidisciplinary teams and family group conferencing is needed. The family centered, strength based and inclusive philosophy of family group conferences may be a particularly useful strategy for children and families of color, many of whom are experiencing numerous risk factors in a highly stressed environment. The active engagement of families and support systems in decision-making at early stages of the child welfare system may potentially result in enhanced outcomes for children and families of color.

Yet there is some evidence to suggest that these approaches can be labor, time and resource intensive (Sieppert et al., 2000). As such, the effective implementation of these practices may require the use of increased support staff to assist in scheduling and arranging meetings, as well as identifying persons to be included in the meeting. *Additionally, because beginning choice point decision-making practices are often made quickly and in the context of crisis situations, the effective use of multidisciplinary teams and family group conferences requires coordinated efforts and appropriate support staff. Clearly, more research is needed to determine how group decision-*

making can be effectively integrated into child welfare agencies and how these practices impact outcomes for children and families of color.

Voluntary Family Maintenance Practices/Family Preservation Services

In cases where maltreatment is not substantiated, families may be referred to voluntary family maintenance services. Because the overall goal of voluntary family maintenance services is to prevent an out-of-home placement and further involvement with the CWS, these services are considered beginning choice point practices. Much of the research literature on services and practices aimed at preventing out-of-home placement refer to these services as “family preservation services,” (FPS) or “intensive family preservation services” (IFPS). Many researchers and practitioners have noted that services falling under the rubric of “family preservation services” can be quite diverse, although they do tend to share the common goal of preventing child maltreatment and out-of-home placements (United States General Accounting Office, 1997). The model of FPS that is most often described in the research literature includes short-term, intensive and home-based services that are aimed at family skill-building, while also including concrete services, such as public assistance, child care, employment training or transportation assistance (Littell, 1997).

In general, there are numerous shortcomings in the research on the effectiveness of FPS; many studies use small sample sizes, no comparison groups and often fail to adequately describe the nature of the intervention and the characteristics of the clients. As a result, evaluations of FPS often yield conflicting results. While some studies report that FPS do not result in lower placement rates or improved family functioning (Chaffin, Bonner, & Hill, 2001; Littell & Schuerman, 1995; Littell, 1997; Westat, Inc. 2001b); other studies suggest that FPS do improve outcomes for children and families (Pecora, Fraser, Bennett, & Haapala, 1991; Scannapieco, 1994; Spaid, Fraser & Lewis, 1991; Wells & Whittington, 1993).

There is also evidence to suggest that FPS outcomes vary depending on case characteristics. A number of different studies have noted that FPS clients who experience an out-of-home placement typically have more risk factors and less resources than families who avoid placement. The particular risk factors affecting FPS clients who experience out-of-home placements have been found to vary widely. For instance, FPS cases involving substance abuse, mental illness, criminal behavior, disability, low income, or previous CWS involvement have all been linked to an increased likelihood of an out-of-home placement (Fraser, et al., 1991; Thieman & Dail, 1997; Thieman et al., 1990, as cited in Littell & Schuerman, 1995; Yuan et al., 1990, as cited in Littell & Schuerman, 1995).

Voluntary Family Maintenance Practices/Family Preservation Services: Impact on Children and Families of Color

Research on voluntary family maintenance practices and FPS has not systemically evaluated the efficacy of these programs for diverse children and families of color. Many studies fail to perform analyses examining the possible differential outcomes of these services for children and families of color. In general, research on FPS has not consistently demonstrated that these services are effective in preventing out-of-home placement or improving family functioning (Chaffin et al., 2001; Littell & Schuerman, 1995; Littell, 1997; Westat, Inc. 2001b), and some researchers have concluded that there is no reliable research that supports the effectiveness of these services (Littell & Schuerman, 1995). However, some studies do suggest that FPS may be most

effective with lower-risk families (Fraser et al., 1991; Thieman & Dail, 1997; Thieman et al., 1990, as cited in Littell & Schuerman, 1995; Yuan et al., 1990, as cited in Littell & Schuerman, 1995). Yet because children and families of color referred to the child welfare system often possess numerous risk factors (Hines et al., 2002), the use of traditional FPS for these diverse clients may not be effective. *Research does suggest that FPS that are most effective with high-risk clients are those that are more intensive, and those that involve high client participation and the delivery of concrete services in the home (Berry, 1992; Cash & Berry, 2002; Nelson & Landsman, 1992, as cited in Littell & Schuerman, 1995; Yuan et al., 1990, as cited in Littell & Schuerman, 1995).*

Home-Based Prevention Efforts

Research suggests that the use of home-based services may be effective in preventing maltreatment and further involvement in the CWS (Olds, Eckenrode, Henderson, Kitzman, Powers, Cole et al., 1997). Most research on the use of in-home services has focused on their efficacy for pregnant women or mothers of young children. While the nature of in-home services may vary, in general these services are aimed at improving health behaviors of pregnant and parenting women, facilitating parenting skills, increasing support systems and encouraging healthy parent child attachments (Olds et al., 1997). Many practioners and researchers have suggested that the perinatal period is an important window of opportunity and that services offered during this time have increased potential to offset a number of negative outcomes, including child maltreatment (Guterman, 1999).

For instance, in one study involving pregnant women in rural New York state, 324 women participated in a home nurse visitation program that sought to improve health related behaviors during pregnancy, parenting behaviors and the personal life course development of the mother (Olds et al., 1997). Specific services included linking families with health and human services; involving family members and friends in the care of the child; educational services to increase parenting abilities; and assisting mothers in completing education, obtaining employment and family planning. Participants received services for two years; outcomes assessed at a 15-year follow-up indicated that compared to pregnant women who received no home visitation services, mothers in the program had significantly fewer verified reports of child maltreatment in which they were the identified perpetrator. The program appeared to have even more of a protective effect on unmarried women and women experiencing income problems. These groups were the least likely to have a verified child maltreatment report. Women in the program were also less likely to have substance abuse problems, had fewer contacts with the criminal justice system, had fewer subsequent pregnancies and were less likely to use public assistance (Olds et al., 1997).

Interestingly, a separate analysis of the same data set indicated that the protective effects of home visitation in reducing the likelihood of child maltreatment did not hold true for mothers experiencing domestic violence. Mothers in the home visitation program who reported more than 28 incidents of domestic violence during the 15-year follow-up period did not experience a reduced likelihood of verified child maltreatment (Eckenrode, Ganzel, Henderson, Smith, Olds, Powers et al., 2000). These results suggest that different risk factors may have varying degrees of influence on outcomes for home visitation program participants.

In addition to child maltreatment prevention, in-home services have also been identified as a useful public health strategy to improve health related behaviors and outcomes for mothers and young children. Kitzman, Olds, Henderson, Hanks, Cole, Tatelbaum et al. (1997) evaluated a home-

visiting program that involved in-home services delivered by nurses to 1,139 low-income, primarily African American women during pregnancy and the first two years of the child's life. Results indicated that, compared to women who had no home-visiting intervention, women who received in-home services experienced fewer injuries and fewer hospitalizations for their children, and also experienced fewer pregnancies and a lower rate of pregnancy induced hypertension.

Not surprisingly, research also suggests that the nature of the interventions provided through in-home programs plays a role in their effectiveness. For instance, some studies on in-home services report no increased benefit from their use (Barth, 1991; Fraser, Armstrong, Morris, & Dadds, 2000). However it appears from the literature that in-home programs are most effective when health or social services professionals, as opposed to paraprofessionals, deliver the services. In-home services that are long term, generally lasting longer than 6 months are also considered to be more effective (Barth, 1991; Olds et al., 1997).

Home-Based Prevention Efforts: Impact on Children and Families of Color

Although differential outcomes for various racial/ethnic groups receiving home-based prevention services are not often cited in the research, studies do generally support the effectiveness of these services for vulnerable parenting women. *Participation in home-based services has been linked to a reduced likelihood of child welfare system involvement, substance abuse problems, contact with the criminal justice system, public assistance usage, subsequent pregnancies (Olds et al., 1997), as well as fewer child injuries and hospitalizations, and better health during pregnancy (Kitzman et al., 1997).*

Additionally, there is evidence to suggest that home-based services are effective with high-risk populations and families of color. For instance Olds et al. (1997) found that home-based interventions were associated with even better outcomes among unmarried and low SES mothers, and Fraser et al. (2000) reported that mothers with poor attachment to their child and who had a low sense of competence were more likely to remain in a home-based program. Kitman et al. (1997) also noted that in-home services were associated with better outcomes for a sample of primarily African American mothers. Furthermore, McGuigan, Katzev, and Pratt (2003) reported that older Hispanic mothers had the greatest likelihood of remaining in a home-based program, suggesting that in-home services may be particularly useful with families of color.

However research also suggests that the effectiveness of home-based interventions depends to some degree on the types of risk factors present and the components of the interventions. For instance, the presence of domestic violence has been found to eliminate the protective effects of home-based interventions (Ekenrode et al., 2000); and unmarried mothers with less than a high school education; mothers who received no prenatal care; and mothers who have had multiple births may be less likely to benefit from home-based programs than mothers without these challenges (Murphey & Braner, 2000). Furthermore, mothers living in communities with a high rate of violence have been found to have an increased likelihood of dropping out of home-based programs (McGuigan et al., 2003); and teenage mothers and those with insecure housing also appear to have an increased risk of dropping out of home-based programs (Fraser et al., 2000). *It also appears from the literature that home-based programs may be most effective when they last more than 6 months; when they are delivered by health or social service professionals (Barth, 1991; Olds et al.,*

1997); and when there is a high level of supervision for the workers delivering the services (McGuigan et al., 2003).

In general, home-based prevention efforts appear to be a promising best practice for vulnerable child welfare populations. More research is needed to discern what the necessary components of intervention are and to what degree these interventions differentially impact diverse groups. Additionally, it is important to note that home-based interventions may be time, labor and resource intensive and as such, child welfare agencies may have difficulty implementing these services. However, clients of these services clearly appear to benefit and home-based programs do tend to result in enhanced outcomes for parents and children.

Continuing Care and Ending Choice Points

If child maltreatment is substantiated, children typically enter the CWS under some form of court supervision. Generally families who are not bypassed for services are assigned to either family maintenance or family reunification services (see figure 1). Under the Adoption and Safe Families Act of 1997, families generally receive up to 18 months of family reunification services, at which point they are either reunified or parental rights are terminated and the child enters post permanency planning services. As such, continuing care and ending choice point practices generally include family reunification services, including specific treatments for parents; as well as services for children in out of home care, services for alternate caregivers, and permanency planning services for children who are not reunified with their birth parents.

Factors Associated with Family Reunification

Studies have clearly identified certain factors that are predictive of reunification or non-reunification. Research consistently demonstrates that White children are reunified at a higher rate than are Black children (Courtney, 1994; Jones, 1998; McMurty & Lie, 1992; Wells & Guo, 1999; Westat, Inc., 2001c); and young children tend to be reunified more often than older children (Courtney, 1994; Goerge, 1990; Westat, Inc., 2001c). Harris and Courtney (2003) report that single parent African American families are particularly unlikely to reunify, while two-parent Hispanic families have a significantly higher likelihood of reunification than two-parent Caucasian or African American families. Socioeconomic status also plays a role in reunification; receipt of AFDC and lower socioeconomic status is associated with a decreased likelihood of reunification (Barth, Snowden, Broeck, Clancey, Jordan, & Barusch, 1987; Courtney, 1994; Jones, 1998), and Westat, Inc. (2001c) found that parents with a high school education who were currently employed were more likely to be reunified than parents who do not have these attributes. Interestingly, Wells and Guo (2003) report that mothers who move from welfare to work actually reunify with their children at a slower rate than other groups. Some studies have also found that children with disabilities or health problems are less likely to be reunified than children without these problems (Courtney, 1994; McMurty & Lie, 1992; Wells & Guo, 1999). Additionally, parents who are non-compliant with court orders and treatment are significantly more likely to lose custody of their children than are court compliant parents (Atkinson & Butler, 1996; Jellinek, Murphy, Poittrast, Quinn, Bishop & Goshko, 1992; Smith, 2003).

Demographic information indicates that most children in family reunification services come from single parent homes, often headed by the mother (Fein & Staff, 1993; Gillespie, Byrne, &

Workman, 1995; Lewandowski & Pierce, 2002; Walton, Fraser, Lewis, Pecora, & Walton, 1993). Financial problems are common among family reunification clients, (Fein & Staff 1993; Gillespie et al., 1995; Walton et al., 1993); as are previous out-of-home placements (Lewandowski & Pierce, 2002; Walton et al., 1993). In California, 16.1 percent of Black children are in family reunification services; 25.1 percent of White children; 24.8 percent of Hispanic children, 20.3 percent of Asian children, and 22 percent of Native American children are in family reunification services (Needell et al., 2003). Children in family reunification services in California also tend to be young; 43.8 percent of children under the age of one are in family reunification services; 32.9 percent between the ages of one and two; and 27.6 percent between the ages of three and five are in family reunification services. In Santa Clara County, 15.7 percent of Black children are in family reunification services, 24.3 percent of White children, 25 percent of Hispanic children, 20 percent of Asian children and 13.3 percent of Native American children are in family reunification services. In Santa Clara County, 33.3 percent of children under the age of one are in family reunification services, 32.8 percent between the ages of one and two; and 30.7 percent between the ages of three and five are in family reunification services (Needell et al., 2003).

Family Reunification Services

Family reunification services are generally focused on addressing the broad range of issues that have contributed to the removal of the child, or that prevent the child from returning home safely. These services are grounded in the notion that the parent child attachment is of primary importance and the continuity of these attachments is critical to the well-being and development of the child (Maluccio & Ainsworth, 2003). Family reunification services are generally offered for a period lasting 6-18 months and they may include a wide range of practices that vary greatly from county to county and state to state. As is the case with family preservation practices, a large number of different interventions fall under the definition of “family reunification services;” some family reunification interventions are modeled after FPS and are intensive, short term and family-centered; while others focus on the delivery of specific services designed to ameliorate particular problems.

As with research on the effectiveness of family preservation services, research on the effectiveness of FRS is lacking; most family reunification studies have small sample sizes, no comparison groups, no clear definition of the intervention and often fail to measure family and child well-being in addition to reunification rates (Littell & Schuerman, 1995). Studies evaluating the impact of FRS demonstrate mixed results, with many researchers concluding that there is no solid evidence that FRS are effective in returning children to their birth families (Littell & Schuerman, 1995). Indeed rates of reunification for participants in FRS have been found to range all the way from 25 percent to 100 percent (Littell & Schuerman, 1995).

For instance, Fein and Staff (1993) evaluated the effectiveness of a fairly intensive family reunification program in which services were delivered by both a social worker and a family support worker; workers carried small caseloads and provided a broad range of both concrete and clinical services, such as parenting training, budgeting assistance, transportation, help with job training, as well as counseling, or support for substance abuse treatment. Although no comparison group was used in the study, results indicated that 38 percent of children were reunified with their families after one year of participation in services—and of these 10 percent were returned to OHC at the end of the second year.

Some researchers have concluded that family reunification services that are intensive in nature, sometimes following a family preservation model, may be most effective. Walton et al. (1993), evaluated the effectiveness of family reunification services that were limited to 90 days and were delivered in the home of the birth parents by workers carrying small caseloads. Interventions averaged 3.1 hours a week and were focused on concrete services, as well as psychosocial training. Findings indicated that 93 percent of families receiving FRS reunified after the 90-day treatment period, compared to 28 percent of a comparison group receiving regular child welfare services. At a 12-month follow-up, the FRS children group (75%) was still more likely to be living in the home, than the comparison group (49%).

Similarly, Gillespie et al. (1995) also reported promising results from an intensive reunification program that was modeled after family preservation services. Services were provided at the birth parents home, for approximately 8 to 10 hours a week and included a combination of concrete and clinical services. In addition, this program also provided support and training to the foster parents caring for the children, increased contact between the foster parents and social workers, as well as the facilitation of joint meetings between foster parents and birth parents to improve consistency of parenting and to share information. Birth parents were also allowed increasing numbers of visits based on their participation in services. Although no comparison group was used, findings indicated that 79 percent of the children were reunified, and at 12-month follow-up 71 percent of the sample was still living at home.

Less encouraging results were noted by Lewandowski and Pierce (2002) in their evaluation of the effects of Missouri's Family Centered Out Of Home Care (FCOHC) Program, a program that incorporates family-centered principles aimed at involving families in reunification case plans as soon as the child enters out of home care. Services were intensive, time-limited and strengths-based. Progress was monitored through team meetings involving the families, social workers, and other representatives from social service systems. Differences between families receiving the FCOHC and comparison groups receiving standard child welfare services were significant although not in the expected direction. The FCOHC group actually experienced fewer reunifications and more returns to out of home care, than the comparison group. Yet results did indicate that, on average, children in the FCOHC group who spent more than seven days in out of home care, also spent fewer days overall in out of home care than the comparison group.

In addition to the impact of family reunification services themselves, the decision-making practices of workers also play a role in whether or not families reunify. In Westat's (2001a) analysis of reunification decision-making practices among nine workers in three public child welfare agencies in Washington DC, workers reported they could generally tell within the first few months of a reunification case whether reunification would actually occur. Factors identified by workers as important in their decision to return a child home included, the parents' compliance with services and visitations, the strong desire of parents to have their children returned, the safety of the child and the child's wishes and well-being. Workers also indicated that parents who were noncompliant with services or non-responsive to efforts at reunification and cases involving young children were most likely to lead to a decision to terminate parental rights. In general workers in this study felt that time limits for reunification were a positive factor in the decision-making process because time restrictions allow them to terminate parental rights more quickly in cases where reunification appears unlikely; however workers also noted that some families with more serious problems could be reunified if they received services beyond federal time limits. However since the sample size in this study was small, these results should be interpreted with some caution.

Family Reunification Services: Impact on Children and Families of Color

The impact of family reunification services for children and families of color is not adequately addressed in the research literature. Although we know that children and families of color tend to reunify less frequently than White children, the types of services that increase the likelihood of reunification for children and families of color are not well understood. In general FRS research does not clearly support the effectiveness of these interventions, either on family reunification or on family functioning (Littell & Schuerman, 1995; Lewandowski & Pierce, 2002). Furthermore, the actual interventions that are associated with “family reunification services” are often not clearly defined.

Research does suggest that families who fail to reunify often have serious social and economic risk factors that do not appear to be adequately addressed by current family reunification services. For instance, families with a decreased likelihood of reunification are those that have income problems (Barth et al., 1987; Courtney, 1994; Jones, 1998); parents with less than a high school education; unemployed parents (Westat, Inc., 2001c); and children with health problems or disabilities (Courtney, 1994; McMurty & Lie, 1992; Wells & Guo, 1999). *Yet these characteristics also describe the general child welfare population. Clearly more research is needed to discern the types of FRS interventions that are effective with these high-risk groups, as well as the possible differential outcomes for children and families of color.*

Specific Family Reunification Services: Parenting Education, Substance Abuse, Domestic Violence, and Family to Family/Social Network Interventions

In addition to research on the effectiveness of family reunification services as a whole, some studies have focused on the effects of specific services aimed at improving particular problems such as parenting deficits, substance abuse, domestic violence and poor social networks. As with family reunification services, studies on specific treatments to reunify parents with their children are limited and often have methodological problems such as small sample sizes, lack of comparison groups, lack of treatment consistency and lack of adequate long-term follow-up.

Parenting Education Services

Programs aimed at teaching parents new parenting skills are frequently included in family reunification case plans. For instance, Phase 2 case record review data indicated that in Santa Clara County, 70.2 percent of mothers were recommended parenting education services at the jurisdictional/dispositional hearing (Hines et al., 2002). In general parenting education services are didactic in nature and focus on increasing participants’ knowledge of effective parenting skills. Research on the effectiveness of parenting education programs for families in the child welfare system is lacking. Most parenting education evaluations have examined the impact of these programs on parents whose children have specific behavioral problems—not for families who have had children removed as a result of maltreatment. Research on parenting education for non-maltreating parents has yielded some promising results (Dore & Lee, 1999). However, only a handful of studies have evaluated parenting education services for child welfare parents. Results from these studies suggest that child welfare parents may experience increased benefits from parenting education programs that combine a didactic approach with another parenting education

service (Brunk, Henggeler, & Whelan, 1987; Carlo, 1993; Dore & Lee, 1999; Wolfe, Edwards, Manion, & Koverola, 1988).

More rigorous studies of traditional didactic parenting education services have been performed with samples involving parents whose children have behavioral problems. Most of these studies suggest that low risk parents may experience significant short term benefits from parenting education services (Fetsch, Schultz, & Wahler, 1999; Nicholson, Brenner, & Fox, 1999; Patterson, Chamberlain, & Reid, 1982). However, the research also suggests that high-risk parents typically experience little benefit from parenting education services (Dore & Lee, 1999).

Parenting Education Services: Impact on Children and Families of Color

Research on the impact of parenting education services for children and families of color is lacking. Studies fail to mention the possible impact of cultural differences in parenting behaviors on the success or failure of parenting education services (Forehand & Kotchick, 1996). Parenting education appears to be most effective for lower-risk families, however, numerous stressors such as poverty, substance abuse, domestic violence, low education levels, and community violence often impact parents involved in the child welfare system. Dore and Lee (1999) note these risk factors may make cognitive behavioral and didactic approaches to parenting education particularly unsuited to these populations:

For those who are highly stressed by poverty and its accompanying pressures, even sustaining a commitment to the training process can be overwhelming. Those parents who lack the cognitive foundation needed for more didactic and learning based approaches seem unable to benefit fully from behaviorally based training models (Dore & Lee, 1999, p. 322).

More promising approaches to parenting education for maltreating parents appear to involve a multifaceted approach that includes not only instructional training in parenting behaviors, but also experiential training and interventions that address the emotional and psychosocial stressors affecting these high-risk parents (Carlo, 1993; Brunk et al., 1987; Dore & Lee, 1999; Wolfe et al., 1988).

Indeed, there is some limited evidence to suggest that parents in the child welfare system may experience increased benefits from a parenting education program than combines didactic parenting education with another parenting related service such as behavior training, experiential training or multistystemic therapy (Brunk et al., 1987; Carlo, 1993; Wolfe et al., 1988). However, more research is needed in this area. For instance, it is unclear which parenting related services are most effective when paired with didactic training and it is also unclear how well parents retain information learned. Long-term follow-up studies that track the retention of information in parenting education services for child welfare parents, as well as child and family outcomes, are needed.

Additionally, few studies have addressed the role of culture and ethnicity in the effectiveness of parenting education services for parents in the child welfare system. Forehand and Kotchick (1996) note, "...different cultures have different histories that shape cultural theories about parenting. Without an awareness of the values of a particular culture, attempts to implement parenting programs with its members may fail" (Forehand & Kotchick, 1996, p.197). As such,

research needs to focus on how parenting education outcomes may differ for different cultural and ethnic groups and what types of parenting education approaches might be most successful for diverse families.

Substance Abuse Treatment

Parental substance use is common among the child welfare population. In 1998, the United States General Accounting Office [U.S. GAO] conducted a study of two state CWS systems in California and Illinois, and reported that 65 percent of open foster care cases in California and 74 percent in Illinois, involved a family where one or both parents had a substance abuse problem for which treatment was required. Research indicates that cases involving parental substance abuse reunify at a significantly lower rate than do cases not involving substance abuse (Smith, 2003), and in general, children from substance abusing households experience poorer outcomes than children from non-substance abusing households (U.S. GAO, 1997).

As a result of the widespread substance use among child welfare parents and the poor outcomes for cases involving parental substance abuse, many family reunification case plans include requirements for some form of substance abuse treatment. These interventions can include various components such as drug testing, 12-step groups, outpatient treatment or inpatient treatment. For instance, Phase 2 case record review results indicated that 40.9 percent of mothers in Santa Clara County are ordered random drug or alcohol testing, 40.0 percent are ordered substance abuse or alcohol treatment and 26.8 percent are ordered 12-step groups (Hines et al., 2002). Unfortunately few studies have evaluated the impact of substance abuse services for child welfare parents (Gregoire & Schultz, 2001). More research efforts have focused on the effectiveness of these services for pregnant and parenting women who may not necessarily be involved in the CWS.

In one of the few studies that has evaluated substance abuse treatment among child welfare parents, Gregoire and Schultz (2001) analyzed the treatment and placement outcomes for 167 child welfare parents in Lancaster County Pennsylvania. Findings revealed that those participants who had support from significant others were more likely to complete substance abuse treatment and also experienced better sobriety outcomes. Moreover, parents who were sober at nine months follow-up were more likely than parents who were not sober to have child custody or to have maintained parental rights.

Ways in which child welfare workers make decisions about cases involving substance-affected parents also impacts the likelihood of reunification. Karoll and Poertner (2002) identified certain factors considered to be associated with readiness for reunification in their qualitative study of judge's, caseworker's and substance abuse counselor's indicators of reunification. Factors associated with professional's indication of readiness for reunification included: 1) parental motivation, 2) evidence of substance abuse recovery, 3) evidence of competence and reliability, 4) the presence of social support, 5) evidence of improved parenting skills and 6) legal aspects of child loss and prospects for reunification. However there was considerable variability among respondents in how many clean drug tests are necessary for reunification. Although the median response was 8 months of clean tests, approximately 30 percent felt 6 months was sufficient, while 32 percent felt that 12 months of clean tests were needed before reunification should occur.

Although research on the effectiveness of substance abuse treatment for child welfare parents is scant, more research efforts have focused on the effectiveness of these services for

pregnant and parenting women who may not necessarily be involved in the CWS. However, since most child welfare agencies respond to referrals for prenatal drug exposure efforts to offset drug use among pregnant and parenting women is an important concern for the CWS (Ondersma, Malcoe, & Simpson, 2001).

Overall, research on the effectiveness of substance abuse services for pregnant and parenting women suggests these services may be beneficial, however the degree of benefit appears to depend on the type and intensity of the intervention, as well as the case characteristics. For instance, there is some evidence that suggests that residential treatment may be more beneficial than outpatient treatment for women with substance abuse problems. (Haller et al., 1997). Moreover, parenting women experience better outcomes in substance abuse treatment when they are able to reside in residential treatment with their children (Clark, 2001; Metsch et al., 2001). Studies also indicate that women are more likely to complete treatment and experience better outcomes when they have the support of significant others (Gregoire & Schultz, 2001), and when family and significant others are involved in treatment (Carten, 1996). Parenting women have also identified support and encouragement from non-judgmental staff as particularly important in their ability to successfully complete treatment (Akin & Gregoire, 1997; Carten, 1996).

Substance Abuse Treatment: Impact on Children and Families of Color

Research on the effectiveness of substance abuse treatment for parents color in the child welfare system is lacking. In general, studies do not describe differential outcomes for various racial/ethnic groups in these treatments and few studies have actually examined the impact of substance abuse treatment on reunification outcomes for children and families of color in the child welfare system. However, research does suggest that parenting women involved in substance abuse treatment are a high-risk group. Most participants of these services are young single women of color, with low educational levels and income problems (Carten 1996; Clark, 2001; Knight et al., 2001; Metsch et al., 2001). In general, research on the effectiveness of substance abuse treatment services for these women has yielded promising results; however the degree of treatment impact appears to depend on the type and intensity of the intervention, as well as case characteristics. Studies suggest that participants in substance abuse treatment services are more likely to maintain child custody (Gregoire & Schultz, 2001); and maintain sobriety (Clark, 2001; Metsch et al., 2001). However, women with less than a high school education, criminal justice system involvement and poor social supports are less likely to complete treatment (Knight et al., 2001).

Overall, research suggests that high-risk parenting women benefit from substance abuse treatment that is comprehensive; allows them to involve their children and other family members or supports; and is delivered by supportive, nonjudgmental staff. *Although research has not specifically evaluated the role of ethnic diversity in substance abuse treatment services for parenting women in the child welfare system, the fact that many of the participants of these services are women of color does suggest that these services may be beneficial for a diverse population. However, more research is needed to determine the role of culture in treatment, as well as possible differential outcomes for various ethnic/racial groups.*

Domestic Violence Treatment

Child welfare professionals are becoming increasingly aware of the importance of

addressing issues of domestic violence for families attempting to reunify with their children. Rates of domestic violence among families in the CWS vary from 38 percent to 54 percent (Bowen, 2000; McGuigan & Pratt 2001). Phase 2 results from case record review data indicated that in Santa Clara County, 45.4 percent of cases involve domestic violence (Hines et al., 2002). Research from the child welfare field on the effectiveness of domestic violence treatments in reunifying families and improving outcomes for families is extremely lacking. Instead, child welfare research efforts related to domestic violence have primarily focused on describing barriers to effective collaboration between domestic violence and child welfare professionals and attempts to overcome these barriers.

Indeed, practioners and researchers have noted that child maltreatment and spousal abuse service systems have historically operated in isolation from one another and typically have different service delivery approaches (Beeman, Hagemester, & Edleson, 1999; McKay, 1994). Recent efforts to increase collaboration between the child welfare and domestic violence fields has focused on cross-training between the two professions, as well as simplified processes for referring families to child welfare or domestic violence services (Findlater & Kelly, 1999; Whitney & Davis, 1999). Additionally, the creation of specific child welfare policies for families experiencing domestic violence and the use of multidisciplinary task forces to address ongoing issues related to collaboration between fields has also been described as helpful in increasing coordination and collaboration (Findlater & Kelly, 1999; Whitney & Davis, 1999).

Santa Clara County has implemented efforts to merge child welfare and domestic violence fields in order to better serve families affected by both child maltreatment and domestic violence. Santa Clara County is implementing the Greenbook Project, a multidisciplinary effort involving representatives from child welfare, the domestic violence community, law enforcement and the juvenile court. The overall goal of the project is to change the way these groups assist families who experience both domestic violence and child maltreatment. During the first year of implementation, the Greenbook Project placed domestic violence advocates from Next Door Solutions to Domestic Violence at the County Department of Social Services. These advocates provide consultation to child welfare workers on issues of domestic violence at every level of the child welfare system. Additionally, the Greenbook Project also visited the Miami-Dade County Dependency Court Intervention Program for Family Violence to learn key aspects of a domestic violence advocacy program. Other activities of the Greenbook Project include cross-training between child welfare, domestic violence, law enforcement and legal personnel, improving cultural competency, developing guiding principles, changing agency policy and practice, and integrated parenting programs (Lightbourne, 2002).

The collaboration of child welfare and domestic violence fields to better meet the needs of families affected by both issues is promising. However, in general these efforts are not focused on specific treatments for the batterer. Indeed, child welfare research has not addressed the effectiveness of domestic violence services for child welfare parents. Yet studies from related fields have evaluated effectiveness of domestic violence treatment for batterers who may not necessarily be involved in the CWS. Domestic violence treatment for batters typically involves a group treatment that includes psycho-educational and cognitive behavioral techniques designed to change faulty beliefs, reduce anger, improve communication and increase non-violent coping skills (Morrel, Elliot, Murphy, & Taft, 2003). Less common are psychodynamic or support groups. Findings from studies on the effectiveness of these treatments are mixed and much of the research is limited due to small sample sizes, lack of comparison groups and findings that rely on self-reports. Some studies have reported that targeted domestic violence services are effective in reducing

violent behaviors (Dutton, 1986; Palmer, Brown, & Barrera, 1992), yet other studies report no benefits from these treatments (Dunford, 2000). As with many other treatments, domestic violence treatment tends to be most effective for participants with relatively few other risk factors (Morrel et al., 2003; Taft, Murphy, Elliot, & Keaser, 2001).

Domestic Violence Treatment: Impact on Children and Families of Color

Research on the impact of cross-system collaboration and specific domestic violence treatment for children and families of color is lacking. Although child welfare research describing cross-system collaboration between domestic violence professionals and child welfare professionals is promising, these studies do not address the role of cultural issues on domestic violence, or the treatment of batterers and battered women. Similarly, research from related fields describing outcomes of didactic domestic violence treatment also rarely consider the role of culture or ethnicity.

Research suggests that the domestic violence field and the child welfare field have historically had different approaches to treatment that have hindered collaborative efforts (Beeman et al., 1999). Recently, more concerted efforts to link the two fields have occurred. *Typically these efforts involve the use of multidisciplinary task forces to address issues related to collaboration (Findlater & Kelly, 1999; Lighbourne, 2002); cross-training (Findlater & Kelly, 1999; Lighbourne, 2002; Whitney & Davis, 1999); simplified processes to refer battered women to child maltreatment prevention programs and to refer battered child welfare mothers to domestic violence services (Findlater & Kelly, 1999; Whitney & Davis, 1999); and, the creation of specific child welfare policies stating procedures for families experiencing both child maltreatment and domestic violence (Findlater & Kelly, 1999; Whitney & Davis, 1999).* Although these efforts have great potential to impact children and families of color in the child welfare system, research has not yet addressed this topic.

The collaborative efforts between child welfare and domestic violence tend to focus on services and assistance to women and children, with less of an emphasis on treatments for the perpetrators of domestic violence. As with other didactic interventions, such as parenting education, there is evidence to suggest that domestic violence treatment for batterers is more effective with low-risk groups than with high-risk groups (Morrel et al., 2003). However, research also suggests that most men who are participating in domestic violence treatment are a high risk group who often experience multiple stressors (Brown, Werk, Caplan, & Seraganian, 1999). Moreover, the presence of certain risk factors appears to reduce the likelihood of treatment completion (Taft et al., 2001). Additionally, one study found that African American men were most likely to drop out of domestic violence treatment, even after other factors were statistically controlled, suggesting that these treatments may not be as effective for African Americans (Taft et al., 2001). However, in general, more research is needed to discern the impact of domestic violence treatments for various racial/ethnic groups in the child welfare system.

Social Network Interventions/Family to Family Initiative

Some child welfare services have focused on the role of social network interventions on improving outcomes for children and families. Social network interventions are designed to enhance both formal and informal social networks, including increased networking among family members,

friends, neighbors, as well as more structured networking involving support groups (Gaudin, Wodarski, Arkinson, & Avery, 1990). These interventions are based on research indicating that people living in neighborhoods in which there are high child maltreatment rates tend to describe these communities as lacking in formal and informal support systems (Garbarino & Kostelny, 1992). Additionally, DePanfilis (1996) has noted that in addition to a lack of social support systems, neglectful families may be particularly distrustful of any support systems that are available.

In an effort to address these issues, social network interventions, such as the Family to Family Initiative have been implemented. Although the goals of Family to Family are extensive and go beyond just social network interventions, one of the initiative's main emphases is on "strengthening the network of families available to care for abused and neglected children in their own communities" and "building partnerships with at-risk neighborhoods toward that end" (Annie E. Casey Foundation, 2003b, p. 1). Indeed, many interventions provided through Family to Family are designed to strengthen neighborhood networks for birth and foster families in the child welfare system. These strengthened networks are considered to have the potential to assist families in learning new skills and becoming more self-sufficient. The tactics used to increase social networks for families, and also increase collaboration between the child welfare system and local communities are varied. In general there is an emphasis on identifying families' naturally occurring support networks and involving these networks in services. Interventions can be focused on identifying and utilizing "natural helpers" in the communities and neighborhoods where birth and foster families reside. Natural helpers are considered to understand the culture of a particular community better than professional helpers. Efforts are also aimed at increasing overall collaboration between child welfare agencies and the communities in which child welfare clients reside.

Outcome studies on the effectiveness of Family to Family interventions are not available. However, Gaudin et al. (1990) evaluated the effectiveness of the Social Network Intervention Project (SNIP) for 52 neglectful families in the child welfare system. The intervention, which lasted approximately 10 months, included first an assessment of existing formal and informal support networks in the lives of the families, and then a series of interventions designed to enhance these networks. Direct interventions were made with informal supports, including family members, friends or neighbors. Efforts were also made to identify and utilize informal helpers existing in the families' neighborhoods. Formal support networks were also encouraged through the use of support groups, parent aides and social skills training. Post-test results from the evaluation indicated that compared to a comparison group who received normal child welfare interventions, the families receiving the social network services fared better on a number of outcomes assessed by their caseworkers. Intervention parents were rated as having improved parenting skills and attitudes, and they experienced significant increases in the size of their formal and informal support networks. At the end of the intervention, 59 percent of the families had their child welfare cases closed, while 23.5 percent of the comparison group has their cases closed.

Although the use of social network interventions may be a promising child welfare practice, Gaudin et al. (1990) notes that there are organizational and professional barriers to the implementation of such interventions. For instance, results from the SNIP evaluation indicated that it was difficult for social workers implementing the project to maintain a focus on social network interventions within the context of a public child welfare agency. The predominate model of services in the agency tended to focus on case management services, and barriers such as high

caseloads, heavy paperwork, frequent staff turnover, and lack of collaboration between human service agencies all contributed to difficulties in implementing the social network intervention.

Family to Family/Social Network Interventions: Impact on Children and Families of Color

Researchers have not evaluated the impact of social network interventions, such as the Family to Family Initiative on children and families of color. Given that children and families of color involved in the child welfare system are likely to reside in impoverished communities, the use of social network interventions with this population is of particular interest. Research exploring the assets and informal supports imbedded in impoverished communities is limited. It certainly appears likely that strengthening support networks for vulnerable families would be beneficial, however research on the mechanisms through which to increase support networks for families is lacking. Indeed, the exact interventions associated with utilizing informal helpers, strengthening neighborhood networks and increasing overall collaboration between child welfare agencies and the communities in which child welfare clients reside are not clearly defined. As Gaudin et al. (1990) has suggested, there may be significant barriers to effective implementation of these interventions within the crisis-driven, resource strapped child welfare field. More research is needed to first discern the types of interventions associated with social network practices, as well as the ways in which outcomes from these services may differ for various racial/ethnic groups.

Mental Health Services for Children in Out-of-Home Care

Children in the child welfare system are at an increased risk for a variety of psychological and behavioral problems (Stevenson, 1999). Studies have documented the long-term negative consequences of both child maltreatment and lengthy stays in out-of-home care (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Stevenson, 1999). In order to ameliorate these negative consequences, many children in out-of-home care are referred to mental health services. Research suggests that mental health services are the most commonly recommended treatment for children in the child welfare system (Kinard, 2002). Studies have also found that children in foster care are more likely to have a mental health diagnosis and to use mental health services than comparison groups. For instance, children in foster care are more likely than children receiving public assistance or children receiving SSI to have a mental health diagnosis (Harman, 2001; dosReis, 2001); children in foster care tend to have more mental health hospitalizations; and use more mental health services overall than children receiving public assistance (Reiff, 2001).

Yet despite the relatively high rate of mental health service usage among children in the CWS, the nature and impact of these services are not well understood. Indeed mental health services can include a broad range of interventions, including support groups, individual counseling, family counseling, residential services or inpatient services. One model of services, Treatment Foster Care (TFC), has been the topic of child welfare research. TFC, also referred to as therapeutic foster care is an intensive, family centered intervention that seeks to place youth with behavioral and emotional disorders in community and family settings. Children are typically placed with foster parents and the placement is intended to be both therapeutic and family-centered. Intensive services are delivered to parents, alternate caregivers and the child. Some studies have suggested that TFC can be an effective transitional placement for children moving from restrictive settings into less restrictive placements (Chamberlain, 1994, as cited in Farmer, Wagner, Burns, & Richards 2003; Clarke, Hawkins, Murphy, & Sheeber, 1993, as cited in Farmer et al., 2003). However, not all

studies have found TFC to be effective. For instance, Farmer et al. (2003) used administrative data to analyze the impact of TFC on foster youth with emotional or behavioral disorders. Findings indicated that use of TFC did not result in reduced use of group homes.

In addition to TFC, some child welfare interventions for children focus on a “wraparound” process that is targeted to high risk children who may have emotional or behavioral problems and who are currently placed in a level 12 or higher group home, or are at risk for entry into a more restrictive placement (California Department of Social Services [CDSS], 2001). Wraparound services are described as a “family-centered, strength-based, needs-driven planning process for creating individualized services and supports for children and their families” (CDSS, 2001, p. 1). Wraparound interventions are collaborative in nature, often involving multiple social service systems in the planning and delivery of a wide range of services. Few studies have systematically investigated the efficacy of wraparound services for children and families in the child welfare system. However, some research suggests that children in wraparound are less likely to be removed from their community and may experience a reduction in behavioral problems (Bruns, Burchard, & Yoe, 1995, as cited in Toffalo, 2000; Clark, Lee, Prange, & McDonald, 1996, as cited in Toffalo, 2000; VanDenBerg, 1993, as cited in Toffalo, 2000). Yet other research has reported no significant benefit from wraparound services (Clarke, Schafer, Burchard, & Welkowitz, 1992, as cited in Toffalo, 2000).

Mental Health Services: Impact on Children of Color in Out-of-Home Care

Although research is lacking in identifying effective mental health practices for children in foster care, studies have demonstrated that children of color are less likely to be recommended for these services and to use these services. In Santa Clara County, Phase 2 case record review results indicated that 36.2 percent of children were recommended individual counseling and 19.6 percent were recommended other counseling services. Differences between racial/ethnic groups in recommended counseling services were also found. For instance, 18 percent of Black children were recommended individual counseling, 46.3 percent of White children, 31.9 percent of Latino children, and 35.5 percent of Asian American/Pacific Islander children were recommended individual counseling, suggesting that children of color, and in particular African American children have a decreased likelihood of being recommended individual counseling (Hines et al., 2002).

Differences in service recommendation and provision were also noted by Garland and Besinger (1997) in their analysis of racial/ethnic differences in court referred pathways to mental health services for children in foster care. Results suggested a trend for White children to be more likely than African American or Hispanic children to be court ordered counseling/psychotherapy. White children were also significantly more likely than African American or Hispanic children to receive counseling during their first eight months in out-of-home care. And although not significant, White children had higher rates of service use in general than did African American or Hispanic children. Racial/ethnic differences in mental health service recommendations and service usage have been found to remain even after the effects of other demographic factors are controlled (Garland, Hough, Landsverk, McCabe, Yeh, Ganger et al., 2000).

Research on the effectiveness of mental health practices for children in out-of-home care is lacking, and even less is known about the impact of these services for children of color. *Comprehensive treatments for high-risk children, such as treatment foster care and wraparound*

services have not been adequately researched and have in general not consistently demonstrated positive effects. Studies on other mental health interventions for children of color in the child welfare system are lacking. However, research does suggest that children of color are less likely than White children to be referred to mental health services (Garland & Besinger, 1997; Hines et al., 2002). *The reduced likelihood for children of color to be referred to mental health services is of particular concern because children of color experience long stays in the child welfare system and are at an increased risk for a variety of poor outcomes (Courtney et al., 1996). As such, more efforts should be aimed at ensuring that children of color are referred to and receive appropriate mental health support, and more research is needed to evaluate the impact of these services on outcomes for children of color.*

Foster Parent and Kinship Support Services

Although the majority of research on child welfare practices has focused on interventions with birth families and children, some research has emphasized the importance of services and training for alternative caregivers, including foster parents and kin caregivers (Cuddeback & Orme, 2002; Gordon, McKinley, Satterfield, & Curtis, 2003). Some studies have suggested that kin caregivers may receive fewer services than non-kin caregivers (Gordon et al., 2003; Scannapieco, Hegar, & McAlpine, 1997, as cited in Cuddeback, 2002). However, other research has reported no differences between services delivered to kin and non-kin caregivers (Cuddeback & Orme, 2002).

Research suggests that the use of kin placements is common in California and in Santa Clara County. In 2002, 36.4 percent of children in supervised foster care in California were in a kin placement and in Santa Clara, 40.1 percent were placed with kin (Needell et al., 2003). Additionally, children and families of color are especially likely to be placed with kin. For instance, point in time reports indicate that in California, 40.5 percent of Black children in supervised foster care are placed with kin; 37.0 percent of Native American; 35.8 percent of Hispanic, 29.5 percent of White and 29.4 percent of Asian children are placed with kin. In Santa Clara County, 66.7 percent of Native American children are placed with kin; 41.9 percent of Hispanic; 41.4 percent of Black; 35.6 percent of Asian; and 32.5 percent of White children (Needell et al., 2003).

The prevalence of kin placements has prompted some researchers to explore the service and support needs of kin caregivers. Gordon et al. (2003) noted the unique needs of kin caregivers in their analysis of focus groups with 37 kin caregivers. Findings revealed that unlike non-kin caregivers, many kin caregivers did not expect to be caring for the children in their care; they had to adjust their family roles and many described this adjustment as sudden and significant. Kin caregivers also described having to adjust to the involvement of the child welfare agency in their lives; many reported feeling unappreciated by the child welfare agency and excluded from the decision-making process for their kin children. They also described a great need for additional support services as they took on the unexpected responsibility of caring for their kin children.

Other studies have noted that non-kin caregivers also experience unique challenges. For instance, although non-kin caregivers are expected to support reunification efforts, many may have conflictual feelings about supporting contact between the children in their care and the birth families (Sanchirico & Jalonka, 2000). As a result, some child welfare practices have focused on providing specialized training and support to non-kin caregivers to assist in the process of reunification. For instance, Sanchirico and Jalonka (2000) surveyed 650 non-kin caregivers in New York State and noted that only 19 percent received both specialized training to be a foster parent

and support and guidance from the agency. Those who received both training and support also performed the most activities related to encouraging contact between children and their birth families. Foster parents who received either training or support but not both also exhibited some tendency to encourage parent child contact, however those who received both training and support were significantly more likely to support reunification efforts. These results suggest that specialized services delivered to foster parents can have a beneficial impact on reunification.

Additionally, other research has focused on evaluating more concerted efforts to involve foster families in the reunification process. For instance, Landy and Munro (1998) evaluated the impact of the Shared Parenting program. The Shared Parenting program encourages foster families to work as a team with birth parents in order to improve the parenting skills of the parents. Foster families were encouraged to provide support and guidance to birth parents through on-going contact and involvement. An improved relationship between foster and birth families was expected to increase birth parents motivation and interest in learning new skills, thereby increasing reunification. Thirteen families participated in the evaluation. Results revealed difficulties in retaining parents in the program. Over half of the participants did not complete the program, either because of lack of compliance or because workers discharged families due to changes in status that decreased the possibility of reunification. Outcomes for parents who remained in the program revealed that those with higher socioeconomic status, families who moved less, families with no health problems and families with less risk factors were more likely to reunify.

Although research suggests that kin and non-kin caregivers have different service needs, studies have demonstrated that overall, both kin and non-kin caregivers have numerous unmet service needs. For instance, Cuddeback and Orme's (2002) conducted a national evaluation of the service experiences and needs of kin and non-kin caregivers, and found that both groups reported numerous unmet service needs. Most alternate caregivers expressed a need for day care, respite care, liability insurance, health care, and transportation. Additionally, the majority of caregivers in both groups reported feeling unprepared to care for their foster children. The authors concluded "the levels of training and services received were inadequate for both groups of caregivers" (Cuddeback & Orme, 2002, p. 900).

Foster and Kinship Support Services: Impact on Children and Families of Color

The impact of foster and kinship support services of children and families of color has not been adequately researched. However, research clearly indicates that kin and non-kin caregivers are in need of increased training and supportive services. Kin caregivers may need increased support as they take on the unexpected responsibility and role of a caregiver (Gordon et al., 2003), while non-kin caregivers may need additional support and training to facilitate the reunification process. (Sanchirico & Jalonka, 2000). In general, both kin and non-kin caregivers describe the need for increased services, such as day care, respite care, liability insurance, health care, transportation, specialized training and increased participation in the child welfare decision making process (Cuddeback & Orme, 2002; Gordon et al., 2003; Sanchirico & Jalonka, 2000).

Research on the impact of foster and kinship support services on child welfare outcomes is lacking. However, there is some evidence to suggest that interventions with foster parents are associated with better reunification outcomes (Sanchirico & Jalonka, 2000). Yet more research is clearly needed to discern the impact of services to both kin and non-kin caregiver, especially for

different racial/ethnic groups.

Permanency Planning Practices

The federal Adoption and Safe Families Act of 1997 shortened reunification time frames and mandated the use of concurrent planning—a process in which both a reunification plan and an alternative permanent placement plan are created. For children who are not reunified, the permanent placement plan with its goal of finding a suitable alternative permanent placement for the child becomes a major focus of services. As such, permanency planning and placement practices often impact children at the ending stages of the CWS.

Very few studies have investigated the types of practices that are used at the ending stages in the system and how these practices impact children of color. However, the impact of child welfare practices on children who are not reunified is particularly important for children and families of color. The U. S. Department of Health and Human Services (2002) reports that approximately 23 percent of children in foster care have had parental rights terminated and children of color are disproportionately represented in this group. Nationally, 43 percent of legally free children are African American, 34 percent are White, 13 percent are Hispanic, 2 percent are Native American and 1 percent are Asian Pacific Islander (U.S. DHHS, 2002). In California, 68.2 percent of Black children in foster care are in permanent placement services, 48.4 percent of White children; 41.5 percent of Hispanic children; 32.5 percent of Asian children, and 53.9 percent of Native American children are in permanent placement services (Needell et al., 2003). Santa Clara County has similar racial/ethnic rates of permanent placement clients; 64.4 percent of Black children are in permanent placement services; 44.7 percent of White children; 41.3 percent of Hispanic children; 30.6 percent of Asian children and 43.3 percent of Native American children are in permanent placement services (Needell et al., 2003).

Federal policy mandates that these children have safe and permanent alternative homes, however, in reality many wait months and years for a permanent placement and some will reside in long term foster care until they emancipate from the system at age 18. In Kemp and Bodonyi's (2002) analysis of legally free children in the state of Washington, the median length of stay in out-of-home care for these children was 50.7 months and demographic factors were significantly related to permanency outcomes. For instance, older children, boys, African Americans, and Asian Pacific Islanders were all less likely to achieve a permanent placement than others groups. Interestingly, Latino children were significantly more like than White children to achieve a permanent placement. The interaction of demographic characteristics was also significant in predicting permanency. Older African American boys had an even higher chance of not achieving a permanent placement. Other research corroborates these findings. For instance, African American children have been found to be less likely to be adopted than White or Latino children and African Americans who are freed for adoption wait significantly longer periods of time for a permanent placement than do children from other racial/ethnic groups (Barth, Courtney & Berry, 1994, as cited in Kemp & Bodonyi, 2002; Kapp, McDonald, & Diamond, 2001).

The federal Multi Ethnic Placement Act (MEPA) of 1994 and the Interethnic Adoption Provisions (IEP) of 1996 were enacted to increase the number of children who were adopted by preventing discrimination in the placement of children on the basis of ethnicity and allowing for increased use of transracial adoption. The impetus behind MEPA-IEP was a belief that children of color, especially African Americans were languishing in care, while workers searched for same race

foster or adoptive homes. MEPA-IEP also called on child welfare agencies to increase efforts to recruit foster and adoptive parents who reflect the ethnic and cultural backgrounds of their children in care. Although MEPA-IEP may have the potential to reduce the time legally free children spend in substitute care, rates of adoption for children of color in the CWS do not appear to have improved since its enactment. Indeed, Courtney (1997) suggests that transracial adoption policies and practices may not actually have a large impact on children of color. Because many legally free children of color in out-of-home care are older and may have disabilities or health problems, many potential adoptive parents may choose not to adopt these children. Thus, even though child welfare agencies may seek transracial adoptions, the actual pool of available adoptive parents may be too limited to have an impact on children of color waiting for a permanent placement (Courtney, 1997).

In an effort to understand the factors that contribute to adoptive parents willingness to adopt Black children, Brooks and James (2003) surveyed 541 participants of the California Long-Range Adoption Study, a longitudinal study of adopters in California. Results indicated significant differences between participants who were willing to adopt Black children and those who were not. Of the sample 36 percent were willing to adopt a Black child. In general, parents who were willing to adopt Black children were also more willing to adopt children of varying ages and special needs children; they were more likely to be motivated to adopt due to religious or humanitarian reasons and many eventually did adopt Black children from foster care. Interestingly, approximately 50 percent of parents who indicated they were unwilling to adopt a Black child also reported that adoption workers or agencies discouraged them from adopting Black children, while only 11 percent of those parents who were willing to adopt Black children were encouraged by their worker or agency to do so.

Additionally, parents who adopt transracially may experience unique challenges and have special service needs. In an effort to identify the special needs of transracial adoptive parents Vidal de Haymes and Simon (2003) conducted interviews with 20 youth and their adoptive parents. Youth in the sample were either African American (70%), Latino (15%) or biracial (15%), while 95 percent of adoptive parents were White and 5 percent were Latino. Findings revealed that parents often felt that others misjudged their intentions for adopting a child of color and that their families “deserved pity” (Vidal de Haymes & Simon, 2003, p. 257). Many families reported that child welfare workers, especially workers of color did not adequately support their decision to adopt a child of color. Parents felt that workers viewed their desire to adopt transracially as curious, and many felt that they received only minimal assistance in their efforts to adopt a child of color. Parents identified numerous needed pre and post adoptive supports and resources. The most frequently noted needed services were formal linkages to cultural activities, products, or services that could educate parents on cultural issues and also provide a link for the child to their own cultural group. Other needed support services included establishing a network of parents who adopted transracially, educating workers to support transracial adoption, providing parenting classes to address issues of cross cultural parenting, and developing a mechanism to help White parents address their own possible racism, as well as racism from their family and friends.

In an effort to understand how worker perceptions may impact the likelihood of transracial adoption for children of color, Carter-Black (2002) conducted an ethnographic study of ten Black child welfare workers. Although the sample size makes generalizing the results problematic, findings revealed that workers felt Black children need to develop an ethnic identity and an understanding of their cultural heritage and that the CWS in general does not meet the needs of Black clients and poor clients. The recruitment, support and maintenance of Black adoptive and

foster parents by the agency were seen as lacking. Many also felt that MEPA-IEP could actually be harmful to Black children because it may result in agencies being less culturally aware or sensitive to diverse populations.

Avery (2000) also explored the impact of worker perceptions on permanent placement practices in her study on the “hardest to place children” in New York State. Eighty case files were examined and children’s workers completed a questionnaire on their perceptions and practices related to these children. Demographics of the sample are consistent with other studies on children who have lengthy stays in out-of-home care. Seventy three percent of the sample were male, 60 percent were Black, 30 percent White and 10 percent of another ethnicity, many had substantial disabilities; approximately 80 percent had siblings in the CWS and they spent approximately 11.79 years in substitute care. Responses to survey questions revealed that 41.4 percent of workers believed that children in the sample were ultimately not adoptable. These beliefs appeared to result in reduced efforts on behalf of the workers to recruit potential adoptive parents. Worker attitudes toward appropriate placements revealed that 44 percent felt placement with gay or lesbian parents was not appropriate, and 42 percent felt transracial adoption was not appropriate. When asked to identify resources that would be helpful in placing the children, workers most often identified respite services, intensive adoptive parent training, intensive post-placement services, more effective recruitment techniques and higher adoption subsidies. These findings suggest that workers negative perceptions of hard to place children appear to result in reduced efforts to recruit adoptive parents.

Permanency Planning Practices: Impact on Children and Families of Color

In general, child welfare research has focused relatively little attention on practices at the later stages of the child welfare system. Although child welfare services have the goal of ensuring a permanent placement for children, research indicates that many children who have had parental rights terminated may wait years in out-of-home care before a permanent placement is found (Kemp & Bodonyi, 2002), and many children remain in out-of-home care until they emancipate at age 18 (Courtney et al., 2001). Yet the impact of permanency planning practices on outcomes for children of color is of great importance. Research indicates that African American children are overrepresented among children who have had parental rights terminated and are waiting for a permanent placement. African American and Asian Pacific Islander children both have a reduced likelihood of achieving a permanent placement, and older African American boys have an even lower likelihood of a permanent placement (Kemp & Bodonyi 2002).

Some researchers have noted that MEPA-IEP and the issue of transracial adoption may actually have little impact on children of color in permanent placement services. Because the pool of adoptive parents willing to adopt legally free children of color (who are often older, and may have disabilities or health problems) may be relatively small, policies aimed at transracial adoption may not have their intended impact (Courtney, 1997). Yet other research suggests that the perceptions and practices of workers may have an important influence on the likelihood of achieving a permanent placement. Indeed, negative perceptions of hard to place children may result in reduced efforts to recruit adoptive parents (Avery, 2000). Additionally, parents who have adopted transracially report that workers often did not adequately support their decision to adopt transracially (Vidal de Haymes & Simon, 2003), and Black child welfare workers have expressed some hesitancy regarding MEPA-IEP, believing that it could be harmful to Black children because

it may result in agencies being less culturally aware or sensitive to diverse populations (Carter-Black, 2002). However, in general more research is needed to discern the types of permanent placement practices that impact children and families of color.

Impact of Contextual Factors on Child Welfare Practices for Children and Families of Color

Contextual factors can impact both the delivery of child welfare practices and the outcomes of these practices. Although numerous contextual factors exist, this section will focus on three areas: 1) cultural competency of child welfare workers and practices, 2) child welfare practice in rural areas, and 3) the role of the court system. The potential impact of these contextual factors on practices and outcomes for children and families of color will be discussed.

The Role of Cultural Competency in Child Welfare Practice

Child welfare workers often work with children and families from a wide range of cultures other than their own. Many practitioners and researchers have noted that effective child welfare practices are those that acknowledge and incorporate the importance of culture in the delivery of services (Miller & Gaston, 2003). Indeed, Miller and Gaston (2003) note that inherent assumptions within the child welfare system are grounded in Anglo-Saxon values and cultural norms about child rearing and family. Child welfare legislation and policies often follow European standards of culture and White, middle class family values are the standard through which ethnically diverse parents and children are compared. As such, children and families exhibiting alternative values may be seen as deviant by the system. These conflicts in attitudes regarding acceptable parenting behavior may contribute to ineffective or harmful child welfare practices (Miller & Gaston, 2003).

In an effort to combat ethnocentrism in the child welfare system, many agencies have placed increasing importance on ensuring that workers, programs, policies and practices are “culturally competent.” In general, the term cultural competence refers to an ability to recognize and respect similarities and differences in beliefs, interpersonal styles, values, norms, and behaviors of various ethnic and cultural groups (Roberts, 1990, as cited in Schriver, 1998).

Although cultural competency is widely viewed as an important aspect of effective child welfare practice, research on the cultural competency of child welfare systems and the impact of this competency on children and families is lacking. Some studies describe the problems diverse clients experience in trying to access culturally and linguistically competent services, other studies have described ways to improve cultural competency in child welfare agencies, while other research has addressed mechanisms for child welfare agencies to work more collaboratively with ethnically diverse communities.

The issue of access to culturally and linguistically appropriate services for children and families of color is of tremendous importance. Suleiman (2003) notes that for Latino clients in particular, language barriers can exclude them from necessary services and produce significant delays in service delivery. Indeed language barriers are implicated as a factor in the underutilization of services among Hispanic clients (Gomez, Ruiz, & Rumbaut, 1985, as cited in Suleiman, 2003), and many researchers have discussed the importance of language in accurate assessment and treatment of clients (Suleiman, 2003). Suleiman (2003) further notes that denial of access to

services and programs for people with limited English proficiency is in violation of the Civil Rights Act of 1964; yet federally funded agencies have wide discretion in the degree to which language needs of clients are addressed.

As such, the responsibility to provide and monitor culturally competent and linguistically appropriate services has largely fallen on child welfare systems themselves. Some studies have proposed various models of achieving cultural competence in child welfare agencies. For instance, Mederos and Woldeguiorguis (2003) discussed the role of child welfare managers in producing culturally competent child welfare agencies. Recommendations for increasing cultural competence included first and foremost, the managers' recognition that disproportionality in services and outcomes for children of color does exist. Indeed, other researchers have noted that a prerequisite to true cultural competence within an agency is a commitment to cultural competence principles and practices among top level staff (McPhatter & Ganaway, 2003). Additionally, to produce agency wide cultural competence, managers must prioritize staff diversity through recruitment and maintenance of bilingual and bicultural staff. Child welfare managers also need to reach out to diverse communities to form collaborations with community representatives. This collaboration can help the child welfare system better understand cultural differences in parenting behaviors, as well as assist in the creation of policies and practices that are relevant to those communities.

Indeed, other studies have also documented a need for improved collaboration between child welfare agencies and culturally diverse communities. For instance, Hosley, Gensheimer, and Yang (2003), described the implementation process of two programs aimed at improving collaborations between the child welfare system and two Southeast Asian communities in Minnesota. Both programs sought to improve practices and outcomes for children and parents from these communities. The collaborations required committed involvement from numerous agencies, as well as parents and youth from the communities. Language barriers made the use of bilingual and bicultural staff at collaborative meetings extremely important. Effective collaboration depended on a number of different factors, including the need for a trusting relationship between all parties, the incorporation of different cultural styles in the structure of meetings, decision-making and communication styles, the need to have bilingual and bicultural staff involved in the process and that active involvement from the youth and parents is crucial to successful collaboration.

Cultural Competency: Impact on Children and Families of Color

Research has not yet investigated the impact of culturally competent child welfare practices on children and families of color, however there is evidence to suggest that practices that are not culturally or linguistically appropriate result in underutilization of services and ineffective treatments and are in violation of clients civil rights (Gomez et al., 1985, as cited in Suleiman, 2003; Suleiman, 2003). Some researchers have described processes for achieving cultural competence within child welfare agencies. A wide range of activities aimed at increasing cultural competence have been identified, including support from top level staff, the prioritization of staff diversity, and forming collaborations between child welfare and ethnically and culturally diverse communities. These activities are intended to combat the child welfare system's legacy of using European standards of culture and White, middle class family values in assessing diverse children and families (Miller & Gatson, 2003).

However achieving cultural competency in child welfare can be a difficult task. For instance it may be challenging for child welfare agencies to recruit and retain bilingual/bicultural staff and the process of building collaborations with diverse communities may be time consuming and labor intensive. Yet the impact of cultural competency on children and families of color is of tremendous importance. *More research is needed to discern how child welfare agencies recruit and retain bilingual/bicultural staff, as well as how collaborations are built between child welfare and ethnically diverse communities. Most importantly, research is needed to systematically evaluate the impact of cultural competence on practices and outcomes for children and families of color.*

Rural Child Welfare Practices

Much of the research literature on the effectiveness of child welfare practices is conducted in urban settings. Researchers have suggested that urban child welfare research is often not relevant to rural communities who may face uniquely different challenges than their urban counterparts (Templeman & Mitchell, 2002). Indeed several studies have suggested that rural communities are particularly vulnerable to a number of different risk factors. Rural communities in comparison to urban communities have an elevated rate of poverty, there are fewer employment opportunities in rural communities, and rural communities have been found to have lower levels of social well-being than urban communities (Menanteau-Horta, & Yigzaw, 2002).

In addition to community differences, the characteristics of urban and rural child welfare workers also differ. For instance, Landsman (2002) surveyed child welfare workers in 115 rural and urban communities in Missouri and found several differences between the two groups. Findings indicated that agency size played an important role in practice, many of the differences between rural and urban child welfare practice were also noted between smaller and larger agencies. Rural and small agencies possessed workers with a greater number of years spent in their current position compared to urban and large agencies, they also experienced greater autonomy, decision-making, growth opportunities, and agency supportiveness, as well as more job satisfaction and organizational commitment. In contrast, urban and large agencies had more workers with a social work degree, more work overload, degree of specialization and adequacy of resources, they also had higher community stress and availability of jobs. These findings suggest that child welfare workers in rural communities are generalist practitioners who may be more satisfied with their job than their urban counterparts, while urban workers tend to have more resources and a higher degree of specialization.

Other studies have suggested that rural child welfare agencies provide more services and intervene more often than urban child welfare systems. For instance, research suggests that rural child welfare agencies have a higher likelihood of offering preventive services to children and families than do urban agencies (Drake, 1996); they tend to have higher levels of substantiation of maltreatment (English et al., 2002); and rural child welfare agencies are more likely to intervene in cases involving drug exposed infants (Ondersma et al., 2001).

The differences between urban and rural communities and child welfare agencies have important implications for child welfare practice. Templeman and Mitchell (2002) have noted that the application of urban child welfare practices to rural communities is inappropriate. In their qualitative study of child welfare workers, they report the need for rural specific child welfare practices. For instance, participants noted that families in rural communities are often geographically isolated, they often have incomplete knowledge of available resources, lack of

access to specialized services, and restricted mobility. Thus, traditional child welfare services that call on families to travel to and from a variety of specialized interventions are not generally feasible with this population. However respondents also noted that rural communities possess certain assets that should be utilized for more effective rural child welfare practice. Most importantly, rural communities were seen by social workers as having a strong network of informal and at times, formal supports, including linkages between neighborhoods, and the use of faith based organizations. More effective child welfare practice for rural communities was described as using these natural supports to build better collaboration between child welfare agencies and rural communities. This collaboration was seen as a mechanism through which child welfare could perform outreach to the community.

Rural Child Welfare Practices: Impact on Children and Families of Color

The impact of rural child welfare practices on children and families of color is not sufficiently addressed in the research literature. In general, rural communities have an increased rate of poverty, fewer employment opportunities and lower levels of social well-being than do urban communities (Menanteau-Horta, & Yigzaw, 2002). *Differences between child welfare workers in rural and urban areas have also been found (Landsman, 2002), and there is some evidence to suggest that rural child welfare agencies intervene at a higher rate than do urban child welfare agencies (Drake, 1996; English et al., 2002; Ondersma et al., 2001).* These differences between urban and rural communities and child welfare agencies suggest that applying an urban model of child welfare practice to rural communities is not justified (Templeman & Mitchell, 2002). The unique needs of these communities and their child welfare populations call for increased research efforts to identify effective practices for children and families of color in rural areas.

The Role of the Court System in Child Welfare Practice

For children who become dependents of the court, the judicial system may significantly impact practices and outcomes. In child maltreatment proceedings, judges typically have authority over decisions about services and certain case outcomes. Indeed, studies have noted that noncompliance with court orders is a strong predictor of termination of parental rights (Atkinson & Butler, 1996; Jellinek et al., 1992; Smith, 2003). Other studies report that the courts can have an important influence over the services to which children are referred (Garland & Besinger, 1997).

As such, the ways in which court systems and child welfare systems interact is an important contextual issue affecting practices and outcomes. In general there is little research on the ways in which child welfare and court personnel collaborate and how this collaboration, or lack of collaboration impacts children and families of color. However the few studies that have addressed this issue report that the two professions experience numerous barriers to effective collaboration. For instance, in Russell's (1988) survey of 98 caseworkers and 69 attorneys, significant differences in role perception were found between the two groups. Child welfare workers and attorneys disagreed about who should perform a number of different tasks. A majority of both groups felt that they should have primary responsibility for the same tasks, including requesting authorization for a dependency hearing, deciding on the allegations, explaining and interpreting court proceedings to parents, deciding if children should testify, entering into agreements with parents regarding case disposition, and recommending dispositions to the court. Both groups expressed a need to have attorney and child welfare worker roles clarified and a need for cross training between the two

groups. Additionally, in open-ended responses to survey questions, both attorney and child welfare respondents expressed some irritation over their interactions with one another. Attorneys felt that child welfare workers should “stop trying to be attorneys” (Russell, 1988, p. 212), and child welfare workers expressed that “we know about what lawyers do, but they don’t know about what we do. Therefore training of lawyers to casework responsibilities would be helpful” (Russell, 1988, p. 212).

In an attempt to address barriers to collaboration between child welfare and the court system, Johnson and Cahan (1992) reported on the “Children Can’t Wait Project,” a training program aimed at cross training for attorneys and social workers, and overall system modifications. The program convened a series of seminars for child welfare workers and attorneys. Seminars included cross training and open explorations of one another’s expectations. Social workers in the seminars expressed a need for attorneys and court personnel to increase respect and understanding of their profession, while court personnel described a need for social workers to provide more timely and accurate case preparation and to be knowledgeable of legal definitions. Other seminar activities included creating action plans to expedite court proceedings by improving communication between attorneys and workers, and modifying court proceedings themselves. Although both attorneys and social workers had good attendance at the initial seminars of the project, attorneys had much less involvement in multidisciplinary groups working to implement the project. Outcomes of these collaborative efforts were not described.

Additionally, Knepper and Barton (1997) explored courtroom dynamics of court personnel and child welfare professionals during court proceedings. District judges, circuit judges, circuit clerks, Foster Care Review Board chairs, Court Appointed Special Advocates, and attorneys from five sites in one state completed surveys. Interviews with court personnel and caseworkers were also conducted, as well as focus groups with foster parents and caseworkers, court observations, and case record reviews. Findings revealed that in general, caseworkers felt that judges respected their opinions and judgments about cases. Yet judges also demonstrated great influence on certain decisions and actions. When caseworkers adhered to group norms, judges often rewarded them by not ordering “unrealistic” practices (Knepper & Barton, 1997, p. 298), and providing more reasonable time frames for mental health evaluations to be completed. Many respondents also noted that court proceedings were often used to finalize agreements, rather than negotiate; they lasted an average of 10 minutes with prosecutors and other attorneys doing most of the talking. Survey results indicated that court personnel generally do not receive training on child maltreatment issues prior to beginning their job. Approximately 77 percent of district judges and 79 percent of circuit judges reported that there were no training requirements for attorneys working in child welfare.

The Role of the Court System in Child Welfare Practice: Impact on Children and Families of Color

Few studies have evaluated the potential impact of the court system on children and families of color in the child welfare system. However the court system clearly does play a significant role in case processes and outcomes (Garland & Besinger 1997; Knepper & Barton, 1997). For instance, Garland and Besinger (1997) noted that White children in the child welfare system tended to be more likely than African American or Hispanic children to be court ordered counseling/psychotherapy, however no racial/ethnic differences were found in social worker recommendations in counseling/psychotherapy.

Research also indicates that there are numerous barriers to effective collaboration between court personnel and child welfare professionals, including lack of clarity in their different roles (Russell, 1988). Studies suggest that collaboration between these two groups might be improved through cross training and clarification of roles (Cahan, 1992; Russell, 1988). More research is needed to discern how the court system impacts child welfare practices as well as outcomes for children and families of color.

Summary of Key Findings and Implications

This section reviewed research on evidence-based child welfare practices and their application to children and families of color, as well as the impact of contextual factors on child welfare practices for children and families of color. *Overall, research on the effectiveness of child welfare practices across the various choice points in the CWS is somewhat limited and unfortunately many studies fail to assess the possible differential impact of child welfare practices on diverse ethnic groups.* Nevertheless, certain practices evaluated in the literature are emerging as promising practices for children and families of color and there is a need to continue to promote evidence-based practice in child welfare.

Following the pathway that children may take through the child welfare system, research on child welfare practices at the beginning choice points, including screening, investigation and provision of voluntary services reveals mixed results on the effectiveness of these practices. Research does indicate that cases involving children of color are investigated and substantiated at a higher rate than cases involving White children (Ards, et al., 2003; Drake, 1996; Eckenrode et al., 1988; Wells, et al., 1995). Children of color are also more likely than White children to be placed in out-of-home care (Needell et al., 2003; U.S. DHHS, 2001).

Studies also demonstrate that there is little overall consistency in the decision-making practices of individual child welfare workers (Rossi et al., 1999; Schuerman et al., 1999). Practices designed to improve decision-making including the use of structured risk assessment tools, or multidisciplinary teams/family group conferencing may have the potential to improve decision-making practices, yet research has not yet evaluated the effectiveness of these interventions with ethnically diverse populations.

Perhaps the most promising beginning choice point practice to emerge from the literature is the use of home-based prevention services. Research does demonstrate that home-based prevention efforts are effective in preventing maltreatment and further involvement in the CWS, as well as improving health related behaviors and outcomes for mothers and young children (Kitzman et al., 1997; Olds et al., 1997).

Research on continuing care and ending choice point practices provide limited evidence that these practices are successful in reunifying families or ensuring a permanent placement for children. However, research does consistently demonstrate that Black children are reunified at a lower rate than are White children (Courtney, 1994; Jones, 1998; McMurty & Lie, 1992; Wells & Guo, 1999; Westat, Inc., 2001c). *Evaluations of traditional family reunification services, and specific treatments, such as parenting education, substance abuse, domestic violence or Family to Family/social network interventions appear to suggest that these services have limited overall success, and tend to be most successful with lower-risk parents (Dore & Lee, 1999; Morrel et al.,*

2003). However, research does suggest that substance abuse services for parenting women in particular, are most effective when they are residential, fairly intensive and allow mothers to live with their children while in treatment (Clark, 2001; Haller et al., 1997; Metsch et al., 2001).

Research on mental health services for children in out-of-home care suggests that children of color are less likely to be recommended for and to use child welfare services while in out-of-home care (Garland & Besinger, 1997; Garland et al., 2000). Studies on intensive interventions for children in out-of-home care, including wraparound services and treatment foster care, have yielded mixed results (Clarke et al., 1992; Farmer et al., 2003). Additionally, although research does indicate that foster and kinship alternate caregivers are in need of a variety of services, research on the effectiveness of these services is not available (Cuddeback & Orme, 2002). *Similarly, research on permanency planning practices is limited.* There is evidence that children of color are more likely than White children to have lengthier stays in the CWS once parental rights have been terminated (Barth et al., 1994; Kapp et al., 2001). Research also suggests that some child welfare workers may fail to encourage transracial adoption or placement (Avery, 2000; Brooks & James, 2003).

Additionally, contextual factors such as cultural competency of child welfare workers and practices; child welfare practice in rural areas; and the role of the court system all impact the effectiveness of child welfare practices. Cultural competence in child welfare settings, although widely acknowledged as important, has not been adequately researched. *Studies do suggest that the lack of linguistically appropriate services may result in the under-utilization of services, or inaccurate or incomplete assessments and interventions (Gomez et al., 1985; Suleiman, 2003).*

Moreover, research also suggests a need to differentiate between rural and urban areas when researching and discussing child welfare practices (Templeman & Mitchell, 2002). *Rural areas in comparison to urban areas have been found to have unique risk factors and child welfare agencies in rural and urban areas have been found to differ in a number of ways (Drake, 1996; English et al., 2002; Menanteau-Horta & Yigzaw, 2002; Ondersma et al., 2001).* As such, there is a need to define and evaluate rural-specific child welfare practices (Templeman & Mitchell, 2002).

Although more research is needed to discern how the court system affects child welfare practice, research does suggest that there are numerous barriers to effective collaboration between court and child welfare systems. Cross-training and clarification of roles have been identified as important factors in improving the relationship between the child welfare and court systems (Cahan, 1992; Russell, 1988).

In general, much of the research literature on the impact of child welfare practices is inconclusive. Yet very few studies describe differences in outcomes by ethnic/racial groups and most of the research fails to even mention the effect of culture and ethnicity on the delivery and impact of child welfare practices. This gap in the research literature is striking and has important implications for children and families of color in the CWS. The lack of adequate knowledge of the types of practices, services, programs, policies, tools, or strategies that are effective for children and families of color hinders our ability to remedy the disproportionate representation of children of color in the CWS and may leave many children and families of color without adequate or appropriate services. The next section focuses on child welfare practices in Santa Clara County's child welfare system.

IV. SANTA CLARA COUNTY CHILD WELFARE PRACTICES

In Phase 3, one area of investigation focused on the impact of child welfare practices on children and families of color in the Santa Clara County's Department of Family and Children Services (DFCS). Several related analyses were conducted to understand the types of practices and case characteristics that are associated with more successful outcomes for children and families from various racial/ethnic groups; the types of child welfare practices used in Santa Clara County; how practices in the Main County Offices differ from South County Office practices; how practices interact with child, family and cultural characteristics of differing racial/ethnic groups to produce various outcomes; and the role of the court system on child welfare practices. As such, this section contains five overall analyses:

- 1) A successful case analysis. This analysis examined case record review data collected in Phase 2 to determine the types of practices and case characteristics associated with successful case outcomes.
- 2) A qualitative analysis of Santa Clara County child welfare practices. Focus group and interview data from Santa Clara County workers were collected to obtain information about current practices, how these specific practices might positively or negatively impact children and families of color, and what practices might be created, enhanced or maintained to better serve children and families of color.
- 3) A comparison of Main County Offices versus South County Offices. This analysis used both quantitative data from CWS/CMS, as well as qualitative data from focus groups in South County to compare case characteristics and practices between the two areas of the county.
- 4) A multivariate analysis of factors associated with reunification. This analysis examined system-related factors and case characteristics predictive of reunification of children with their families.
- 5) An analysis of the role of the court system in child welfare practice. This analysis used case record review data collected in Phase 3 to determine whether and what type of court-ordered changes are made to the social worker case plan recommendations at the jurisdictional/dispositional hearing. Results from agency-wide focus groups related to the relationship between the child welfare and court systems are also provided.

Taken together, these five sections provide extensive and important information on Santa Clara County child welfare practices and factors that are associated with successful outcomes for children and families of color.

Successful Cases Analysis

In Phase 3, one aim was to define and assess successful cases and outcomes in Santa Clara County's Child Welfare System. An analysis of factors associated with successful case outcomes and how these factors and outcomes differ by racial/ethnic group helps shed light on the types of practices and conditions necessary to promote enhanced outcomes for children and families of color.

Methods

First, our task was to operationally define "successful cases and outcomes" for this quantitative portion, which we based on the United States Department of Health and Human Services (US DHHS) Children's Bureau standardized outcomes. These standardized outcomes are part of the U.S. DHHS' child and family services reviews and the Title IV-E foster care eligibility reviews (U. S. DHHS, 2003b). These levels of success and outcomes are:

Safety

- Children are first and foremost protected from abuse and neglect
- Children are safely maintained in their homes whenever possible

Permanency

- Children have permanency and stability in their living situations
- The continuity of family relationships and connections is preserved for families

Family and Child Well-Being

- Families have enhanced capacity to provide for their children's needs
- Children receive appropriate services to meet their educational needs
- Children receive adequate services to meet their physical and mental health needs

Second, from our in-depth reviews of the 403 cases sampled for Phase 2, we matched basic information and additional data collected from the court reports during Phase 3 with the US DHHS guidelines. Although information from every court hearing available within our sample was recorded, we relied primarily on data from the jurisdictional/dispositional hearing and the last two hearings of each case to evaluate "successful cases and outcomes." We then expanded our analyses started in Phase 2 to evaluate "successful cases and outcomes" and differences by ethnicity for this current phase.

Results

Safety

Regarding *safety*, referring to the US DHHS criteria mentioned above, we used three variables to indicate "children are first and foremost protected from abuse and neglect." Number of prior referrals and previous number of times in the CWS indicated a risk of harm affecting these children. The number of times removed from the family indicated a family environment that was assessed as harmful and thus warranted additional removal.

We also used the initial case assignment from the jurisdictional/dispositional hearing to denote whether "children are safely maintained in their homes whenever possible." A similar variable, case closure type, which also refers to maintenance of the child in the home, will be discussed in the permanency section.

Number of Prior Referrals

Of the 403 cases, 48 had missing data. Of the remaining 355 cases, 118 (33.2%) had no prior referrals, 111 (31.2%) had 1 or 2 prior referrals, and the remaining cases (35.6%) had more than 2 prior referrals. This indicated that more than half of the cases had prior referrals, which are used by social workers in establishing potential risk to child safety. One-third of the cases had more than two prior referrals. Please see Table 1a.

Table 1a: Frequency of Prior Referrals^a

Number of Prior Referrals	Frequency	Percentage
0	118	33.2%
1	75	21.1%
2	36	10.1%
3	35	9.9%
4	24	6.8%
5	18	5.1%
6	14	3.9%
7	6	1.7%
8	7	2.0%
9	4	1.1%
10	3	.8%
11	5	1.4%
12	3	.8%
13	5	1.4%
14	1	0.3%
15	0	0.0%
16	0	0.0%
17	0	0.0%
18	1	0.3%

^a Based on 355 cases with valid information

There was not a statistically significant relationship between number of prior referrals and ethnicity. An average of 2.46 prior referrals (sd = 3.14) were made before the case was opened for the current episode. Please see Table 1b.

Table 1b: Number of Prior Referrals By Ethnic Group^a

	Total	African American	White	Latino	Asian American/PI	Other
Prior Referrals Avg. (sd)	2.46 (3.14)	2.14 (2.71)	2.64 (3.27)	2.46 (3.25)	1.62 (2.14)	2.81 (3.37)

^a Based on 355 cases with valid information**Previous Times in the CWS**

Of the 403 cases, 93 had missing data. Of the remaining 310 cases, 204 (65.8%) had no prior experience with the CWS while 106 (34.2%) did have prior experience with the CWS. This indicates that one-third of cases had an elevated risk for abuse or neglect as evidenced by prior substantiated abuse or neglect. Please see Table 2a.

Table 2a: Previous Times in the CWS^a

Previous Times In the CWS	Frequency	Percentage
0	204	65.8%
1	85	27.4%
2	10	3.2%
3	6	1.9%
4	4	1.3%
5	0	0.0%
6	1	0.3%

^a Based on 310 cases with valid information

There was not a significant relationship between the number of previous times in the CWS and ethnicity. On average, children across ethnic groups were previously in the CWS 0.47 times (sd = 0.83). Please see Table 2b.

Table 2b: Previous Number of Times in CWS by Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Average (sd)	0.47 (0.83)	0.25 (0.49)	0.50 (0.92)	0.46 (0.78)	0.63 (1.06)	0.56 (0.82)

^a Based on 310 cases with valid information**Number of Times Removed from Family in Current Episode**

Of the 403 cases, 15 had missing data. Of the remaining 388 cases, 257 (66.2%) were removed once and 131 (33.8%) were removed more than once, indicating that in one-third of the cases, the safety level in the home regarding the protection from abuse and neglect was not consistent. Please see Table 3a.

Table 3a: Times Removed from Family in Current Episode^a

Number of Times Removed	Frequency	Percentage
1	257	66.2%
2	98	25.3%
3	24	6.2%
4	7	1.8%
5	2	0.5%

^a Based on 388 cases with valid information

There was a significant relationship between the number of times removed from family in current episode and ethnicity. Across all ethnic groups, children were removed an average of 1.45 times ($sd = 0.74$). African American children had the highest average number of times removed from family in current episode with 1.67 times ($sd = 0.90$), and Asian American/Pacific Islander children had the lowest average with 1.26 times ($sd = 0.51$). Please see Table 3b.

Table 3b: Number of Times Removed from Family in Current Episode by Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Average (sd)	1.45 (0.74)	1.67 (0.90)	1.36 (0.68)	1.44 (0.68)	1.26 (0.51)	1.64 (0.92)

^a Based on 388 cases with valid information

Case Assignment After Jurisdictional/Dispositional Hearing

Of the 403 cases, 12 had missing data. Of the remaining 391 valid cases, 88 (22.5%) were assigned to family maintenance. This indicates that less than one-quarter of cases are safely maintained in the home whenever possible. There was not a significant relationship between case assignment after the jurisdictional/dispositional hearing and ethnicity. Overall, most cases were assigned to family reunification (71.1%, 278 of 391 cases). Please see Table 4.

Table 4: Case Assignment after Jurisdictional/Dispositional Hearing^a

	Total	African American	White	Latino	Asian American/PI	Other
Family Maintenance	88 (22.5%)	7 (14.9%)	34 (25.8%)	27 (19.4%)	9 (29.0%)	11 (26.2%)
Family Reunification	278 (71.1%)	38 (80.9%)	91 (68.9%)	101 (72.7%)	19 (61.3%)	29 (69.0%)
Other	25 (6.4%)	2 (4.3%)	7 (5.3%)	11 (7.9%)	3 (9.7%)	2 (4.8%)

^a Based on 391 cases with valid information

Permanency

Regarding *permanency*, referring to the US DHHS criteria mentioned above, we used three variables to indicate whether "children have permanency and stability in their living situations." The number of unique placement homes and the number of placements in the current episode indicated the consistency of the children's living situation while in the CWS. Since permanency and stability also imply a solution of consistency within particular settings, case closure type was also examined. To evaluate the outcome of whether "the continuity of family relationships and connections is preserved for families" we also examined the proportion of reunified families within the case closure type.

Number of Unique Placement Homes in Current Episode

Of the 403 cases, 15 had missing data. Of the remaining 388 valid cases, 162 (41.8%) had only one or two unique placement homes. 224 (58.2%) had more than two unique homes, which indicated that less than half of the children in the CWS are in a relatively permanent living situation. Please see Table 5a.

Table 5a: Number of Unique Placement Homes^a

Number of Placement Homes	Frequency	Percentage
1	55	14.2%
2	107	27.6%
3	62	16.0%
4	46	11.9%
5	27	7.0%
6	24	6.2%
7	8	2.1%
8	11	2.8%
9	7	1.8%
10	9	2.3%
11	2	0.5%
12	4	1.0%
13	8	2.1%
14	3	0.8%
15	2	0.5%
16	0	0.0%
17	3	0.8%
18	1	0.3%
19	1	0.3%
20	1	0.3%
21	0	0.0%
22	1	0.3%
23	1	0.3%
24	0	0.0%
25	1	0.3%

26	0	0.0%
27	2	0.5%
28	0	0.0%
29	0	0.0%
30	0	0.0%
31	0	0.0%
32	0	0.0%
33	1	0.3%
34	0	0.0%
35	1	0.3%

^a Based on 388 cases with valid information

There was not a significant relationship between number of unique placement homes in current episode and ethnicity. Across all ethnic groups, there was an average of 4.54 (sd = 4.67) unique placement homes in the child's current episode. Please see Table 5b.

Table 5b: Number of Unique Placement Homes by Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Average (sd)	4.54 (4.67)	5.35 (6.48)	4.70 (4.60)	4.44 (4.26)	3.29 (3.22)	4.36 (4.59)

^a Based on 388 cases with valid information

Number of Placements in Current Episode

Of the 403 cases, 16 had missing data. Of the remaining 387 valid cases, 222 (57.4%) had only one or two placements. However, 165 cases had more than two placements indicating that 42.6% of children in CWS are in a relatively inconsistent living situation. Please see Table 6a.

Table 6a: Number of Unique Placement Homes^a

Number of Placements	Frequency	Percentage
1	79	20.4%
2	143	37.0%
3	56	14.5%
4	42	10.9%
5	20	5.2%
6	11	2.8%
7	8	2.1%
8	3	0.8%
9	8	2.1%
10	4	1.0%
11	1	0.3%
12	0	0.0%

13	4	1.0%
14	2	0.5%
15	1	0.3%
16	0	0.0%
17	0	0.0%
18	1	0.3%
19	0	0.0%
20	1	0.3%
21	1	0.3%
22	0	0.0%
23	1	0.3%
24	0	0.0%
25	0	0.0%
26	0	0.0%
27	0	0.0%
28	0	0.0%
29	0	0.0%
30	0	0.0%
31	0	0.0%
32	0	0.0%
33	1	0.3%

^a Based on 387 cases with valid information

There was not a significant relationship between the number of placements in current episode and ethnicity. Across ethnic groups the average number of placements in current episode was 3.31 (sd = 3.34). Please see Table 6b.

Table 6b: Number of Placements in Current Episode By Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Average (sd)	3.31 (3.34)	3.27 (3.23)	3.77 (4.06)	2.99 (2.78)	3.00 (3.16)	3.20 (2.83)

^a Based on 387 cases with valid information

Case Closure Type

Of the 403 cases, 386 had valid information for the case closure type. Including those adopted, reunified with family, or placed with a relative or guardian, 183 (47.4%) of the cases have permanency and stability in their living situation. There was not a significant relationship between case closure type and ethnicity. Please see Table 7.

Table 7: Case Closure Type By Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Family Stabilized (FM)	98 (25.4%)	13 (27.1%)	40 (30.5%)	31 (23.5%)	5 (16.1%)	9 (20.5%)
Guardianship established or placement with relative	44 (11.4%)	5 (10.4%)	13 (9.9%)	21 (15.9%)	2 (6.5%)	3 (6.8%)
Reunified with parent or guardian, court or non-court specified	25 (6.5%)	3 (6.3%)	11 (8.4%)	6 (4.5%)	0 (0.0%)	5 (11.4%)
Adoption	16 (4.1%)	4 (8.3%)	6 (4.6%)	2 (1.5%)	2 (6.5%)	2 (4.5%)
Emancipation	57 (14.8%)	6 (12.5%)	11 (8.4%)	25 (18.9%)	7 (22.6%)	8 (18.2%)
Incarceration, runaway or medical services	27 (7.0%)	6 (12.5%)	7 (5.3%)	10 (7.6%)	1 (3.2%)	3 (6.8%)
Court ordered termination and other	119 (30.8%)	11 (22.9%)	43 (32.8%)	37 (28.0%)	14 (45.2%)	14 (31.8%)

^a Based on 386 cases with valid information

Reunification

Of the 403 cases, 386 had valid information to determine whether children were reunified with their family at case closure. Of these 386 cases, 263 (68.1%) were not reunified with family

and 123 (31.9%) were. This indicates the continuity of family relationships and connections are preserved for less than one-third of these families. Please see Table 8a.

Table 8a: Proportion of Children Reunified with Family^a

	Frequency	Percentage
Not Reunified with Family	263	68.1%
Reunified with Family	123	31.9%

^a Based on 386 cases with valid information

There was not a significant relationship between reunification with family and ethnicity. Please see Table 8b. However, it is important to note that in the multivariate analyses that appears later in this report (please see page 103), significant variations in reunification by ethnicity were found even after controlling for other demographic and system-related factors.

Table 8b: Children Reunified By Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Not Reunified with Family	263 (68.1%)	32 (66.7%)	80 (61.1%)	95 (72.0%)	26 (83.9%)	30 (68.2%)
Reunified with Family	123 (31.9%)	16 (33.3%)	51 (38.9%)	37 (28.0%)	5 (16.1%)	14 (31.8%)

^a Based on 386 cases with valid information

Family and Child Well-Being

Regarding *family and child well-being*, referring to the US DHHS criteria mentioned above, we created a summary score based on 16 variables categorized in 4 domains (overall well-being, economic status, health status, and substance abuse related to the mother and the father) evaluated from the last two hearings to indicate if "families have enhanced capacity to provide for their children's needs." Although we originally wanted to examine each domain separately, the extremely sparse information available from the last two hearings of each case prohibited these comparisons at such a detailed level.

We then evaluated whether the child's education status was positive from the last two hearings to indicate if "children receive appropriate services to meet their educational needs.

Finally, we created a summary score to evaluate the status of the child. This was based on 8 variables within similar domains above (child's overall well-being, economic status, health status, and substance abuse) to indicate whether "children receive adequate services to meet their physical and mental health needs."

Families Enhanced Capacity to Provide For Their Children's Needs

Of the 403 cases, 156 had valid information to determine if families had an enhanced capability to provide for their children's needs. A positive score on this quantified information meant that this capacity was generally enhanced, and a negative score meant the capacity was generally diminished. The possible range for this summary score was -2.0 to +1.0. The average score was 0.01 (sd = 0.71), which indicated that on the whole, case outcomes seemed neutral in terms of family's capacities to provide for their children's needs. There was a marginally significant relationship with ethnicity. African American families appear to have a more enhanced capacity while Asian American/Pacific Islander families seem to have a more diminished capacity. Please see Table 9.

Table 9: Family's Capacity to Provide for Their Children's Needs By Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Average (sd)	0.01 (0.71)	0.35 (0.59)	0.00 (0.77)	-0.04 (0.69)	-0.50 (0.53)	0.07 (0.62)

^a Based on 156 cases with valid information

Children Receiving Appropriate Educational Services

Of the 403 cases, 76 had valid information to determine if children received appropriate services to meet their educational needs. A positive score meant that their educational needs were generally met, and a negative score meant that their educational needs were generally unmet. The possible range for this summary score was -1.0 to +1.0. The average score was 0.30 (sd = 0.71) which indicated that educational needs were being somewhat met. There was not a significant relationship with ethnicity. Please see Table 10.

Table 10: Children Receiving Appropriate Services to Meet Educational Needs By Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Average (sd)	0.30 (0.92)	0.75 (0.71)	0.32 (0.89)	0.03 (0.98)	0.50 (0.93)	1.00 (0.00)

^a Based on 76 cases with valid information

Children Receiving Adequate Services to Meet Physical and Mental Health Needs

Of the 403 cases, 156 had valid information to determine if children received adequate services to meet their physical and mental health needs. A positive score in the summary variable meant that their needs were generally met and a negative score that their needs were generally unmet. The possible range for this score was -1.0 to +1.0. The average score was 0.11 (sd = 0.71) indicating that on the whole, the case outcomes seemed neutral in regards to meeting children's needs. There was not a significant relationship with ethnicity. Please see Table 11.

Table 11: Children Receiving Adequate Services to Meet Needs^a

	Total	African American	White	Latino	Asian American/PI	Other
Average (sd)	0.11 (0.71)	-0.05 (0.76)	0.21 (0.69)	0.07 (0.71)	0.13 (0.64)	0.07 (0.83)

^a Based on 156 cases with valid information

Summary of Key Findings and Implications

In Phase 2, we analyzed major case characteristics on the main sample of 1720 cases (primarily from CWS/CMS data) and additional psychosocial factors measuring child and family well-being for the 403 cases relying on data gathered directly from the case files. We conducted ethnic comparisons for both samples. *In Phase 3, our aim was to evaluate successful cases and outcomes using the US DHHS guidelines and assess ethnic differences. Results indicate that there were minimal ethnic differences*

Variations of Safety, Permanency, and Family and Child Well-Being by Ethnicity

In regards to safety, there was a significant relationship between the number of times removed from family in current episode and ethnicity where African American children had the highest average number of times removed from family in current episode and Asian American/Pacific Islander children had the lowest average.

In terms of family and child well-being, there was a marginally significant relationship between a families capacity to provide for their children's needs and ethnicity, with African American families appearing to have a more enhanced capacity while Asian American/Pacific Islander families seem to have a more diminished capacity. However, from this portion of our analysis, the general absence of significant differences by ethnic group assessed from the end of the case implies that certain aspects leading to a successful case and outcome are not related to ethnicity.

It is important to note that major ethnic differences do exist in Santa Clara County's CWS, but many of these variations appear at different choice points in the system (such as psychosocial status at the beginning of the case, and assignment to voluntary family maintenance). In addition, a combination of factors experienced through the course of the case may be related to success or

positive outcomes. However, *our results suggest that ethnic differences at the conclusion of the case are not evident, if we define success according to DHHS guidelines.*

Implications Related to the Disproportionate Representation of Children of Color in the CWS

Given the relatively few ethnic differences in evaluating successful cases and outcomes, what does this imply about ethnicity and the CWS? The absence of ethnic differences in this segment does not negate the previous findings in Phase 1 and 2 confirming that certain ethnic groups are over-represented (i.e., Latinos, African Americans) while others are under-represented (i.e., Asian American/Pacific Islanders) in the county's CWS. Phase 2 results also indicate that there are significant ethnic differences in many demographic, system-related, and psychosocial characteristics. Yet, what does the absence of ethnic differences in successful cases and outcomes mean in context? While results suggest there is a clear disproportion of ethnic groups in the system, once in the system, the children and families are generally faring the same. Their relatively homogeneous experience may be *a result of the "one-size-fits all" limited array of services offered.* Although this may seem equitable and logistically efficient, it appears ultimately ineffective in serving a diverse group of children and families. Also, to determine better how "well" these children are actually doing while in the system, *the availability of comparative data*, clear operational definitions for "success," and more reliable and valid data are needed.

Limitations and Recommendations

The major limitations for this successful cases and outcomes component include the lack of information available (especially at case closure), to establish an operational definition of a "successful case and outcome," and the need for baseline and comparative data.

Data Issues

To assess better whether safety, permanency, and family and child well-being are maintained and enhanced, child welfare records should include more complete and measurable information. We acknowledge that child welfare case records were not originally intended for research. Yet, if the agencies responsible for providing effective services wish to evaluate the performance of their programs more reliably and validly, improving information collection and tracking should be considered.

One step would be to create a case summary check-out form used at case closure or in an exit-interview type situation. The check-out form would indicate the child and family's status in major areas of psychosocial well-being (i.e., health, education, and finances), in addition to the existing case outcomes. Given the amount of missing data assessing these domains describing case and child status, and the relative scarcity of information recorded in the last two hearings (presumably the place where outcomes of a case would be recorded) this form would enable measurement and evaluation of "successful cases and outcomes" in a more consistent objective manner. The amount of missing data and the manner in which information is assessed also implies the need for more reliable and valid methods of recording of information.

Operational Definition of Successful Case and Outcome

Having a clear operational definition of a "successful case and outcome" is vital to program evaluation and research. When we used the US DHHS criteria, the initial impression maybe that a relatively low proportion of "successful cases and outcomes" seems to exist in regards to safety, permanency, and well-being as for example only 32% of the children are reunified with their families. However, again availability of comparative data along with the consistent use of a well-defined operational definition of "success" is needed to understand the actual success rates *for children and youth* in the CWS. Two questions arise from our results and interpretation. First, what actually is "success?" For example, adoption for one case may be a failure if a family has improved its ability to support and nurture a child, but was denied reunification because the system still deemed those parents unfit. Adoption for another case may be a success if the system permanently removes a child from a persistently dangerous or unhealthy family environment. The same difficulty in evaluation occurs when a family is reunified (presumably a success) but the child later falls victim to reabuse (failure). Finding an agreed-upon operational definition may be first a theoretical or philosophical question rather than a research one, but is important for the County to consider if their programs are to determine their effectiveness

The second question concerns a judgment of Santa Clara County's CWS performance according to the proportion of "successful cases and outcomes." Given the above limitations and issues, Phase 3 cannot give a final answer to how well the county's CWS is serving children and families. This brings us to our third limitation and set of recommendations, the need for baseline and comparative data.

Baseline and Comparative Data

It was difficult to assess the successful cases and outcomes in Santa Clara County's CWS. Are the proportions of children reunified with their families or of those adopted high or low? And compared to what? Implementing better record keeping and data collection over time on key characteristics, based on an agreed-upon operational definition would better answer the question of effectiveness and performance. Implementing these practices across counties and across states would also facilitate evaluation.

The recent Little Hoover Commission report (2003) urges reform in the CWS, especially for the county and state to improve the leadership and management structure guiding the system (Little Hoover Commission, 2003). As part of this reform, an accurate evaluation of success for children and families involved in the CWS is needed.

Qualitative Analysis of Santa Clara County Child Welfare Practices

The qualitative component of this study consisted of both focus groups and interviews and was designed to obtain insights about current child welfare practices used within the DFCS, how these specific practices might positively or negatively impact children and families of color, and what practices might be created, enhanced or maintained to better serve children and families of color.

Methods

For the purposes of both the focus groups and the interviews, “practices” were defined broadly to include programs, services, strategies, policies, or tools. Qualitative methods, including focus groups and interviews, are ideally suited for capturing and documenting common experiences about what “works” and what might be improved from the perspective of individuals involved in different parts of the child welfare system, including Social Workers, supervisors and clients. These methods may also help to illuminate quantitative findings, offer information about formal and informal local practices, and provide a context for understanding a variety of factors that might influence practices. The methods employed for gathering qualitative data through focus groups and through interviews are described below.

A total of 16 structured focus group interviews were conducted during the course of this study. Thirteen of the focus groups were composed of Social Workers, specifically workers with titles of Social Worker II or III. The focus groups were structured to explore practices at different choice points in the child welfare system. Specific topics for focus groups included the following:

- Emergency Response/Dependent Intake (early choice points related to entry into the system and initial assessment and investigation).
- Diversion (provision of voluntary family maintenance, informal supervision, early intervention, and other efforts to divert families to services without court intervention).
- Case Assignment (early choice points related to cases that are substantiated and opened).
- Mandated Services (including court ordered parenting classes, substance abuse treatment, domestic violence services, mental health counseling or other services).
- Time Limits (including local, state and federal time limits and the impact on practices with children and families of color).

In order to ensure that concerns of clients were adequately represented in the project, three focus groups were conducted with parents in the child welfare system. Individual interviews were also conducted with supervisors with experience in each of the choice points described above. Individual interviews were used to supplement and affirm findings from the focus groups.

Social Worker Focus Group Sampling and Recruitment

Prospective participants for the Social Worker focus groups were randomly selected from a list of workers with title of Social Worker II or Social Worker III in different units/division. Lists of randomly selected Social Workers were generated using SPSS (Statistical Package for Social Sciences). This random selection was conducted “without replacement,” so that if Social Workers were randomly selected for a specific focus group topic, they would be excluded from random samples for other focus groups. Table 12 below provides a list of the 13 Social Worker focus

groups, the child welfare units from which focus group participants were selected, and the number of focus group participants.

Approximately 15 to 20 Social Workers were randomly selected to receive an invitation to attend each of the 13 Social Worker focus groups. In recognition of possible scheduling conflicts, emergencies, or vacations of invitees, we invited more Social Workers than were expected to attend each focus group. Prospective focus group participants were sent an initial invitation by email two weeks to one month in advance of the focus group. Non-responding Social Workers were sent a second invitation to participate in the focus group. Finally, prospective focus group participants who agreed to attend a focus group were sent a confirmation email and/or phone call two to three days prior to the scheduled group. Each focus group was comprised of approximately 5 – 8 members, though some were smaller. In particular, the two case assignment focus groups were small, with two and three participants in each of the groups respectively. A total of 67 Social Workers participated in the focus group interviews.

Table 12: Employee Focus Group Composition

Focus Group	Units Included in Selection Process	Number of Groups	Number of Participants
Diversion	Court Services <ul style="list-style-type: none"> • Early Intervention/Intensive Family Services/ Home Supervision • Informal Supervision Family Resource Centers <ul style="list-style-type: none"> • Asian Pacific Family Resource Center • Nuestra Casa Family Resource Center • Ujirani Family Resource Center 	2	14
ER/DI	Emergency Response <ul style="list-style-type: none"> • Screening • Emergency Response Court Services <ul style="list-style-type: none"> • Dependent Intake 	2	14
Case Assignment	Emergency Response <ul style="list-style-type: none"> • Emergency Response Court Services <ul style="list-style-type: none"> • Dependent Intake 	2	5
Mandated Services	Continuing and Child Welfare Services Bureau <ul style="list-style-type: none"> • Court Supervision • Domestic Violence Unit – Court Supervision • Continuing • Spanish Speaking Services • Continuing Multilingual Adoptions Family Assessment and Development <ul style="list-style-type: none"> • Adoptions and Family Drug Court 	2	10
Time Limits	Continuing and Child Welfare Services Bureau <ul style="list-style-type: none"> • Court Supervision • Domestic Violence Unit – Court Supervision • Continuing • Spanish Speaking Services • Continuing Multilingual Adoptions Family Assessment and Development <ul style="list-style-type: none"> • Pre-Adoption and Drug Court • Family Assessment and Development 	2	11

	<ul style="list-style-type: none"> • Family Linkage 		
South County	South County Region <ul style="list-style-type: none"> • Gilroy Family Center • Rosanna Child Welfare Unit • Monterey Road Child Welfare Unit • Highland Child Welfare 	3	13
TOTALS		13	67

Social Worker Focus Group Procedures

The Social Worker focus groups were designed to examine practices that impact children and families of color at different choice points or units within the child welfare system. To this end, the focus group questions explored the context in which services are provided, specific practices that might positively or negatively impact children and families of color, and recommendations about practices that might be maintained, enhanced or initiated to better serve children and families of color (please see Attachment 1 for the Social Worker Focus Group Interview Guide). Each of the focus groups took place in a room located at a DFCS office. Ten focus groups were conducted at the main administrative office in downtown San Jose and three were conducted at Gilroy Family Resource Center in South County. The focus groups were approximately 1½ hours in length.

All focus group participants received and signed a consent form that explained the study and confirmed their voluntary participation in the focus group. All focus group participants also completed a brief demographic questionnaire. The summary of focus group participant demographics is provided in Attachment 2.

Family Focus Group Sampling and Recruitment

Three focus groups were conducted with families involved in the child welfare system. Two focus groups were conducted with parents of children from populations that are over-represented in the child welfare system in Santa Clara County, specifically Latino and African American children and families. Each of these focus groups was organized in partnership with one of the family resource centers and non-random, purposive sampling methods were employed. Participants for the Latino parents' focus group were recruited among recent graduates of a monolingual Spanish speaking parenting class at the Nuestra Casa Resource Center. Four parents agreed to participate in the focus group and two were able to attend. Staff of Ujirani Family Resource Center recruited participants for the African American parents focus group. Five parents and four staff attended the focus group. Comments from parents and staff were documented separately. Finally, a focus group of foster parents was convened to explore the needs of children of color in out of home placement. The six focus group participants in the foster family focus group were all women; 2 participants identified as Latina, 1 identified as Latina/Native American, 2 identified as Caucasian/European American, and 1 identified as African American.

Family Focus Group Procedures

The three parent focus groups were approximately 1 hour in length. Questions explored in these group interviews were focused on what has worked well for clients in getting services from Child Welfare; what has not worked well and what services should be kept, improved or created to better meet the needs of families. Please see Attachment 3 for the Family Focus Group Interview

Guide. Participating parents signed a consent form and each parent received a \$10 gift certificate from Target as a token of appreciation for contributing to the study. The family focus groups are described in Table 13 below.

Table 13: Family Focus Group Composition

Focus Group	Sponsoring Organization	Number of Groups	Number of Participants
Latino/ Mono-Lingual Spanish Speaking Parents	Nuestra Casa	1	2
African American Parents	Ujirani Family Resource	1	5
Foster Families	Foster Home Licensing, Recruitment & Intake – Resource Families Support Team	1	6
TOTALS		3	13

Individual Interviews Sampling and Recruitment

Fourteen in-depth interviews, of approximately one hour in length, were conducted with supervisors in different positions in the Department of Family and Children’s Services. Prospective supervisor interviewees were randomly selected using the same sampling procedures described earlier. In several cases, because the total number of supervisors was small, all supervisors in some practice areas (such as Emergency Response or Dependent Intake) were included on the list of prospective invitees. Based on the assumption that some supervisors would decline or be unable to complete interviews, more participants were invited than target number of interviews (15). A total of 23 supervisors were invited to participate in interviews and 14 completed interviews.

Individual Interview Procedures

The interviews used a critical incident approach that is designed to elicit descriptions of specific behaviors that help formulate the critical requirements of a specific activity (Flanigan, 1954), such as effective child welfare practice with children and families of color. The critical incident technique has been used to research decision-making in child welfare (Banach, 1998) and is a valuable tool for obtaining information about specific behaviors and practices from practitioners, who are in the best position to evaluate which of these practices “work” or “don’t work.” Rather than gathering general opinions and hunches, this method allows interviewees to recall specific experiences related to the provision of services and to delineate factors related to success or failure in outcomes, such as outcomes related to child welfare intervention for children and families of color.

Interviewees responded to three (3) open ended questions and several “probe” questions that solicited detail about specific critical incidents in practice with children and families of color. In general, the questions explored: 1) factors and practices associated with a case perceived by the interviewee to represent a successful outcome with an African American, Latino or Asian American/Pacific Islander family, 2) factors and practices associated with a case considered unsuccessful, and 3) specific practices that result in or could potentially result in enhanced

outcomes for children and families of color (please see Attachment 4 for the Supervisor Individual Interview Guide). Demographic information was collected at the close of the interview.

The supervisors interviewed for this study represented different practice areas of DFCS including Emergency Response (5), Court Services (3), Continuing and Child Welfare Services Bureau (2), Adoptions Family Assessment and Development (1), and South County (3). Interviewees all had extensive experience working in the Department of Social Services and possessed an average of 17.5 years working with County DFCS (range of 5.5 years to 33 years). All fourteen interviewees possessed an MSW degree and some also were LCSW's. Half of the interviewees were men and half were women. Four of the interviewees were Latino/a, five were Caucasian/Euro American, three were African American, and two were Asian American/Pacific Islander. Ten of the key informants are fluent in speaking another language, and seven use these language skills in their work. A summary of demographic information for the 14 interviewees is provided in Table 14.

Table 14: Supervisor Interviewee Demographics

Bureau/Unit n (%)	Gender n (%)	Ethnicity n (%)	<i>Years- Current Position</i> mean (std. dev.)	<i>Years - County</i> mean (std. dev.)
Emergency Response = 5 (35.7%) Court Services = 3 (21.4%) Continuing = 2 (14.3%) Adoptions = 1 (7.1%) South County = 3 (21.4%)	Males = 7 (50.) Females = 7 (50.)	African American = 3 (21.4%) Asian/Pacific Islander = 2 (14.3%) Latino/Hispanic = 4 (28.6%) White = 5 (35.7%)	3.7 (2.4)	17.5 (8.9)

Qualitative Analysis Procedures

Two members of the Child Welfare Research Team, a trained focus group leader and a research assistant, were present during each of the focus groups with the exception of three of the smaller focus groups that were facilitated and documented by one focus group leader. Notes were taken during both focus group and individual supervisor interviews. Audio tape recordings were made during social worker focus groups and individual supervisor interviews to ensure accuracy of the transcribed notes. Data for the qualitative portion of this study consist of the transcribed notes taken during each of the focus group and individual interviews. Qualitative methods of data analysis were employed to analyze the focus group and individual supervisor interview data. First, major themes were summarized for each of the choice points in the social worker focus group and supervisor interview data. Second, themes from the family focus groups were analyzed separately. Third, a separate analysis of themes in the qualitative data from South County Offices was conducted to provide insights and supplement quantitative analysis of possible differences between South County Offices and Main County Offices within DFCS. Finally, common themes across all focus groups and interviews were identified and documented. The findings of the analysis of themes from focus groups and interviews are presented below and are followed by specific recommendations that emerged across focus groups and interviews.

Qualitative Results: Themes from Focus Groups and Interviews

Participants in focus groups and interviews were asked to describe practices that may negatively or positively impact children and families of color in the Santa Clara County's CWS, as well as contextual factors that may affect the delivery of these services or client outcomes. This section describes the main themes that emerged from these focus groups and interviews. Following the pathway that children may take through the CWS, both negative and positive practices are described at beginning choice points as well as continuing care/ending choice points. Lastly, important contextual factors will also be discussed in relation to the delivery and impact of these practices.¹

Beginning Choice Points:

Practices that Negatively Impact Children and Families of Color

The main themes related to practices that negatively impact children and families of color at beginning choice points included, 1) inappropriate referrals to the CWS, 2) inconsistency in decision-making practices, and 3) inadequate prevention of child maltreatment or entry into the CWS.

Large numbers of inappropriate referrals were noted as having a negative impact on children and families of color. Study participants reported that, "Many mandated reporters have no clear definition or evidence of abuse," and that low-income children and families are frequently referred into the system because of issues more closely associated with poverty than abuse or neglect. Focus group participants stressed the high number of referrals from schools "based on their observations of children wearing old or dirty clothes," "because children had lice," or in one case "because a child brought an expired can of food to a food drive, the child was thought to therefore be neglected." Some participants commented that low-income children from wealthier school districts were disproportionately reported to child protective services. "A child who is at a marginal economic level will be seen differently at a school in Los Gatos as opposed to a school anywhere else."

Although study participants stressed that inappropriate referrals are generally screened out by the Screening Unit, repeated referrals can be damaging because they create a perception of increased risk that may or may not be accurate. As the number of inappropriate referrals increases for a particular family the likelihood of DFCS opening a case may also increase. This situation was described as having a potentially negative impact on children and families of color in particular because they are often more likely to have socioeconomic problems. Some respondents also suggested that children of color are more likely to be scrutinized by law enforcement. "Police are more harsh on African American, API and Latino Families, especially if they don't speak English," commented another participant.

These inappropriate referrals were described as negatively impacting screening practices because social workers often have to spend a great deal of time screening out inappropriate

¹ Please note that focus group and interview participants discussed contextual factors related to the court system. These findings are presented in the section entitled "The Role of the Court System in Child Welfare Practice" which begins on page 109.

referrals. This situation then often reduces the amount of time social workers have to identify and serve families who are in need of voluntary services.

Additionally, study participants felt that, in some cases, inconsistency in decision-making practices during beginning choice points negatively impact children and families of color. Although decision-making practices occur at all stages of the CWS, many participants discussed these practices in relation to clients' entry into the CWS. Although staff generally noted the utility of structured risk assessment tools used at the entry point into the CWS, they also stressed that these tools are limited and that social workers need to develop recommendations using both assessment tools and their own judgment. In relation to the latter, participants expressed concern that decision-making is often determined by the biases and perceptions of individual social workers. Social workers named specific risk assessment tools that are used at beginning stages of the CWS as useful, such as the decision tree used during screening and a written protocol used in Early Intervention. At the same time, social workers suggested that application of assessment tools might vary among social workers based on a number of factors including individual worker bias, size of the unit and unit level, shared expectations about assessment, and level of supervisor support and oversight.

Moreover, study participants noted that, "Decision-making all depends on the worker and his or her attitudes and values," and "We can so easily sway the picture so it is positive or negative by how we write up our narratives for the court reports; the report has a lot of influence and sometimes peoples' personal issues get in the way of making informed decisions." Furthermore, interviewees noted that social workers are not immune to stereotypes of different groups in the dominant culture and in the media and that social workers often judge families based on their own personal experiences and perceptions about what is "good enough" for children. Some social workers pointed out that, for example, workers from other cultures might misinterpret communication norms in African American families as abusive. "Sometimes African American families have norms about speaking loudly, yelling, and threatening (like I am going to pop you)...but kids are rarely hurt...an African American social worker might be less likely to [negatively] interpret these kind of verbalizations than a social worker from a different background."

According to study participants, decision-making practices are also influenced by socioeconomic factors. Families experiencing unemployment, lack of access to resources such as daycare, or problems obtaining health care for children may be initially assessed as having a higher risk for maltreatment. For example, "older siblings are taking care of younger siblings because parents can't afford childcare," noted one participant. "If there were more good daycare there wouldn't be as many neglect cases, even once in the system we [workers] can't get them [clients] child care," added another. Social workers also underscored the impact of local high housing costs on low-income families. This problem was encapsulated by the comments of one worker: "Many families partner up with other individuals to maintain housing and just because there are numerous people living in the home, relatives sharing beds, doesn't mean that this is abuse or neglect. It's poverty." The case example below typified the illustrations provided by study participants:

A Social Worker I was covering a case and she was concerned about the family because there were four children living in a basement with their family. This was a Chicano family. She reported that the children might need to be removed. I went out to this social worker and saw completely different things. The basement was an apartment. The place was small,

but had couches and a crib for the baby; it was cluttered but not dirty...Maybe another worker might have justified what this worker saw and removed the kids for perhaps no good reason at all.

The issue of social worker attitudes toward clients was particularly salient to family focus group participants. Several parents commented on the notable variation in how they are treated by different social workers. A remark that typified this theme was made by one parent who said, “some social workers do their job because they really want to help other and some just do it for the money and don’t seem to care about others.” Parents also described feeling undermined by social workers who appeared to have a negative attitude about the client. One client summarized, “some of the social workers are disrespectful, unfriendly, they look down on the clients and make you feel humiliated.” They elaborated, “It gets to the point where it makes the client feel like ‘I don’t want to go in there,’ but I have to go in there for my child and when you come out you’re in tears.”

Inadequate prevention of child maltreatment or entry into the CWS was also identified as having a negative impact on children and families of color at beginning choice points. Participants commented on the need for services in the community that would help to prevent entry into the child welfare system. Focus group members stated that there is a need for education about child welfare laws and definitions of child abuse, particularly for cultures in which norms related to discipline of children differ from expectations in the dominant culture. Participants suggested that such programs could be offered through Social Service agencies but also in community based social institutions, such as churches, and that some of the communities that have benefited from this type of preventive education in the past include African American, Asian American/Pacific Islander (e.g., Vietnamese, Chinese, and Filipino), Latino, and immigrant communities.

Study participants also emphasized the problems in obtaining services without opening a case. For example, one worker stated that “to get into a wrap-around service from an outside agency, such as schools or probation, without the child being a dependent takes months, by this point the problem will have escalated.” Many social workers stated that opening a case had both benefits and drawbacks: families had greater access to services and support through resources such as Family Preservation Funds but were at greater risk for having a child removed because of time limits or establishing a history with DFCS.

Several social workers also noted that it is actually more work for them to maintain a child in the home with Voluntary Family Maintenance (VFM) services than it is to remove a child from the home and refer to court intervention. Additionally, for families who do make it into VFM or Informal Supervision (IS) services, focus group participants pointed out that resources were not available to provide follow-up support to families to prevent re-entry into the system once their cases are closed. “The family may still have needs but we have to close it. We can only keep it in IS for 6 months (or 3 months in VFM); it relates to funding because you lose federal and state money when a case is closed and you are on County money – and there is none,” exemplified comments from interviews. Consequently, “clients may end up back in services.” Ideally “workers would be able to provide some additional help to them [families] to help themselves.”

Time lags between case assignment to Voluntary Family Maintenance and social workers actually receiving the case were also noted as an issue. “By the time the social workers gets the case, three weeks have gone by and the social worker has only 2 ½ months left [out of three months of services under Voluntary Family Maintenance],” elaborated one social worker.

Beginning Choice Points:

Practices that Positively Impact Children and Families of Color

The main themes related to practices that positively impact children and families of color at beginning choice points included, 1) orientation of clients to the CWS, 2) team decision-making, 3) family involvement in decision-making, and 4) the use of child care and in-home services.

Providing an orientation for parents to help them understand the components of the child welfare systems, the court process, current laws and policies related to time limits, and how to work with social workers was named as a best practice for families first entering the CWS. Social workers in South County portrayed this as a best practice that was formalized into an orientation group while social workers in other areas of the county described conducting orientations with clients individually. Social workers and supervisors advocated for strengthening and institutionalizing the practice of providing an orientation for clients throughout the county. Some participants suggested that an orientation workshop could be provided or co-lead by someone “outside the system” that might be perceived by clients as more neutral.

It would be helpful for parents to go to a workshop to educate them about time lines. Parents don't get it immediately. Sometimes by the time the client “gets it,” it may too late. Also sometimes social workers don't explain it well. Sometimes clients are just traumatized about what all this means and you have to walk them through the process for the first 2 months and you have 6 months time limit – it's very difficult. The workshop should also teach the clients how to read a court report and what the recommendations mean.

Team decision-making (TDM), which is currently being initiated in Santa Clara County, was viewed by participants as a promising tool for mediating individual bias and cultural misunderstanding by social workers. “Even with the decision tree in place we know it hasn't been working because there are still so many children of color and there is still a lot of the worker's subjective perspective put into the report; hopefully TDM can reduce this.” TDM was also perceived as a vehicle to “help get everyone on the same page” with professionals in other systems, such as schools and service providers. Staffing to discuss cases within units and with interdisciplinary teams was identified as a positive practice for children and families of color that could be enhanced by TDM. Some social workers expressed concern about the amount of time that might be required by TDM's and that “it may be hard to get everyone together in a limited time.”

Study participants identified family involvement in decision-making, including the use of family conferences as a positive practice, particularly for children and families of color. Participants suggested this was particularly important for cultural groups that place high value on extended family. “In the Latino culture it's appropriate to extend an invitation to grandparents, godparents, and all parental figures,” illustrated one social worker. Study participants stressed the importance of extending family involvement to include both biological and non-biological family members. For example, some participants noted that African American families often have non-biological aunts, uncles, or other extended family members that should be included in family conferencing. Many social workers and supervisors viewed the developing family-to-family initiative as a promising strategy for expanding and institutionalizing family participation in decision-making.

Last, the use of childcare and in-home services were also noted as a positive practice. For instance, in one social worker's opinion, families with adequate childcare have about an 80 percent participation rate in diversion services, compared to 50 percent participation rate for parents without adequate childcare. Social workers, supervisors, and families discussed the importance of childcare, in relation to the ability of families to succeed in services. "It's really helpful to have child care through Calworks; We need to make sure that is not cut because people can't work or train if there is no one to watch their kids - This is a huge thing."

Social workers also noted that the provision of in-home services allows for "working with clients in their own environment" and providing opportunities for one-on-one mentoring and role modeling new behavior. Social workers identified agencies and programs that provide in-home parenting classes as more effective than traditional didactic intervention practices alone. Social workers also stated that providing in-home visits and follow up services, with the support of Social Worker I's, was an effective practice that is underemployed because of heavy caseloads and scarcity of resources.

Beginning Choice Points: Recommendations to Improve Practices

Recommendations to improve practices at beginning choice points in the CWS included 1) reducing bias and increasing accountability in decision-making, 2) training professionals in other systems, 3) providing client orientations to families first entering the CWS, and 4) investing in prevention and early intervention. Specifically,

Reduce Bias and Increase Accountability in Decision Making

- Implement team decision-making in a manner that includes consideration of client culture. Examine ways to facilitate accountability for team decisions.
- Explore mechanisms to ensure accountability in decision-making and minimize the possible influence of individual or supervisor bias in decision-making.
- Continue the practice of facilitating cultural consultations between staff, with the support of supervisors, including consultations across units.
- Continue and expand practices related to family conferencing.

Training Professionals in Other Systems

- Provide or collaborate in providing training for mandated reporters, including schoolteachers and health care professionals.
- Provide or collaborate in cross training with other systems and agencies "so we can understand one another's needs and views—what we need from each other." Cross training may also serve "to increase communication" or even "help with preventing some families from coming into the system, including families that are already being seen by the agencies."
- Provide or facilitate more training for police regarding removal, working with social workers to assess risk before removal, coordinating with social workers regarding child and family interviews, and ensuring sufficient training for law enforcement officers assigned to conducting sexual abuse interviews.

Provide Client Orientation

- Educate parents referred into the system about child abuse and neglect laws. Provide workshops in their own language on topics such as court processes, how to work with social workers, timelines, and how to navigate the system.
- Consider having such workshops lead or co-lead by someone outside of the system that may be perceived by clients as more neutral.
- Hire and Train Social Worker 1's to assist with family education and orientation.

Invest in Prevention and Early Intervention

- Explore mechanisms to continue providing prevention services, including education of diverse communities about child abuse and elder abuse.
- Explore mechanisms to fund counseling and intervention services for families at risk that are less restrictive than federally funded programs such as Family Preservation, which frequently require formally opening a case to allow families to access resources.
- Continue support and explore opportunities to expand voluntary and diversion services, including early intervention and voluntary services at the family resource centers should continue. These efforts are critical to “determine if families should be in the system” and ensure opportunities for less restrictive placements for children.

Continuing Care/Ending Choice Points:

Practices that Negatively Impact Children and Families of Color

Study participants noted three overall practices that negatively impact children and families of color at continuing care/ending choice points, including 1) problems with service plan recommendations, 2) inconsistency in assessment of substance abusing families and need for stronger linkages with substance abuse services, 3) barriers and service gaps related to relative and foster placements.

Problems with service plan recommendations, including a “cookie cutter approach” to services, and unrealistic expectations of families were noted as practices that have a negative impact on children and families of color. For instance, several study participants suggested that using a “cookie cutter approach” or “template for recommendations” is a practice among both social workers and district attorneys that negatively impacts children and families of color. Participants offered a number of explanations for this dynamic including “social workers being jaded, believing that since they had worked with a similar family before, that the family is the same and the interventions should be the same.” Similar observations from social workers in other focus groups suggested that “sometimes workers will get challenged if they don’t take the cookie-cutter approach,” and sometimes “DA’s think all parents need counseling, parenting class, etc.” Several social workers called for greater flexibility in working with families and “more creativity regarding case plans needs. For example, some parents may just need more time to spend with their children.” Others cited examples where clients were mandated to services that were not appropriate including a mother mandated to services before an assessment was conducted and a father “who is in a 52-week batterers’ program—who had one incident of losing his temper and hitting his child—and

though hitting her was not okay he would be better served in family therapy and an advanced parenting class.”

Additionally, some service plan recommendations were also described as placing unrealistic expectations on families that can set them up for eventual failure. These practices tend to impact low-income families and were perceived to disproportionately impact children and families of color. First, service plans frequently require “a laundry list of mandated services” that are unrealistic for families. “I have a lot of clients who when I sit down with them and go over the service plan with them for the first time they say ‘I’m overwhelmed, I can’t do this.’” “Families are in a panic to get everything done on the service plan from ER to continuation,” explained one social worker focus group participant. Other participants noted that a family might be mandated to substance abuse services, parenting classes, and mental health services while seeking employment and new housing. Some families “just give up,” observed participants. Moreover, clients are often required to attend services that conflict with their job schedules, particularly clients whose schedules change from week to week. “The expectation for clients to reschedule their work schedule is difficult, especially those that receive hourly wages, and causes even more stress for the family.”

Many participants expressed concerns that high expectations imposed on families are reflective of and “ideal” rather than “good enough” standard for families. One study participant summarized this dynamic: “We are not required to have ‘perfect parents,’ we need minimal standards of parenting...Just because you or I would not parent that way does not mean there is a risk to the child.” “From a client’s side, they are being told by a court system and a social system that the way that they were brought up and the way that things were done in their [clients’] family is wrong and not acceptable,” noted a social worker focus group participant.

Finally, study participants cited insufficient resources to support the success of families attending mandated services as a problem. For example, participants in several focus groups stated that the shortage of bus passes and increased paperwork required to obtain the limited passes that were available negatively impact families, particularly children and families of color. “Most of these clients don’t have a vehicle so for the low income families it is challenging for them to get their children back...how are they supposed to fulfill their required programs without transportation?”

Inconsistency in assessment of substance abusing families and need for stronger linkages with substance abuse services was also noted as negatively impacting children and families of color at the continuing care/ending choice point. Participants stressed the importance of effectively addressing the needs of families with substance abuse problems who they perceived to comprise a majority of caseloads. Study participants described a number of success stories in which families were reunified when parents completed substance abuse treatment and also highlighted the fact that when appropriate substance abuse services are provided they can be an effective best practice.

At the same time, study participants suggested that protocols for decision-making with substance abusing families and formal agreements with substance abuse treatment agencies were inadequate. Participants also espoused different standards about when it might be appropriate to reunify a child with a parent or place a child with a relative in recovery. Furthermore, participants suggested that there was a need for developing protocols for addressing relapse with substance abusers in conjunction with both treatment programs and the courts. “We [social workers] pay lip service, we say relapse is a part of recovery, but the system does not reflect that.” Finally, several

study participants noted a lack of clarity and consistency in standards for assessing risk in the case of drug exposed infants, suggesting that race and class bias may influence both initial referral and assessment of parents of drug exposed infants in child welfare.

Study participants also commented on the scarcity of substance abuse services, particularly residential programs for women and children. Although a variety of substance abuse treatment services are offered throughout Santa Clara County, participants pointed out that the need for services was greater than availability, particularly for clients whose primary language is not English. Several participants, particularly in South County, noted that a centralized intake process for entrée into treatment was a barrier for many families because of time and transportation issues.

Additionally, social workers felt that barriers and service gaps related to relative and foster placements also negatively impacted children and families of color at continuing care/ending choice point practices. While the use of relative placements was described as an effective practice for children and families of color, study respondents proposed that poverty issues and timelines converged with other factors to create substantial obstacles to relative placement. First, pressure to move children out of the children's shelter, in the context of little staff support to locate prospective relative placements, often results in lost opportunities to place a child with a family member. Some social workers described feeling "in a double bind" and, in some cases, deeply frustrated because of having to place a child in a foster care situation that was perceived as less positive for the child. Second, even if a relative placement is identified, it is often "impossible to complete the relative placement paperwork within 24 hours, with the required background checks and fingerprinting." Third, although social workers can seek a Director's Exemption to place children with families where members may have had a criminal background, many social workers expressed concern about the fact that even a distant criminal history can create barriers to appropriate relative placements. Finally, new standards for relative placement "are the same as a licensed foster home and are unrealistic for many families; this causes children to not be placed with relatives."

In general, although study participants expressed commitment to ensuring appropriate relative placements for children, the study participants suggested that the requirements represented by the relative packet "doesn't take into account economics or cultural practices" and "disproportionately impacts families of color." These concerns were repeated across focus groups and interviews and were epitomized by the following observations and examples:

The only people that can fit into it [relative packet] are those with money...the packet doesn't take into account the families we deal with. Many families are able to put four children in a bedroom and they're able to do fine, each child has their own space. It [relative packet] does not allow for any arrangement like that at all."

There was a case with 10 and 12 year old Hispanic/Native American girls who were abandoned and went to live with a relative. The relative contacted CPS and stated that the mother had not returned and wanted to know what to do with the children. The worker was unable to assess the relative's home immediately; therefore, the children were then placed in a foster home. The licensed foster home was horrible, they [foster parent] placed the older girl on the floor on a crib mattress. It was terrible and all because they couldn't continue to stay where they had been, because I [worker] couldn't get the clearances fast enough.

Three young Mexican American girls needed a place to live. The aunt was willing to take them in and the children were comfortable with her. The uncle had a criminal history and was a recovering heroin addict, who had been clean for approximately 20 years. On paper the uncle looked really bad, the worker was unable to clear his past. The children were placed in foster care and may be adopted if the mother doesn't comply with the service plan.

In addition to barriers to relative placements, social workers pointed out a need to develop strategies for working with foster care and adoptive families. Respondents noted that these alternate caregivers are often deeply disappointed when the children in their care are reunified. Some social workers suggested working more closely with foster-adopt families about the probabilities for reunification. Foster family and social worker focus groups also expressed a need to provide training to foster families in practical strategies for caring for children across cultural groups and a need to develop mechanisms for experienced foster parents to mentor new foster parents.

Continuing Care/Ending Choice Points: Practices that Positively Impact Children and Families of Color

Social workers described three overall practices that positively impact children and families of color at the continuing care/ending choice points including 1) parenting education services that involve both parents and children in services, 2) cultural matching for children in foster care, and 3) recruitment, training and coaching for foster families.

Parenting education services that involve both parents and children in services were described as practices that positively impact children and families of color. Social workers and supervisors noted that parenting classes that involved children and provided opportunities for parent-child interaction were also a promising practice in comparison to traditional parenting classes. Some social workers suggested that it might be helpful to “wait until children have been returned to order parenting classes” or to arrange for children’s participation in classes.

Additionally, social workers described cultural matching for children in foster care in which workers attempt to place children in a home with foster parents of a similar background as a preferred practice. This was perceived to be critical in relation to matching the primary language of the child and particularly important in the context of federal and state time lines and concurrent planning. At the same time, both social workers and foster parents stressed the importance of a safe and caring placement for children, whether a cultural match was possible or not. Social workers expressed concern that the particular issues and needs of children, including but not exclusive to culture, are sacrificed to the expedience of “finding any placement.” Foster parents echoed a concern about considering both the needs of the child and the experience of the foster parents when arranging a “match.” One foster parent caring for a special needs child of a similar background noted that she would have been overwhelmed and tempted to abandon the idea of foster parenting if her first foster child had been particularly challenging. Foster parents stressed that they and other foster parents often have successful experiences with children of different backgrounds and that they would “never want to see a child wait for a permanent home or left in a shelter because of a cultural difference.”

Social workers and foster parents suggested that recruitment, training and coaching for foster parents is critical to working effectively with children and families of color. Specifically, foster families need to know about how to care for children placed in their home. For example,

foster parents caring for African American children for the first time required basic information about hair care. Foster parents suggested that best practices for working with children of color included obtaining coaching and training from other foster parents, learning about the child's culture and the individual child, and collaborating with social workers to interface with birth parents. Study participants noted that tensions between foster families and birth families were common but that positive practices for children required minimizing these potential problems. Foster families described "success stories" in which foster parents maintained supportive relationships with children who were returned to their family of origin.

Social workers and foster parents both noted the need to recruit diverse foster families, particularly Latino and African American families in Santa Clara County. One foster mother who identified as Latina suggested that some families in her community might be reluctant to become foster parents because they are more likely to already have children than Anglo families. Study participants identified outreach to prospective foster families in underrepresented communities as an important continuing practice.

Continuing Care/Ending Choice Points: Recommendations to Improve Practices

Recommendations to improve practices at continuing care/ending choice points included, 1) providing or facilitating access to concrete support for families, 2) facilitating increased availability and access to services, and 3) supporting and developing foster families. Specifically,

Provide or Facilitate Access to Concrete Support for Families

- Examine options for restoring access to bus passes for clients, both in terms of increasing number of available passes and decreasing paperwork required from social workers to obtain passes for clients.
- Explore ways to increase access to childcare for parents participating in voluntary or mandated services.
- Facilitate access to services related to transitional housing, jobs, financial assistance (e.g., CalWORKS), and for families as well as educational interventions for children in the child welfare system.

Facilitate Increased Availability/Access to Services

- Work with policy makers, courts, communities, and other service delivery systems to identify and address issues related to insufficient services for families. Areas where services are lacking or limited in relation to the perceived need include substance abuse treatment (particularly residential treatment for women and children), transitional and drug free living, mental health services for children, services for young children exposed to trauma or substance abuse, after school programs and other resources for children.
- Collaborate with other systems to protect funding of key services in the context of state budget problems, such as services for 0 to 5 programs.
- Work with contract agencies to facilitate inclusion of children in parenting classes to allow for both didactic and experiential learning opportunities.

- Sustain and increase in-home services, such as intensive wrap around services and one-on-one mentoring during home visits.

Support and Develop Foster Families

- Continue and expand efforts to recruit foster families that are representative of diverse populations in the child welfare system and that match the languages of different children and families (e.g., additional Spanish speaking and Vietnamese speaking foster families).
- Provide training for foster families in practical strategies for caring for children across cultural groups.
- Continue to develop mechanisms for experienced foster parents to mentor new foster parents.

Contextual Factors that Negatively Impact Practices for Children and Families of Color

Study participants noted three overall contextual factors that negatively impact child welfare practices for children and families of color 1) agency level factors that detract from social work practice, 2) a need for more bilingual and bicultural social workers and services, and 3) time limit constraints.

Certain agency level factors that detract from social work practice were mentioned by many study participants as negatively impacting practices for children and families of color. For instance, heavy caseloads and staff shortages were identified as critical factors impeding effective practices for children and families of color. Children and families of color, particularly families who may be less trusting or more intimidated by the system, may require language specific services, or who may have multiple vulnerabilities were deemed very likely to be impacted by the heavy caseloads of social workers. One social worker who works primarily with Spanish speaking families observed that many of her clients require “a lot of hand holding” in navigating through the system. Given heavy caseloads, even dedicated social workers that invest substantial time with some families will have other families “slip through the cracks.” One participant explained:

The weight of the caseload is so heavy—there’s no time to do social work. I always feel I have to rush. Every minute of your day is booked. There is no time to explain court processes to clients.

Many participants commented positively on agency plans to reduce caseloads. This was recognized as a critical move toward improving overall effectiveness in day-to-day social work practice. Yet some social workers commented on some of the weaknesses in the current method for determining caseloads. “There’s no equity in the way the agency does the point system for determining workers’ caseloads.... it’s based on a 100 point system and you could have 70 points that could be 35 children in permanent placement, which is a lot of children to manage, whereas someone else could also have 70 points in Family Reunification (FR) cases, which is not the same workload.” Others suggested that there appeared to be “no rhyme or reason to how cases get assigned—workers with a lot of points will still get assigned cases-even when a different worker has a lower number of points.” Social workers noted that the point system accounts for the number of children in a caseload and also assigns a higher number of points to FR cases than to Permanent Placement (PP) and Family Maintenance (FM) cases. However, they point out that the point system

does not necessarily account for the severity of the case and for individual differences between cases. “Even a case with low points can be very complicated and take up a lot of your time.”

Social workers also highlighted the lack of adequate support staff to work effectively with families, including help with transportation, investigating relative placements, and follow up with clients at home as negatively impacting children and families of color. Social workers also commented on the emotional strain on the job and risk for burnout that is exacerbated by too little support.

We don't have enough support staff—not enough Social Worker I's. It's a lot harder to manage a good FR case without a SW I to document things, help with transport, etc... it becomes more challenging.

This leads you on the road to burnout—I always want to do my best—I want to work harder to get the parents to be successful. There are some workers who are tremendously burned out.

Additionally, social workers noted that substantial amounts of required paperwork can detract from building relationships with clients. Several social workers suggested that, as an example, writing interim court reports in addition to required reports was duplicative and used time that would be better spent with clients. Social workers also pointed out that not having easy access to centralized and updated information about resources and services for families impedes effective practice. The need for centralized and current resource information was noted as important to avoiding “reinventing the wheel” in relation to researching resources that other workers already knew about.

Moreover, confusion about the agency's overall mission, as well as confusion about key agency and child welfare policies was also described as negatively impacting child welfare practices for children and families of color. A need for greater clarity about the mission of DFCS was expressed. “Who is the client, the child or the parent?” asked one participant. Participants varied in their perspectives about the balance between child protection and family preservation. Social workers also expressed confusion over certain key policies including concurrent planning, home assessment protocols and protocols for voluntary versus court placements. Social workers suggested that clearer guidelines related to implementation of concurrent planning were needed. Additionally, participants reported that a more detailed written protocol on home assessments would be beneficial, “the policy is not in writing, there is no written protocol and the most recent memo has DRAFT written on it.” Consequently, it is “difficult completing assessments and explaining the policy to relatives, when the workers aren't clear about it themselves.” Last, uncertainty about protocols for voluntary versus court placements were noted. “There are misconceptions about voluntarily placing a child and when that child is placed into protective custody... about whether this protocol is required for all placements, it seems to go back and forth,” commented one social worker. Another noted “I don't have the understanding about what is a voluntary placement versus a child taken into protective custody; it seems that if we get involved in any kind of removal that it generates a protective custody.”

A need for more bilingual and bicultural social workers and services was also noted as a contextual factor that negatively impacts children and families of color. Although study participants generally commented on the diversity of DFCS staff as a strength, there was a perceived need for

continued growth in this area. “There are not enough workers who speak the different languages of the families,” noted focus group participants. Some social workers suggested that “the clients are left in limbo when a worker who speaks their language is not found” and “when a worker is found that does speak the language of the client then two months have passed by; due to time line constraints the worker is forced to make decisions without knowing much about the family.” “English speaking workers assigned to Spanish-speaking clients is a problem—even if the parents and child speak English, a lot of the extended family may not,” noted one worker. Reliance on interpreters was identified as problematic because it can be difficult to find interpreters within a limited amount of time which can lead to an inability of clients to obtain a timely answer to a question from a worker because it may take days to find an interpreters. Moreover, there can be problems with interpreters who are culturally inappropriate, who do not translate appropriately, or who fail to read all of the court report to the clients.

In spite of these limitations, additional qualified interpreters and translators are needed to facilitate communication with clients and to provide materials in client’s primary language. Study participants stressed the need for increasing language capacity both through social work staff and through access to qualified interpreters. Access to qualified interpreters remains critical to working in a region with representation of a growing number of cultural and language groups. “Lack of interpreters causes continuance of cases,” noted one social worker. Study participants offered a number of illustrations of the impact that language barriers had on clients. One example is offered below.

There are only two Korean interpreters in the South Bay. In one case with a Korean family, Korean interpreter could not be found for a court hearing. This father had to take off from work five days in a row to go to court, because each day an interpreter wasn’t there. This impacted the father because of the time he had to take off of work. Each day he became more and more frustrated. By the time the judge saw the case, the judge saw him at his most frustrated point.

In addition to the need for bilingual and bicultural social workers, study participants also expressed a need for more culturally competent services in general. “There is a need for more culturally diverse counselors and therapists,” noted study participants. Barriers to successful compliance with mandated services include lack of counselors who have knowledge of different cultures and long waiting lists for the few culturally diverse counselors in the area, according to study participants. Furthermore, social worker participants observed that White families appeared to attach less stigma and experience less resistance to accepting mental health or counseling services than families of color. “Lack of services designed for the needs of a specific ethnicity or family can cause Dependent Intake to hold onto cases longer due to being unable to find the necessary resources.” Some social workers suggested that existing services for English speaking clients varied in quality and that contract agencies also differed in the degree to which they prioritized access to services for DFCS clients.

A shortage of services for monolingual non-English speaking clients was identified as a substantial problem for many families. “Families stay in the system longer because of lack of Spanish speaking and other language services...this can be frustrating for families, they want to give up.” Study participants described struggling tenaciously to find appropriate services for families. Examples included searching for domestic violence and substance abuse services in Tagalog, finding a Vietnamese-speaking counselor, and locating a group home for a deaf child.

Several participants expressed concerns that services provided in English for clients whose primary language is non-English were ineffectual and, on occasion, harmful to families such as when “English-speaking counselors who work with monolingual families will use the children as translators.” Spanish speaking services were perceived to be an issue throughout the county and were particularly described as pressing by South County study participants. During one focus group discussion of this issue a participant provided an example:

A Hispanic monolingual mother living in Sunnyvale does not have transportation [to mandated services]. There are no Spanish resources in her area. They are all in the San Jose/Santa Clara area, which causes the family to commute farther. It is difficult finding resources in her area and with no bus passes transportation is a big issue.

Study participants also described time limit constraints as having a negative impact on children and families of color. Focus group participants noted that it was often difficult to work toward family reunification in the context of federal and state time limits. Participants uniformly affirmed the importance of expediting placement of a child into a permanent, safe and stable home and to seeking the least restrictive placement options for children. At the same time, they suggested that timelines made it difficult to have enough time to work with families that require services in order to safely reunify. “Fifteen months is not enough time to work with the client’s issues/problems. The reality of what people are dealing with is not there in the law,” was a typical observation by social workers. Several social workers and interviewees offered examples of children who were placed into adoption who would otherwise have been able to remain with their families if time limits were less rigid: “Court time limits played a large role in the adoption of the child...the time limits affected the outcome of the family and did not take into account how difficult it is to change the way one had lead their life in a matter of a few short months.”

The issue of access to timely services in the context of time limits was also perceived as an important issue. An interviewee described a successful case in which a Latina client with a substance abuse problem was able to reunify largely because the social worker was able to get the mother into substance abuse treatment despite waiting lists: “There are waiting lists for services and not enough time to successfully complete treatment with the waiting lists and the time limits...This family was lucky; the worker was able to get the mother into treatment within 2-3 weeks, so being at the right place at the right time accounts for this [success].” Conflicts between child welfare time lines were perceived as particularly common in relation to addressing the needs of substance abusing parents that represent a majority of cases. “The Federal government only gives families in permanent planning 12 months to complete services and parents only have 6 months for children under 3 years of age; this is especially difficult for parents who abuse substances.”

Study participants suggested that time limits disproportionately impacted families of color: “Children of color are brought into the system because parents are on drugs, they aren’t being watched and are in an unsafe environment at that point. The children stay in the system because the expectation is for the parents to all of a sudden to get better because their children are in the system, ‘so if you [parents] don’t get better we [social workers] are going to keep your children. This is unrealistic, especially with the court timelines,” exemplified comments made by many study participants. Families whose primary language is other than English were also perceived as being at greater risk for failing to reunify: “It is difficult to meet timelines with certain services that are not offered in different languages; clients are placed on waiting lists or those services don’t exist.”

Contextual Factors that Positively Impact Practices for Children and Families of Color

Respondents noted four overall contextual factors that positively impact child welfare practices for children and families of color including 1) cultural matching and cultural consultation, 2) supportive supervision 3) collaboration with other agencies and systems, and 4) a strength-based approach to services.

Cultural matching and cultural consultation was noted as a best practice for children and families of color. Although study participants did describe a need for more bilingual and bicultural staff, they also commended the agency's efforts to provide a cultural match between clients and social workers. Cultural matching was viewed as an effective strategy for facilitating development of rapport with clients and minimizing the potential for cultural bias in assessment. Specifically, social workers and supervisors valued the culturally specific Emergency Response (ER) units and acknowledged efforts to match clients and social workers as much possible in Dependent Intake (DI). At the same time, respondents asserted that it is not always possible to assign to clients workers of a similar cultural background. In this context, social workers described obtaining cultural consultation from other child welfare professionals as a best practice.

At the same time, study participants acknowledged that clients might prefer to interface with social workers of a different culture than their own. For example, several social workers that specialize in working with Asian American/Pacific Islander groups commented that some families prefer to be assigned to a social worker of a different background out of a sense of privacy, pride, or concern about judgment. Both social worker and client focus group participants noted that cultural matching was not a guarantee against bias. Social workers are not immune to being judgmental about clients of their own culture or biased in relation to other issues such as socioeconomic status. In some cases, clients described their experiences with social workers from a different background as positive and that the quality of respect was more important than sharing a common background. To this end, continuing training on cultural competence and working effectively with specific population groups was also considered a key practice.

High quality, supportive supervision that integrates coaching in working effectively with diverse families was viewed as critical to practice with children and families of color. "Some supervisors want to hear about cases and are supportive—others just want to know if you got the reports done on time," summarized one participant. In addition, supervisors were identified as key players in the process of brokering cultural consultations with other social workers, particularly between social workers from different units.

Collaboration with other agencies and systems concerned with the safety and welfare of children and families of color was also highlighted as a beneficial practice for children and families of color. For instance, developing interagency formal agreements and connections with liaisons in other agencies was described as beneficial because it facilitates collaboration and minimizes the potential for agencies to give conflicting messages and mandates to clients. Social workers are "able to divert cases or get a better picture of the family when two agencies are working together to work with the families, which helps not only us but also the client." Other agencies mentioned in this context include probation, hospital, medical providers, family and mental health agencies, CalWORKS, substance abuse treatment agencies, domestic violence agencies and other entities that may be involved with clients.

Additionally, collaboration with other agencies to address systemic issues was described as a best practice. Social workers noted that community meetings are held on a monthly basis for all community agencies and are attended by program managers, but workers are encouraged to attend. Participation in policy level discussion between systems was considered to be an important part of collaboration. Several participants mentioned the Greenbook project, an initiative to better coordinate domestic violence and child welfare services, as a model for interdisciplinary problem solving and policy development. The Greenbook project successes could help inform evolving collaboration with other key systems, such as the substance abuse treatment system.

Other collaborative efforts such as outstationed social workers, co-location of services and Family Drug Court were noted as best practices for children and families of color. Participants described having ER social workers at different sites such as the Family Violence Center and police stations as a valued practice. Moreover, South County social workers noted “we are located at the resource centers where there are community providers here that are not child welfare ...we’ve got AA meetings, parenting classes—everything is centralized here and that makes it comfortable for the families.” Although social workers mentioned that co-location of services have been reduced because of budget changes and other factors, it remains a positive practice for children and families, particularly low-income families and families of color that may have less time and fewer resources to access services. Lastly, social workers and supervisors described the family drug court as a model for effectively working with substance abusing families in the child welfare system. Several examples of “successful” cases involved families assigned to family drug court.

A strength-based approach to services was also mentioned as an important best practice that can be used at all points in the CWS. Indeed, strength-based practice was lauded as a fundamental tenet of social work that is crucial for working with children and families of color. Specific elements of this practice named by study participants include, looking at the unique characteristics of each family; building solutions with families and showing that they [families] do have some control; being willing to try new things, especially when clients make the suggestions; involving the parent in the removal of the children, a strategy that is empowering to parents and less traumatic for the children; demonstrating a commitment to invest time with families on the “front-end” to build rapport, facilitate client understanding of the child welfare system, and optimize chances for maintaining or reunifying the family; working with families to identify relative placements when out of home placements are required and coaching relatives through the application process; and lastly, demonstrating a willingness to advocate for the child and family with the court and other service delivery systems.

Contextual Factors:

Recommendations to Improve Practices for Children and Families of Color

Study participants described five overall recommendations to improve practices for children and families of color as they relate to contextual factors, including 1) reducing caseloads, increasing support and streamlining service delivery, 2) maintaining and expanding multifaceted approaches to providing culturally competent practice, 3) increasing linguistic capacity of systems and services for families, 4) fostering an organizational culture that is strength-based and community based, 5) enhancing collaboration, and 6) training social workers. Specifically,

Reduce Caseloads, Increase Support and Streamline Service Delivery

- Continue efforts to reduce social worker caseloads. Reduction in caseloads was uniformly identified as key to providing quality services to clients, particularly children and families of color that may have complex needs and that may initially have less trust and/or less familiarity with child welfare and court systems. “Social workers need time to do their job and to help clients access culturally appropriate services and programs.”
- Provide additional Social Worker I support for in-home assessment/support, follow up with families, and overall case support.
- Provide dedicated staff, and explore other options, to expedite requirements to qualify relative placements. For example, policies requiring relative placement standards similar to foster families might be reevaluated (e.g., illustrations of this as a problem included an example of two young girls were denied relative placement because they shared a queen size bed rather than having separate beds). In addition, develop strategies for overcoming barriers to relative placement, such as an expedited process for Director’s Exemption in the case of a distant criminal history of a family member in the prospective home.
- Examine opportunities to facilitate quicker access for social workers to criminal background checks.
- Develop procedure or protocols to facilitate communication between units, particularly in relation to transferring ER cases to voluntary family maintenance informal supervision.
- Examine options for maximizing the skills of social workers with specific cultural or language expertise. For example, social workers in ER and DI stated that support across units that involved overtime was recently prohibited. However, social workers suggested that this practice failed to reduce the total amount of overtime expended by social workers while limiting flexibility in obtaining culturally and linguistically skilled consultation and assistance.
- Develop centralized, and updated resources lists for a wide range of services, including service providers with expertise in serving diverse cultural and language groups. This practice was identified as key to avoiding duplication of effort and ensuring access to quality services for clients. “Sometimes we make a lot of phone calls just to find out what someone two aisles from you already knew.” In addition, update Court Services Handbook, which was perceived by several social workers to be out of date.
- Examine opportunities to provide flexibility in office hours, alternate social workers to cover cases when social workers are on vacation, or other mechanisms to reduce potential burnout.
- Provide social workers access to adequate transportation (e.g., “better cars”) for travel related to working with families.
- Develop protocols that reduce paperwork so “there is more time to do social work.” For example, interim court reports could be eliminated or reduced, templates for psychosocial assessments or other guidelines for court reports could be provided, and social workers could “get assistance especially with filing.”

Maintain and Expand Multifaceted Approach to Providing Culturally Competent Practice

- Continue practice of attempting to provide a cultural match for clients as a strategy for facilitating rapport and, in some cases, minimizing cultural or class bias.
- At the same time, maintain recognition that 1) some clients may prefer to see a Social worker who is not of their background, 2) many clients value “being treated with respect” above being assigned a social worker of the same background, and 3) the diversity of the population in Santa Clara County may not always allow for “matching” clients and social workers in relation to race/ethnicity or other demographics. Ensure training and support for all social workers in

cultural competence and addressing the needs of different population groups among all social workers

- Continue working to ensure diverse staff in units throughout the agency.
- Continue using the family resource centers, including provision of services for mandated clients.

Increase Linguistic Capacity of Systems and Services for Families

- Facilitate development of services specifically designed for families whose primary language is not English in key areas including mental health, domestic violence, substance abuse, counseling services, parenting without violence classes, and other services.
- Continue to hire bilingual/bicultural staff. Need for greater linguistic capacity was reported for a number of different language groups including for Spanish speaking, Vietnamese, and Filipino clients.
- Minimize need for use of translators. When needed, provide high quality translators who are able to communicate concepts related to the law, the social work system, timelines, and court processes.
- Provide forms and written materials in multiple languages.
- Examine opportunities for establishing guidelines for contracting or collaborating agencies in relation to linguistic services, such as procedures disallowing use of children as translators for monolingual speaking parents.

Foster an Organizational Culture that is Strength-Based and Community-Based

- Continue to identify mechanisms, such as the Family-to-Family Initiative, to build community involvement in decision-making.
- Communicate a commitment to assuring the least restrictive placement for children from management, through supervision, and to line staff. Provide training and support for social workers to advocate for clients in court and other settings.
- Examine strategies to minimize what study participants described as internal disincentives to ensuring the least restrictive placement for children including “County Council whose role it is to protect the agency sometimes telling social workers to change recommendations” and the greater paperwork and advocacy required for less restrictive options.
- Ensure client access to information about complaint procedures and access to the Ombudsman.

Enhance Collaboration

- Continue to develop collaborative case planning, linkages, information sharing and policy development with other service delivery systems, including schools, service providers, probation, CalWORKS, housing, and other systems. Collaborative planning and problem solving was perceived as particularly crucial in an environment of severe fiscal restraints.
- Develop protocols to facilitate access to mandated services for clients in the context of federal and state timelines, such as formal agreements and protocols to expedite access to substance abuse treatment.

Train Social Workers

- Require cultural competence training for all new staff and mandate continuing education for all social workers. Include, as part of the training, opportunities for self-reflection and examination of personal bias related to culture of other issues frequently confronted in families, such as substance abuse. In these areas, provide training that is high quality, dynamic, and delivered by skilled trainers who are knowledgeable about both their subject area and child welfare.
- Provide education within the agency about different cultural norms in parenting and family strengths.
- Provide training on specific issues that impact all families and that may differentially impact children and families of color including policies and practices for addressing drug exposed infants, substance abuse, domestic violence, sexual abuse, and other topics. In addition, provide training on procedures and practical considerations for working with diverse families, such as training on guardianship.
- Provide training on immigration law and practical strategies for working with families, such as identification of immigration status of the child at an early stage and working with international relative placement.
- Training on these topic areas should integrate consideration of cultural differences and evidence-based practices for different populations.
- Provide training for all staff including clerical staff and eligibility workers.
- Facilitate forums for social workers to share resources and effective practice strategies.
- Create opportunities for social worker access to training. “We can’t go to trainings because we have too much else to do—so we’re denied professional development opportunities.”

Summary of Key Findings and Implications

Study participants described numerous practices and contextual factors that have either a negative or positive impact on children and families of color in Santa Clara County’s child welfare system. There is some evidence in the research literature that supports certain best practices mentioned by study participants. For instance, general research supports the effectiveness of *in-home services* (see literature review), however these services appear to be most effective when they are intensive, long-term and delivered by health or social service professionals and when the workers delivering these services receive a high level of supervision (Barth, 1991; McGuigan et al. 2003; Olds et al., 1997). In addition, some research has suggested that parenting classes for child welfare parents are more effective when they pair a didactic approach with a more experiential approach, such as parent and child interaction (Carlo, 1993).

Participants also identified family conferencing as an effective practice. These study findings are consistent with limited research in this area that suggests that inclusive practices, in which parents are engaged in placement and other decisions, may result in more placement stability for children, although possible differential effects for diverse populations has not been researched (Palmer, 1996). *Participants generally expressed optimism about the adoption of team decision making (TDM) as a vehicle for improving decision-making with diverse families, although some social workers expressed concern about time required for implementation.* Research does suggest that TDM can be labor intensive and can be difficult to implement effectively within the context of the child welfare system (Sieppert et al., 2000). *Finally, participants noted that both formal and informal collaborative relationships with other services delivery systems, such as domestic violence and substance abuse treatment systems, are critical for successful interventions with children and families. Furthermore, participants recognized the importance of training and cross-training to*

enhance the capacity of helping professionals in child welfare and other systems to better address the needs of children and families of color.

Interestingly, most practices and contextual factors mentioned by social workers had *both positive and negative aspects*. Many of the practices and contextual that negatively impact children and families of color were actually barriers to successful implementation of the practices that social workers felt have a positive impact on children and families of color. *Although practices such as orientation of new clients; family and team decision-making; preventive services; substance abuse services; cultural competency; collaboration with other agencies and systems; a strength-based approach; and the use of relative placements were described as having a positive impact on children and families of color, certain negative practices and contexts impeded their effective implementation.* For instance, *having to screen out large numbers of inappropriate referrals; inconsistency in decision-making practices; a shortage of services, particularly substance abuse and preventive services; lack of client access to services; difficult protocols for placing children with kin; gaps in cultural competency; time limits; and agency-level factors such as heavy caseloads, staff shortages, substantial amounts of paperwork, lack of access to information about resources; and confusion about the agency's overall mission and key policies all impeded implementation of the best practices.* These findings suggest that in addition to building on current positive practices for children and families of color, CWS stakeholders should also actively work both internally and in collaboration with partners to reduce barriers to these best practices.

Indeed, in order to address these barriers to effective implementation of best practices, study participants mentioned numerous recommendations that centered around certain key themes. In general, there was an emphasis on improving decision-making through increased accountability, training and cross-training to reduce bias, and increased use of group decision-making or family involvement in decision-making. *Study participants also stressed a need to improve and expand prevention, diversion and concrete services, as well as an overall need to expand culturally and linguistically competent services, and develop ways to improve availability and access to services.* Once a case is opened, social workers also felt it valuable to provide an orientation to clients so that they are more aware of the CWS and court processes and can better navigate the system. *Recommendations related to organizational factors were also noted, including reducing caseloads; increasing support and streamlining service delivery; clarification of the mission of DFCS, as well as key child welfare policies; fostering an organizational culture that is strength-based and community-based, and more overall training for social workers.*

Limitations and Conclusions

Qualitative data, such as focus groups and interviews, provide rich insights into practices that may positively or negatively impact children and families of color. In any such endeavor, there are possible biases that may impact the results. For example, given the likelihood of time conflicts and emergencies, we invited more social workers to participate in the focus groups than we expected to attend. It is not possible to determine if other factors influenced participation. Workers with a particular interest in this topic may have made a special effort to attend. In addition, the perspectives and opinions of the social workers, supervisors and families who participated in the study may not be entirely reflective of the populations they represented. At the same time, participants were representative of different units and facets of the child welfare system, different race/ethnic groups, and varied levels of experience. *The findings of this study affirm the value of many efforts that are already in place, such as culturally specific ER response units and family*

resource centers, and other that are in the process of implementation including efforts to reduce caseloads, initiation of team decision making, and participation in the Family-to-Family initiative. The findings of the study also point to opportunities to further strengthen services for children and families of color. Recommendations related to training, institutionalizing group orientation for clients, and other suggestions from study participants could be used to inform practice and planning. It would be beneficial for a team of managers, line staff, family representatives, and community members to review these findings to identify and prioritize possible practices for adoption based on their feasibility and utility for children and families of color.

Comparison of the Main County Offices and South County Offices

In an effort to better understand the influence of contextual factors on child welfare practices and outcomes for children and families of color, a comparison of Santa Clara County's Main Offices and South County Offices was conducted. This comparison included both quantitative and qualitative analyses. Quantitative data from CWS/CMS were used to examine differences in case characteristics between the Main County Offices and South County Offices. A qualitative comparison of focus group data from the Offices and South County Offices was also conducted to discern how workers perceive practices in these two geographical locations. These analyses help shed light on the potential impact of agency and community context on case characteristics, child welfare practices and outcomes for children and families of color in Santa Clara County's CWS.

Quantitative Methods

In Phase 2, the CWRT continued its investigation of the disproportionate representation of children of color in the child welfare system by analyzing a sample of cases closed during an 18-month period (January 2000 through June 2001). Key case characteristics were analyzed, including ethnic comparisons. Please see the Phase 2 report for methodology details and case characteristics by ethnicity (Hines et al., 2002).

One of the recommendations that emerged from Phase 2 of the study was to explore possible differences in case characteristics and practices between the Main County Offices and the South County Offices. In Phase 3, we used the basic characteristics from the 1720 cases analyzed in Phase 2 while adding the Santa Clara County location information provided via the Child Welfare System / Computer Management System (CWS/CMS).

Analyses

A series of exploratory, bivariate analyses were conducted with county location as the distinguishing variable, Main County (MC) versus South County (SC). The purpose of this initial set of analyses was to identify differences in the CWS related to county location in order to help describe variations not only by ethnicity, but by other case and service characteristics. The following sections will describe (1) the proportion of cases with each county location, (2) general characteristics by county location, and (3) significant differences related to county location.

Definition of Terms

County Location – Two overall geographical areas within Santa Clara County designated as either Main County Offices (centered primarily in the Northern part of the County, including the main office on Julian Street in San Jose) or South County Offices (based in Gilroy).

Quantitative Results

County Location

Of the 1720 cases, 1633 (94.9%) had valid county location information with 87 missing (5.1%). Of the 1633 valid cases, 1487 (91.1%) were served in MC, 50 in SC (3.1%) and 96 (5.9%)

in both county locations. Please see Table 15.

Table 15: Proportion of Cases by County Location^a

Total	Main (MC)	South (SC)	Both
1633 ^a	1487 (91.1%)	50 (3.1%)	96 (5.9%)

^a Based on 1633 valid cases, excluding 87 cases with missing location

For the primary ethnic comparison, we retained three county location designations, MC, SC, and Both (cases served in MC and SC). However, given the range in the length of time children designated as Both were served in MC and SC, and the focus on comparing the two stated geographical areas, subsequent analyses excluded this third category.

County Location and Child Characteristics

Child's Ethnicity

There was a significant relationship between the child's ethnicity and county location. As noted in Phase 1 and 2, Latinos compose the largest ethnic group served in the county's CWS. When examined by location, those served in MC were more likely to be Latinos (44.7%, 661 of 1480 MC cases). This proportion of Latinos was higher in SC (68.0%, 34 of 50 SC cases) and Both (62.1%, 59 of 95 Both cases). African American, Asian American/Pacific Islander, and Other children's cases were least likely located in SC and Both locations. Please see Table 16.

Table 16: Ethnic Group By County Location

	Total	Main	South	Both
Child's Ethnicity ^a				
• N size	1625	1480	50	95
• African American	177 (10.9%)	170 (11.5%)	1 (2.0%)	6 (6.3%)
• White	476 (29.3%)	434 (29.3%)	13 (26.0%)	29 (30.5%)
• Latino	754 (46.4%)	661 (44.7%)	34 (68.0%)	59 (62.1%)
• Asian American /Pacific Islander	156 (9.6%)	155 (10.5%)	1 (2.0%)	0 (0.0%)
• Other ethnicity	62 (3.8%)	60 (4.1%)	1 (2.0%)	1 (1.1%)

^a Based on 1625 cases with valid MC and SC county locations and county location information

Unfortunately, the South County Office subsample was too small to allow more detailed analyses by ethnicity. However, we continued to pursue our comparison of the two primary county locations by other key variables.

Child Demographics

There was not a significant relationship between gender and county location. Within MC, 52.2% was female (776 of 1486 cases) compared to SC where 50.0% was female (25 of 50 cases). Within SC, 47.8% was male (710 of 1486 cases) compared to SC where 50.0% was male (25 of 50 cases).

There was not a significant relationship between age and county location. The average age of the MC sample was 5.95 years (sd = 5.16), while the average age of the SC sample was 6.57 years (sd = 4.19).

There was not a significant relationship between child's language and county location. The majority of the MC and SC samples spoke English. However, in SC, Spanish was the only other language other than English spoken. Please see Table 17.

Table 17: Child Demographics

	Total	Main	South
Gender ^a			
• N Size	1536	1486	50
• Female	801 (52.1%)	776 (52.2%)	25 (50.0%)
• Male	735 (47.9%)	710 (47.8%)	25 (50.0%)
Average age in years (sd) ^b	5.97 (5.13)	5.95 (5.16)	6.57 (4.19)
Child's Language ^c			
• N Size	1524	1474	50
• English	1308 (85.8%)	1262 (85.6%)	46 (92.0%)
• Asian American/ • Pacific Islander	62 (4.1%)	62 (4.2%)	0 (0.0%)
• Spanish	144 (9.4%)	140 (9.5%)	4 (8.0%)
• Other	10 (0.7%)	10 (0.7%)	0 (0.0%)

^a Based on 1536 cases with valid MC and SC county location and gender information

^b Based on 1537 cases with valid MC and SC county location and age information

^c Based on 1524 cases with valid MC and SC county location and language information.

County Location and System-Related Factors

Voluntary Status and Reason for Removal

There was a significant relationship between voluntary status and county location. The proportion of cases in voluntary services was higher in SC at 88.0% (44 of 50 cases) compared to 41% in MC (600 of 1462 cases).

There was not a significant relationship between the reason for removal and county location. Please see Table 18.

Table 18: Voluntary Status and Reason for Removal

	Total	Main	South
Voluntary Status ^a			
• N Size	1512	1462	50
• Voluntary	644 (42.6%)	600 (41.0%)	44 (88.0%)
• Not Voluntary	868 (57.4%)	862 (59.0%)	6 (12.0%)
Reason for Removal ^b			
• N Size	1206	1196	10
• General Neglect	161 (13.3%)	158 (13.2%)	3 (30.0%)
• Severe Neglect	172 (14.3%)	172 (14.4%)	0 (0.0%)
• Physical Abuse	300 (24.9%)	297 (24.8%)	3 (30.0%)
• Sexual Abuse	73 (6.1%)	73 (6.1%)	0 (0.0%)
• Emotional Abuse	40 (3.3%)	40 (3.3%)	0 (0.0%)
• Other Maltreatment	460 (38.1%)	456 (38.1%)	4 (40.0%)

^a Based on 1512 cases with valid MC and SC county location and voluntary service information

^b Based on 1206 cases with valid MC and SC county location and removal information

Initial Out-of-Home Placement Facility Type

There was not a significant relationship between initial out-of-home placement facility type and county location. Please see Table 19.

Table 19: Initial Out-of-Home Placement Facility Type

	Total	Main	South
Initial Out of Home Placement Facility Type ^a			
• N Size	1206	1196	10
• Foster Family Home	258 (21.6%)	258 (21.6%)	0 (0.0%)
• Group Home	66 (5.5%)	66 (5.5%)	0 (0.0%)
• Children's Shelter/ Receiving Home/ Non-EA /AFDC	359 (29.8%)	353 (29.5%)	6 (60.0%)
• Relative Home	343 (28.4%)	341 (28.5%)	2 (20.0%)
• Foster Family Agency	124 (10.3%)	123 (10.3%)	1 (10.0%)
• Guardian Home/Court Specified Home	56 (4.6%)	55 (4.6%)	1 (10.0%)

^a Based on 1206 cases with valid MC and SC county location, and placement information

Number of Times removed from Family and Number of Unique Placement Homes in Current Episode

There was not a significant relationship between the number of times a child was removed from their family in current episode and county location. On average, children in the sample were removed 1.35 times (sd = 0.70).

There was not a significant relationship between the number of unique placement homes in current episode and county location. The sample had an average of 3.56 (sd = 3.86) unique placement homes in current episode. Although MC cases had a higher average of placements (3.57, sd = 3.88) compared to SC (1.90, sd = 1.10), this difference did not reach statistical significance, most likely due to the small number of SC cases available for comparison. Please see Table 20.

Table 20: Number of Times removed from Family and Number of Unique Placement Homes in Current Episode

	Total	Main	South
Average Number of Times Removed from Family in Current Episode (sd) ^a	1.35 (0.70)	1.35 (0.70)	1.10 (0.32)
Average Number of Unique Placement Homes in Current Episode (sd) ^b	3.56 (3.86)	3.57 (3.88)	1.90 (1.10)

^a Based 1228 cases with valid MC and SC county location and removal information

^b Based on 1228 cases with valid MC and SC county location and placement information

Average Stay (in days) per Placement Facility, Number of Placements, and Total Length of Time in Out of Home placement in Current Episode

There was not a significant relationship between the average stay (in days) per placement facility in current episode and county location. The average number of days a child stayed in one placement in their current episode was 244.06 (sd = 480.43). Although MC cases had a higher average of 245.73 days in placement (sd = 482.03) compared to 41.54 days (sd = 44.71) in SC, this difference did not reach statistical significance, again most likely due to the small number of SC cases available for comparison.

There was not a significant relationship between the number of placements in episode and county location. On average, children in the sample had 2.84 placements (sd = 2.95). Although MC cases had a higher average of 2.85 placements (sd = 2.95) compared to 1.80 (sd = 1.32) for SC, this difference did not reach statistical significance, again most likely due to the small number of SC cases available for comparison.

There was not a significant relationship between the total length of time (in months) in out-of-home placement in current episode and county location. On average, children in the sample spent 13.16 months (sd = 20.40) in out-of-home placement. Although MC cases had a higher average of 13.24 months in placement (sd = 20.47) compared to 3.28 months (sd = 4.24) for SC, this difference did not reach statistical significance, again most likely due to the small number of SC cases available for comparison. Please see Table 21.

Table 21: Average Stay (in days) per Placement Facility, Number of Placements, and Total Length of Time in Out of Home placement in Current Episode

	Total	Main	South
Average stay (in days) per Placement Facility Type in Current Episode (sd) ^a	244.06 (480.43)	245.73 (482.03)	41.54 (44.71)
Number of placements in Current Episode (sd) ^b	2.84 (2.95)	2.85 (2.95)	1.80 (1.32)
Total length of time (in months) in Out of Home Placement in Current Episode (sd) ^c	13.16 (20.40)	13.24 (20.47)	3.28 (4.24)

^a Based on 1228 cases with valid MC and SC county locations and placement information

^b Based on 1206 cases with valid MC and SC county locations and placement information

^c Based on 1200 cases with valid MC and SC county locations and time information

Number of Episodes, Total Length of Case (in years), and Number of Workers Assigned to Case over Time in the Current Episode

There was not a significant relationship between the number of episodes and county location. Children in the sample had an average of 1.19 (sd = 0.47) episodes.

There was a significant relationship between the total length of the case (in years) and county location. On average, children in the sample had a case length of 1.87 years (sd = 2.78). MC cases lasted longer with an average of 1.93 years (sd = 2.80) compared to 0.18 years (sd = 0.39) for SC.

There was a significant relationship between the total number of workers assigned to case over time in current episode and county location. Children in the sample had an average of 4.91 workers (sd = 2.75). MC cases were assigned a higher average of 5.03 different workers (sd = 2.72) compared to 1.48 workers (sd = 0.84) for SC. Please see Table 22.

Table 22: Number of Episodes, Total Length of Case (in years), and Number of Workers Assigned to Case over Time in the Current Episode

	Total	Main	South
Average Number of Episodes (sd) ^a	1.19 (0.47)	1.19 (0.48)	1.16 (0.37)
Average Total Length of Case (in years) (sd) ^b	1.87 (2.78)	1.93 (2.80)	0.18 (0.39)
Average Number of Workers Assigned to Case over Time in the Current Episode (sd) ^c	4.91 (2.75)	5.03 (2.72)	1.48 (0.84)

^a Based on 1512 cases with valid MC and SC county locations and episode information

^b Based on 1512 cases with valid MC and SC county locations and case time information

^c Based on 1532 cases with valid MC and SC county locations and worker information

Last Out-of-Home Placement Type

There was not a significant relationship between last placement type and county location. Please see Table 23.

Table 23: Last Out-of-Home Placement Type, and Age at Time of Case Closure

	Total	Main	South
Last Out of Home Placement Type ^a			
• N Size	1228	1218	10
• Foster Family Home	260 (21.2%)	260 (21.3%)	0 (0.0%)
• Group Home	77 (6.3%)	77 (6.3%)	0 (0.0%)
• Children's Shelter	354 (28.8%)	348 (28.6%)	6 (60.0%)
• Relative Home	346 (28.2%)	344 (28.2%)	2 (20.0%)
• Foster Family Agency	133 (10.8%)	132 (10.8%)	1 (10.0%)
• Guardian Home/ Court Specified Home	58 (4.7%)	57 (4.7%)	1 (10.0%)

^a Based on 1228 cases with valid MC and SC county locations and placement information

Age at Time of Case Closure and Service Type at Case Closure

There was not a significant relationship between age at time of case closure for current episode and county location. On average, children in the sample were 8.19 years-of-age (sd = 5.72) at the time of case closure. Although MC cases closed with an older child's average age of 8.23 years (sd = 5.76) compared to 7.15 years (sd = 4.22) for SC children, this difference did not reach statistical significance.

There was a significant relationship between service type at closure of case and county location. Overall, the majority of cases ended in family maintenance (59.9%, 920 of 1537 cases). However, SC had a higher proportion of cases in family maintenance (92.0%, 46 of 50 cases) compared to MC (58.8%, 874 of 1487 cases). Please see Table 24.

Table 24: Age at Time of Case Closure and Service Type at Case Closure

	Total	Main	South
Age at Time of Case Closure for the Current Episode (sd) ^a	8.19 (5.72)	8.23 (5.76)	7.15 (4.22)
Service Type at Case Closure ^b	1537	1487	50
• N Size			
• Emergency Response	39 (2.5%)	29 (2.6%)	0 (0.0%)
• Family Maintenance	920 (59.9%)	874 (58.8%)	46 (92.0%)
• Family Reunification	67 (4.4%)	64 (4.3%)	3 (6.0%)
• Permanent Placement	511 (33.2%)	510 (34.3%)	1 (2.0%)

^a Based on 1482 cases with valid MC and SC county locations and child's age at case closure information

^b Based on 1537 cases with valid MC and SC county locations and service type information

Case Closure Type

There was a significant relationship between case closure type and county location. The most common case closure type was court ordered termination and other (32.1%, 482 of 1502 cases), followed by family maintenance (31.6%, 475 of 1502 cases). However, 62% (31 of 50 cases) of SC closed with family maintenance compared to 30.6% (444 of 1452 cases) in MC. Please see Table 25.

Table 25: Case Closure Type

	Total	Main	South
Case Closure Type ^a	1502	1452	50
• N Size			
• Adoption	246 (16.4%)	246 (16.9%)	0 (0.0%)
• Emancipation	93 (6.2%)	93 (6.4%)	0 (0.0%)
• Family Stabilized (FM)	475 (31.6%)	444 (30.6%)	31 (62.0%)
• Guardianship Established or Placement with Relative	99 (6.6%)	97 (6.7%)	2 (4.0%)
• Reunified with Parent or Guardian, Court or non-Court Specified	61 (4.1%)	59 (4.1%)	2 (4.0%)
• Incarceration, Runaway or Medical services	46 (3.1%)	45 (3.1%)	1 (2.0%)
• Court Ordered Termination and Other	482 (32.1%)	468 (32.2%)	14 (28.0%)

^a Based on 1502 cases with valid MC and SC county locations and case closure information

Qualitative Comparison of the Main County Offices and South County Offices

In addition to the quantitative comparison of the Main County Offices and South County Offices, qualitative focus group data were collected to obtain information on how workers perceive practices in the two geographical areas, and how these practices may differ.

Qualitative Methods

Prospective participants for the Social Worker focus groups were randomly selected from a list of workers with title of Social Worker II or Social Worker III in different units/divisions. The random selection and recruitment process is described in detail in the section describing qualitative methods (please see page 61 for a full description of focus group qualitative methods). As described above, a total of 67 Social Workers participated in the 13 focus group interviews. Of this number, 13 Social Workers from various units in South County Offices participated in three South County focus groups. All the focus group participants in the South County sample were female. Of these, 2 (15.4%) identified as African American, 1 identified as Asian American/Pacific Islander (7.7%), 4 identified as Latina (26.9%), and 6 identified as white/Caucasian (32.8%). A majority of the participants (n=12, 92.3%) had masters level education, primarily MSW degrees (Please see Attachment 2 for additional information about focus group demographics)

Procedures

Procedures for all focus groups are described in detail in the Qualitative Methods section of this report. Procedures for all focus groups, including South County Office focus groups were identical. As described above, ten focus groups were conducted at the main administrative office in downtown San Jose and three were conducted at Gilroy Family Resource Center in South County.

Analysis

The process for analysis of the South County Offices data compared to other focus groups was parallel to that described above in the Qualitative Methods section. The data for the qualitative portion of this study consist of the transcribed notes taken during each of the focus groups and individual interviews. Qualitative methods of data analysis were employed to analyze the focus group and interview data. First, major themes were summarized for each of the choice points or units in the Social Worker focus group and supervisor interview data. A separate analysis of the qualitative data from South County Offices was conducted to identify themes that may have been different or more prominent in these series of 3 focus groups compared to the other 10 social worker focus groups. The purpose of this additional analysis of the qualitative data was to obtain insights and supplement quantitative analysis of possible differences between South County Offices and Main County Offices within DFCS. In addition to gathering information about practices that may differ between the Main County Offices and the South County Offices, findings from the qualitative data also provide insights that may help explain quantitative differences in the relationship between location and other variables, such as differences in the proportion of voluntary family maintenance cases.

Qualitative Results

Many of the contextual and practice issues described by social workers and supervisors in South County Offices paralleled comments by study participants in other regions of Santa Clara County, such as concerns related to client poverty, housing shortages, and insufficient substance abuse and other treatment resources, particularly for non-English speaking language groups. At the same time, a few themes emerged that were either stronger or unique to South County Offices. These are described below.

Context of Service Provision in South County Offices

Demographics of South County

According to study participants, South County has a large Latino community that is strongly represented among child welfare clients. In relation to these demographics, participants emphasized the need for bilingual and bicultural child welfare professionals. They also reported a paucity of culturally and language specific counseling services for monolingual Spanish speaking participants. In addition, access to counseling and services for undocumented families in the child welfare system were perceived as a problem. Participants noted that one strength of the Family Resource Center is the bilingual and bicultural social work staff. At the same time, participants saw a need to expand capacity to work with other communities. “Our resource center is reflective of the majority community of Latinos, but some clients may not feel represented,” explained one South County focus group member. Specifically, several social workers suggested that the current and evolving demographic changes in the region called for greater representation of African American and Asian American/Pacific Islander social workers.

Small County Dynamic

South County Offices were perceived as different from “the main” office in part because dynamics related to the smaller size of the region. Participants described feeling more connected to the community, other service providers and clients because of the “a small-town atmosphere.” Participants noted that, “The community is smaller and there is more interaction within the community and with individuals from other agencies; this tends to make people work with clients differently.” For example, one social worker commented that she often sees clients and colleagues at the grocery store and others mentioned that clients freely come into the child welfare offices and Family Resource Centers asking for assistance.

Furthermore, study participants in South County consistently reported a high level of both formal and informal consultation with one another. In addition to relying on other workers and supervisors to assess families and develop case plans, social workers working in close physical proximity are aware of one another’s cases and routinely exchange informal support and advice about working with clients and accessing resources. Some participants noted that they might be “less likely to connect” in larger facilities or offices “built like a maze.” The absence of security for entering the agency building “changes the atmosphere because clients can just walk in, there is an open door policy; this changes agency attitude in working with clients and removes barriers for clients.”

Culture of Commitment to Maintaining and Reunifying Families

South County study participants described a shared philosophy that the vast majority of children referred to the child welfare system can and should be with their birth parents, whether it be through family maintenance or through family reunification. Specific values and norms embedded in the philosophy and practice of the region include emphasis on using family strengths, including families in the process of making decisions, and aggressively seeking alternatives to removal. Study participants underscored the importance of this approach in working with children and families of color. Although these principles are valued throughout the child welfare system, participants in South County stated that these principles were infused throughout the system and were used consistently to guide practice and social workers' accountability in assessment and decision-making. For example, social workers described substantial involvement of supervisors and coworkers when removal of children into protective custody is required. Study participant comments suggested that the smaller size of the agency helps to solidify a sense of shared philosophy and reinforce practice norms.

When asked to articulate how these values and norms are sustained and passed on, workers cited several factors. First, study participants emphasized the importance of consistency in messages, policies, and direction from the Program Manager and supervisors. Second, social workers suggested that these expectations related to seeking the least restrictive placement for children are communicated beginning with the initial hiring and orientation process through everyday practice. "People who get hired have the same philosophy as South County...and supervisors ingrain values into workers," noted participants. Third, social workers stated that it was normative for workers to obtain both formal and informal support when they are making decisions. "Workers do a lot of staffing and hash things out; we don't make decisions alone," noted one participant. "By using co-workers and supervisors in decision-making, you gain another perspective," observed another. Integrating the perspectives of other workers in decision-making was identified as crucial to mediating potential bias or misunderstanding related to cultural or socioeconomic class differences. Finally, social workers suggested that they received substantial support and consultation from supervisors in decision-making and that supervisor values and practices were perceived as critical to the practices of line staff. For example, supervisor involvement in decision-making was described as a positive practice, particularly in relation to taking children into protective custody and out of home placement. "My supervisor was on the phone the whole time I had to remove a child," was offered as an example from one social worker. Such oversight was perceived as a sign of support rather than solely a mechanism to assure social worker accountability.

Practices in Service Provision in South County Offices

Vertical Case Management

Focus group participants and supervisor interviewees named the vertical case management model, in which social workers assigned to a case work with the family throughout their case rather than transferring cases to a different unit, as an effective practice with clients, particularly with children and families of color. Some study participants suggested that the vertical case management model works well in a small community. "It works because it puts social workers in the community with the family, making social workers accountable...it forces social workers to have to deal with

that family not just in a [case] process sense but in a real social work sense of developing relationships,” summarized one supervisor interviewee. Social Workers suggested that maintaining continuity through a specific case enhanced trust with clients and created a greater sense of accountability. The opportunity to develop and sustain rapport with specific clients was deemed to be particularly important for marginalized groups, including children and families of color. Families that return to the system are also generally reassigned to the same social worker. “In this case a new worker may not have rapport or know family strengths...A worker who has worked with a family in the past knows them well enough to call them on their stuff.” At the same time, respondents also described vertical case management as work intensive and requiring additional support to ensure its success, such as the help of Social Worker I staff.

Study participants in the focus groups that took place at the main administrative office in San Jose location appeared to be familiar with the vertical case management model. Some mentioned that it might be a possibility as a positive practice for children and families of color in other parts of the county while others stressed the importance of maintaining specialized units with staff who have expertise and an opportunity to stay current with changing laws, policies and practices in their area.

Orientation of Clients

Social Workers in South County frequently refer parents to a client orientation that helps parents understand the child welfare system and policies related to timelines for reunification. The orientation is offered in English and in Spanish. It is offered at different times and provides 6 hours of information over three sessions. Three areas are addressed in the orientation: timelines and facets of the child welfare system (ER, DI, FR, FM, adoption), how to work with the social worker, and resources for children and families. The orientation is not mandatory and is not offered at all sites. One focus group participant examined outcomes (identified as either reunification or closure of case) and found that the orientation appeared to be particularly helpful for families in the Spanish speaking orientation. In sum, the orientation for clients was recognized as an important resource for families, particularly families of color, who might feel confused or intimidated by the child welfare system. At the same time, workers appeared to feel that there were opportunities to further strengthen, institutionalize, and evaluate this practice.

Case Conferencing

Study participants stressed as a best practice the formal and informal process of meeting with co-workers and supervisors to review cases and participate in the decision-making process. Accountability and support in decision-making was viewed as an important factor in minimizing potential cultural or other bias about clients and in maximizing creative thinking about how best to work with children and families. Inclusion of families in decision-making was also noted as a positive practice that was considered particularly important for children and families from cultures that place a high value on extended family, including both biological and fictive kin. “If you have a voluntary family maintenance case, you have a family conference,” observed one social worker.

Summary of Key Findings and Implications: Quantitative and Qualitative Comparison of Main County Offices and South County Offices

Unfortunately, the South County location subsample was too small to allow analyses by ethnic group. However, some key case characteristics are significantly related to county location. Specifically, in South County Offices, a higher proportion of cases are in voluntary services, cases are shorter in duration, fewer workers are assigned during the course of the case, and a higher proportion of cases are in family maintenance at case closure. These findings are also statistically noteworthy given the small subsample size available from SC. There were also other differences in case characteristics by county location that did not attain statistical significance but are noteworthy for further investigation. Children served in the South County Offices appear to have a fewer number of unique placement homes in the current episode, have a shorter average stay per placement, a shorter length of time in out-of-home placement, and are younger at time of case closure.

These findings imply that there is a difference in the style and quality of services provided in the South County Office location. Qualitative findings are congruent with the quantitative data and provide some insight into the dynamics that may contribute to this difference. *The higher number of cases in voluntary services, the larger proportion of cases in family maintenance at case closure, and the shorter duration of cases is consistent with what South County study participants described as a culture of commitment to maintaining and reunifying families.* This commitment was described as integral to the philosophy of managers and social workers and reflected in the expectations communicated to social workers by most supervisors and by peers. *The practice of providing an orientation to the child welfare system, time limits, the courts, and how to work with social workers may also contribute to the differences found in the quantitative analysis.* Study participants frequently described South County as similar to a small county or rural area. *This geographic difference, and the resulting sense of “connection to the community,” was identified as a factor in the greater sense of shared philosophy and emphasis on prevention of out-of-home placements.* Other studies suggest that region may influence practice. For example, one study (Drake, 1996) also found that rural areas are more likely to offer preventive services than are urban areas. *The finding that fewer workers are assigned during the course of the case is also consistent with descriptions of the vertical case management model. This model calls for social workers to carry the same case from case opening to case closure. assigned to a case works with that family from the initiation to closure of the case.*

Limitations and Recommendations

Only about 3% of cases were designated from SC, and the third location designation of “both” was dropped. A key informant from South County explained that many of the cases categorized as “both” may have been opened by ER workers from the Main County Office but carried in South County prior to assignment of South County staff to a specific region of the county. Similarities in demographics between the South County Office cases and the “both” categories would appear to be congruent with this hypothesis. However, since this explanation could not be verified in the data that was available, the cases designated as both were not combined with other South County data. *Future research should include a larger subsample from SC and add methods to*

understand the reasons behind these location differences. Also, a larger South County Office location sample may enable more detailed comparisons by ethnicity.

Some practices, such as providing a group orientation to families that may assist them in navigating through the system may be easily strengthened in South County Offices and adapted to other regions of Santa Clara County, as recommended by study participants. This practice may be particularly helpful to low-income families and families of color that may be intimidated by or unfamiliar with child welfare and related systems. Other practices, such as vertical case management, may hold promise for other regions of Santa Clara County, though the success of this practice may be linked to the “small county” dynamic described by South County study participants. Some participants in focus groups that took place at the main office mentioned this model as promising while others asserted that specialized expertise in different areas of social work was an advantage in providing quality services that are informed by “the most current information.” Further examination of how the culture of commitment to maintaining and reunifying families is created, communicated, and continued and how this might be adapted to other parts of the county warrants attention.

Multivariate Analysis of Factors Predicting Reunification Preliminary Models

In order to identify system-related factors and case characteristics predictive of reunification of children with their families, two exploratory models were tested using multivariate analyses. The first was with a larger sample of 1720 closed cases, and the second with 403 cases from a case record review sample. Both samples were collected during Phase 2 and additional data was collected and analyzed during Phase 3.

Results: Closed Case Sample

We chose 8 demographic and system-related variables available through CWS/CMS to predict reunification: child's gender, ethnicity, age at time of case opening, the number of workers assigned across the history of the case, the length of the case, the number of unique placement homes assigned, the number of times removed from the family, and the county location (Main County Offices versus South County Offices).

For our analysis, due to missing data across our set of variables, 1190 cases out of 1720 were available for logistic regression. Our model was significant in predicting the reunification of a child with the family ($X^2 = 176.27$, $df = 11$, $p = .001$, Cox & Snell $R^2 = 0.14$). Specifically, Asian American/Pacific Islanders were less likely than Whites, African Americans, and Latinos to be reunified, and the fewer number of workers assigned, shorter length of a case, and fewer number of unique placement homes assigned were related to reunification (while controlling for each variable within the model). Please see Table 26.

Table 26: Logistic Regression Predicting Reunification in Larger Sample Model

Model		
Cox & Snell R^2	0.14	
χ^2	176.27	
df	11	
P	.001	
Predictors	B and Significance	Odds Ratio
Gender (female baseline)	0.15	1.16
Ethnicity		
African American vs White	0.19	1.21
Latino vs White	0.22	1.24
Asian vs White	-0.59*	0.55
Other vs White	-0.33	0.72
Latino vs African American	0.02	1.02
Asian vs African American	-0.78**	0.46
Other vs African American	-0.53	0.59
Asian vs Latino	-0.81***	0.45
Other vs Latino	-0.55	0.58
Other vs Asian	0.26	1.30
Age at case opening	-0.01	0.99
Worker Number	-0.19***	0.82
Time Length of Case	-0.02***	0.98
Number of Unique Placement Homes	-0.10**	0.91
Number of Removals	-0.02	0.98
County Location (Main vs South)	0.40	1.49

Using two-tailed tests * $p < .05$ ** $p < .01$ *** $p < .001$

Model Coding: 1 = reunified, 0 = not reunified

Summary of Key Findings and Implications: Closed Case Sample

Our model composed of primarily demographic and system-related variables to predict reunification (child's gender, ethnicity, age at time of case opening, the number of workers assigned across the history of the case, the length of the case, the number of unique placement homes assigned, the number of times removed from the family, and the county location) was significant. *Specifically, four of these variables predicted reunification: child's ethnicity, number of workers assigned throughout the case, length of the case, and number of unique placement homes.*

Asian American/Pacific Islanders were less likely than Whites, African Americans, and Latinos to be reunified with their families. Given that Asian American/Pacific Islanders are one of the minority groups least acculturated to mainstream society, many of their cases might be perceived as more severe because of the differences between traditional Asian and mainstream American cultural attitudes toward child rearing and discipline. Culturally, many traditional Asian

families have a high level of parental control and tend to use corporal punishment as part of their parenting (Chao & Tseng, 2002). Many Asian parents may also be unaware about the laws defining abuse in this society. In these cases, cultural sensitivity by investigators and caseworkers would help determine if these Asian family cases are indeed severe or if they are over-interpreted as such because of a philosophical difference between the professional and the family in parenting and discipline. Future empirical studies could help determine the extent to which abuse severity or cultural differences explain this relatively low reunification rate among Asian American families. However, as Phase 2 results indicated Asian American/Pacific Islanders are also the most likely to be placed in Voluntary Family Maintenance (Hines et al., 2002), the CWS appears to value the preservation of Asian American/Pacific Islander families when first referred to the system (perhaps recognizing the challenges of culturally appropriate services, language issues, and other circumstances related to the Asian American/Pacific Islander community) but once in the system, Asian American/Pacific Islander family cases are not easily resolved and circumstances may persist that place the child at risk for further abuse or neglect.

The fewer number of workers assigned was also related to reunification. This finding indicates consistency in service and the relationship between the social worker and the family may improve the chances of reunification. Perhaps this is due to greater familiarity and thus more effective advocacy for the child and family. This finding could also be a function of particularly challenging family cases already less likely to be reunified needing a greater set of workers over time (e.g., due to worker burnout in the case, or specialization needed across the case).

Shorter case length was also predictive of reunification. Presumably, less severe cases could be resolved in a timely fashion, usually concluding with reunification. Following a similar logic above regarding the number of workers, a longer case may imply more problems, thus involving more time for resolution, but also possibly a case already protracted into a situation where reunification is unhealthy for the child.

The fewer number of unique placement homes assigned was related to reunification. Change in placements may be due to systemic conditions (i.e. logistics and short term availability of space) but multiple placements can also indicate a persistent problem with a child adapting to a placement and accepting care offered. As this may again indicate a more severe case, reunification could also become less likely.

Due to missing data across our set of variables, 1190 cases out of 1720 were available for this multivariate analysis. More complete information would have improved confidence in our findings. *Also, as we have made references to the possibility of severity of a case influencing reunification, better measurement and a more comprehensive evaluation of family history, abuse and neglect circumstances, and other indicators could produce a stronger predictive model.* In the future, we may be able to include more psychosocial and case variables in a larger sample to build upon our current findings.

Results: Case Record Review Sample

To identify better the influence of case characteristics and indicators of success (discussed in the Successful Cases Analysis, beginning on page 48) we added 6 variables to the model with the larger sample collected through our in-depth case record reviews and utilized the additional

information coded for Phase 3: a family's enhanced capacity to provide for their children's needs, children receiving appropriate educational services, children receiving adequate services to meet physical and mental health needs, number of referrals, number of previous times in the CWS, and assignment to Family Maintenance or Family Reunification services. The location variable was not included in this model as only one case coded from the South County Office area.

For our analysis, again due to missing data across our set of variables, 246 out of 403 cases were available for logistic regression. Our expanded model was also significant in predicting the reunification of a child with the family ($X^2 = 63.87$, $df = 16$, $p = .001$, Cox & Snell $R^2 = 0.23$). Similar to the larger sample's model, Asian American/Pacific Islanders were still less likely than Whites, African Americans, and Latinos to be reunified. Also, shorter time length of a case again predicted reunification. However, in this expanded model with success indicators, the number of workers assigned and number of unique placement homes assigned were not statistically related to reunification. The child's age at time of case opening and the number of unique placement homes did approach significance. Interestingly, the variables related to success cases and outcomes (discussed in the Successful Cases Analysis, beginning on page 48) were not significant. Please see Table 27.

Table 27: Logistic Regression Predicting Reunification in Case Record Review Sample Model

Model		
Cox & Snell R^2	0.23	
χ^2	63.87	
df	16	
P	.001	
Predictors	B and Significance	Odds Ratio
Gender (female baseline)	0.29	1.34
Ethnicity		
African American vs White	0.43	1.21
Latino vs White	-0.19	1.53
Asian vs White	-1.63*	0.83
Other vs White	-0.36	0.20
Latino vs African American	-0.61	0.54
Asian vs African American	-2.06**	0.13
Other vs African American	-0.79	0.46
Asian vs Latino	-1.44*	0.24
Other vs Latino	-0.17	0.84
Other vs Asian	1.27	3.56
Age at case opening	-0.06 ⁺	0.95
Worker Number	-0.06	0.95
Time Length of Case	-0.03***	0.98
Number of Unique Placement Homes	-0.13 ⁺	0.88
Number of Removals	-0.05	1.05
Number of Referrals	-0.04	0.96
Previous Times in the CWS	0.12	1.13
Case Assignment (FM vs FR)	-0.50	0.61
Child Receiving Adequate Educational Services	0.10	1.10
Child Receiving Adequate Services to Meet Physical and Mental Health Needs	-0.18	0.84
Family's Enhanced Capacity to Provide for Child's Needs	-0.13	0.88

Using two-tailed tests * $p < .05$ ** $p < .01$ *** $p < .001$

⁺ approached significance at $p < .10$

Model Coding: 1 = reunified, 0 = not reunified

Summary of Key Findings and Implications: Case Record Review Sample

These findings indicate that particular factors are important to consider when predicting reunification, specifically ethnicity and the length of time a case remains open. Similar to the model in the larger closed case sample, this implies that more severe cases (those needing more time for resolution) may be more problematic, thus reducing the chances of reunification. We saw in the larger sample model that number of workers and unique placement homes were related to reunification, but the number of workers was no longer significant and number of placement homes approached significance. In addition, the younger the child at case opening the more likely reunification would occur. This could be that an effort is made to reunify younger children with their families given that they are in an especially crucial stage of psychological and emotional development related to the attachment with parents. These variables should be explored in more detail.

The finding again that Asian American/Pacific Islanders are less likely to be reunified than Whites, African Americans and Latinos, highlights a main ethnic difference. In Phase 2 we discovered that Asian American/Pacific Islanders were more likely than the other ethnic groups to be enrolled in Voluntary Family Maintenance services (Hines et al., 2002). *However, our results here imply that when Asian American/Pacific Islander children are removed from the home, their children are less likely to be reunified. This may also indicate extreme outcomes where Asian American/Pacific Islander children are either initially diverted from the system or once in the mainstream of the system are less likely to be reunited with their families.*

It was interesting that the successful case and outcome variables were not predictive of reunification. This could be due to the significant impact of other variables overshadowing the influence of success indicators. It could also be due to our use of reunification as a dependent variable. As we discussed in the Successful Cases Analysis (see page 48) reunification is not necessarily synonymous with success, and thus these variables may indeed be unrelated.

Again, due to missing data across our set of variables, 246 cases out of 403 were available for this multivariate analysis. Although only a preliminary set of models, these findings are useful for identifying areas in the CWS and family circumstances that can be studied further, especially in conjunction with the specific goal of reunifying children with their families. For future research, reasons as to why major system-related factors are not predictive would also be valuable.

The Role of the Court System in Child Welfare Practice

Few studies have examined the potential influence of the court system on child welfare practices and outcomes, however as noted in the literature review (Section III), the court system is likely to have a significant impact on the trajectory of child welfare cases. In order to examine this issue further, this analysis examines the role of the court system in child welfare practice. Specifically, two overall issues are addressed. First, an analysis of quantitative case record review data, and qualitative data from one focus group conducted with the Court Officer's Unit will describe *court ordered changes* to social worker recommendations at the initial jurisdictional/dispositional hearing; the types of changes the court orders; if these changes differ by child's ethnicity; and possible explanations for these changes. Secondly, a qualitative analysis from the agency-wide focus groups (described on page 61) will focus on themes related to the *relationship between the child welfare and court systems*.

Quantitative and Qualitative Methods: Analysis of Court-Ordered Changes

Quantitative Analysis

The quantitative analysis of the role of the court system in child welfare practice included a new case record review of the same sample of 403 closed child welfare cases that were included in Phase 2 of the research.

Sampling

Case record reviews include the same sample of 403 closed child welfare cases that was analyzed in Phase 2 of the research. This sample was created from 6761 total case closures over an 18-month period, and a data file containing 1753 unique cases representing one child per family and one case opening was constructed. This data file was used to obtain our target sample of 403 cases selected randomly, guided by stratification according to ethnicity, age and service type. Of the 403 cases reviewed for this court analysis, 12 cases were closed, but not reviewed because they were with a worker and not at the retention center; and 13 were not reviewed because they had been re-opened.

Data Collection

Data collection took place at the Santa Clara County's Social Services Record Retention Center. A Senior Research Assistant worked with the Retention Center Manager to ensure that the sample of case records from Phase 2 of the research were re-pulled for review. Cases were reviewed by three research assistants, two of these research assistants participated in the Phase 2 case record review data collection and so had already been trained in case record review methods and one research assistant was newly trained to complete the case record reviews.

Instrumentation

A data extraction form was created and pilot tested (please see Attachment 5 for a copy of the Court Case Record Data Extraction Form). The form contained questions related to court

ordered service or visitation changes for the child, mother, father, alternate caregiver, or the whole case.

Analysis

We addressed this aim through a 3-part series of exploratory descriptive and bivariate analyses. First, we identified whether there were any court ordered changes and if court ordered changes in general were related to ethnicity. A single change in recommended services for a case, regardless of magnitude, would classify the case as one with a "court ordered change."

Second, we examined major changes and if these were related to ethnicity. We considered any court ordered change in the three main service areas (those concerning bypass, family maintenance, and family reunification) as a major change.

Third, we developed 4 summary scores consisting of the number of changes imposed separately concerning the child, mother, and father, and then for the entire case. Across each case there were 85 variables over 9 potential areas where a change could be ordered in addition to the three main service areas. These areas were psychological evaluation, counseling services, health services, drug/alcohol testing, substance abuse/alcohol treatment, parenting education, support groups, domestic violence treatment, and visitation. Changes in these areas were assessed and summed into the 4 scores for court ordered changes aforementioned: child changes, mother changes, father changes, and total changes. These scores were also examined for ethnic differences.

Definition of Terms

Court Ordered Change - Major changes were defined as court orders to initiate bypass, family maintenance, or family reunification services for the mother, father, and/or the family. The remaining changes included those across 9 areas represented by 85 variables: psychological evaluation, counseling services, health services, drug/alcohol testing, substance abuse/alcohol treatment, parenting education, support groups, domestic violence treatment, and visitation. A court ordered change could also include placing more restrictions or conditions on service recommendations.

Qualitative Analysis

A separate focus group with representatives from the Court Office Unit was conducted toward the end of the study in order to obtain feedback on the implications and meanings of the quantitative findings. The focus group with the Court Office Unit contained 9 participants, including two Social Workers (22.2%) III's, five social work supervisors (55.6%), one Program Manager (11.1%) and one Legal Clerk (11.1%). The mean number of years working in child welfare among the Court Officer's focus group was 11.6 years and ranged from 4 to 22. Focus group participants had a mean of 3.2 years in their current positions, with a range of .5 to 7 years. Seven participants had MSW's (77.8%), one had a BSW (11.1%), and one reported unspecified postgraduate education (11.1%). Two of the participants identified as Latino (22.2%), two identified as Asian American/Pacific Islander (22.2%), four identified as White (44.4%), and one identified as mixed race (11.1%). Eight of the participants were female (88.9%) and one was male (11.1%).

Participants in the Court Officer Unit focus group were asked a series of questions designed to provide insights into the “story behind the statistics.” Specifically, Court Officers were invited to share their experiences in relation to overall factors that contribute to court ordered changes and comment on specific findings from quantitative data. Please see Attachment 6 for the specific questions used to guide the Court Officer Unit focus group discussion.

Notes from the Court Officer Unit focus group were transcribed and analyzed for key themes related to court changes. In addition, focus group respondent interpretations and insights about results of the quantitative data were examined and summarized.

Quantitative Results: Analysis of Court Ordered Changes

Frequency of Court Ordered Changes

Of the 403 cases, 178 (44.2%) recorded at least one court ordered change from the original social worker recommendations from the jurisdictional/dispositional hearing, 200 (49.6%) abided by the original recommendations, and 25 (6.2%) were not available for evaluating the additional court ordered changes.

Court Ordered Changes and Child's Ethnicity

We eliminated the cases with missing information to do our comparison by ethnicity, leaving us with 378 valid cases. There was no significant relationship between the existence of a court ordered change and ethnicity. Please see Table 28.

Table 28: Proportions of Court Ordered Changes by Ethnic Group^a

	Total	African American	White	Latino	Asian American/PI	Other
Court Change						
No	200 (52.9%)	25 (53.2%)	65 (51.6%)	68 (51.9%)	18 (62.1%)	24 (53.3%)
Yes	178 (47.1%)	22 (46.8%)	61 (48.4%)	63 (48.1%)	11 (37.9%)	21 (46.7%)

^a Based on 378 cases with valid information

Types of Service Changes

We examined the types of court changes and distinguished three to be relatively major given their impact on the case: bypass, family maintenance, and family reunification. Of the 178 cases, the most common change with these three types was the implementation of family reunification services: 27 cases (15.2%) involved family reunification, 2 (1.1%) cases regarded bypass, and 1 case (0.6%) regarded family maintenance. Ethnic comparisons were conducted, but no relationships were found with these major services. Please see Table 29.

Table 29: Bypass, Family Maintenance, and Family Reunification Court Changes by Ethnic Group^a

	Total	African American	White	Latino	Asian American/PI	Other
Bypass						
No	176 (98.9%)	22 (100.0%)	61 (100.0%)	62 (98.4%)	11 (100.0%)	20 (95.2%)
Yes	2 (1.1%)	0 (0.0%)	0 (0.0%)	1 (1.6%)	0 (0.0%)	1 (4.8%)
Family Maintenance						
No	177 (99.4%)	22 (100.0%)	60 (98.4%)	63 (100.0%)	11 (100.0%)	21 (100.0%)
Yes	1 (0.6%)	0 (0.0%)	1 (1.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Family Reunification						
No	151 (84.8%)	16 (72.7%)	55 (90.2%)	52 (82.5%)	10 (90.9%)	18 (85.7%)
Yes	27 (15.2%)	6 (27.3%)	6 (9.8%)	11 (17.5%)	1 (9.1%)	3 (14.3%)

^a Based on 178 cases with court change information

Court Changes Regarding Children, Mothers, and Father

Four scores were calculated to describe the number of changes imposed by the court, each for the child, mother, and father, and finally a total score representing the entire case. The number of changes related to the child's circumstances ranged from 0 to 4 with an average of 0.31 (sd = 0.65). Court ordered changes related to the mother were most common, ranging from 0 to 8 changes with an average of 0.77 (sd = 1.28). The number of changes related to the father's circumstances ranged from 0 to 7 with an average of 0.67 (sd = 1.26). The number of total court ordered changes related to a case ranged from 1 to 16 with an average of 2.53 (sd = 2.22). No significant ethnic differences were found regarding the number of court-imposed changes. Please see Table 30.

Table 30: Number of Court Changes by Ethnicity^a

	Total	African American	White	Latino	Asian American/PI	Other
Child Related Changes Avg. (sd)	0.31 (0.65)	0.23 (0.53)	0.38 (0.78)	0.27 (0.54)	0.36 (0.50)	0.33 (0.73)
Mother Related Changes Avg. (sd)	0.77 (1.28)	1.32 (1.94)	0.69 (0.99)	0.83 (1.30)	0.18 (0.40)	0.57 (1.29)
Father Related Changes Avg. (sd)	0.67 (1.26)	0.82 (1.92)	0.61 (1.14)	0.62 (1.10)	0.55 (1.21)	0.90 (1.30)
Total Case Changes Avg. (sd)	2.53 (2.22)	3.36 (3.36)	2.39 (1.63)	2.54 (2.39)	1.82 (1.33)	2.43 (2.01)

^a Based on 178 cases with court change information

Qualitative Results: Analysis of Court Ordered Changes

Quantitative findings were presented to a focus group made up of 9 representatives of the Agency's Court Officers Unit for discussion and feedback. *Quantitative results suggested that approximately half of the cases had indicated a court ordered change from the recommendations of the social worker described from the jurisdictional/dispositional hearing.* From our focus group with members from the Court Officer Unit, the consensus was that the interpretation of the measured proportion of court ordered changes found in the quantitative analysis, depended on what we were actually measuring. The proportion is dependent on a variety of circumstances as to why there was a change from the social worker recommendations including clerical errors needing correction, changes due to modifications in the law, simple (albeit common) adjustments to services such as visitation terms in addition to actual substantial changes due to conflicting opinions concerning the direction of the case could all be related to a change between social worker recommendations and court ordered.

Findings from the focus group with the Court Officer Unit provide additional information regarding changes made to social worker recommendations at the jurisdictional/dispositional hearing. First, capturing the details needed to conclude why social worker recommendations may or may not be followed is extremely difficult. This is because variations by judge, courtroom

environment, social worker credibility and reputation, assigned lawyer (i.e., court appointed vs. privately retained), as well as formal and informal case plan negotiation tactics frequently occurring would complicate research. Second, the personal dynamics among the stakeholders (social workers, lawyers, judges, and families), including the strength of their positions and philosophical standpoint can be such an influence that systemic conditions may be poor predictors of case outcomes and success as they are related to the judicial process. Third, that despite the complex circumstances involved, judges, guided by social workers, determine the best possible service plan, while being aware of interpersonal dynamics and individual characteristics that may obscure reasonable decisions. According to the focus group, social workers have a significant influence in the court process and usually receive a majority of services they request for their clients.

Quantitative data indicated that few changes involved bypass, family maintenance, or family reunification. The proportion of changes in these main service areas seemed reasonable to the focus group. The low percentage of change in bypass, FM, and FR assignment should be low given the legal criteria to qualify for such a change, as well as the intricate legal procedures.

When presented with quantitative findings that indicated no relationship between ethnicity and court ordered changes in major service areas, or the overall number of court-ordered changes, it was the opinion of members of the focus group that ethnicity does not contribute to decisions in court, but rather it is circumstances that drive the case.

Qualitative Methods: Relationship Between the Child Welfare and Court Systems

Qualitative results describing the relationship between the child welfare and court systems are gleaned from the agency-wide focus groups. These focus groups were structured to explore practices at different choice points in the child welfare system. Please see page 61 for a full description of agency-wide focus group methods and results.

Qualitative Results: Relationship Between the Child Welfare and Court Systems

Results from agency-wide focus groups (please see page 61 for a full description) suggest that the relationship between DFCS workers and district attorneys and judges is problematic at times. Many participants described difficulties in effective collaboration between the court system and the child welfare system. Social workers suggested that problems between the court system and the child welfare system may reflect fundamentally different perspectives on the needs and circumstances of children and families in the CWS, and perhaps unrealistic expectations regarding service plans. For instance, one social worker noted, “From a client’s side, they are being told by a court system and a social system that the way that they were brought up and the way that things were done in their [clients’] family is wrong and not acceptable,” noted a social worker focus group participant. Several participants suggested that courts directly and indirectly set an unrealistic standard for families, exemplified by one participant’s comments:

“The court system just makes these orders and that’s it. They don’t consider anything else except for this narrow focus on child and parent. The social worker has to look at resources for the child, for the family, and language barriers. The court doesn’t consider the impact it

has on the family, who has to pay for the services, shrinking or expanding resources. The court is in an isolated bubble anything outside that bubble is not in their framework.”

Regarding the services ordered, another social worker commented, the “Court wants it all done at once...the court doesn’t understand that for whatever reason the client may be only capable of doing so much within the first 6 months.” Additionally once the court does order a service or case plan, social workers report that it is difficult to adjust mandated services “because the court requires justification for removing the order; also it is difficult convincing the DA of [the need for] new recommendations.”

In general, focus group and interview participants expressed a need to bridge these gaps between the court system and the child welfare system. Although some social workers described having strong collaborative relationships with the court system, many described tensions with attorneys and other court representatives in relation to recommendations for mandated services and disposition of cases. Social workers also conveyed that it was common for court representatives to dismiss their psychosocial family assessments and push for recommendations that the social workers deemed disconnected from the reality and needs of families. “Legal aids rarely visit the children or the parents, they need to be more reality-based,” commented on worker. “Social workers and the court system are both looking at the case from different views,” noted another. Some workers depicted the district attorneys as having more of a focus on “winning” a case than on ensuring the best outcomes for the children and family.

Working with the DA is a challenge. Their role is to advocate for the child—but they often do only one interview and they don’t know the particulars of the case. There can be antagonism between the social worker and the DA—there should be less antagonism between the DA and the social worker and more cooperation.

Social workers also expressed concern about the fairness of the system. For example, “In court cases, private attorneys are more likely to have their client’s case dismissed compared to court appointed attorneys.” Many participants conveyed that many court representatives and social workers exhibit a “gap between standards that common people have and that educated professional people have,” which may disadvantage low-income families and families of color. “Attorneys look at the information provided by the social worker and make sweeping generalizations and judgments about families,” summarized one social worker. One supervisor captured concerns about failing to recognize the context of client’s lives:

When there is child abuse or neglect we raise our eyebrows to it, we go in there and want everything to change but we’re not providing a basic foundation for change. We’re not developing the community, we’re not providing better housing. We tell people to go out and get suitable housing, but we’re not providing it.

Language issues also impact the experience of families in the court. “Families are unable to communicate with their lawyers because of language barriers; English only attorneys can’t communicate with a monolingual Spanish speaking client,” summarized one worker. Other workers observed that “Families may not like to leave a message for an attorney because of the language factor” and “the court process can be confusing for English speaking families, but more so to Spanish speaking families.” Furthermore, “the court reports are all in English and the clients don’t have a translated version that they can look at.”

Additionally, social workers expressed concern that client outcomes are often dependent on working relationships or attitudes of DA's. “There are some DA's that I have a great rapport with—but a few are very judgmental and I feel like they are not supportive of the family.” The DA's are perceived as having substantial power. “The DA's word is very strong in court because they are supposed to be speaking on behalf of the child,” stated one social worker. Other social workers suggested that some DA's pressured social workers to change recommendations or would attempt to discredit them in the courtroom, particularly when the DA's case was weak.

Agency-wide focus group results also provided recommendations regarding ways to enhance collaborative relationships between the court system and the child welfare system. These recommendations included,

- Explore opportunities to develop standards for practice between the courts and the child welfare system including development of shared policies, practices and procedures. Such efforts could help address common concerns of social workers that generally called for a “switch from court-centered practice to family/community-centered practice.”
- Develop a systems level mechanism for problem solving to address conflicts between social workers and DA's and “set a minimum standard or tone for what is appropriate behavior in the court.”
- Facilitate development of role clarity between child welfare and the courts to address widespread concern that decision-making is often not based on the social worker assessments and, instead, is often based on perceptions of DA's who may not have spent sufficient time with children and who may not have evaluated family strengths.
- Facilitate a dialog with both court and child welfare workers about standards for “good enough” parenting and the dynamics of poverty in decision-making.
- Explore opportunities for support of social workers in the court process through training, enhanced supervision, or coaching from experienced colleagues.

Summary of Key Findings and Implications: The Role of the Court System in Child Welfare Practice

In Phase 3, we examined the role of the court system in child welfare practice by exploring the types of court ordered changes that are made to social worker recommendations at the initial jurisdictional/dispositional hearing, as well as the relationship between the child welfare and court systems. *Quantitative results indicated that the court made changes to the initial social worker recommendations at the jurisdictional/dispositional hearing in approximately half of the cases. Ethnicity was not related to whether or not a change occurred.* These results do not necessarily indicate that the system and courts treat children and families from different ethnicities the same, but rather that when the judge decides to make a change from the social worker recommendations, these changes appear to occur equally across ethnic groups. It was the opinion of members of the Court Officer Unit focus group that ethnicity does not contribute to decisions in court, but rather it is circumstances that drive the case.

Findings from the focus group with the Court Officer Unit suggest that many factors complicate an accurate measurement of why social worker recommendations may or may not be

followed. Factors that may impede accurate assessment of the agreement between child welfare and court personnel on service plan recommendations include the strong influence of individual stakeholders involved, and formal and informal case plan negotiation tactics all of which paint a much more complicated picture.

Qualitative findings from the agency-wide focus groups suggested that collaboration between the child welfare and court systems is problematic. Agency-wide focus group participants felt that the child welfare and court system have different perspectives on the needs and circumstances of children and families in the CWS and that the court system may have unrealistic expectations of families.

Additionally, many agency-wide focus group participants described the ways in which child welfare and district attorneys and judges interact as ineffective. Some social workers felt that some district attorneys and judges would dismiss their assessments and recommendations and may try to pressure social workers to change their recommendations. A somewhat similar finding was noted by Knepper and Barton, (1997) who found that although judges tended to accept social worker recommendations, the relationship between social workers and the court system plays a significant role in their decisions. Their study found that when social workers adhered to the group norms of the court, judges rewarded them by not ordering “unrealistic” practices and allowing reasonable time frames for mental health evaluations to be completed. *Similarly, agency-wide focus group findings seem to suggest that if social workers go against the implicit rules of the court system, then judges may override their recommendations, but if they adhere to expectations of the court system than recommendations are accepted.*

Limitations and Recommendations

From these exploratory findings, issues arose regarding limitations and recommendations. First, although quantitative and qualitative information described many of the circumstances behind why social worker recommendations are not upheld by the court, it is very difficult to ascertain the degree to which each circumstance influences a court ordered change. Second, better and more exhaustive record keeping may not be the solution, as many informal and undocumented actions in the negotiation process occur regularly, and are confidential, thus making much of the data unavailable for research and evaluation purposes. Third, assessing other factors such as courtroom environment, stakeholder characteristics, and other judicial issues would be advantageous in later research. Although obtaining this information is a formidable task, these factors should be included in the future, as measuring primary systemic factors no longer seem adequate to explain outcomes in the CWS.

V. STATEWIDE COMPARATIVE ANALYSIS

The statewide comparative analysis of effective practices for children and families of color in the child welfare system included a statewide survey of child welfare directors, managers or supervisors in California counties who were asked to describe effective practices for children and families of color in their child welfare systems. In addition, this statewide comparative analysis, included a quantitative analysis that identified the link between these practices and levels of disproportionate representation of children of color in county child welfare systems. As such, two overall analyses were included in the statewide comparative analysis of effective practices for children and families of color in the child welfare system, 1) descriptive information from the statewide survey on the types of practices, practices and practice characteristics identified by survey respondents, and 2) multivariate results that link types of practices, practices and practice characteristics to over or underrepresentation of children of color within counties. Additionally, contextual information on the estimated proportions of children of color in county populations and county child welfare systems within selected regions of California is provided, as well as information on the estimated proportion of children within the overall county population who are in the CWS.

Methods

The statewide survey on effective practices for children and families of color in the child welfare system was designed to gather information on 1) key practices in California counties that may have an impact on children and families of color, and 2) practices considered most promising for children and families of color. For the purposes of the survey, “practices” were defined broadly to include programs, services, strategies, policies, or tools.

Data Collection

Child welfare directors, managers or supervisors were mailed an invitation to participate in the survey, and a copy of the survey. Two weeks later, a follow-up email that contained the survey as an attachment and telephone calls were made to encourage participation. Counties that failed to respond to the survey received approximately 3 additional follow-up emails or telephone calls requesting their participation or a referral to someone else in the agency who might be able to participate.

Respondents were offered four options for returning the survey to the CWRT, either by 1) completing the survey on their computer and emailing it as an attachment, 2) completing the survey over the telephone with a member of the CWRT, 3) faxing the completed survey, or 4) mailing the completed survey. Surveys that were completed over the telephone were tape recorded in order to ensure the accuracy of information and once information was verified, the tapes were erased. Forty-five counties responded to the survey, resulting in a 77.6% response rate. Of the 45 counties who completed the survey, 23 returned it via email, 10 by telephone, 7 by fax, and 5 returned the survey by mail.

Sample

The sample included child welfare directors, managers or supervisors from California counties. Participants for the statewide survey were identified through the 2003 County Welfare and Social Service Directory. An invitation to participate and a copy of the survey were mailed to each child welfare director, manager or supervisor in each of the 58 counties in California. Of the 13 counties that declined to participate, 4 indicated that their child welfare population is not diverse and they did not have any special programs for children and families of color; 3 replied that the survey was too time consuming, 3 did not reply to the survey, 2 indicated that they would complete the survey, but did not return it and one county indicated that they were going through a re-organization and could not complete the survey because of these changes.

Instrumentation

A survey entitled “Statewide Survey on Effective Practices for Children and Families of Color in the Child Welfare System” was developed and tested in a pilot study involving five counties (please see Attachment 7 for a copy of the Statewide Survey). Feedback provided from the pilot counties resulted in a reduction in the number of questions and minor changes in wording. The survey contains questions related to caseload characteristics of counties and the most effective practices for children and families of color in each county’s child welfare system. The survey asks respondents to provide demographic information on children in various components of the county’s child welfare system. Respondents are also asked to identify up to five of the most effective practices for children and families of color in their county’s child welfare system, ranking them from #1 (most effective), #2 (second most effective) and so on. Multiple choice questions on the most effective practice (#1) are also included in the survey.

Analysis

Quantitative analyses were conducted using the Statistical Package for the Social Sciences (SPSS) software. Descriptive results were generated by running frequencies and percentages for variables of interest. Multivariate results were generated by conducting controlled tests of empirical associations between types of practices, practices, and practice characteristics and levels of disproportionate representation of children of color in county CWS’s.

Qualitative data describing the most effective practices were analyzed through content analysis methods. The types of practices within each of the four categories were identified and descriptive information about their target population, description and reasons why these practices are effective with children and families of color were delineated.

Contextual Tables: County Child Populations and CWS Involvement

The following tables provide contextual information on selected county child populations and CWS involvement by ethnic group. *Please note that the counties presented in these tables are not necessarily the counties who responded to the statewide survey.* Also please note that because the most recent information available on county child populations is for the year 2001, information on CWS populations for the year 2001 is also provided. As such, current 2003 proportions of

children of color in California county CWS may vary slightly from the 2001 proportions provided in the following tables.

This descriptive information is presented in order to provide a context through which to view the results from the statewide survey. Because compiling information on all 58 California counties would be cumbersome, information on selected counties is provided. Table 31a provides information on the estimated proportions of children of color in county populations and the CWS within 13 Bay Area counties. Table 31b described estimated proportions of children of color in county populations and the CWS within selected counties by California regions. Last, Table 31c provides information on the estimated proportion of children within the population in the CWS among selected counties by region.

Table 31a: Estimated Proportions of Children of Color in Population and Child Welfare System Within Bay Area Counties

County	Ethnic Group									
	White		African American		Latino		Asian		Native American	
	% in Population	% in CWS	% in Population	% in CWS	% in Population	% in CWS	% in Population	% in CWS	% in Population	% in CWS
Alameda	33.7%	18.0%	19.0%	66.1%	24.6%	11.9%	22.3%	2.9%	0.4%	0.7%
Contra Costa	54.1%	38.5%	11.4%	45.2%	20.2%	12.7%	13.9%	2.0%	0.4%	0.5%
Marin	71.3%	35.7%	3.2%	19.4%	18.7%	9.4%	6.6%	3.3%	0.2%	0.3%
Mendocino	67.3%	62.1%	0.7%	4.9%	24.7%	18.5%	1.4%	0.2%	6.0%	12.9%
Monterey	32.0%	30.1%	4.3%	14.2%	57.6%	52.3%	5.8%	1.7%	0.4%	0.2%
Napa	61.2%	67.4%	1.5%	11.8%	32.3%	17.4%	4.3%	2.8%	0.6%	0.0%
San Benito	43.9%	32.1%	0.5%	1.2%	53.1%	60.7%	2.1%	1.2%	0.4%	1.2%
San Francisco	27.6%	11.6%	12.9%	70.4%	22.2%	12.3%	37.0%	4.8%	0.2%	0.8%
San Mateo	38.5%	26.7%	4.3%	29.8%	33.0%	32.0%	23.9%	9.4%	0.3%	0.1%
Santa Clara	35.4%	27.4%	3.5%	12.2%	32.8%	52.0%	28.1%	7.4%	0.2%	0.8%
Santa Cruz	53.8%	46.1%	1.1%	3.4%	41.0%	49.5%	3.8%	0.2%	0.3%	0.2%
Solano	49.5%	41.2%	15.0%	42.4%	18.9%	9.1%	16.0%	3.7%	0.6%	0.6%
Sonoma	70.6%	57.4%	2.0%	9.0%	21.8%	28.8%	4.5%	1.0%	1.0%	3.2%
State of California	37.7%	30.3%	7.1%	31.3%	42.9%	33.8%	11.7%	2.8%	0.5%	1.1%

Notes:

1. Children in Child Welfare System refer to those in a service component of ER, FR, FM or PP in January 2001 according to Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J. & Kim, H. (2003). Child Welfare Services Reports for California. Retrieved [8/29/2003], from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>.
2. Children in the population refer to those aged 0 to 17 according to the California County Data Book 2001, Children Now, www.childrennow.org.
3. The Bay Area Counties are the 13 identified by the CWDA, and are also categorized as "big" counties in California except San Benito which is "small."
4. Estimated proportions were calculated combining data from the two above sources. Proportions are also estimated given that the California County Data Book summarized information on children aged 0-17 whereas the CWS data may include children as old as 19. Some totals may not equal 100% due to missing data or rounding.

Table 31b: Estimated Proportions of Children of Color in Population and Child Welfare System Within Selected Counties By Region

County	Ethnic Group									
	White		African American		Latino		Asian		Native American	
	% in Population	% in CWS	% in Population	% in CWS	% in Population	% in CWS	% in Population	% in CWS	% in Population	% in CWS
Bay Area										
Alameda	33.7%	18.0%	19.0%	66.1%	24.6%	11.9%	22.3%	2.9%	0.4%	0.7%
San Francisco	27.6%	11.6%	12.9%	70.4%	22.2%	12.3%	37.0%	4.8%	0.2%	0.8%
Santa Clara	35.4%	27.4%	3.5%	12.2%	32.8%	52.0%	28.1%	7.4%	0.2%	0.8%
Mountain										
Calaveras ^s	86.3%	91.4%	0.4%	0.8%	10.1%	4.7%	0.8%	0.0%	2.3%	0.8%
Placer	83.3%	79.0%	0.7%	3.6%	12.0%	12.0%	3.2%	1.8%	0.8%	2.8%
Sacramento	53.7%	43.4%	12.5%	35.2%	17.9%	17.1%	14.9%	3.1%	1.0%	1.0%
Northern										
Butte	75.1%	73.9%	1.8%	8.9%	13.8%	7.9%	7.5%	1.3%	1.7%	6.8%
Humboldt	78.4%	65.6%	1.0%	2.3%	8.0%	5.1%	4.3%	0.3%	8.2%	22.4%
Lassen ^s	79.3%	61.0%	1.1%	1.2%	15.0%	26.8%	1.1%	0.0%	3.5%	8.5%
Southern										
Los Angeles	19.8%	15.2%	9.0%	42.3%	60.1%	38.9%	10.8%	2.9%	0.2%	0.4%
Orange	40.9%	39.1%	1.8%	6.8%	43.3%	48.0%	13.7%	5.3%	0.2%	0.2%
San Diego	46.0%	35.1%	7.1%	24.5%	36.6%	35.0%	9.9%	3.0%	0.5%	2.2%
Santa Barbara	42.2%	41.5%	2.4%	15.1%	50.2%	42.2%	4.8%	1.0%	0.4%	0.2%
Valley										
Fresno	31.1%	28.0%	5.7%	22.3%	48.5%	45.9%	13.8%	2.1%	0.8%	1.7%
Merced	35.9%	35.0%	3.9%	13.9%	44.9%	44.0%	15.0%	6.4%	0.4%	0.1%
Stanislaus	53.4%	50.3%	2.3%	13.0%	35.1%	32.4%	8.4%	2.6%	0.8%	0.5%
State of California	37.7%	30.3%	7.1%	31.3%	42.9%	33.8%	11.7%	2.8%	0.5%	1.1%

Notes:

1. Children in Child Welfare System refer to those in a service component of ER, FR, FM or PP in January 2001 according to Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J. & Kim, H. (2003). Child Welfare Services Reports for California. Retrieved [8/29/2003], from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>.
2. Children in the population refer to those aged 0 to 17 according to the California County Data Book 2001, Children Now, www.childrennow.org.
3. Superscript "s" denotes a CWDA categorized "small" county as opposed to "big" county.
4. Estimated proportions were calculated combining data from the two above sources. Proportions are also estimated given that the California County Data Book summarized information on children aged 0-17 whereas the CWS data might include children as old as 19. Some totals may not equal 100% due to missing data or rounding.

Table 31c:

Estimated Proportion of Children Within the Population in the Child Welfare System Among Selected Counties By Region

Region and County	Number of Children in CWS	Percentage of Child Population in the CWS
Bay Area		
San Mateo	875	0.47%
Monterey	641	0.52%
San Benito ^s	84	0.54%
Napa	178	0.60%
Marin	361	0.70%
Solano	821	0.71%
Sonoma	941	0.83%
Santa Cruz	588	0.88%
Santa Clara	4,401	0.94%
Contra Costa	3,061	1.29%
Alameda	6,033	1.54%
San Francisco	3,050	1.97%
Mendocino	628	2.77%
Mountain		
Placer	843	1.28%
Calaveras ^s	128	1.33%
Sacramento	8,436	2.45%
Northern		
Lassen ^s	82	1.11%
Humboldt	389	1.27%
Butte	827	1.62%
Southern		
Santa Barbara	516	0.48%
Orange	7,316	0.89%
San Diego	9,935	1.19%
Los Angeles	52,630	1.80%
Valley		
Stanislaus	1280	0.89%
Merced	822	1.11%
Fresno	4757	1.80%
State of California	139,823	1.41%

Notes:

- Children in Child Welfare System refer to those in a service component of ER, FR, FM or PP in January 2001 according to Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J. & Kim, H. (2003). Child Welfare Services Reports for California. Retrieved [8/29/2003], from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>
- Children in the population refer to those aged 0 to 17 according to the California County Data Book 2001, Children Now, www.childrennow.org
- Superscript "s" denotes a CWDA categorized "small" county as opposed to "big" county
- Estimated proportions were calculated combining data from the two above sources. Proportions are also estimated given that the California County Data Book summarized information on children aged 0-17 whereas the CWS data might include children as old as 19.

Descriptive Results: Effective Practices for Children and Families of Color

Two counties did not provide information on effective practices; as such, a total of 43 effective practices for children and families of color in the child welfare system were identified. Practices identified by the respondents as the most effective (#1) for children and families of color were divided into one of four categories: 1) beginning choice point practices (N = 13), 2) continuing or ending choice point practices (N = 12), 3) organizational or structural practices (N = 14) and 4) both beginning and continuing choice point practices (N = 4). Descriptive results for each of these four categories are presented separately. In addition, descriptive statistics on the location, target population, goals, history, factors related to implementation, factors that support the practice and barriers to successful implementation of the practice are presented.

It should also be noted that many counties reported that they do not target services to any specific racial/ethnic group and that the practices they identified as being most effective with children and families of color, were also in general, their most effective practices for their overall child welfare population.

Beginning Choice Point Practices (N = 13)

Thirteen counties identified practices that take place at early choice points as their most effective practices for children and families of color in the CWS. The 13 beginning choice point practices identified by the counties fell into three categories of practices: 1) family group conferencing, or other team decision-making services (n = 7, 53.8%) 2) voluntary family maintenance or other prevention/family preservation services (n = 4, 30.8%), and 3) risk assessment tools or systems to guide decision-making (n = 2, 15.4%). Please see Table 32.

Table 32: Types of beginning choice point practices (N = 13)

	Frequency (Percentage)
Family group conference or other team decision making practice	7 (53.8%)
Voluntary family maintenance or other prevention/family preservation service	4 (30.8%)
Risk assessment tool or system	2 (15.4%)

Table 33 provides qualitative data on the beginning choice point practices that are related to family group conferencing or other team decision-making practices. Most respondents described the target population as children and families who have been detained or are at risk for court-ordered services, although some respondents described using family group conferencing for all families involved with the CWS, not just those at risk for court ordered out-of-home placement.

Most respondents described family group conferencing or other team decision-making practices as involving the family, extended family or the support system in the group conference. Some respondents described staff meetings or multidisciplinary team meetings that did not involve the family. Survey respondents described the practice as a collaborative effort with the goal of producing a plan for the child and family. Many respondents described the process as strengths based and focused on how best to help children and families.

In general, respondents felt that the practice was effective with children and families of color because it involves clients in the decision-making process. This inclusive model of practice was described as particularly helpful for children and families of color because they may be “more distrustful of the system,” and also because inclusive practice may be more culturally appropriate with some families. Additionally, team meetings not involving family members were described as being beneficial to children and families of color because more accurate decisions are expected from bringing numerous perspectives together.

Table 34 provides qualitative data on voluntary maintenance or other prevention/family preservation practices. The target population for these services included families at risk for court-ordered out-of-home placements, as well as one program aimed at expectant mothers and parenting women. These practices were described as intensive in nature and focused on preventing child maltreatment and out-of-home placements.

Voluntary family maintenance or other prevention/family preservation services were described as effective with children and families of color because their goal is to keep children with their birth families. Additionally, these services were viewed as effective for children and families of color because they are collaborative in nature, involving other systems or organizations such as, Native American tribes, mental health and probation systems.

Table 35 provides qualitative data on risk assessment tools or systems. These practices are targeted to all children reported to the child welfare system for suspected maltreatment. Risk assessment practices were described as tools to help make decisions at critical points by assessing a number of different risk factors.

Risk assessment tools or systems were described as effective with children and families of color because they help to assess risk in an objective way, thereby minimizing potential bias based on race/ethnicity.

Table 36 provides quantitative results on all of the beginning choice point practices identified from the statewide survey. In general, beginning choice point practices are most often delivered at the county child welfare office (n = 7, 53.8%); they tend to be targeted to children of all ages (n = 12, 92.3%); as well as families of any ethnicity (n = 13, 100.0%). Families with substance abuse problems (n = 9, 69.2%) are also targeted for these beginning choice point practices, as are families with domestic violence, (n = 9, 69.2%), families with a mental health problem (n = 9, 69.2%), families with income problems (n = 8, 61.5%), and families with a disability (n = 8, 61.5%).

The most frequently identified goal of the practices was to prevent out-of-home placement (n = 11, 84.6%); other goals included to assess level of risk (n = 10, 76.9%); improve psychosocial functioning of family (n = 10, 76.9%); address substance abuse problems of family (n = 8, 61.5%); address socioeconomic problems of family (n = 8, 61.5%); improve parenting skills, (n = 7, 53.8%); address mental health problems of family (n = 7, 53.8%); ensure a permanent placement for the child (n = 7, 53.8%), and reunify children with their birth families (n = 6, 46.2%)

Table 37 provides data on the history of the beginning choice point practices. Most were first implemented in response to a particular problem (n = 7, 53.8%) and most were first initiated by

the director of the child welfare system (n = 8, 61.5%). The year the practices were first implemented ranged from 1992 to 2002, and 15.4% (n = 2) of respondents reported that the practice has changed significantly between now and the time it was first implemented.

Table 38 provides information on factors related to implementation of beginning choice point practices. The majority of these practices are permanent (n = 10, 76.9%); most are funded through state funds (n = 7, 53.8%) and 38.5% (n = 5) are mandated. Most social workers are provided with training in how to implement the practice (n = 12, 92.3%); 15.4% (n = 2) of counties contract with another agency or system to deliver the practice and 69.2% (n = 9) indicated that the practice is widespread throughout the child welfare system. No respondents reported that the practice is delivered in a specific geographic area or community. The majority of respondents (n = 8, 61.5%) reported the practice has been evaluated to determine its effectiveness and of those, 87.5% (n = 7) indicated that the practice is effective with the target population. Of those counties where the practice had not been evaluated, 80.0% (n = 4) indicated that an evaluation is not needed.

Factors that support the practices and barrier to successful implementation are presented in Table 39. The majority of respondents felt that families and children help support the successful implementation of the practice (n = 10, 76.9%). Support from the mental health system was also frequently noted (n = 9, 69.2%); as was support from the substance abuse system (n = 8, 61.5%), contract agencies (n = 7, 53.8%), county government officials (n = 7, 53.8%), and evaluations that show practice is successful (n = 7, 53.8%). Few barriers to successful implementation were noted, 38.5% (n = 5) of respondents indicated that there were no barriers to successful implementation, and 38.5% (n = 5) also reported unstable funding is a barrier.

Table 33: Beginning choice point practices: Family group conference or other team decision-making practice (N = 7)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Family Group Conferencing	Available to all consumers who have family, extended family, friends, support	The Family Group Conference is a tool for solving family problems that is based on a simple, traditional belief: The combination of family strengths and community support can keep children safe and well cared for. A Family Conference is a gathering of family members, friends, and community specialists who join together to improve the care and protection of a specific child or children.	I believe that this practice works well for families of color because it is based on principles shared by those families. It involves much extended family, and is centered around a meal (family alone time). It is inclusive of all family members, including elders. Meetings can be held at the location that best fits the needs of the family.
Family Conferencing	Children of all ages	Family Conferencing is a program that uses strength-based methodology by allowing families to participate in the decision-making process as to how best help their children. Family Conferencing is a gathering of extended family members, other intimate support people, and service providers in order to share information and give the family an opportunity to create a plan for their children.	This program allows families to assist in the decision process as to what is best for the family.
Family Group Conferencing	All families involved with CWS at any stage of the process can use this program	Involving the extended family, non-related extended family and all service providers in a conference in which the family takes responsibility for making a plan for the child/	These families are often even more distrustful of the "system" than most families; this practice allows the family to exert more control over the direction of services and the planning for the children.
Youth Pilot Project (YPP)	Children at risk of placement, or at risk of more restrictive placement	This program targets all children (including children of color) at risk of placement, or at risk of being moved to a more restrictive placement. The program uses monies that would be spent on foster care to provide services to maintain the child in the home or in a less restrictive placement. The program uses a team decision-making and goal-setting model, which includes the family and supports.	Team decision-making/goal setting/evaluation process which includes the family and all support persons they wish to include, as well as the various service providers working with the family.

Table 33 continued: Beginning choice point practices: Family group conference or other team decision-making practice (N = 7)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Placement Meetings	All detained children and their families	After a child is detained, a placement meeting is held as soon as possible to determine the "next best placement" for that child. In addition to Social Workers and other staff, parents and family members are included whenever possible in this process, so that their input can be provided in this decision. The safety of the child and culturally relevant placements are goals..	Families and relatives are able to participate in the decision making and are able to provide input in to the "next best placement" for a child, which can include placement with relatives or in a culturally relevant home if the child cannot be safely returned to his or her parents.
Detention Case Staffing	All children, CPS may consider detaining or who have been detained by law enforcement in an emergency	No child is detained by CPS or remains detained by law enforcement without being discussed as soon as possible in a staffing. The participants include the line ER worker in the matter, ER Supervisor, On-going Case Supervisor, and CPS Program Manager. The ER worker presents the issues of protection, risk, current situation, the court worker/supervisor, lends legal documentation evidence perspective, all others ask questions, add comments with the ultimate goal of consensus on whether to proceed with intervention and what the intervention looks like.	Many perspectives and opinions are brought to bear at inception, promoting more objectivity and balance regarding FACTS and EVIDENCE of risk and best interests of the child. Less possibility of stereotyping, subjectivity, ignorance of cultural factors.
Team Assessment Planning	All ER referrals considered for voluntary or court-ordered services	Consensus decision making with workers, key program supervisors, mental health clinician, PHN, family decision meeting coordinator, and often other service providers. Type & level of CWS intervention determined after exploring safety/risk, family strengths/needs, and available resources/services/strategies. This is a collaborative process which may be utilized for other key case decisions.	This decision-making forum is used for ALL cases moving to on-going services. The core group attends pretty consistently and represents multiple perspectives, resulting in more consistent and well thought out decision making regarding case handling and service needs.

Table 34: Beginning choice point practices Voluntary family maintenance or other prevention/family preservation service (N = 4)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Voluntary Family Maintenance Program	Families at high risk of court intervention due to abuse and neglect issues.	Social worker and social work assistant are dedicated to program. Services are based on strength-based and family-focused approaches, including family conferencing and family decision-making. Promoting Safe and Stable Families funding used for contracting services to include psych assessments, intensive case management services, and a half-time family advocate.	American Indian Tribe has facilitated family conferencing for tribal families.
High Risk Infant Program	Expectant Mothers and children under age 1	Program in which pregnant mothers with a CPS history or involvement coupled with drug or alcohol use are targeted for intensive services and treatment to avoid placing their children into the foster care system. Mothers of newborns are also a target population for this program.	Missing
Family Preservation	Abused and neglected families at imminent risk of placement	Family Preservation practice is an integrated, comprehensive approach to strengthening and preserving families who are at risk of or already experiencing problems in family functioning with the goal of assuring the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment.	Built a community consensus around the effective service delivery model for Family Preservation in the County; Supported public/private collaborative planning and service delivery efforts; Preventive-oriented; Collaboration with other County Departments such as DPSS, Mental Health and Probation; Strong and continued leadership within the Department of Children and Families Services.
Keep families together	Missing	Provide intervention and make referrals to other agencies so that family can remain intact, if possible.	We do not have foster homes in our county. We have seen children go through foster care system and the majority do not do well.

Table 35: Beginning choice point practices Risk assessment tool or system (N = 2)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Structured Decision Making System (SDM)	All new intake to CPS (currently) will soon extend to all active cases	Research-based & validated tools for decision-making at critical points in child welfare and Foster Care systems developed by the Children's Research Center in collaboration with CDSS & California Counties.	Objective nature of factors assessed.
Best practice risk assessment during the ER phase	All children reported	The risk assessment process looks at the child factors, including age, disability, illnesses as well as the parent's ability to care-take, the history of abuse, also speaking with the child, the parent and collateral contacts and then making a decision. We do not have a universal risk assessment tool, the workers are trained in this process. We have an ER team that does this practice.	Children are assessed in an objective way—considering their factors that place them at risk, rather than being targeted for their ethnicity.

Table 36: Beginning choice point practices: Location, target population and goals (N = 13)

	Frequency (Percentage)
Where does practice #1 take place?	
• County child welfare office	7 (53.8%)
• Throughout the child welfare system	4 (30.8%)
• Birth family's home	2 (15.4%)
• Contract agency site	2 (15.4%)
• Foster family's home	1 (7.7%)
• Another out-of-home placement site	1 (7.7%)
• Other	2 (15.4%)
Who is the target population for practice #1?	
• Children of all ages	12 (92.3%)
• Very young children	1 (7.7%)
• Families of any ethnicity	13 (100%)
• Families with substance abuse problems	9 (69.2%)
• Families with domestic violence	9 (69.2%)
• Families with a mental health problem	9 (69.2%)
• Families with income problems	8 (61.5%)
• Families with a disability	8 (61.5%)
• Other	6 (46.2%)
What are the purposes and goals of practice #1?	
• Prevent out-of-home placement	11 (84.6%)
• Assess level of risk	10 (76.9%)
• Improve psychosocial functioning of family	10 (76.9%)
• Address substance abuse problems of family	8 (61.5%)
• Address socioeconomic problems of family	8 (61.5%)
• Address housing problems of family	8 (61.5%)
• Improve parenting skills	7 (53.8%)
• Address mental health problems of family	7 (53.8%)
• Ensure a permanent placement for the child	7 (53.8%)
• Reunify children with their birth families	6 (46.2%)
• Other	1 (7.7%)

Table 37: Beginning choice point practices: History of practice (N = 13)

	Frequency (Percentage)
Why was practice #1 first implemented?	
• In response to a particular problem	7 (53.8%)
• Funds became available	4 (30.8%)
• New policies were implemented	4 (30.8%)
Who first initiated practice #1?	
• Director of the child welfare system	8 (61.5%)
• Child welfare workers	4 (30.8%)
• Other	3 (23.1%)
When was practice #1 first implemented?	
• 2002	1 (7.7%)
• 2001	3 (23.1%)
• 2000	1 (7.7%)
• 1999	2 (15.4%)
• 1998	1 (7.7%)
• 1995	1 (7.7%)
• 1992	1 (7.7%)
Has practice #1 changed significantly between the time it was first implemented and now?	
• Yes	2 (15.4%)

Table 38: Beginning choice point practices: Factors related to implementation (N = 13)

	Frequency (Percentage)
Current implementation status of practice #1	
• Permanent	10 (76.9%)
• Dependent on re-funding	3 (23.1%)
What is the primary funding source for practice #1?	
• State funds	7 (53.8%)
• Federal funds	5 (38.5%)
• County funds	3 (23.1%)
• Other	2 (15.4%)
Is practice #1 mandated?	
• Yes	5 (38.5%)
Are social workers provided with training in how to implement practice #1?	
• Yes	12 (92.3%)
Do you contract with another agency or system to deliver practice #1?	
• Yes	2 (15.4%)
Is practice #1?	
• Widespread throughout the child welfare system	9 (69.2%)
• Targeted to a relatively small group of clients	4 (30.8%)
Is there a specific geographic area or community in which this practice is targeted?	
• Yes	0 (0.0%)
Has practice #1 been evaluated to determine its effectiveness?	
• Yes	8 (61.5%)
If yes, what were the results of the evaluation?	
• Effective with target population	7 (87.5%)
• Other	1 (12.5%)
If practice #1 has not been evaluated, why not?	
• An evaluation was not considered to be needed	4 (80.0%)
• Other	1 (20.0%)

Table 39: Beginning choice point practices: Factors that support practice and barriers to successful implementation (N = 13)

	Frequency (Percentage)
What are the major factors that support practice #1	
• Support from families and children	10 (76.9%)
• Support from the mental health system	9 (69.2%)
• Support from the substance abuse system	8 (61.5%)
• Support from contract agencies	7 (53.8%)
• Support from county government officials	7 (53.8%)
• Evaluations show that practice is successful	7 (53.8%)
• Support from the community	6 (46.2%)
• Support from state government officials	6 (46.2%)
• Stable funding	6 (46.2%)
• Support from the health system	6 (46.2%)
• Support from the criminal justice system	4 (30.8%)
• Support from foster families	4 (30.8%)
• Support from other out-of-home placement providers	3 (23.1%)
What have been the barriers to successful implementation of this practice?	
• No barriers	5 (38.5%)
• Funding is not stable	5 (38.5%)
• Insufficient support from child welfare workers	2 (15.4%)
• Insufficient support from management	1 (7.7%)
• Insufficient support from families and children	1 (7.7%)
• Evaluations are inconclusive as to the success of the practice	1 (7.7%)

Continuing Care/Ending Choice Point Practices (N = 12)

Twelve counties identified continuing care/ending choice point practices as their most effective with children and families of color in the CWS. The 12 continuing care/ending choice point practices identified by the counties fell into three categories of practices: 1) placement related practices (n = 6, 50.0%); 2) the Family to Family Initiative (n = 4; 33.3%); and 3) intensive and collaborative interventions for high-risk children (n = 2; 16.7%). Please see Table 40.

Table 40: Continuing care/ending choice point practices: Types of practices (N = 12)

	Frequency (Percentage)
Placement related practices	6 (50.0%)
Family to Family Initiative	4 (33.3%)
Intensive and collaborative interventions for high risk children	2 (16.7%)

Table 41 contains qualitative data on placement related continuing care/ending choice point practices. The target populations of these services varies, some are targeted to all children in out-of-home care, others are targeted specifically to Native American children, one is targeted to children in group homes (The Village Project) or at risk for entry into group homes and one is targeted to parents with young children likely to enter out-of-home care (Shared Family Care).

Descriptions of the practices also varied. For instance, many participants noted that the first priority is to place children with relatives; some discussed the role of culture and ethnicity in making placement decisions. One practice (The Village Project) is described as a multidisciplinary effort aimed at avoiding higher levels of care for children or working toward a lower level of care. Lastly, one practice (Shared Family Care) is aimed at providing a placement for the whole family in a mentor, foster home.

Respondents provided a variety of opinions regarding why the practice is effective with children and families of color. Specifically, many mentioned the importance of placing children in culturally appropriate homes—whether with relatives or with foster parents. The Shared Family Care program is thought to be effective with children and families of color because it allows families with few resources to be placed together and The Village Project was considered to be effective with children and families of color because of a multicultural staff and flexibility of funding sources.

Table 42 provides descriptive information on the Family to Family Initiative. The target population for this practice varies somewhat; some respondents identified children and families in foster care as the target population, others identified care providers and resource homes or all clients and care providers. The Family to Family Initiative is described as engaging and involving communities in preventing out-of-home placements, reunification, and providing resource homes within children's neighborhoods. Many also described the practice as encompassing several aspects of the child welfare system with the goal of improving the overall child welfare system.

Family to Family was described as effective with children and families of color because it involves community and family support and is aimed at reducing disparities associated with gender, and ethnicity and increasing the number of children placed in their own communities.

Table 43 provides qualitative data on continuing/ending choice point practices that are aimed at intensive and collaborative interventions for high-risk children. The target population for these services is children who are at risk for a more restrictive placement. These practices were described as collaborative in nature—involving systems such as public health, community based organizations, probation, behavioral health and faith based organizations. Interventions are comprehensive, intensive and culturally competent.

Intensive and collaborative interventions for high-risk children were described as being effective with children and families of color because the services are individualized to each family's needs and are intensive in nature. These practices were also described as “engaging families in a non-threatening and respectful manner,” and assessing the types of strengths and resources already being used by the family. Children and families of color were described as benefiting from these services because they are respectful of culture and involve a family-driven process.

Quantitative results from survey responses are provided in Table 44. Most respondents indicated that these continuing care/ending choice point practices take place throughout the child welfare system (n = 7, 58.3%) and are targeted to children of all ages (n = 9, 75.0%), as well as older children (11 to 18 years) (n = 5, 41.7%), young children (4 to 10 years), (n = 3, 35.0%), and very young children (0 to 3 years) (n = 3, 25.0%). Most are targeted to families of any ethnicity (n = 10, 83.3%), with far fewer being targeted to African American families (n = 2, 16.7%), or American Indian families (n = 2, 16.7%). Families with substance abuse problems were also identified as a target population (n = 9, 75.0%) as were families with a mental health problem (n = 9, 75.0%), families with domestic violence (n = 9, 75.0%), families with income problems (n = 7, 58.3%), and families with a disability (n = 7, 58.3%).

The most frequently noted goal of the practice is to reunify children with their birth families (n = 10, 83.3%), followed by ensuring a permanent placement for children (n = 8, 66.7%), and preventing an out-of-home placement (n = 8, 66.7%). Other commonly occurring goals included improving parenting skills (n = 7, 58.3%); improving psychosocial functioning of family (n = 6, 50.0%); addressing socioeconomic problems of family (n = 6, 50.0%); and addressing housing problems of family (n = 6, 50.0%).

Table 45 provides information on the history of the continuing care/ending choice point practices. The majority of practices were first implemented due to new policies (n = 8, 66.7%); the director of the child welfare system was most often identified as the person who first initiated the practice (n = 11, 91.7%), followed by child welfare workers (n = 4, 33.3%). Many practices were first implemented in 2001 (n = 4, 33.3%), and 33.3% (n = 4) had changed significantly since first being implemented.

Factors related to implementation are presented in Table 46. The majority of practices are permanent (n = 11, 91.7%), and are funded by state funds (n = 7; 58.3%). Of the practices, 41.7% (n = 5) are mandated and 91.7% (n = 11) of counties provide social workers with training on how to implement the practices. Of the counties, 33.3% (n = 4) contract with another agency to implement the practices, and 58.3% (n = 7) of respondents indicated that the practice is widespread throughout

the child welfare system. Very few respondents indicated that there is a specific geographic community in which the practice is targeted ($n = 2$, 16.7%), and only 16.7% ($n = 2$) indicated that the practice has been evaluated to determine its effectiveness. Of those practices that had been evaluated, 100.0% ($n = 2$) reported that the practice is effective with the target population. For practices that had not been evaluated, 33.3% ($n = 4$) have not been evaluated because of insufficient resources.

Table 47 provides information on factors that support the practice and barriers to successful implementation of the practice. The most commonly mentioned supportive factors included support from child welfare workers ($n = 11$, 91.7%), support from management ($n = 11$, 91.7%), and support from families and children ($n = 11$, 91.7%). Other factors that support the practice include support from foster families ($n = 9$, 75.0%); contract agencies ($n = 8$, 66.7%); other out-of-home placement providers ($n = 7$, 58.3%), the mental health system ($n = 7$, 58.3%), state government officials ($n = 7$, 58.3%); and county government officials ($n = 7$, 58.3%). Many respondents did not note barriers to successful implementation of the practice, no barriers were reported by 16.7% ($n = 2$) of respondents, and 16.7% ($n = 2$) reported that unstable funding is a barrier to successful implementation.

Table 41: Continuing care/ending choice point practices: Placement related practices (n = 6)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Culturally sensitive placements	All children who require out-of-home placement	In all cases, we must first consider any willing, able and appropriate relatives for placement. If this is not possible, we then try to place in a home of the same ethnicity, religion, etc. If this is not possible, then we let the foster parents know that their culture is an important issue, and we are expecting them to continue to allow the children to live in a culturally sensitive environment.	Our county is predominately Caucasian, so children of color are already truly a minority. Placing them in a home that is sensitive to that is very important.
Shared Family Care	Mothers/Fathers with young children likely to enter out of home care	This program provides placement for the family in a mentor home. Usually one parent (mother in most cases) is subject to intervention by child welfare. Rather than place the child in foster care, it is assessed that the mother is willing to participate in Shared Family Care and will abide with the conditions of working and living with a mentor family.	For families with few resources it allows for placement of child and parent together. Most of our families with few resources are those living in communities impacted by poverty, drugs, and crimes. Families of color primarily live in these areas.
Place children with relatives	All Children	Identify as quickly as possible family members for placement	Children are kept in their communities with relatives of same culture and practices promote stability for children
Native American children placed with families through ICWA	Native Am/ICWA	Attempt to place all children with families. Counseling/assessment/service orientated.	They are treated the same as all other cases—dignity—compassion—provided services- acknowledgement of their concerns and problems.

Table 41 continued: Continuing care/ending choice point practices: Placement related practices (n = 6)

Name of practice	Target population	Description of practice	Why effective with children and families of color
SB163 program—"The village project"	Kids in group homes level 13 or 14 or at risk for going into a group home	Multidisciplinary effort to work with families and kids to avoid higher levels of care or get them into a lower level of care—like a foster home or back into their home. The staff are bilingual and bi-cultural and they are able to make connections with multi-cultural families. They also work hand and hand with a parent advocacy group—and they advocate for children and families especially kids with educational difficulties.	A multicultural staff in the county and in the community-based providers and flexibility of funding sources—money can be used for activities outside the group home, so it can be used for things to prevent a group home placement and not just for kids already in a group home.
ICWA—placement of Native American children	Native Americans	When a Native American child is removed from the home of parents, we contact any relatives in order to place the child in compliance with ICWA.	We are able to place many of our Native American children in homes that comply with ICWA.

Table 42: Continuing care/ending choice point practices: Family to Family Initiative (n = 4)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Family to Family	All children in out of home placements	Regional initiatives underway to work with local communities to prevent removal and/or maintain children in their community/school if they must be removed. Community collaboration on child safety and well being.	Community and family involvement/support.
Family to Family Initiative	All clients and care providers	The use of the following Family to Family strategies are applied to all aspects of child welfare placement practices in this County: Team decision making, Recruitment, Retention, and Support of Care Providers, Self-Evaluation and Community Partnership.	Missing
Family to Family Initiative	Children & families in foster care	Community-based, family focused and designed to meet 9 key outcomes toward improving our foster care system including reducing disparities associated with ethnicity, gender & age.	Outcomes include: reduction in disparities associated with sex, gender & ethnicity, increasing kids placed in their own neighborhoods & communities,
Family to family	Resource homes and the community	This is an effort to engage the community in providing resource homes for foster children who are being placed in homes from their neighborhoods in which they are being removed. The community is being engaged and as well as community based organizations.	Missing

Table 43: Continuing care/ending choice point practices: Intensive and collaborative interventions for high-risk children (n = 2)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Children's System of Care	Children who are in danger of being placed in a higher level of care i.e. Group homes	To develop a child 'who is emotionally disturbed/behaviorally disturbed' through a collaborative interagency system of care with services that are "youth-centered;" family involved & focused; culturally competent; community based and comprehensive.	As with all families, intensive services, individualized plans
Wraparound services	Children who are placed or at risk of placement into level 14 group home care	This practice really values families individually and values their culture. It provides intensive and supportive in-home services to keep the child at home or return them home. It's also been a collaborative effort between probation, behavioral health, public health, CBO's, and faith-based organizations.	The practice engages with families in a respectful and non-threatening manner and asking them what supports, what people, in your life and in your community that are important to you and how can we incorporate those aspects of your life into this child and family plan to help your child stay safely at home. And by asking those questions and evaluating what the family uses to thrive and asking them to make that a part of the service planning for their child is kind of a foreign way of working with the families. It is a family-driven, needs based process, rather than a professionally-driven process. There is respect for the family's culture.

Table 44: Continuing care and ending choice point practices:
Location, target population and goals (N = 12)

	Frequency (Percentage)
Where does practice #1 take place?	
• Throughout the child welfare system	7 (58.3%)
• County child welfare office	4 (33.3%)
• Birth family's home	4 (33.3%)
• Foster family's home	4 (33.3%)
• Court	4 (33.3%)
• Another out-of-home placement site	4 (33.3%)
• Other	5 (41.7%)
Who is the target population for practice #1?	
• Children of all ages	9 (75.0%)
• Very young children (0 to 3 years)	3 (25.0%)
• Young children (4 to 10 years)	3 (35.0%)
• Older children (11 to 19 years)	5 (41.7%)
• Families of any ethnicity	10 (83.3%)
• African American families	2 (16.7%)
• American Indian families	2 (16.7%)
• Asian American/Pacific Islander families	1 (8.3%)
• Latino families	1 (8.3%)
• White families	1 (8.3%)
• Families of another ethnicity	2 (16.7%)
• Families with substance abuse problems	9 (75.0%)
• Families with a mental health problem	9 (75.0%)
• Families with domestic violence	9 (75.0%)
• Families with income problems	7 (58.3%)
• Families with a disability	7 (58.3%)
• Other	6 (50.0%)
What are the purposes and goals of practice #1?	
• Reunify children with their birth families	10 (83.3%)
• Ensure a permanent placement for the child	8 (66.7%)
• Prevent out-of-home placement	8 (66.7%)
• Improve parenting skills	7 (58.3%)
• Improve psychosocial functioning of family	6 (50.0%)
• Address socioeconomic problems of family	6 (50.0%)
• Address housing problems of family	6 (50.0%)
• Address substance abuse problems of family	5 (41.7%)
• Address mental health problems of family	5 (41.7%)
• Assess level of risk	4 (33.3%)
• Other	4 (33.3%)

Table 45: Continuing care and ending choice point practices: History of practice (N = 12)

	Frequency (Percentage)
Why was practice #1 first implemented?	
• New policies were implemented	8 (66.7%)
• Funds became available	3 (25.0%)
• In response to a particular problem	2 (16.7%)
• Other	6 (50.0%)
Who first initiated practice #1?	
• Director of the child welfare system	11 (91.7%)
• Child welfare workers	4 (33.3%)
• Mental health system	2 (16.7%)
• Foster families	1 (8.3%)
• Substance abuse system	1 (8.3%)
• Contract agencies	1 (8.3%)
• Criminal justice system	1 (8.3%)
• Other	4 (33.3%)
When was practice #1 first implemented?	
• 2003	1 (8.3%)
• 2002	2 (16.7%)
• 2001	4 (33.3%)
• 2000	2 (16.7%)
Has practice #1 changed significantly between the time it was first implemented and now?	
• Yes	4 (33.3%)

Table 46: Continuing care and ending choice point practices:
Factors related to implementation (N = 12)

	Frequency (Percentage)
Current implementation status of practice #1	
• Permanent	11 (91.7%)
• Demonstration	1 (8.3%)
What is the primary funding source for practice #1?	
• State funds	7 (58.3%)
• County funds	6 (50.0%)
• Federal funds	3 (25.0%)
• Nongovernmental grant	2 (16.7%)
• Other	3 (25.0%)
Is practice #1 mandated?	
• Yes	5 (41.7%)
Are social workers provided with training in how to implement practice #1?	
• Yes	11 (91.7%)
Do you contract with another agency or system to deliver practice #1?	
• Yes	4 (33.3%)
• No	4 (33.3%)
• Combination of internal and external resources	3 (25.0%)
Is practice #1?	
• Widespread throughout the child welfare system	7 (58.3%)
• Targeted to a relatively small group of clients	5 (41.7%)
Is there a specific geographic area or community in which this practice is targeted?	
• Yes	2 (16.7%)
Has practice #1 been evaluated to determine its effectiveness?	
• Yes	2 (16.7%)
If yes, what were the results of the evaluation?	
• Effective with target population	2 (100.0%)
If practice #1 has not been evaluated, why not?	
• Insufficient resources	4 (33.3%)
• Insufficient time	2 (16.7%)
• An evaluation was not considered to be needed	1 (8.3%)
• Other	3 (25.0%)

Table 47: Continuing care and ending choice point practices: Factors that support practice and barriers to successful implementation (N = 12)

	Frequency (Percentage)
What are the major factors that support practice #1	
• Support from child welfare workers	11 (91.7%)
• Support from management	11 (91.7%)
• Support from families and children	11 (91.7%)
• Support from foster families	9 (75.0%)
• Support from contract agencies	8 (66.7%)
• Support from other out-of-home placement providers	7 (58.3%)
• Support from the mental health system	7 (58.3%)
• Support from state government officials	7 (58.3%)
• Support from county government officials	7 (58.3%)
• Stable funding	6 (50.0%)
• Support from the community	6 (50.0%)
• Support from the health system	6 (50.0%)
• Support from criminal justice system	6 (50.0%)
• Support from the substance abuse system	5 (41.7%)
• Evaluations show that practice is successful	3 (25.0%)
• Other	2 (16.7%)
What have been the barriers to successful implementation of this practice?	
• No barriers	2 (16.7%)
• Funding is not stable	2 (16.7%)
• Insufficient support from state government officials	1 (8.3%)
• Insufficient support from county government officials	1 (8.3%)
• Insufficient support from child welfare workers	1 (8.3%)
• Insufficient support from foster families	1 (8.3%)
• Insufficient support from the community	1 (8.3%)
• Insufficient support from the criminal justice system	1 (8.3%)
• Other	6 (50.0%)

Both Beginning and Continuing/Ending Choice Point Practices (N = 4)

Four respondents identified practices that were related to both beginning and continuing/ending choice points as their most effective practices for children and families of color in the CWS. The four beginning and continuing/ending choice point practices fell into two categories: 1) community-based services (n = 3, 75.0%); and 2) strength based assessments (n = 1, 25.0%). Please see Table 48.

Table 48: Both beginning and continuing/ending choice point practices: Types of practices (N = 4)

	Frequency (Percentage)
Community-based services	3 (75.0%)
Strength based assessments	1 (25.0%)

Table 49 provides qualitative information on community based services. The target population for these services includes low-income populations, families at risk for entry into the child welfare system, families already in the child welfare system, and the community. These practices were described as being located in the communities in which clients reside and include a wide range of services such as, health, substance abuse, public assistance, domestic violence and home parenting services. Practices were also described as collaborative and aimed at preventing an out-of-home placement or reunifying children with their families.

These practices were described as effective with children and families of color because services are “user friendly;” clients have easy access to many services that are housed in one location. Community based services are free and outreach for these services is performed through advertisements into different communities. Moreover, because these services are typically located within clients’ own communities, services are “community-specific” and clients may run into their own community members while accessing services, thus making the services less intrusive for clients. Additionally, these practices were described as flexible and able to address “changing community needs.”

Table 50 provides information on family-centered strength based assessments. This practice was described as being targeted to Hispanic, African American, American Indian and Asian American/Pacific Islander clients. It is focused on family strengths with an empowerment perspective.

Quantitative results from survey responses are presented in Table 51. Practices that are both beginning and continuing/ending practices typically take place at a contract agency site (n = 2, 50.0%), or the birth family’s homes (n = 2, 50.0%). One hundred percent (n = 4) of these practices are targeted to: children of all ages, families of any ethnicity, families with substance abuse problems, families with a mental health problem, families with domestic violence, families with income problems, or families with a disability. Seventy five percent (n = 3) of practices have the following goals: preventing an out-of-home placement; reunifying children with their birth families; assessing level of risk; improving psychosocial functioning of families; improving parenting skills; addressing substance abuse problems; addressing mental health problems; addressing socioeconomic problems; and addressing housing problems.

Information on the history of the practices is presented in Table 52. The practices were first implemented in response to a particular problem (n = 1, 25.0%); funds becoming available (n = 1, 25.0%); or new policies being implemented (n = 1, 25.0%). Child welfare workers (n = 2, 50.0%); the child welfare director (n = 2, 50.0%); and contract agencies (n = 2; 50.0%) were identified as having first initiated the practices. The year the practice was first implemented ranged from 1967 to 1997, and 66.7% (n = 2) of respondents indicated that the practice had changed significantly since it was first implemented.

Factors related to the implementation of both beginning and continuing/ending choice point practices are presented in Table 53. All practices (n = 4, 100.0%) are permanent and most are primarily funded through federal funds (n = 4, 100.0%). Fifty percent of respondents (n = 2) indicated that the practice is mandated and 33.3% contract with another agency to deliver the practice. Seventy five percent of respondents indicated that the practice is widespread throughout the child welfare system. All respondents (n = 4, 100.0%) reported that the practice has been evaluated, and 50.0% (n = 2) indicated that evaluations demonstrated that the practice is effective with the target population.

Factors that support the practice and barriers to successful implementation are presented in Table 54. One hundred percent of respondents (n = 4) indicated that support from the following entities are major factors that support the practices: community, county government officials, mental health system, substance abuse system, health system, and families and children. Seventy five percent of respondents (n = 3) indicated that unstable funding is a barrier to successful implementation of the practices.

Table 49: Both beginning and continuing/ending practices: Community based services

Name of practice	Target population	Description of practice	Why effective with children and families of color
Community-based services	Low-income populations	Federal and state funded programs that are free to low-income clients, including the health department, substance abuse treatment, Aids department, WIC, immunizations, planned parenthood. Services include domestic violence support, clothing donations, utility assistance, HEAD Start program; sexual assault crisis, and in – home parenting programs, and teenage parenting programs.	Because services are free and they advertise into all areas of the community, and there are satellite offices in many locations; so clients have access to the services, which is extremely helpful. They also cross-refer so we all depend on one another. We have a large Hispanic population so information is available in Spanish. Transportation is accessible.
Family Resource Centers	Children and Families at risk for entry into the CWS and children and families already in CWS. Most clients are Hispanic, the second most are API	There are many Family Resource centers. A collaborative of agencies applies for funds from the funding source (though RFP). The Family Resource Centers have a number of agencies working together within one site – so it provides just one-stop for families to receive services. The Family Resources Centers are located in the communities and the neighborhoods where the clients live. Services are meant to be accessible and less intimidating than county government services.	Because wherever the families are they can reach out to the resources that meet their need—there are a multitude of agencies in one place—it's a one-stop shop. Clients are more likely to run into their own community members at the Family Resource Centers. It is user friendly and less intrusive than other services.
Family Resource Centers	Community, Families and Children	Community specific family based services located in six geographical areas in the County with embed access to public child welfare, mental health, alcohol and other drug and physical health services.	Practice is community specific with flexibility to address changing community needs. Subsequently, it offers increased accessibility to services, intervention/prevention and family support and advocacy.

Table 50: Both beginning and continuing/ending practices: Strength based assessments

Name of practice	Target population	Description of practice	Why effective with children and families of color
Family centered strength based assessments	Hispanic, AA, American Indian and Asian	Focused on family strengths with the empowerment perspective.	Missing

Table 51: Both beginning and continuing care/ending choice point practices: Location, target population and goals (N = 4)

	Frequency (Percentage)
Where does practice #1 take place?	
• Contract agency site	2 (50.0%)
• Birth family's home	2 (50.0%)
• County child welfare office	1 (25.0%)
• Foster family's home	1 (25.0%)
• Another out-of-home placement site	1 (25.0%)
• Other	2 (50.0%)
Who is the target population for practice #1?	
• Children of all ages	4 (100.0%)
• Families of any ethnicity	4 (100.0%)
• Families with substance abuse problems	4 (100.0%)
• Families with a mental health problem	4 (100.0%)
• Families with domestic violence	4 (100.0%)
• Families with income problems	4 (100.0%)
• Families with a disability	4 (100.0%)
• Other	1 (25.0%)
What are the purposes and goals of practice #1?	
• Prevent out-of-home placement	3 (75.0%)
• Reunify children with their birth families	3 (75.0%)
• Assess level of risk	3 (75.0%)
• Improve psychosocial functioning of family	3 (75.0%)
• Improve parenting skills	3 (75.0%)
• Address substance abuse problems of family	3 (75.0%)
• Address mental health problems of family	3 (75.0%)
• Address socioeconomic problems of family	3 (75.0%)
• Address housing problems of family	3 (75.0%)
• Ensure a permanent placement for the child	2 (50.0%)
• Other	3 (75.0%)

Table 52: Both beginning and continuing care/ending choice point practices:
History of practice (N = 4)

	Frequency (Percentage)
Why was practice #1 first implemented?	
• In response to a particular problem	1 (25.0%)
• Funds became available	1 (25.0%)
• New policies were implemented	1 (25.0%)
• Other	1 (25.0%)
Who first initiated practice #1?	
• Child welfare workers	2 (50.0%)
• Director of the child welfare system	2 (50.0%)
• Contract agencies	2 (50.0%)
• Clients of the CWS	1 (25.0%)
• Foster families	1 (25.0%)
• Out-of-home placement providers	1 (25.0%)
• Mental health system	1 (25.0%)
• Substance abuse system	1 (25.0%)
• Health system	1 (25.0%)
• Criminal justice system	1 (25.0%)
• Other	2 (50.0%)
When was practice #1 first implemented?	
• 1997	1 (33.3%)
• 1995	1 (33.3%)
• 1967	1 (33.3%)
Has practice #1 changed significantly between the time it was first implemented and now?	
• Yes	2 (66.7%)

Table 53: Both beginning and continuing care/ending choice point practices: Factors related to implementation (N = 4)

	Frequency (Percentage)
Current implementation status of practice #1	
• Permanent	4 (100.0%)
What is the primary funding source for practice #1?	
• Federal funds	4 (100.0%)
• State funds	2 (50.0%)
• County funds	2 (50.0%)
• Nongovernmental grant	1 (25.0%)
Is practice #1 mandated?	
• Yes	2 (50.0%)
Are social workers provided with training in how to implement practice #1?	
• Yes	2 (50.0%)
Do you contract with another agency or system to deliver practice #1?	
• Yes	1 (33.3%)
• No	1 (33.3%)
• Combination of internal and external resources	1 (33.3%)
Is practice #1?	
• Widespread throughout the child welfare system	3 (75.0%)
• Targeted to a relatively small group of clients	1 (25.0%)
Is there a specific geographic area or community in which this practice is targeted?	
• Yes	2 (50.0%)
Has practice #1 been evaluated to determine its effectiveness?	
• Yes	4 (100.0%)
If yes, what were the results of the evaluation?	
• Effective with target population	2 (50.0%)
• Evaluation did not provide evidence that practice was effective	1 (25.0%)
• Other	1 (25.0%)

Table 54: Both beginning and continuing care/ending choice point practices: Factors that support practice and barriers to successful implementation (N = 4)

	Frequency (Percentage)
What are the major factors that support practice #1	
• Support from the community	4 (100.0%)
• Support from county government officials	4 (100.0%)
• Support from the mental health system	4 (100.0%)
• Support from substance abuse system	4 (100.0%)
• Support from health system	4 (100.0%)
• Support from families and children	4 (100.0%)
• Support from child welfare workers	3 (75.0%)
• Support from management	3 (75.0%)
• Support from foster families	3 (75.0%)
• Support from contract agencies	3 (75.0%)
• Support from the criminal justice system	3 (75.0%)
• Evaluations show that practice is successful	3 (75.0%)
• Support from state government officials	2 (50.0%)
• Stable funding	1 (25.0%)
• Support from other out-of-home placement providers	1 (25.0%)
What have been the barriers to successful implementation of this practice?	
• Funding is not stable	3 (75.0%)
• Insufficient support from state government officials	1 (25.0%)
• Evaluations are inconclusive as to the success of the practice	1 (25.0%)

Organizational or Structural Practices (N = 14)

Fourteen respondents identified organizational or structural practices as their most effective practices for children and families of color in the CWS. The fourteen organizational/structural practices fell into three categories: 1) practices related to cultural competency of staff (n = 10, 71.3%), 2) collaboration with American Indian tribes (n = 3, 21.3%), and 3) vertical case management (n = 1, 7.4%).

Table 55: Organization or structural practice: Types of practices (N =14)

	Frequency (Percentage)
Cultural competency of staff	10 (71.4%)
Collaboration with American Indian Tribes	3 (21.4%)
Vertical case management	1 (7.1%)

Qualitative data on cultural competency practices are presented in Table 56. The target population for these services varies, some are focused on the Latino population or the Spanish speaking population, while others are focused on all children in the system and one is focused on social workers themselves. Practices related to cultural competency involve the use of bilingual/bicultural staff or competent translators in the delivery of services, as well as providing information on civil rights, providing training to social workers and matching clients and workers on ethnicity/culture.

Many respondents mentioned the importance of having bilingual/bicultural staff and the need to be able to communicate with clients in their own language as reasons for why these practices are effective with children and families of color. The importance of assessing and delivering services in the clients' language is described as resulting in more accurate assessments, more meaningful services and better connections between worker and client. Cultural competency trainings for social workers are described as bringing awareness and knowledge to staff.

Table 57 provides qualitative data on organizational or structural practices related to collaboration with American Indian tribes. These practices are targeted to Native American children and families and generally include multidisciplinary teams involving tribal representatives, legal professionals and child welfare staff who come together to better serve Native American children and ensure the proper implementation of the Indian Child Welfare Act.

Practices related to collaboration with American Indian tribes were described as effective for children and families of color because they respect cultural heritage; encourage cultural awareness for Native American children; result in more complete assessments; better service planning and fewer contested hearings.

Table 58 provides qualitative information on vertical case management. This practice is targeted toward all clients of the child welfare system and it involves having social workers carry the same cases all the way through the system. This practice was described as effective with children and families of color because there is consistency in the case and a better relationship

between worker and client. It was also noted that this practice is effective with the overall population as well.

Quantitative data from survey responses is provided in Table 59. Most organizational/structural practices take place throughout the child welfare system (n = 8, 57.1%) and are targeted to children of all ages (n = 12, 85.7%). Many are targeted to families of any ethnicity (n = 7, 50.0%), while some are targeted to Latino families (n = 4, 28.6%), or American Indian families (n = 3, 21.4%). Additionally, families with substance abuse problems are also a focus of these practices (n = 7, 50.0%), as are families with mental health problems (n = 7, 50.0%). Goals of the practice include preventing an out-of-home placement (n = 7, 50.0%); ensuring a permanent placement (n = 7, 50.0%); reunifying children and families (n = 6, 42.9%); addressing substance abuse problems of families (n = 6, 42.9%); and improving parenting skills, (n = 6, 42.9%).

Information on the history of the practices is presented in Table 60. Most practices were first implemented in response to a particular problem (n = 7, 50.0%); and the director of the child welfare system was most frequently mentioned as the person who first initiated the practice (n = 7, 50.0%), followed by child welfare workers (n = 6, 42.9%). The year the practice was first implemented range from 1972 to 2002 and 46.2% of counties indicated that the practice had changed significantly since it had first been implemented.

Table 61 provides data on factors related to implementation. Most practices are permanent (n = 12, 92.3%) and the majority are funded through federal dollars (n = 8, 57.1%). Most counties also indicated that these practices are mandated (n = 8, 61.5%), and 66.7% (n = 8) of counties indicated that social workers are provided with training in how to implement the practice. Most counties do not contract with another agency to deliver the practice (n = 9, 64.3%) and most also indicated that the practice is widespread throughout the child welfare system (n = 12, 92.9%). Only one county (7.1%) indicated that there is a specific geographic area in which the practice is targeted. Four counties (28.6%) reported that the practice has been evaluated to determine its effectiveness and of those 66.7% (n = 2) reported that the practice was found to be effective with the target population. Of those counties in which no evaluation has been conducted, 50.0% (n = 5) indicated that an evaluation was not needed.

Factors that support the practices and barriers to successful implementation are presented in Table 62. Support from child welfare workers (n = 11, 78.6%) was most commonly noted as a major factor that supports the practice, followed by support from management (n = 9, 64.3%); county government officials (n = 8, 57.1%); families and children (n = 7, 50.0%); and the community (n = 7, 50.0%). No barriers to successful implementation were noted by 28.6% of counties (n = 4), while 14.3% (n = 2) reported insufficient support from the community and 14.3% (n = 2) noted insufficient support from child welfare workers.

Table 56: Organizational or structural practices: Practices related to cultural competency (n = 10)

Name of practice	Target population	Description of practice	Why effective with children and families of color
The use of competent translators	Spanish-speaking clients	We have a very high rate of return for Hispanic children--one of our better practices is the use of competent translators and always having this available when working with a family. These are used in the juvenile court as well. And we also have bilingual staff as well.	One of things that has made it particularly effective in this county is the size of the county. And our translator even though they may not be CW social workers they are from the community and they are familiar with the community and the dynamics of that particular culture. For the most part this had enhanced the practice.
Availability of bilingual/bicultural staff to serve the Latino population.	Latino population	Hire and place bilingual/bicultural social workers at office serving majority of Latino families. Provides culturally sensitive services to families, better assuring accurate assessments of risk and safety for children.	Cultural knowledge and ability to converse in same language.
At least one bicultural/bilingual worker in each unit	Mostly Hispanic children	The agency really values language and trying to accommodate that the best we can. Most of our receptionists are bilingual and our social service aides and social worker I's are bilingual. Whenever we start to implement a program we always look to bringing in bilingual/bicultural staff. We are limited in our resources but we do our best. We also really try to ask this of our providers as well.	When you are doing social work and having to assess and discuss very difficult things with people having to do with emotions and feelings these things are very difficult to do through translation because a lot of what a social worker does is their use of self and being able to read body language and intonation and understand the subtlety of language and what someone is saying. You are less effective through translation. The communication is much better when services are conducted in the clients language. And bicultural folks understand the local jargon.
Bilingual/Bicultural social work staff.	Spanish speaking population	Bilingual/bicultural staff assigned to bilingual/monolingual cases to ensure appropriate communication of issues, needs, services and agency function/process.	Ability to communicate with the families in their native language & an ability to understand the culture helps the social worker provide appropriate resources & guidance to the family.

Table 56 continued: Organizational or structural practices: Practices related to cultural competency (n = 10)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Bilingual/Bicultural staff	Families whose children have been abused.	Recruiting and hiring bilingual/cultural staff to work with the diverse population we serve. Staff are assigned throughout our child welfare programs/services. Assessment of language and cultural staffing needs is determined on an ongoing basis and is used as a criteria to fill vacant positions.	Recruitment is a priority within service delivery system and best practice philosophy...it becomes integrated in every day work.
Federal Division 21 Regulation—Civil rights	All	We inform all clients of their civil rights. This includes that they cannot be discriminated against on the basis of national origin, disabilities, race, age sex, all those areas. We are supposed to talk to all families about their civil rights. We ask the family if they want a special skills worker assigned—that would specialize in a particular language or culture. We have Black culture workers, Hispanic cultural workers, and Asian, Russian special skills workers. We ask all clients if they want a special skills worker—this is for language—but also culturally matching the clients.	Matching families with a social worker of their ethnic background is helpful in getting families back together. If the social worker understands the culture—like if there are different discipline techniques that are seen more in one culture, the social worker may be able to help the child and family more. Clients are a bit more comfortable, social workers can confront them better—work with the better to help bring about change.
Emphasis of Cultural Competence	All cultures	Our agency has a cultural competence committee. We mandate 8 hours of training for staff in orientation and an additional 16 hrs through our leadership academy.	Awareness, Knowledge

Table 56 continued: Organizational or structural practices: Practices related to cultural competency (n = 10)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Policy is to align case assignments to staff from like ethnicity when possible	Applies across all CWS components	Our practice is to assign staff of similar ethnicity and we are able to do so most often in our African American and Mexican American population. If unable to do so, we consider assigning a spanish speaking, non-Mexican-American. staff.	Ability to establish trusting relationship
Cultural competence training	Social workers	We require all social workers to attend training on cultural competency on a regular basis.	Missing
Civil Rights Training	Missing	Missing	Training- bringing awareness to staff

Table 57: Organizational or structural practices: Collaboration with American Indian tribes (n = 3)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Indian Child Welfare Act (ICWA) Roundtable	American Indian children and families	A practice in which tribal representatives, agency staff, kids' attorneys, County Counsel, and others come together on a monthly basis to talk about issues related to the implementation of the ICWA, how we can work to together on certifying tribal homes, how to get services for American Indian Children and what are the most appropriate services. The group created a handbook of ICWA regulations. Very effective in opening dialogue between the parties, sensitizing staff to issues around services that would be more culturally appropriate to American Indian children, identifying and providing services, and ensuring that kids can get to tribal homes.	It respects their cultural background and keeps them connected with their tribal roots, it respects that people can do things differently and still have good outcomes. The tribe is actively solicited to be involved with children and families in the CWS. We pay for culturally appropriate services, like tribal dances, and other non-traditional services.
ICWA	Native American	Indian Child Welfare Act Multidisciplinary Team	More complete assessments, better service planning and less contested hearings.
Collaboration with tribes and tribal courts	Native Americans	Some of the tribes have strong cultural centers with health care and counseling and so we try to work hard with them. Native American children do best when placed with a Native American family. The Tribal court makes placement decisions and so we work with them to make decisions that we are all in agreement about. We work closely with the tribes in Native American cases.	Native American families—in general they are still at war with both the US and with each other. It is effective because in spite of these things we are able to overcome the barriers and we are able to make use of the real resources of cultural awareness for Native American people. Collaborating with the tribes depends on having the right social worker work with the tribes—in general the tribes have been cooperative with the CWS.

Table 58: Organizational or structural practices: Vertical case management (n = 1)

Name of practice	Target population	Description of practice	Why effective with children and families of color
Social workers carry a generic case load—vertical case management	All	Social Workers carry the same cases all the way through the system A lot is lost when a case is transferred from worker to worker. Families always know who their social workers are and there is ownership throughout the life of the case. There is a better work product. There's a relationship between the worker and clients.	There's consistency—a lot of it is when cases are transferred from one person to another there may be different interpretations of the situation. Effective with overall population—it would be unfair to say that what we are doing is more advantageous with group than another.

Table 59: Organizational or structural practices: Location, target population and goals (N = 14)

	Frequency (Percentage)	
Where does practice #1 take place?		
• Throughout the child welfare system	8	(57.1%)
• County child welfare office	7	(50.0%)
• Birth family's home	6	(42.9%)
• Foster family's home	6	(42.9%)
• Court	6	(42.9%)
• Another out-of-home placement site	5	(35.7%)
• Contract agency site	2	(14.3%)
• Other	5	(35.7%)
Who is the target population for practice #1?		
• Children of all ages	12	(85.7%)
• Very young children (0 to 3 years)	1	(7.1%)
• Young children (4 to 10 years)	1	(7.1%)
• Families of any ethnicity	7	(50.0%)
• Latino families	4	(28.6%)
• American Indian families	3	(21.4%)
• Families with substance abuse problems	7	(50.0%)
• Families with a mental health problem	7	(50.0%)
• Families with domestic violence	6	(42.9%)
• Families with income problems	4	(28.6%)
• Families with a disability	3	(21.4%)
• Other	1	(7.1%)
What are the purposes and goals of practice #1?		
• Prevent out-of-home placement	7	(50.0%)
• Ensure a permanent placement for the child	7	(50.0%)
• Reunify children with their birth families	6	(42.9%)
• Address substance abuse problems of family	6	(42.9%)
• Improve parenting skills	6	(42.9%)
• Assess level of risk	5	(35.7%)
• Improve psychosocial functioning of family	5	(35.7%)
• Address mental health problems of family	5	(35.7%)
• Address housing problems of family	5	(35.7%)
• Address socioeconomic problems of family	4	(28.6%)
• Other	8	(57.1%)

Table 60: Organizational or structural practices: History of practice (N = 14)

	Frequency (Percentage)
Why was practice #1 first implemented?	
• In response to a particular problem	7 (50.0%)
• New policies were implemented	3 (21.4%)
• Funds became available	1 (7.1%)
• Other	6 (42.9%)
Who first initiated practice #1?	
• Director of the child welfare system	7 (50.0%)
• Child welfare workers	6 (42.9%)
• Clients of the CWS	1 (7.1%)
• Foster families	1 (7.1%)
• Criminal justice system	1 (7.1%)
• Contract agencies	1 (7.1%)
• Other	4 (28.6%)
When was practice #1 first implemented?	
• 2002	1 (7.1%)
• 2000	2 (14.3%)
• 1999	1 (7.1%)
• 1998	2 (14.3%)
• 1995	1 (7.1%)
• 1980	1 (7.1%)
• 1972	1 (7.1%)
Has practice #1 changed significantly between the time it was first implemented and now?	
• Yes	6 (46.2%)

Table 61: Organizational or structural practices: Factors related to implementation (N = 14)

	Frequency (Percentage)
Current implementation status of practice #1	
• Permanent	12 (92.3%)
• Other	1 (7.7%)
What is the primary funding source for practice #1?	
• Federal funds	8 (57.1%)
• State funds	6 (42.9%)
• County funds	5 (35.7%)
• Other	4 (28.6%)
Is practice #1 mandated?	
• Yes	8 (61.5%)
Are social workers provided with training in how to implement practice #1?	
• Yes	8 (66.7%)
Do you contract with another agency or system to deliver practice #1?	
• No	9 (64.3%)
• Combination of internal and external resources	3 (21.4%)
• Yes	2 (14.3%)
Is practice #1?	
• Widespread throughout the child welfare system	13 (92.9%)
• Targeted to a relatively small group of clients	1 (7.1%)
Is there a specific geographic area or community in which this practice is targeted?	
• Yes	1 (7.1%)
Has practice #1 been evaluated to determine its effectiveness?	
• Yes	4 (28.6%)
If yes, what were the results of the evaluation?	
• Effective with target population	2 (66.7%)
• Evaluation did not provide evidence that practice was effective	1 (33.3%)
If practice #1 has not been evaluated, why not?	
• An evaluation was not considered to be needed	5 (35.7%)
• Insufficient resources	3 (21.4%)
• Insufficient time	1 (7.1%)
• Other	1 (7.1%)

Table 62: Organizational or structural practices: Factors that support practice and barriers to successful implementation (N = 14)

	Frequency (Percentage)
What are the major factors that support practice #1	
• Support from child welfare workers	11 (78.6%)
• Support from management	9 (64.3%)
• Support from county government officials	8 (57.1%)
• Support from families and children	7 (50.0%)
• Support from the community	7 (50.0%)
• Support from foster families	6 (42.9%)
• Support from state government officials	6 (42.9%)
• Support from the mental health system	5 (35.7%)
• Support from the substance abuse system	4 (28.6%)
• Support from contract agencies	4 (28.6%)
• Support from the health system	4 (28.6%)
• Stable funding	4 (28.6%)
• Support from other out-of-home placement providers	3 (21.4%)
• Evaluations show that practice is successful	2 (14.3%)
• Support from the criminal justice system	2 (14.3%)
• Other	2 (14.3%)
What have been the barriers to successful implementation of this practice?	
• No barriers	4 (28.6%)
• Insufficient support from the community	2 (14.3%)
• Insufficient support from child welfare workers	2 (14.3%)
• Funding is not stable	1 (7.1%)
• Other	7 (50.0%)

Summary of Key Findings and Implications: Descriptive Results

Respondents to the California statewide survey identified practices in four overall areas as most effective for children and families of color: 1) beginning choice point practices, 2) continuing or ending choice point practices, 3) both beginning and continuing/ending choice point practices, and 4) organizational or structural practices.

Beginning Choice Point Practices

The beginning choice point practices identified by respondents fell into three categories: 1) family group conferencing or other team decision-making practices, 2) voluntary family maintenance or other prevention/family preservation services and 3) risk assessment tools or systems.

In general, results from the California statewide survey indicate that beginning choice point practices are most often delivered at the county child welfare office, and they are targeted to children of all ages and ethnicities. Most of these practices are aimed at preventing an out-of-home placement, assessing level of risk or improving the psychosocial functioning of the family. Over half of these practices have been evaluated by individual counties to determine their effectiveness, and of those that have been evaluated most are considered to be effective with the target population.

Results of the California statewide survey indicate that beginning choice point practices are considered to result in enhanced outcomes for children and families of color because they are inclusive, collaborative and objective. Yet very little empirical evidence exists to support the effectiveness of these practices for children and families of color. No studies have evaluated the impact of family group conferencing or other team decision-making practices on children and families of color. However there is some evidence to suggest that inclusive practice, in which parents are engaged in placement and other decisions, may result in more placement stability for children, yet possible differential effects for diverse populations has not been researched (Palmer, 1996). More research is needed to determine if family group conferencing/other team decision-making practices and inclusive practice result in enhanced outcomes for children and families of color.

Additionally, the effectiveness of voluntary family maintenance or other prevention/family preservation services in preventing out-of-home placements has not been adequately demonstrated, and the impact of these services for children and families of color has not been sufficiently addressed in the research literature. It is interesting to note that results from the California statewide survey indicate that only 15.4 percent of beginning choice point practices take place in the birth family's home, yet the research literature suggests that home-based prevention practices may be the most effective voluntary family maintenance practice, especially for high-risk mothers. This finding may suggest that counties are not utilizing evidence-based prevention efforts. Research on the reasons for this underutilization of home-based prevention services is warranted.

Lastly, the effectiveness of risk assessment tools or systems in accurately assessing risk for future maltreatment has not been consistently demonstrated in the research literature. Yet research does indicate that the individual decision-making practices of child welfare workers are inconsistent and subject to biases that may negatively impact children and families of color. As such, the use of more objective assessments of risk in child welfare is promising, however more research is needed to identify risk assessment tools and systems that are reliable and valid.

Continuing Care/Ending Choice Point Practices

The continuing care/ending choice point practices identified by respondents fell into three categories: 1) placement-related practices, 2) the Family to Family Initiative, and 3) intensive and collaborative interventions for high-risk children.

Results from the California statewide survey indicate that, in general, the majority of continuing care/ending choice point practices take place throughout the child welfare system and are targeted to children of all ages and ethnicities. However, more continuing care/ending choice point practices are targeted to specific age groups than the other practices identified by respondents. The goal of most of these services is to reunify children with their birth families, ensure a permanent placement or prevent and out-of-home placement. Only two respondents reported that these practices have been evaluated to determine their effectiveness and both of these evaluations indicated that the practices are effective with the target population.

These continuing care/ending choice point practices are described as effective with children and families of color because they are culturally appropriate, collaborative, intensive and they involve clients' communities. Yet, research on the effectiveness of these services for children and families of color is lacking. Placement-related practices that emphasize placement of children in culturally appropriate homes have not been evaluated to determine their impact on children of color. However, some studies have noted that social workers may be reluctant to place children of color with White alternate caregivers (Brooks & James, 2003; Carter-Black 2002; Vidal de Haymes & Simon, 2003). Results from the California statewide survey regarding the identification of placement-related practices that emphasize placement of children of color in culturally appropriate homes do suggest that culture and ethnicity may be important factors in child welfare workers' placement decisions. This appears particularly true for Native American children who were mentioned specifically by two counties.

Research on the effectiveness of the Family to Family Initiative for children and families of color has not been conducted. There is limited evidence to suggest that social network interventions which seek to involve community members in services are potentially effective in increasing social networks, improving parenting skills and increasing the likelihood of case closure (Gaudin et al., 1990). However the Family to Family Initiative encompasses more than social network interventions and research is needed to evaluate the effectiveness of this practice for diverse populations.

Although children in out-of-home care are at an increased risk for a variety of poor outcomes (Stevenson, 1999), the impact of intensive and collaborative interventions for high-risk children have demonstrated only mixed results in the research literature. While some studies on

wraparound services report that children in these services are less likely to be removed from their community and may experience a reduction in behavioral problems (Bruns, Burchard, & Yoe, 1995, as cited in Toffalo, 2000; Clark, Lee, Prange, & McDonald, 1996, as cited in Toffalo, 2000; VanDenBerg, 1993, as cited in Toffalo, 2000), other studies report no significant benefit from wraparound services (Clarke, Schafer, Burchard, & Welkowitz, 1992, as cited in Toffalo, 2000). *More research is needed to identify aspects of these interventions that are most effective, especially for children of color*

Both Beginning and Continuing/Ending Choice Point Practices

Practices related to both beginning and continuing/ending choice points fell into two categories: 1) community-based services, and 2) strength-based assessments.

Results from the California statewide survey suggest that many practices that are both beginning and continuing/ending choice point practices take place at a contract agency site or the birth family's home. These services are targeted to children of all ages and any ethnicity. These practices have numerous goals including: preventing an out-of-home placement; reunifying children with their birth families; assessing level of risk; improving psychosocial functioning of families; improving parenting skills; addressing substance abuse problems; addressing mental health problems; addressing socioeconomic problems; and addressing housing problems. All four of the respondents indicated that these practices have been evaluated and 50 percent of the evaluations indicated that the practices are effective with the target population.

Respondents to the California statewide survey described these practices as effective with children and families of color because they are easy for clients to access; they are community-specific, and non-intrusive. These services have broad goals that focus on both prevention and intervention for families in contact with the CWS and research on the impact of these services on children and families of color is lacking. In general, research on prevention and intervention with child welfare populations does not provide convincing evidence of their effectiveness. However, because these practices are more of an approach to services, rather than services themselves, more research is needed to determine if these approaches are effective with ethnically diverse populations.

Organizational or Structural Practices

Organizational or structural practices fell into three categories: 1) cultural competency of staff, 2) collaboration with American Indian tribes, and 3) vertical case management.

According to responses from the California statewide survey, most organizational/structural practices take place throughout the CWS; the majority are targeted to children of all ages and ethnicities, although some are specifically targeted to Latino or Native American clients. The primary goals of these practices include preventing an out-of-home placement and ensuring a permanent placement. Approximately one quarter of respondents indicated that these practices have been evaluated to determine their effectiveness and of these, approximately 66 percent reported that the practices are effective with the target population.

These practices are described by respondents to the California statewide survey as effective with children and families of color because they result in better communication and relationships between worker and client; they respect cultural heritage; increase cultural awareness and produce more accurate and complete assessments and services. Although cultural competency appears intuitively beneficial for ethnically diverse children and families, research on the impact of culturally competent staff and programs in producing successful outcomes for children and families of color has not been conducted. There is evidence to suggest that for Latino clients in particular, language barriers can exclude them from necessary services and produce significant delays in service delivery; and researchers have also discussed the importance of language in accurate assessment and treatment of clients (Suleiman, 2003). As such, culturally and linguistically appropriate services appear to increase service use and accuracy, although their impact on client outcomes is unclear.

Research on the effectiveness of collaboration with American Indian tribes and vertical case management practices on outcomes for children and families of color is limited. Effective collaboration between the CWS and American Indian tribes appears intuitively beneficial for Native American children, however more research is needed to identify aspects of effective collaboration and how this collaboration impacts outcomes for Native American children. A vertical case management model of child welfare service delivery may result in enhanced outcomes. For instance, in South County Offices, where a vertical case management model is used, families are more likely to have their cases closed with family maintenance services than they are in the Main County Office where a vertical case management model is not used (please see Section IV for a full discussion). These results suggest that a vertical case management model may be an effective child welfare practice.

Limitations and Conclusions

Descriptive results of the statewide survey must be considered within the context of certain limitations. For instance, the survey instrument was designed specifically for this study and so its reliability and validity is not known. The self-report nature of the data also presents the possibility of personal biases in survey responses and since the professional titles of the respondents varied from directors, to managers to supervisors, there is the possibility that different perspectives and information may occur as a result of these differing job titles. Additionally, although the response rate was high (77.6%), there is the possibility that the sample may be biased due to some counties refusing to participate.

Overall, respondents described beginning choice point practices as effective with children and families of color because they are inclusive, collaborative and objective. Continuing care/ending choice point practices were considered effective with children and families of color because they are culturally appropriate, collaborative, intensive and involve client's communities. Both beginning and continuing/ending choice point practices were described as effective because they are easy for clients to access, they are community-specific and non-intrusive. Lastly, organizational or structural practices were considered effective with children and families of color because they are thought to result in better communication and relationships because worker and client, they respect cultural heritage, increase cultural awareness and produce more accurate and complete assessments and services.

In general, results from the California statewide survey suggest that there is a significant gap between research on child welfare practices and the best practices for children and families of color being used in California county child welfare systems. Little systematic research has evaluated the impact of many of the most effective practices for children and families of color that were identified by respondents *Although the research literature has not yet provided convincing evidence of the effectiveness of many of the practices identified by respondents, respondents to the statewide survey felt that these practices were their most effective with children and families of color. These findings suggest that some counties may be utilizing promising practices for children and families of color in the child welfare system, and more rigorous evaluations of these practices is needed.*

Multivariate Analysis: Impact of Statewide Practices on Differential Representation

The statewide survey identified practices, which addressed disproportionate representation of children of color and were considered effective by county child welfare personnel. Although *perceived* as effective, few of the practices had been evaluated to determine effectiveness from an independent point of view and in a controlled manner. Child welfare personnel nominated them as being effective, but in most cases their impact had not been established through systematic empirical research.

For present purposes, the impact of interest is how the practices identified through the survey might affect differential representation of children of color. Some of the practices had been implemented with children of color in mind and others had not, but all were considered by child welfare personnel to be especially valuable in addressing the needs and circumstances of children of color. If child welfare personnel are correct in their belief that the practices serve children of color particularly well, then it is reasonable to believe that the practices identified in the survey will divert children of color from the child welfare system or will reduce the scope or duration of their involvement.

By helping children of color to follow pathways around full-fledged involvement in the child welfare system or reducing the intensity or length of child welfare participation, the practices identified in the survey can be expected to reduce differential representation. We can expect lower levels of overrepresentation if the practices are effective.

Statewide data are available from sources, which, in conjunction with data from our survey, permit the degree of empirical association to be determined between practices and disproportionate representation. The U.S. Census and CWS/CMS publish data, available for use by researchers and others, describing California counties on the worldwide web. The web-based data provide an opportunity to evaluate whether there is a link between disproportionate representation and use of perceived-to-be-effective practices.

If a study is statewide in scope like the present one, then it furnishes a basis to go beyond the experience of a single county. By comparing *groups* of counties and contrasting those that implemented a practice with those that did not, our investigation encompasses child welfare systems around the state. The results point to promising practices identified from a statewide perspective.

In this section, we present results from several analyses linking characteristics of practices presented previously with disproportionate representation of children of color in the child welfare system. Our intention was to identify types of practices, practices, and practice characteristics—distinctions to be explained later-- *associated* with levels of disproportionate representation, and which therefore might be *more effective* in reducing disproportionate representation of children of color.

Multivariate Methods

The unit of analysis for this study was the county. The method, broadly conceived, was to conduct controlled tests of empirical associations between types of practices, practices, and practice characteristics on the one hand, and levels of disproportionate representation on the other hand.

For thinking about the study's approach in greater detail, it is useful to begin by considering the meaning of *disproportional representation*. Disproportional representation is said to occur when the proportion of children of color in a county's child welfare system is higher or lower than expected. Typically, documenting the proportion of African Americans, Latinos, or Asian American/Pacific Islander in the population at large usually establishes the proportion that is expected. The difference between the representation of a group in the population at large and its representation in the child welfare system defines its level of disproportional representation.

In our study we calculated a measure of this difference using regression analysis. We analyzed a group's representation in the child welfare system after statistically adjusting for it representation in the population at large. Following a research design like ours, a statistic results from regression which defines the difference between expected and actual levels of child welfare representation.

Disproportional representation is affected by factors other than those under the direct control of child welfare authorities. The stresses under which minority families live and the resources available to them for example, can contribute to disproportionate representation. Counties can differ in the levels of stress, resources, and similar differentiating characteristics. Child welfare systems too are diverse. Some are larger and more centralized than others, for example; policies and procedures vary.

It is difficult to establish definitively whether practices are effective because of the differences apart from the practices between counties and child welfare systems associated with disproportionate representation. When a link is observed between a practice and disproportionate representation, it remains possible that a characteristic other than the practice itself is responsible for that link. The observed link between a practice and disproportionate representation might be coincidental. Controlling for key differences between counties and child welfare systems reduces the chances of associations occurring through coincidence.

We examined many indicators describing counties and their child welfare systems in order to identify differences that were especially important to take into account. Among indicators we screened were population size and density, wages and costs of goods and services in the county, the geographical location of the county, size of the child welfare system and proportion of the child welfare population in kinship care. We sought key indicators from a large number we considered reflecting differences between the counties and their child welfare systems and linked to disproportionate representation.

Through this process we found two indicators that were consistently and strongly associated with disproportionate representation: urban-rural status and per-capita income. Counties that were urban and had higher per-capita income were notably more likely to have higher levels of disproportionate representation.

We used these data to conduct a controlled analysis of the association between practice types, practices, and practice characteristics by constructing regression equations. In each equation, the proportion of Latino, African American, or Asian American/Pacific Islander children served as the dependent variable. The proportion of Latinos, African Americans, or Asian American/Pacific Islander in the county was entered first as an independent variable, as discussed above, in order to subtract an expected level of representation from the actual representation of each group in each county's child welfare system. We then added to the equation each county's urban-rural status and per-capita income. Finally, we added each practice type, practice, or practice characteristic suitable for analysis.

This enabled us to determine how much each practice type, practice, or practice characteristic was associated with greater or lower level of representation apart from the level of representation expected from its group representation in the county, and after adjusting for the county's urban-rural classification and its per-capita level of income. Thus, the approach adjusted for the three key factors: group representation in the population, whether the county was classified as urban or rural, and per-capita income of county residents.

In most cases the three control variables alone explained disproportionate representation in a statistical sense extremely well. Success in accounting for differences between counties in statistical models implies that many important differences between counties were explained and that the possibility that associations arose by coincidence was low.

We considered practice types, practices, and practice characteristics in a three-phase analysis. Phase 1 addressed our organization of practices into beginning choice point practices, continuing care/ending choice point practices, organizational or structural practices, and both beginning and continuing/ending choice point practices. We considered disproportionate representation according to whether practices were beginning, continuing/ending, organizational or structural, or both beginning or ending.

In phase 2, we considered individual practices in an attempt to consider the impact of practices on disproportionate presentation in finer-grained detail. We were hampered in our attempt: very few counties reported instituting certain of the practices.

Ultimately, we chose to consider at the individual practice level only those where four or more counties indicated implementing them. Four counties is a small number for this purpose and limit our ability to detect genuine differences that might have been present at statistically significant levels. It proved fruitful however, and provides an important basis for discussion of individual practices. The five practices we considered were: family group conference or other team decision making practices (n=7), voluntary family maintenance or other prevention/family preservation services (n=4), placement related practices (n=6), family to family initiative (n=4), and cultural competency of staff (n=10).

We asked parallel questions in all phase 1 and phase 2 analyses. Adjusting for urban-rural status and per-capita income, for Latinos, African Americans, and Asian Americans how is disproportionate representation affected by type of practice? What was the impact on disproportionate representation of whether a practice was one of five specific practices: family group conference or other team decision making practices, voluntary family maintenance or other prevention/family preservation services, placement related practices, family to family initiative, and cultural competency of staff?

In phase three of our analysis we asked questions without regard to type of practice. We considered the impact on disproportionate representation—whatever the particular practice type-- of differences in practice location, target population, purposes, reasons for implementation, initiating persons and agencies, implementation timing, implementation status, location and scope of the practice, geographic and community targeting, evaluation, support, and barriers.

There are many practice characteristics describing practices. To reduce the number of characteristics for purposes of analysis, we clustered characteristics into logically related, empirically associated groupings using factor analysis, a statistical procedure for clustering individual questions to which respondents have given similar answers. When a question was discovered not to fit well within factor-analysis created clusters of questions, we eliminated it from the cluster and considered it in subsequent analysis individually.

We then conducted regression analyses like those conducted in phases 1 and 2. The question was: adjusting for urban-rural status and per-capita income, for Latinos, African Americans, and Asian Americans, how is disproportionate representation affected by practice characteristics? What was the impact on disproportionate representation of differences in practice location, target population, purposes, reasons for implementation, initiating persons and agencies, implementation timing, implementation status, location and scope of the practice, geographic and community targeting, evaluation, support, and barriers?

There are two ways in which practice types, practices, and practice characteristics can be linked to disproportionate representation. One is a negative association between the variables, indicating lower than expected overrepresentation. Negative association means that implementing counties have relatively low or nonexistent minority overrepresentation and suggests that the practice type, practice, or practice characteristic is successful.

Another kind of association between a practice type, practice, or practice characteristic and overrepresentation is a positive association. Positive association between variables means that there is greater than expected overrepresentation associated with the practice type, practice, or practice characteristic—that overrepresentation is relatively high.

Practices linked to greater overrepresentation cannot be considered successful. How does a practice come to be linked to greater overrepresentation? It is likely that positive association between a practice and overrepresentation comes about because instead of reducing overrepresentation, some practices are implemented reactively, that is, in response to

overrepresentation. These practices do not reduce overrepresentation, although they may do so in the future if given sufficient time. At present, we note only that a significant positive association with overrepresentation is probably reactive and does not indicate success.

Multivariate Results

Latino Overrepresentation

Latinos were overrepresented in about 60% of counties and the degree of their overrepresentation was as high as 28 percentage points.

Practice types. For Latinos, there was a statistically significant difference according to whether practices were beginning choice point practices, continuing care/ending choice point practices, organizational or structural practices, or both beginning and continuing/ending choice point practices.

Both significant differences involved beginning choice point practices. Beginning choice point practices were associated with about 8 percentage points less overrepresentation than both beginning and continuing/ending choice point practices and about 9 percentage points less overrepresentation than organizational or structural practices (See Table 63).

Practices. One statistically significant difference emerged when we considered the five individual practices that could be analyzed. Practices involving family group conference or other team decision making were associated with 7 percentage points less overrepresentation than were practices involving culturally competency of staff (See Table 63).

Practice characteristics. For Latinos, there were statistically significant difference in target population, purposes, initiating persons and agencies, and implementation timing (See Table 64). Latino overrepresentation was greater when areas were targeted for intervention (area where most referrals came from; with low socioeconomic status residents; with high crime; with large ethnic representation), when clients, foster families, and out of home placement providers were involved in the development of the practice, when service systems were involved in the development of the practice (mental health, substance abuse, health, criminal justice, contract agencies). Overrepresentation was less also when “other” problems were addressed as the purpose of the practice and when it began more recently.

African American Overrepresentation

African Americans were overrepresented in about 64% of counties and their degree of their overrepresentation was as high as 65 percentage points.

Practice types. For African Americans, there was no statistically significant difference in overrepresentation according to whether practices were beginning choice point practices, continuing care/ending choice point practices, organizational or structural practices, or both beginning and continuing/ending choice point practices (See Table 63).

Practices. One statistically significant difference appeared when we considered the five individual practices, which could be analyzed. Family to Family initiatives were associated with 8-percentage points greater overrepresentation than were the remaining practices considered (See Table 63).

Practice characteristics. For African Americans, there were differences in target population, purposes, and initiating persons and agencies, and geographic and community targeting. African American overrepresentation was less when areas were targeted for intervention (area where most referrals came from; with low socioeconomic status residents; with high crime; with large ethnic representation), ethnic minority populations (Latino, African American, Asian American/Pacific Islander, American Indian, families of any ethnicity), and when very young children were targeted. African American overrepresentation was less when foster families and clients or contract agencies first initiated the practice. African American overrepresentation was less also when the purpose the intervention was to improve the psychosocial functioning of the birth family (See Table 64).

Asian American/Pacific Islander Underrepresentation

In no counties were Asian American/Pacific Islanders overrepresented. Instead, they were equally represented in a few counties and in most counties Asian American/Pacific Islander were underrepresented.

Practice types. For Asian American/Pacific Islanders, there was no statistically significant difference in overrepresentation according to whether practices were beginning choice point practices, continuing care/ending choice point practices, organizational or structural practices, and both beginning and continuing/ending choice point practices (See Table 63).

Practices. Nor was there a statistically significant difference when we considered the five individual practices that could be analyzed (See Table 63).

Practice characteristics. For Asian American/Pacific Islanders, there were differences in target population, implementation timing of the practice. Asian American/Pacific Islanders underrepresentation was greater when areas were targeted for intervention (area where most referrals came from; with low socioeconomic status residents; with high crime; with large ethnic representation), ethnic minority populations (Latino, African American, Asian American/Pacific Islanders, American Indian, families of any ethnicity). Asian American/Pacific Islander underrepresentation was less when system management and child welfare workers expressed support for the intervention, and when it had begun earlier (See Table 64).

Table 63: Practice Types, Practices, and Disproportionate Representation

Practice Types					
Ethnic Group	Variable	B	SE	Beta	T
Latino	Beginning vs Organizational/ Structural	.09	.04	.14	1.98*
	Beginning vs Beginning/Continuing	.08	.03	.20	2.61**

Practices

Ethnic Group:	Variable:	B	SE	Beta	T
Latino	Family Group Conference/ Team Decision Making vs Cultural Competence	.07	.03	.15	2.13*
African American	Family to Family vs. other	-.08	.04	.13	2.23*

Table 64: Practice Characteristics and Disproportionate Representation

Ethnic Group:	Variable:	B	SE	Beta	T
Latino	Area Targeting	.04	.01	.19	3.07**
	Target: Other Problems	-.05	.26	-.13	-2.06*
	Clients Involved in Development/Evolution	.03	.01	.17	2.77**
	Systems Involved in Development/Evolution	.03	.01	.16	2.61**
	Initiated Earlier	-.00	.00	-.16	-2.69**
African American	Ethnic Targeting	-.04	.01	-.23	-4.20**
	Area Targeting	-.02	.01	-.12	-1.93*
	Targeting: Very young	.06	.03	.11	1.92**
	Foster family-client Initiated	-.08	.04	-.11	-1.94**
	Contract agency Initiated	-.08	.04	-.13	-2.11*
	Goal: Improve psycho-Social Functioning Birth Family	-.05	.02	-.13	-2.11*
Asian American/ Pacific Islander	Ethnic Targeting	.00	.00	.22	1.99*
	Area Targeting	.00	.00	.19	1.90*
	Management-Worker Support	-.01	.00	-.29	-3.24**

Notes:

Regressions: Ordinary Least-Squares. All models $R > .80$ ($p > .01$).

Factors = Principal Components, 1 factor per analysis, Eigenvalue > 1 . Regression-based factor scores used in subsequent regression. Variables with loadings $> .50$ were eliminated from analysis and analyzed separately in subsequent regression.

Summary of Key Findings and Implications: Multivariate Analysis

When considering the 43 counties responding to the survey of practices perceived effective in working with children of color, significant associations were uncovered between practice types, practices, and practice characteristics on the one hand, and disproportionate representation on the other. These associations remained after adjusting for urban rural status and per-capita income, differences between the counties strongly linked to minority child welfare representation. *Some point to effective practices—practices that bring about minority underrepresentation. Different patterns of association were found for Latinos, African Americans, and Asian American/Pacific Islanders.*

For Latinos, beginning choice point practices had a beneficial effect on overrepresentation. In particular, family group conference or other team decision-making interventions predicted lower levels of overrepresentation.

Bringing together interested parties early on in child welfare involvement may divert cases from child welfare or otherwise minimize involvement, perhaps by facilitating communication and mobilizing otherwise overlooked resources. Conceivably, the intervention is especially valuable for Latinos in that its family focus is congruent with cultural values, and because of the intervention's potential to overcome linguistic and cultural barriers to understanding.

Notably, these interventions do not target at-risk neighborhoods as a special focus of concern. Indeed, Latino overrepresentation was greater, not less, when interventions were implemented targeting areas with high concentrations of distressed families.

Other findings indicated that practices targeting at-risk populations came about when clients, foster families, and out of home placement providers were engaged in development of the practice, along with mental health, substance abuse, health, criminal justice, contract agencies. It appears that when they perceived a need and had an opportunity to do so, stakeholders mobilized and focused on high need areas and populations as intervention targets.

However, they appear do this in response to Latino overrepresentation, such that implementation is linked to greater overrepresentation. The positive association at-risk targeting and disproportional representation indicates that these practices do not reduce disproportional representation. In all likelihood, the positive association means instead that stakeholders perceive Latino overrepresentation and initiate programs in response.

For African Americans, targeting of at-risk areas and African American populations was beneficial in reducing overrepresentation, as well as targeting of very young children. Less overrepresentation was linked also to whether foster families and clients and contract agencies initiated an intervention, and whether it focused on improving psychosocial outcomes of birth families. The findings suggest a picture almost the reverse of that found for Latinos.

For African Americans, there appear to be lower levels of overrepresentation than expected too when key community stakeholders help to initiate the interventions that focus on high-risk areas and populations. When interventions have a goal of strengthening the well being of birth families, then implementation is associated with lesser overrepresentation.

On the other hand, counties that implemented family-to-family initiatives displayed greater overrepresentation than counties that did not. Family to family programs appear to be used reactively, in response to high perceived levels of overrepresentation.

It is important to note however that in counties where interventions were successful levels of overrepresentation remained high. Successful interventions were those associated with lower overrepresentation than expected. Improvement was relative: in absolute terms there remained a high degree of African American overrepresentation.

For Asian American/Pacific Islander populations findings suggested that, as with Latinos, targeting of high need areas was less beneficial than not engaging in this kind of intervention. Involving clients and service systems in initiation, again more common for interventions targeting high need areas, was also relatively unsuccessful. On the other hand, management and worker support for a practice was associated with greater success.

Asian American/Pacific Islanders are, overall, underrepresented in child welfare systems and one must interpret our findings in light of this fact. There were fewer significant differences between practice types, practices, and practice characteristics for Asian American/Pacific Islanders than for Latinos or African Americans. This may reflect a lesser sense of urgency felt by administrators and workers in the face of Asian American/Pacific Islander disproportionate representation that is proportionally low than for Latino and African American disproportionate representation, which is proportionately high.

A need remains to conceive and mount culturally and linguistic programs for Asian American/Pacific Islander populations. This aspect of the study, with its focus on disproportionate representation rather than on other indicators of system performance, may not have been as good a vehicle as other parts of the study to identify program needs for Asian American/Pacific Islander populations as for overrepresented Latino and African American populations.

Certain limitations must be kept in mind when considering the present findings. The study encompasses forty-three California counties. The number of counties implementing any practice or practice type was smaller than ideal to undertake truly powerful statistical tests sensitive to all underlying differences. As a matter of practical necessity, the study's design was such that some of the links of practice types, practices, and practice characteristics with disproportionate representation might have arisen by coincidence. The possibility that some unmeasured characteristic explained some of the associations of interest revealed in the study was reduced, but cannot entirely be ruled out.

Despite these limitations, the study produced meaningful patterns of findings connecting programs and disproportionate representation. The associations proved sensitive to the

differential experience of different ethnic groups. They furnish a useful context of fact to further consider the problem of disproportionate representation in Santa Clara County.

VI. PHASE 3 SUMMARY, RECOMMENDATIONS AND CONCLUSION

Phases 1 and 2 of this study focused on examining reasons for the racial/ethnic disproportionality in the County's CWS and identifying the decision points where it occurs. *The focus of Phase 3 was on key practices that take place within the CWS that either promote or reduce disproportionality among children and families of color.*

Overall, research on the impact of child welfare practices for children and families of color is limited. In general, much of the research literature is inconclusive and fails to support the effectiveness of child welfare practices in improving outcomes for children and families involved in the CWS. Very few studies describe differences in outcomes by ethnic/racial groups and most of the research fails to take into account the effect of culture and ethnicity on the delivery and impact of child welfare practices. This gap in the research literature is striking and has important implications for children and families of color in the CWS. More information about child welfare practices including programs, services, strategies, policies, and/or tools that either increase or reduce racial/ethnic disproportionality can contribute to the development of more effective services and supports for children and families of color in the CWS.

The three overall aims addressed in Phase 3 were: 1) to assess identified key practices for children and families of color in Santa Clara County's CWS, 2) to examine the influence of the court system on service recommendations for children and families and, 3) to conduct a statewide comparative analysis of identified key practices that may affect the disproportionate representation of children of color in the CWS.

In order to address Aim 1 which involved an assessment of key practices in Santa Clara County's CWS, four related analyses were conducted. First, the CWRT conducted analyses to understand the types of practices and case characteristics that are associated with successful outcomes for children and families from various racial/ethnic groups. In order to assess successful outcomes, we used data from our Phase 2 Case Record Review sample and defined success according to US DHHS guidelines, i.e., safety, permanency and family and child well-being. *Results indicated that there were very few ethnic differences in successful outcomes.*

In regards to safety, there was a significant relationship between the number of times removed from family in current episode and ethnicity where African American children had the highest average number of times removed from family in current episode and Asian American/Pacific Islander children had the lowest average. In terms of family and child well-being, there was a marginally significant relationship between families' capacity to provide for their children's needs and ethnicity, with African American families appearing to have a more enhanced capacity while Asian American/Pacific Islander families seem to have a more diminished capacity.

It is important to note that major ethnic differences do exist in Santa Clara County's CWS. Phase 1 and 2 confirmed that certain ethnic groups are over-represented (i.e., Latinos, African Americans) while others are under-represented (i.e., Asian American/Pacific Islanders) in the county's CWS. We also found that there are significant ethnic differences in many

demographic, system-related, and psychosocial characteristics. *Many of these variations appear at different choice points in the system (such as psychosocial status at the beginning of the case, and assignment to voluntary family maintenance). Results of our successful case outcomes analysis indicate that ethnic differences at the conclusion of the case are not evident.*

While results suggest there is a clear disproportion of ethnic groups in the system, once in the system, the children and families are generally faring the same. Their relatively homogeneous experience may be *a result of the “one-size-fits all” limited array of services offered.* Although this may seem equitable and logistically efficient, it appears ultimately ineffective in serving a diverse group of children and families. Also, to determine better how “well” these children are actually doing while in the system, *the availability of comparative data,* clear operational definitions for “success,” and more reliable and valid data are needed.

Implications and Recommendations

- In order to better assess whether safety, permanency, and family and child well-being are maintained and enhanced, records should include more complete and measurable information. We acknowledge that child welfare case records were not originally intended for research. Yet, if the agencies responsible for providing effective services wish to evaluate the performance of their programs more reliably and validly, improving information collection and tracking should be considered.
- The creation of a case summary check-out form used at case closure would be one way to track child outcomes. The check-out form would indicate the child and family's status in major areas of psychosocial well-being (i.e., health, education, and finances), in addition to the existing case outcomes. Given the amount of missing data assessing these domains describing case and child status, and the relative scarcity of information recorded in the last two court hearings, this form would enable measurement and evaluation of "successful cases and outcomes" in a more consistent objective manner.
- The amount of missing data and the manner in which information is assessed also implies the need for more reliable and valid methods of recording of information.
- It was difficult to assess the successful cases and outcomes in Santa Clara County's CWS. Are the proportions of children reunified with their families or of those adopted high or low? And compared to what? Implementing better record keeping and data collection over time on key characteristics, based on an agreed-upon operational definition would better address the question of effectiveness and performance. Implementing these practices across counties and across states would also facilitate evaluation.

Second, a qualitative analysis using both focus group and interview data was conducted to obtain insights about current child welfare practices used within the DFCS, how these specific

practices might positively or negatively impact children and families of color, and what practices might be created, enhanced or maintained to better serve children and families of color.

Results provided information on numerous practices and contextual factors that have either a negative or positive impact on children and families of color in Santa Clara County's child welfare system. Study participants recommended the use of *in-home services* for children and families of color. There is some evidence in the research literature that supports the effectiveness of *in-home services* (see literature review), however these services appear to be most effective when they are intensive, long-term and delivered by health or social service professionals and when the workers delivering these services receive a high level of supervision (Barth, 1991; McGuigan et al. 2003; Olds et al., 1997). *Participants also identified family conferencing as an effective practice.* These study findings are consistent with limited research in this area that suggests that inclusive practices, in which parents are engaged in placement and other decisions, may result in more placement stability for children, although possible differential effects for diverse populations has not been researched (Palmer, 1996).

Participants generally expressed optimism about the adoption of team decision making (TDM) as a vehicle for improving decision-making with diverse families, although some social workers expressed concern about time required for implementation. Research suggests that TDM can be labor intensive and can be difficult to implement effectively within the context of the child welfare system (Sieppert et al., 2000). *Finally, participants noted that both formal and informal collaborative relationships with other services delivery systems, such as domestic violence and substance abuse treatment systems, are critical for successful interventions with children and families. Furthermore, participants recognized the importance of training and cross-training to enhance the capacity of helping professionals in child welfare and other systems to better address the needs of children and families of color.*

Interestingly, most practices and contextual factors mentioned by social workers had *both positive and negative aspects*. Many of the practices and contextual factors that negatively impact children and families of color were actually barriers to successful implementation of the practices that social workers felt have a positive impact on children and families of color. *Although practices such as orientation of new clients; family and team decision-making; preventive services; substance abuse services; cultural competency; collaboration with other agencies and systems; a strength-based approach; and the use of relative placements were described as having a positive impact on children and families of color, certain negative practices and contexts impeded their effective implementation.* For instance, having to screen out large numbers of inappropriate referrals; inconsistency in decision-making practices; a shortage of services, particularly substance abuse and preventive services; lack of client access to services; difficult protocols for placing children with kin; gaps in cultural competency; time limits; and agency-level factors such as heavy caseloads, staff shortages, substantial amounts of paperwork, lack of access to information about resources; and confusion about the agency's overall mission and key policies all impeded implementation of the best practices. *These findings suggest that in addition to building on current positive practices for children and families of color, CWS stakeholders should also actively work both internally and in collaboration with partners to reduce barriers to these best practices.*

Indeed, in order to address these barriers to effective implementation of best practices, study participants mentioned numerous recommendations that centered around certain key themes. In general, *there was an emphasis on improving decision-making through increased accountability, training and cross-training to reduce bias, and increased use of group decision-making or family involvement in decision-making. Study participants also stressed a need to improve and expand prevention, diversion and concrete services, as well as an overall need to expand culturally and linguistically competent services, and develop ways to improve availability and access to services.* Once a case is opened, social workers also felt it valuable to provide an orientation to clients so that they are more aware of the CWS and court processes and can better navigate the system. *Recommendations related to organizational factors were also noted, including reducing caseloads; increasing support and streamlining service delivery; clarification of the mission of DFCS, as well as key child welfare policies; fostering an organizational culture that is strength-based and community-based, and more overall training for social workers.*

Implications and Recommendations

- The findings from the qualitative component of this study affirm the value of many efforts that are already in place, such as culturally specific ER response units and family resource centers, and other that are in the process of implementation including efforts to reduce caseloads, initiation of team decision making, and participation in the Family-to-Family initiative.
- Practices that are inclusive, collaborative, culturally appropriate and involve client's communities appear to be best suited to meeting the needs of children and families of color. Although the research literature does not provide convincing evidence of the effectiveness of these practices, the fact that respondents reported these practices as those that are most effective with children and families of color suggests that they may serve as promising models for children and families of color and that more rigorous evaluations of these practices are needed.
- The findings also point to opportunities to further strengthen services for children and families of color. Recommendations related to training, institutionalizing group orientation for clients, and other suggestions from study participants could be used to inform practice and planning.
- It would be beneficial for a team of managers, line staff, family representatives, and community members to review the recommendations suggested by focus group and interview participants to identify and prioritize possible practices for adoption based on their feasibility and utility for children and families of color.

Third, in an effort to better understand the influence of contextual factors on child welfare practices and outcomes for children and families of color, a comparison of Santa Clara County's Main Offices and South County office was conducted. This comparison included both quantitative and qualitative analyses. Quantitative data from CWS/CMS were used to examine differences in case characteristics between the Main County Offices and South County Offices.

A qualitative comparison of focus group data from the Offices and South County Offices was also conducted to discern how workers perceive practices in these two geographical locations. These analyses help shed light on the potential impact of agency and community context on case characteristics, child welfare practices and outcomes for children and families of color in Santa Clara County's CWS.

Unfortunately, the South County location subsample was too small to allow analyses by ethnic group. However, some key case characteristics are significantly related to county location. Specifically, in South County Offices, a higher proportion of cases are in voluntary services, cases are shorter in duration, fewer workers are assigned during the course of the case, and a higher proportion of cases are in family maintenance at case closure. These findings are also statistically noteworthy given the small subsample size available from SC. There were also other differences in case characteristics by county location that did not attain statistical significance but are noteworthy for further investigation. Children served in the South County Offices appear to have fewer number of unique placement homes in the current episode, have a shorter average stay per placement, a shorter length of time in out-of-home placement, and are younger at time of case closure.

These findings imply that there is a difference in the style and quality of services provided in the South County Office location. *Qualitative findings are congruent with the quantitative data and provide some insight into the dynamics that may contribute to this difference. The higher number of cases in voluntary services, the larger proportion of cases in family maintenance at case close, and the shorter duration of cases is consistent with what South County study participants described as a culture of commitment to maintaining and reunifying families. This commitment was described as integral to the philosophy of managers and social workers and reflected in the expectations communicated to social workers by most supervisors and by peers. The practice of providing an orientation to the child welfare system, time limits, the courts, and how to work with social workers may also contribute to the differences found in the quantitative analysis. Study participants frequently described South County as similar to a small county or rural area. This geographic difference, and the resulting sense of "connection to the community," was identified as a factor in the greater sense of shared philosophy and emphasis on prevention of out-of-home placements. Other studies suggest that region may influence practice. For example, one study (Drake, 1996) also found that rural areas are more likely to offer preventive services than are urban areas. The finding that fewer workers are assigned during the course of the case is also consistent with descriptions of the vertical case management model. This model calls for social workers to carry the same case from case opening to case closure.*

Implications and Recommendations

- Future research should include a larger subsample from South County and include methods to understand the reasons behind these location differences. Also, a larger South County Office location sample may enable more detailed comparisons by ethnicity.

- Practices, such as providing a group orientation to families that may assist them in navigating through the system may be easily strengthened in South County Offices and adapted to other regions of Santa Clara County, as recommended by study participants. This practice may be particularly helpful to low-income families and families of color that may be intimidated by or unfamiliar with child welfare and related systems.
- Other practices, such as vertical case management, may hold promise for other regions of Santa Clara County, though the success of this practice may be linked to the “small county” dynamic described by South County study participants. Some participants in focus groups that took place at the main office mentioned this model as promising while others asserted that specialized expertise in different areas of social work was an advantage in providing quality services that are informed by “the most current information.”
- Further examination of ways in which the culture of commitment to maintaining and reunifying families is created, communicated, and continued merits attention. In addition, an exploration of how this culture might be adapted to other parts of the county would be beneficial.

Fourth, in order to identify case characteristics and system-related factors predictive of reunification of children with their families, two exploratory models were tested using multivariate analyses. The first model was composed of primarily demographic and system-related variables to predict reunification (child's gender, ethnicity, age at time of case opening, the number of workers assigned across the history of the case, the time length of the case, the number of unique placement homes assigned, the number of times removed from the family, and the county location). *Four of these variables predicted reunification: child's ethnicity, number of workers assigned throughout the case, length of the case, and number of unique placement homes.*

Asian American/Pacific Islanders were less likely than Whites, African Americans, and Latinos to be reunified with their families. Given that Asian American/Pacific Islanders are one of the minority groups least acculturated to mainstream society, their cases may be perceived as more severe or problematic because of the different cultural attitudes toward child rearing and discipline. Differences in parenting styles may reduce the likelihood of reunification compared to the other major ethnic groups. However, as Phase 2 results indicated Asian American/Pacific Islanders are also the most likely to be placed in Voluntary Family Maintenance (Hines et al., 2002), the CWS appears to value the preservation of Asian American/Pacific Islander families when first referred to the system (perhaps recognizing the challenges of culturally appropriate services, language issues, and other circumstances related to the Asian American/Pacific Islander community) but once in the system, Asian American/Pacific Islander family cases are not easily resolved and circumstances may persist that place the child at risk for further abuse or neglect.

The fewer number of workers assigned was also related to reunification. This finding indicates consistency in service and the relationship between the social worker and the family

may improve the chances of reunification. Perhaps this is due to greater familiarity and thus more effective advocacy for the child and family. This finding could also be a function of particularly challenging family cases already less likely to be reunified needing a greater set of workers over time (e.g., due to worker burnout in the case, or specialization needed across the case).

Shorter case length was also predictive of reunification. Presumably, less severe cases could be resolved in a timely fashion, usually concluding with reunification. Following a similar logic above regarding the number of workers, a longer case may imply more problems, thus involving more time for resolution, but also possibly a case already protracted into a situation where reunification is unhealthy for the child.

The fewer number of unique placement homes assigned was related to reunification. Change in placements may be due to systemic conditions (i.e. logistics and short term availability of space) but multiple placements can also indicate a persistent problem with a child adapting to a placement and accepting care offered. As this may again indicate a more severe case, reunification could also become less likely.

To identify better the influence of case characteristics and indicators of success, we added 6 variables to the model collected through our in-depth case record reviews and utilized the additional information coded for Phase 3: a family's enhanced capacity to provide for their children's needs, children receiving appropriate educational services, children receiving adequate services to meet physical and mental health needs, number of referrals, number of previous times in the CWS, and assignment to Family Maintenance or Family Reunification services. The location variable was not included in this model as only one case coded from the South County Office area.

Similar to the first model, Asian American/Pacific Islanders were still less likely than Whites, African Americans, and Latinos to be reunified. Also, shorter time length of a case again predicted reunification. However, in this expanded model with success indicators, the number of workers assigned and number of unique placement homes assigned were not statistically related to reunification. The child's age at time of case opening and the number of unique placement homes did approach significance. Interestingly, the variables related to success cases and outcomes were not significant.

Implications and Recommendations

- These findings indicate that particular factors are important to consider when predicting reunification, specifically ethnicity and the length of time a case remains open. More severe cases (those needing more time for resolution) may be more problematic, thus reducing the chances of reunification.
- The finding that Asian American/Pacific Islanders are less likely to be reunified than Whites, African Americans and Latinos, highlights a main ethnic difference. In Phase 2 we discovered that Asian American/Pacific Islanders were more likely than the other ethnic groups to be enrolled in Voluntary Family Maintenance services (Hines et al., 2002). However, our results here imply that when Asian

American/Pacific Islander children are removed from the home, their children are less likely to be reunified. This may also indicate extreme outcomes where Asian American/Pacific Islander children are either initially diverted from the system or once in the mainstream of the system are less likely to be reunited with their families.

- It was interesting that the successful case and outcome variables were not predictive of reunification. This could be due to the significant impact of other variables overshadowing the influence of success indicators. It could also be due to our use of reunification as a dependent variable. As we discussed in the Successful Cases Analysis section, reunification is not necessarily synonymous with success, and thus these variables may indeed be unrelated.
- Due to missing data across our set of variables, a number of were available for this multivariate analysis. More complete information would have improved confidence in our findings.
- Better measurement and a more comprehensive evaluation of family history, abuse and neglect circumstances, and other indicators could produce a stronger predictive model.
- Although only a preliminary set of models, these findings are useful for identifying areas in the CWS and family circumstances that can be studied further, especially in conjunction with the specific goal of reunifying children with their families.

Our second aim focused on examining the influence of the court system on service recommendations for children and families of color. Few studies have examined the potential influence of the court system on child welfare practices and outcomes, however as noted in the literature review (Section III), the court system is likely to have a significant impact on the trajectory of some child welfare cases. In Phase 3, we examined the role of the court system in child welfare practice by exploring the types of court ordered changes that are made to social worker recommendations at the initial jurisdictional/dispositional hearing, and how changes might vary by ethnicity of the case. In addition, we explored the relationship between the child welfare and court systems.

Quantitative results indicated that the court made changes to the initial social worker recommendations at the jurisdictional/dispositional hearing in approximately half of the cases. Ethnicity was not related to whether or not a change occurred. Yet, these results may not necessarily indicate that the system and courts treat children and families from different ethnicities the same, but rather that when the judge decides to make a change from the social worker recommendations, these changes appear to occur equally across ethnic groups. It was the opinion of members of the Court Officer Unit focus group that ethnicity does not contribute to decisions in court, but rather it is circumstances that drive the case.

Additionally, although quantitative results may imply that judges accept social worker recommendations about half of the time, findings from the focus group with the Court Officer Unit suggest that many factors would complicate an accurate measurement of why social worker recommendations may or may not be followed. Factors that may impede accurate assessment of the agreement between child welfare and court personnel on service plan recommendations include the strong influence of individual stakeholders involved, and formal and informal case plan negotiation tactics, all of which contribute to a much more complicated process.

Qualitative findings from the agency-wide focus groups suggested that collaboration between the child welfare and court systems is problematic. Agency-wide focus group participants felt that the child welfare and court system have different perspectives on the needs and circumstances of children and families in the CWS and that the court system may have unrealistic expectations of families. *Additionally, many agency-wide focus group participants described the ways in which child welfare and court personnel interact as ineffective.* Some social workers felt that some court personnel would dismiss their assessments and recommendations and may try to pressure social workers to change their recommendations. A somewhat similar finding was noted by Knepper and Barton, (1997) who found that although judges tended to accept social worker recommendations, the relationship between social workers and the court plays a significant role. Their study found that when social workers adhered to the group norms of the court, judges rewarded them by not ordering “unrealistic” practices and allowing reasonable time frames for mental health evaluations to be completed. Similarly, *agency-wide focus group findings seem to suggest that if social workers go against the implicit rules of the court system, then judges may override their recommendations, but if they adhere to expectations of the court system than recommendations are accepted.*

Implications and Recommendations

- Although the quantitative and qualitative information described many of the circumstances behind why social worker recommendations are not upheld by the court, it is very difficult to ascertain the degree to which each circumstances influences a court ordered change. More examination of this area is needed, as is further investigation of ways in which relationships between court personnel and child welfare workers have an impact on the experiences of children and families of color involved in the CWS.
- Better and more exhaustive record keeping may not be the solution, as many informal and undocumented actions in the negotiation process occur regularly, and are confidential, thus making much of the data unavailable for research and evaluation purposes.
- Assessing other factors such as courtroom environment, stakeholder characteristics, and other judicial issues would be advantageous in later research. Although obtaining this information is a formidable task, these factors should be include in the future, as measuring primarily system-related factors may not be sufficient in efforts to explain outcomes in the CWS.

Our third aim was to conduct a statewide comparative analysis of identified key practices that may affect ethnic disproportionality in the CWS. A statewide survey was administered to child welfare directors, managers or supervisors in California counties who were asked to identify and describe effective practices for children and families of color in their child welfare systems. In addition, a quantitative analysis that identified the link between these practices and county levels of disproportionate representation of children of color in county child welfare systems was conducted.

Overall findings from the statewide comparative analysis indicate that certain types of practices are considered by county child welfare personnel as effective with diverse populations, and that these practices are related to disproportionate representations of children of color in county child welfare systems. Descriptive results revealed four overall types of practices considered to be most effective with children and families of color, as well as various specific practices within these types of practices including: 1) beginning choice point practices, which included family group conferencing or other team decision-making practices, voluntary family maintenance or other prevention/family preservation services, and risk assessment tools or systems, 2) continuing care/ending choice point practices, which included, placement related practices, the Family to Family Initiative, and intensive and collaborative interventions for high-risk children, 3) both beginning and continuing/ending choice point practices, which included, community-based services, and strength based assessments, and 4) organizational or structural practices which included, cultural competency of staff, collaboration with American Indian tribes and vertical case management.

In general, very little research on the effectiveness of the practices identified by respondents has been conducted, and in cases where evaluations have been performed, results are generally inconclusive. More research is needed to evaluate the effectiveness of these services for diverse populations.

Multivariate analyses revealed several significant associations between types of practices, specific practices and practice characteristics and levels of disproportionate representation of children of color in county child welfare systems, when other factors such as urban-rural status and per capita income were statistically controlled.

Beginning choice point practices were found to have a beneficial effect on Latino overrepresentation. In particular, family group conference or other team decision-making interventions predicted lower levels of Latino overrepresentation. However, Latino overrepresentation was greater, not less, when interventions were implemented targeting areas with high concentrations of distressed families. Latino overrepresentation was also greater when clients, foster families, out-of-home placement providers, and other service systems were involved in the development of the practice. As such, it appears that practices may be developed because stakeholders perceive Latino overrepresentation and initiate programs in response.

In contrast to Latinos, targeting practices to at-risk areas for African American populations was beneficial in reducing overrepresentation, as well as targeting of very young children. Less overrepresentation was linked also to whether foster families and clients and contract agencies initiated an intervention, and whether it focused on improving psychosocial

outcomes of birth families. The findings suggest a picture almost the reverse of that found for Latinos.

Additionally, there appear to be lower levels of African American overrepresentation than expected when key community stakeholders help to initiate the interventions that focus on high-risk areas and populations. When interventions have a goal of strengthening the well being of birth families, then implementation is associated with less African American overrepresentation. Yet when counties implemented Family-to-Family initiatives greater African American overrepresentation resulted. Again, the implementation of Family to Family programs may be used reactively, in response to high perceived levels of overrepresentation.

As with Latinos, targeting of high need areas was less beneficial for Asian American/Pacific Islander children than not engaging in this kind of intervention. Involving clients and service systems in initiation, again more common for interventions targeting high need areas, was also relatively unsuccessful. On the other hand, management and worker support for a practice was associated with greater success.

Implications and Recommendations

- County directors and child welfare administrators identified practices with similar characteristics as those identified within Santa Clara County, i.e., those that are inclusive, collaborative, culturally appropriate and involve client's communities appear to be best suited to meeting the needs of children and families of color. However, further research and evaluation is necessary to determine which practices most effectively meet the needs of individual racial/ethnic groups.
- While multivariate analyses suggest that certain practices do predict levels of over and underrepresentation of children of color in the child welfare system, additional research to determine the mechanisms through which these practices impact this disproportionate representation is needed.
- Additional explorations into the relationship between practices, disproportionate representation of children of color in the child welfare system and county characteristics would also help shed light on the process through which certain practices impact children and families of color.

Phase 3 Conclusion

Results from Phase 2 indicated that different racial/ethnic groups experience unique pathways through the CWS (Hines et al., 2002). At every point in the system, various child welfare practices and services impact children and families. Phase 2 results indicated that children and families of color in Santa Clara County's CWS tend to be recommended services that are traditional and formal in nature and that do not appear to meet the wide range of needs experienced by these highly diverse racial/ethnic family groups. Indeed, children and families of color in the CWS represent a high risk group who are often impacted by myriad psychosocial

challenges yet services recommended for these families tend to be limited to a one-size-fits all approach.

Moreover, there exists relatively little empirical evidence that traditional child welfare services are effective in maintaining or reunifying children and improving family functioning. Even less research has been conducted on the impact of child welfare practices for children and families of color. Yet because children and families of color are disproportionately represented in the CWS, the effectiveness of child welfare practices for these groups is of particular interest. Research suggests that children and families of color tend to have longer stays in the CWS, they receive fewer and less comprehensive services, and have poorer case outcomes than White children and families (Close, 1983; Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996). This bleak outlook for children and families of color in the CWS creates an urgent need to understand child welfare practices and services that result in enhanced outcomes for these families. It is especially important to identify the types of individual and contextual factors that hinder or support the effectiveness of these practices.

The primary goal of Phase 3 was to assess key practices for children and families of color in the CWS at both the county and state levels in order to provide information that might help generate strategies aimed at reducing ethnic/racial disparities and develop more effective services and supports for children and families of color. While little research exists that empirically supports policies, programs and practices that attempt to reduce ethnic/racial disproportionality, some programs and practices appear promising and merit further exploration. In general, these practices aim to reduce the need for out-of-home placement and increase family and community participation in decision-making. Please see Chart 1 for a summary of promising child welfare practices from Phase 3.

In our analysis of Santa Clara County child welfare practices, results based on focus group and interview data indicated that in-home services, family conferencing, and team decision making (TDM) were viewed by participants as ways to improve decision-making with families from diverse cultural and ethnic groups. Participants noted that both formal and informal collaborative relationships with other services delivery systems, such as domestic violence and substance abuse treatment systems, are critical for successful interventions with children and families. Furthermore, participants recognized the importance of training and cross-training to enhance the capacity of helping professionals in child welfare and other systems to better address the needs of children and families of color.

Our analysis comparing South County and the Main Office enabled us to examine contextual factors that may have an impact on child welfare practices, in this case, small vs. large and urban vs. rural. Results indicate that children in South County appear to have better outcomes, i.e., they have fewer number of unique placement homes in the current episode, have a shorter average stay per placement, a shorter length of time in out-of-home placement, and are younger at time of case closure. Study participants described South County as “a small county or rural area.” This geographic difference, and factors related to an organizational culture that emphasize a commitment to maintaining and reunifying families, the practice of providing an orientation to the child welfare system, as well as the finding that fewer workers are assigned

Chart 1: Promising Child Welfare Practices from Phase 3

	Promising Practices	Study Component
Beginning Choice Points	Team decision making, case conferencing, family group conferencing and/or family involvement in decision-making	<ul style="list-style-type: none"> • Main County Focus Groups • South County Focus Groups • Statewide Survey
	Orientation for parents on child welfare and court processes	<ul style="list-style-type: none"> • Main County Focus Groups • South County Focus Groups
	Voluntary Family Maintenance/Family Preservation Services	<ul style="list-style-type: none"> • Statewide Survey
	Child care and in-home services	<ul style="list-style-type: none"> • Main County Focus Groups
	Risk assessment tool or system	<ul style="list-style-type: none"> • Statewide Survey
Continuing Care/Ending Choice Points	Parenting education services involving both child and parent	<ul style="list-style-type: none"> • Main County Focus Groups
	Cultural matching for children in foster care	<ul style="list-style-type: none"> • Main County Focus Groups
	Recruitment, training and coaching for foster parents	<ul style="list-style-type: none"> • Main County Focus Groups
	Placement-related practices	<ul style="list-style-type: none"> • Statewide Survey
	Family-to-Family Initiative	<ul style="list-style-type: none"> • Statewide Survey
	Intensive and collaborative interventions for high risk children	<ul style="list-style-type: none"> • Statewide Survey
	Community based services (both beginning & continuing/ending)	<ul style="list-style-type: none"> • Statewide Survey
	Strength-based assessments (both beginning & continuing/ending)	<ul style="list-style-type: none"> • Statewide Survey
Contextual Factors or Organizational/ Structural Practices	Cultural matching between staff and clients, and cultural consultation	<ul style="list-style-type: none"> • Main County Focus Groups
	Supportive supervision for staff	<ul style="list-style-type: none"> • Main County Focus Groups • South County Focus Groups
	Collaboration with other agencies or systems	<ul style="list-style-type: none"> • Main County Focus Groups
	Strength-based approach to services	<ul style="list-style-type: none"> • Main County Focus Groups
	Small county dynamic	<ul style="list-style-type: none"> • South County Focus Groups
	Culture of commitment to maintaining and reunifying families	<ul style="list-style-type: none"> • South County Focus Groups
	Vertical case management	<ul style="list-style-type: none"> • South County Focus Groups • Statewide Survey
	Cultural competency of staff	<ul style="list-style-type: none"> • Statewide Survey
	Collaboration with American Indian tribes	<ul style="list-style-type: none"> • Statewide Survey

during the course of the case may all be related to these positive outcomes for children in South County. It is interesting to note, however that our multivariate analyses that examined case characteristics and system-related factors related to reunification indicated that when taking other factors into account, geographical location was not a significant predictor of reunification. Rather, fewer workers, shorter case duration, and fewer placements were the strongest predictors. More research on factors related to agency culture and geographical location as they impact child welfare practice and outcomes for children and families of color is clearly warranted.

Research indicates that the court system is likely to have an impact on the practices that are provided to children and families in the CWS. In an analysis conducted to determine the extent to which court orders changed social worker recommendations at the jurisdictional/dispositional hearing, results indicated that the court made changes to the initial social worker in approximately half of the cases. Results further indicated that that ethnicity was not related to whether or not a change occurred. Findings from qualitative analysis exploring the relationship between the child welfare and court system painted suggested that the collaboration between the child welfare system and courts is problematic. More research in this area is needed, as is further investigation of ways in which relationships between court personnel and child welfare workers have an impact on the experiences of children and families of color involved in the CWS.

Results on statewide practices indicate that certain types of practices are considered by county child welfare personnel to be effective with diverse populations, and that these practices are related to disproportionate representations of children of color in county child welfare systems. Similar to practices identified within Santa Clara County's DFCS, practices at the statewide level were described as effective with children and families of color because they are inclusive, collaborative, culturally appropriate, and involve client's communities. Although the research literature does not provide convincing evidence of the effectiveness of these practices, the fact that respondents reported these practices as their most effective with children and families of color suggests that they may serve as promising models for children and families of color and that more rigorous evaluations of these practices are needed. Phase 3 also attempted to assess how the practices identified through the survey might affect differential representation of children of color in the CWS. Significant associations were detected between practice types, practices and practice characteristics and disproportionate representation and interestingly, different patterns of association were found for Latinos, African Americans and Asian American/Pacific Islanders.

While researchers have described the existence of ethnic/racial disparities in every aspect of the CWS, little attention has been given to ways to address the existing disproportionality. It is our hope that the information contained in Phase 3 of the Children of Color Study will help in the development of more effective programs and practices for families and children of color at both the county and state level. Overall, our findings from Phase 3 suggest that efforts to address racial and ethnic disparities in the child welfare system should involve a more concentrated focus on child and family well-being, involving the creation of family-centered and community-based services that are inclusive and collaborative and specifically designed to meet the needs of the diverse cultural and ethnic groups in the child welfare population.

VII. SUMMARY OF PHASES 1, 2 AND 3: OVERALL CONCLUSIONS AND IMPLICATIONS FOR SANTA CLARA COUNTY'S CHILD WELFARE SYSTEM

The central focus of inquiry for this project was to identify factors related to the disproportionate representation of children of color in Santa Clara County's CWS. In order to address the complexity of this issue, the CWRT elected to employ a multiphase/multimethod approach that examined factors at the individual, family and system levels. The following summarizes findings from Phases 1, 2 and 3 of the study and provides overall implications for the County based on our results.

Phase 1, an exploratory phase, drew from three sources: research literature at the national, state and county levels; Santa Clara County's management information system (CWS/CMS); and focus group discussions with professionals in Santa Clara County who provide child welfare services, as well as parents, caregivers and youth who are recipients of CWS services. Results indicated that factors related to racial/ethnic disproportionality were multiple and complex and necessitated investigation at the individual, family, system and community level. Based on preliminary analyses and available literature, we argued that children from different racial/ethnic groups were likely to be treated differently at specific decision-making or key choice points in the system. The concern about possible differential treatment of children of color was substantiated by the focus group results, as well as by CWS/CMS data that indicated that there were significant differences in the number of months in placements by race/ethnicity. For example, results indicated that African American children spent significantly more time in placement than their White, Hispanic/Latino, Asian American/Pacific Islander, Vietnamese, and Filipino peers. Also, according to preliminary findings from CWS/CMS, in Santa Clara County, following placements in a relative home, the second most frequent placement for African American, Native American, White and Hispanic/Latino youth, was a Foster Family Agency (FFA); for Asian American/Pacific Islander and Vietnamese youth it was a Foster Family Home (FFH). Almost 14% of Native American and 18% of Asian American/Pacific Islander youth in OHP were placed in the Children's Shelter in December, 2000, a percentage that was higher than any of the other ethnic/racial groups. We also argued that little was known about specific pathways through the system and ways in which the pathways differed for various racial and ethnic groups. Our findings from Phase 1 indicated that much of the research on children in the CWS had focused on factors related to movement in and out of the system, but that little information existed on the actual experiences of children in care and the individual and family characteristics that are associated with these experiences. While focus group members frequently stated that once a child of color entered the system, it was very hard for that child to exit, little information existed that could explain what happened once that child was in the system.

Phase 2 was designed to focus on the actual experiences of children in care and the individual and family-related characteristics that were associated with these experiences. Results based on extensive, in-depth reviews of 403 closed child welfare case records, a parallel descriptive analysis of 1720 closed cases within the CWS/CMS database, and key informant interviews with managers and supervisors in the County's DFCS indicated that families

belonging to each of four different racial/ethnic groups (Latino, African American, Asian/Pacific Islander and White) were characterized by different constellations of risk factors, and that once in the system, the children had different experiences that resulted in different outcomes. Additionally, results indicated that services recommended for the families and children were limited to a small array of traditional services – a one-size fits all approach - that did not necessarily meet the needs of the culturally diverse families and children. (Please see Attachment 8 for a summary chart of Phase 2 findings.) We concluded that the paucity of recommended services indicated that children and families of color were not likely to be provided with sufficient preventive and supportive services and that the traditional child welfare services might not meet the particular needs of these unique and diverse groups. These findings are supported by research literature indicating relatively little empirical evidence that traditional child welfare services are effective in maintaining or reunifying children and improving family functioning. Even less research has been conducted on the impact of child welfare practices for children and families of color. Yet because children and families of color are disproportionately represented in the CWS, we contend that the effectiveness of child welfare practices for these groups is of particular interest.

Phase 3 focused on agency practice and ways in which current practice interacted with child, family and cultural characteristics of different cultural/ethnic groups. The primary goal of Phase 3 was to assess key practices for children and families of color in the CWS both at the County and state levels in order to provide information that might help generate strategies aimed at reducing ethnic/racial disparities and develop more effective services and supports for children and families of color. Methods included semi-structured in-depth interviews and focus groups with DFCS supervisors and managers, social workers and parents involved in the CWS; a qualitative and quantitative comparison of child welfare practices and outcomes between the DFCS South County and Main County offices; a reanalysis of cases from Phase 2 with successful outcomes and an analysis of factors that contributed to those positive outcomes; a supplemental data collection for our case record review sample so as to include information on court ordered changes to the social worker recommendations at the jurisdictional/dispositional hearing; and, a statewide survey of county child welfare directors, managers or supervisors in California counties and quantitative analyses using a statewide database consisting of county-level characteristics.

As mentioned earlier, Phases 1 and 2 confirmed that certain ethnic groups were over-represented (i.e., Latinos, African Americans) while others were under-represented (i.e., Asian American/Pacific Islanders) in the County's CWS. Phase 2 results also indicated that there were significant ethnic differences in demographic, system-related, and psychosocial characteristics and that many of these variations appeared at early choice points in the system. During Phase 3, we were interested in examining ethnic/racial differences in outcomes at later stages of the system. Using data from our Phase 2 Case Record Review sample and defining successful outcomes according to US DHHS guidelines (i.e., safety, permanency, and family and child well-being), we found that there were minimal ethnic differences in successful outcomes. Phase 3 results suggested that when success was defined according to DHHS guidelines, ethnic differences at the conclusion of the case were not evident. One interpretation for this finding might be that while there is a clear disproportion of ethnic groups in the system, once in the system, children as a whole, regardless of race/ethnicity, are faring at about the same level.

Given that Phase 2 results found that children and families of color in Santa Clara County's CWS were receiving a "one-size fits all" approach to services, an approach that may seem equitable and logistically efficient, but perhaps, ultimately ineffective in serving a diverse group of children and families.

In order to further examine child welfare practices at the County level and to gain a better understanding than the one gleaned solely through the use of CWS/CMS data, we conducted a series of semi-structured in-depth interviews with DFCS managers and supervisors and focus groups with social workers and parents involved in the CWS. Our results indicated that in-home services, family conferencing, and team decision-making (TDM) were viewed by participants as ways to improve decision-making with families from diverse cultural and ethnic groups. Participants noted that both formal and informal collaborative relationships with other service delivery systems, such as domestic violence and substance abuse treatment systems, were critical for successful interventions with children and families. Furthermore, participants recognized the importance of training and cross-training to enhance the capacity of helping professionals in child welfare and other systems to better address the needs of children and families of color.

We were also interested in gathering information from counties throughout California regarding promising practices for families and children of color. This information was gathered through a statewide survey administered to child welfare directors and program administrators. Similar to findings on practices identified within Santa Clara County's DFCS, practices at the statewide level were described as effective with children and families of color because they are inclusive, collaborative, culturally appropriate and involve client's communities. Although the research literature does not provide convincing evidence of the effectiveness of these practices, the fact that respondents reported these practices as those that are most effective with children and families of color suggests that they may serve as promising models for children and families of color and that more rigorous evaluations of these practices are needed (Please see Chart 1 on p. 192 of the Phase 3 Final Report for a summary of promising practices for children and families of color in the CWS).

Although practices such as orientation of new clients; family and team decision-making; preventive services; substance abuse services; cultural competency; collaboration with other agencies and systems; a strength-based approach; and the use of relative placements were described as having a positive impact on children and families of color, certain negative practices and contexts were cited as possibly impeding their effective implementation. For instance, having to screen out large numbers of inappropriate referrals; inconsistency in decision-making practices; a shortage of services, particularly substance abuse and preventive services; lack of client access to services; difficult protocols for placing children with kin; gaps in cultural competency; time limits; and agency-level factors such as heavy caseloads, staff shortages, substantial amounts of paperwork, lack of access to information about resources; and confusion about the agency's overall mission and key policies all impeded implementation of the best practices. These findings suggest that in addition to building on current positive practices for children and families of color, CWS stakeholders should also actively work both internally and in collaboration with partners to reduce barriers to these best practices.

Results from focus groups conducted during Phase 1 and key informant interviews held during Phase 2, as well as current research literature suggest that agency organizational culture and context may have an impact on child welfare practices and resulting family and child outcomes. During Phase 3, we conducted both quantitative and qualitative analyses comparing South County and the Main Office that enabled us to examine various contextual factors at the organizational level, in this case, small vs. large and urban vs. rural, and their impact on outcomes for children and families of color. Results indicated that children in South County appeared to have better outcomes, i.e., they had fewer number of unique placement homes in the current episode, had a shorter average stay per placement, a shorter length of time in out-of-home placement, and were younger at time of case closure. Qualitative findings were congruent with the quantitative data and provided some insight into the dynamics that might contribute to this difference. South County study participants described a culture of commitment to maintaining and reunifying families. This commitment was described as integral to the philosophy of managers and social workers and reflected in the expectations communicated to social workers by most supervisors and by peers. The practice of providing an orientation to the child welfare system, time limits, the courts, and how to work with social workers might also contribute to the differences found in the quantitative analysis. Study participants frequently described South County as similar to a small county or rural area. This geographic difference, and factors related to an organizational culture that emphasizes a commitment to maintaining and reunifying families, the practice of providing an orientation to the child welfare system, as well as the finding that fewer workers were assigned during the course of the case may all be related to these positive outcomes for children in South County. Further, our multivariate analyses that examined case characteristics and system-related factors related to reunification indicated that when taking other factors into account, fewer workers, shorter case duration, and fewer placements were the strongest predictors of family reunification.

The issue of disproportionate involvement of children of color in the CWS has long been an issue of concern for CWS workers, clients, researchers and government and community groups. More recently, it has been the focus of much national attention. Santa Clara County's Children of Color Study is one of the few to examine this issue at the local level. We applaud the County Board of Supervisors and DFCS for their openness and willingness to undertake such a project. We acknowledge that there are multiple stakeholders who may be interested in identifying a "magic bullet" or a single, straightforward explanation for the system's racial/ethnic disproportionality. Single, straightforward explanations are appealing as they might lead to quickly implemented solutions. However, results of this study indicate that rather than one primary causal factor, there appear to be numerous and interrelated factors associated with the disproportionate involvement of children of color in Santa Clara County's CWS. It is our contention, that factors that operate simultaneously and in complex ways at the individual, family and system level with differing patterns across diverse racial and ethnic groups contribute to disproportionality throughout the system. Overall, findings suggest that efforts to address racial and ethnic disparities in the CWS should focus on the diverse needs of the different ethnic and racial groups involved in the CWS and the design of more culturally specific and effective prevention and intervention programs to meet those needs.

Implications for Santa Clara County's Child Welfare System

The following are suggestions based on results from all three phases of the Children of Color Study. It is our hope that these recommendations may be helpful in guiding Santa Clara County's continuing efforts to address the complex issue of racial/ethnic disparities in its CWS.

1. *There is a need to expand available child welfare services to better serve families and children of color.* Phase 2 results indicated that reliance on a small array of traditional formal services does not appear to meet the needs of the highly diverse ethnic/racial family groups involved in the County's CWS.

- More preventive and early intervention services for vulnerable families of color should be implemented and carefully evaluated. The findings from the qualitative component of Phase 3 affirmed the value of many efforts that are already in place, such as culturally specific ER response units and family resource centers, and other that are in the process of implementation including efforts to reduce caseloads, initiation of team decision making, and participation in the Family-to-Family initiative.

In addition, home visitation services may be exceptionally helpful in addressing the needs of vulnerable, at-risk families from diverse racial/ethnic groups. Research has indicated that programs of home visitation that promote positive health-related behaviors in mothers of young children, competent care of their children and linkage with needed health care and human services, reduce rates of criminality, problems related to substance abuse and child abuse and neglect among young, unmarried, isolated, poor mothers.

- The use of more non-traditional, culturally sensitive services is clearly -warranted. Key informants in all three phases of the study underscored this point. A paucity of social services, particularly multi-lingual services, was cited as a significant barrier for many families of color. Interviewees discussed the shortage of substance abuse treatment programs, particularly those geared for women with children and people whose primary language is not English. Multi-lingual and culturally appropriate domestic violence services, parenting classes, and other social services were considered in need of development.
- Piloting new, innovative services and evaluating their success with different ethnic/racial groups could contribute to a more diverse array of culturally specific programs for families and children.
- Phase 3 results also indicated that practices that are inclusive, collaborative, culturally appropriate and involve client's communities appear to be best suited to meeting the needs of children and families of color. Although the research literature does not provide convincing evidence of the effectiveness of these

practices, the fact that respondents reported these practices as those that are most effective with children and families of color suggests that they may serve as promising models for children and families of color.

- More services targeted to fathers and programs that are formulated and delivered within a family-based framework would be of benefit to families and children of color involved in the CWS.
 - In addition to building on current positive practices, and initiating new programs for children and families of color, CWS stakeholders should actively work internally and in collaboration with partners to reduce barriers to implementing such practices. Barriers such as large numbers of inappropriate referrals; inconsistency in decision-making practices; a shortage of services, particularly substance abuse and preventive services; lack of client access to services; difficult protocols for placing children with kin; time limits; and agency-level factors such as heavy caseloads, staff shortages, substantial amounts of paperwork, lack of access to information about resources; and confusion about the agency's overall mission and key policies were cited during Phase 3 focus groups as impediments to the implementation of cited best practices.
2. *There is a need to involve multiple social service systems in a comprehensive and coordinated effort to meet the needs of children and families of color.* Results from Phases 2 and 3 indicated that the problems experienced by families across the different racial/ethnic groups span multiple systems including: mental health, juvenile justice, adult criminal justice, substance abuse, and welfare. Statistics presented in the literature review section of the Phase 2 Final Report also indicate that families of color are involved in systems other than child welfare in high numbers. Prevention and intervention efforts should involve a deliberate and organized coordination of these multiple systems. During Phase 3 interviews and focus groups, collaboration with other agencies and systems concerned with the safety and welfare of children and families of color was highlighted as a beneficial practice for children and families of color.
- Developing interagency formal agreements and connections with liaisons in other agencies would be beneficial as it can facilitate collaboration and minimize the potential for agencies to give conflicting messages and mandates to clients. Phase 3 participants suggested that social workers were better able to divert cases or get a more complete picture of the family when two agencies are working together. Other agencies mentioned in this context include probation, hospital, medical providers, family and mental health agencies, CalWORKS, substance abuse treatment agencies, domestic violence agencies and other entities that may be involved with clients.
 - The Greenbook project, an initiative to better coordinate domestic violence and child welfare services, could serve as a model for interdisciplinary problem solving and policy development. The Greenbook project successes

could help inform evolving collaboration with other key systems, such as the substance abuse treatment system.

- Other collaborative efforts such as outstationed social workers, co-location of services and Family Drug Court could serve as models for best practices for children and families of color. Social workers and supervisors, interviewed during Phase 3, described the family drug court as a model for effectively working with substance abusing families in the child welfare system. Participants described having ER social workers at different sites such as the Family Violence Center and police stations as a valued practice.

3. *Ways in which Agency organizational context and culture impacts families and children of color merits attention.* It is possible that characteristics of a large bureaucratic organization impede the development and facilitation of practices that would be of benefit to families and children of color. For example, organizational goals such as having a unified agency mission, a shared organizational culture and personal contact with clients may be difficult to achieve in the face of complex and competing demands inherent in a large organization.
 - Practices, such as providing a group orientation to families that may assist them in navigating through the system may be easily strengthened in South County Offices and adapted to other regions of Santa Clara County, as recommended by study participants. This practice may be particularly helpful to low-income families and families of color that may be intimidated by or unfamiliar with child welfare and related systems.
 - Other practices, such as vertical case management, may hold promise for other regions of Santa Clara County, though the success of this practice may be linked to the “small county” dynamic described by South County study participants. Some participants in focus groups that took place at the main office mentioned this model as promising while others asserted that specialized expertise in different areas of social work was an advantage in providing quality services that are informed by “the most current information.”
 - Further examination of ways in which the culture of commitment to maintaining and reunifying families is created, communicated, and continued merits attention. In addition, an exploration of how this culture might be adapted to other parts of the county would be beneficial.
4. *More attention that focuses on ways in which system level changes at the federal, state and local levels have an impact on families and children of color is warranted.* With the passage of the Multi-Ethnic Placement Act-Interethnic Adoption Provision (MEPA-IEP, 1996) and the Adoption and Safe Families Act (ASFA, 1997), safety, permanency and expedited placements have taken precedence in the CWS. Results based on focus group and interview data from all three phases of the study indicated

that the shift toward expedited placement and an emphasis on permanency has certainly influenced the culture and ways in which social services are being delivered in California in general, and in Santa Clara in particular and consequently raises several major concerns for children of color in the County's CWS. In combination with the new regulations, the characteristics of families, children and communities of color including chronic poverty, substance abuse, lack of community social organization or racial segregation that increase chances of entering the CWS may create overwhelming barriers to successful reunification for children of color in the CWS and keep them in the system longer.

- Regular assessment of ways in which shortened timelines, early termination of parental rights, bypass criteria, as well as changes in adoption regulations and incentives have had an impact on children and families of color would be beneficial.
 - A close monitoring of the effect of new policies, implementation of new programs or changes in the agency's organizational structure on outcomes for families and children of color would contribute to a better understanding of the differential impact these innovations might have on different racial and ethnic groups.
5. *In order to better assess whether safety, permanency, and family and child well-being are maintained and enhanced, records should include more complete and measurable information.* We acknowledge that child welfare case records were not originally intended for research and that that improving the collection and condition of child welfare data is no easy task given the issues of limitations of the data system, compatibility among systems of data recording and storage, and training needs. However, concerted efforts in this area are necessary if accurate and useful information is to be obtained and used to provide feedback on the effectiveness of programs and services in improving outcomes for families and children in the County's CWS.
- The amount of missing data and the manner in which information is assessed also implies the need for more reliable and valid methods of recording of information.
 - It was difficult to assess the successful cases and outcomes in Santa Clara County's CWS. Are the proportions of children reunified with their families or of those adopted high or low? And compared to what? Implementing better record keeping and data collection over time on key characteristics, based on an agreed-upon operational definition would better address the question of effectiveness and performance. Implementing these practices across counties and across states would also facilitate evaluation.
6. *Future research efforts should be directed toward examining neighborhood, community, and other macro-level factors particular to Santa Clara County and ways in which these factors interact with individual, family and system-related characteristics to propel children into and maintain them in the CWS.* Research

findings consistently point to a relationship between poverty and child maltreatment. Characteristics associated with communities and neighborhoods of poverty including; living in a high crime area, living in public housing, having larger numbers of dependent children, and receiving welfare benefits might place children of color at an increased risk of entering and staying in the CWS.

It was our intention in conceptualizing the original design and scope of work for the Children of Color Study to examine community level factors and their interaction with individual and family characteristics during Phase 3 of the study. However, due to the interests of various stakeholders, the community component was not included in the current study. It is our contention that in order to understand more fully the disproportionate involvement of children and families of color in the CWS, the processes by which individual, family and system level factors interact with characteristics that are, perhaps unique to Santa Clara County and impact families and children of color and their subsequent entry into the CWS need to be examined.

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ATTACHMENT 1:

**Social Worker Focus Group
Interview Guide**

Social Worker Focus Group Interview Guide

I. Icebreaker/Overview question

1. What are some of the issues and challenges specific to [Choice Point] that might impact working with diverse children and families? (Including African-American children and families, Latino/Latina children & families, and Asian/Pacific Islander children & families)

II. Core practice questions

We have several questions about practices. By practices we mean programs, services, policies, strategies, or tools.

2. What practices are employed at [choice point] that positively impact or could potentially positively impact (African American, Latino or API) children and families of color?

PROBES:

- What specific populations would this practice work for?
- In what way is/would this practice effective for this population?
- Is this a parent, family or child-focused practice?
 - What systemic factors (such as policies, access to programs, or attitudes and values in the county or other agencies) contributed to impact?

3. What practices are employed or at the [choice point] that negatively impact or could potentially negatively impact (African American, Latino or API) children and families?

PROBES:

- What specific populations does this apply to?
- In what way is/would this practice ineffective for this population?
- Is this a parent, family or child-focused practice?
 - What systemic factors (such as policies, access to programs, or attitudes and values in the county or other agencies) contribute to impact?

III. Recommendations

4. Given our discussion today, what specific practices might be continued, enhanced, or initiated to better serve children/families of color?
5. What would you say are the key elements of those practices that contribute (or could contribute) to positive outcomes for children and families of color at [choice point]?

IV. Closing Question

6. Our discussion today was to help us understand practices that “work” and “don’t work” with children/families of color at [choice point]. Is there anything that we missed?

ATTACHMENT 2:

**Summary Table of Focus Group
Participant Demographics**

Table 65: Social Worker Focus Group Demographics

Focus Group	Gender Males [M] Females [F]	Ethnicity African American [AF] Asian/Pacific Islander [API] Latino/Hispanic [L] White [W] Other [O]	Highest Degree BSW/BA [BA] MSW/MS [MA] Other [O]	Years in Position mean and std. dev.	Years in County mean and std. dev.	Years in Child Welfare mean and std. dev.
Diversion (n=14)	[M] = 6 (42.9%) [F] = 8 (57.1%)	[AF] = 2 (14.3%) [API] = 4 (28.6%) [L] = 5 (35.7%) [W] = 1 (7.1%) [O] = 2 (14.3%)	[BA] = 3 (21.4%) [MA] = 10 (71.4%) [O] = 1 (7.1%)	4.7 (3.1)	8.9 (7.4)	10.8 (7.1)
ER/DI (n=14)	[M] = 2 (14.3%) [F] = 12 (85.7%)	[AF] = 3 (21.4%) [API] = 2 (14.3%) [L] = 2 (14.3%) [W] = 7 (50.0%) [O] = 0	[BA] = 7 (50%) [MA] = 7 (50.0%) [O] = 0	4.7 (4.3)	11.1 (10.4)	11.9 (6.9)
Case Assignment (n=5)	[M] = 1 (20.0%) [F] = 4 (80.0%)	[AF] = 1 (20.0%) [API] = 1 (20.0%) [L] = 2 (40.0%) [W] = 1 (20.0%) [O] = 0	[BA] = 0 [MA] = 5 (100%) [O] = 0	2.8 (0.6)	3.8 (1.4)	4.7 (1.1)
Mandated Service (n=10)	[M] = 2 (20.0%) [F] = 8 (80.0%)	[AF] = 1 (10.0%) [API] = 3 (30.0%) [L] = 2 (20.0%) [W] = 3 (30.0%) [O] = 1 (10.0%)	[BA] = 2 (20.0%) [MA] = 7 (70.0%) [O] = 0 Missing=1 (10.0%)	2.3 (1.1)	2.3 (1.1)	3.8 (3.1)
Time Limits (n=11)	[M] = 2 (18.2%) [F] = 9 (81.8%)	[AF] = 1 (9.1%) [API] = 2 (18.2%) [L] = 3 (27.3%) [W] = 4 (36.4%) [O] = 1 (9.1%)	[BA] = 1 (9.1%) [MA] = 9 (81.8%) [O] = 1 (9.1%)	3.6 (3.9)	5.5 (7.0)	4.2 (4.3)
South County (n=13)	[M] = 0 [F] = 13 (100%)	[AF] = 2 (15.4%) [API] = 1 (7.7%) [L] = 4 (30.8%) [W] = 6 (46.2%) [O] = 0	[BA] = 1 (7.7%) [MA] = 12 (92.3%) [O] = 0	2.1 (0.9)	3.4 (3.0)	4.2 (3.4)
TOTALS (N=67)	[M] = 13 (19.4%) [F] = 54 (80.6%)	[AF] = 10 (14.9%) [API] = 13 (19.4%) [L] = 18 (26.9%) [W] = 22 (32.8%) [O] = 4 (6.0%)	[BA] = 14 (20.9%) [MA] = 50 (74.6%) [O] = 1 Missing=1 (6.0%)	3.5 (3.1)	6.4 (7.2)	7.2 (6.2)

ATTACHMENT 3:

**Family Focus Group
Interview Guide**

Family Focus Group Interview Guide

1. What has worked well for you in getting services from Child Welfare?

- * What were the services or programs?

- * In what way did they work well for you?

- * What did particular social workers do that you found to be helpful?

- * What else in the overall process did you find helpful

(Probe for different practices (programs, services, strategies, policies and tools))

2. What in your experience was not so effective for you or could have been better?

- * What were the services or programs?

- * In what way did they not work well for you?

- * What if anything did particular social workers do were not helpful? (YOU DO NOT NEED TO GIVE NAMES, JUST SHARE YOUR EXPERIENCE)

- * What else in the overall process did you find difficult or problematic?

(Probe for different practices (programs, services, strategies, policies and tools))

3. What practices or programs do you think should be kept, improved, or created to make it better for families in the future?

ATTACHMENT 4:

**Supervisor Individual
Interview Guide**

Supervisor Individual Interview Guide

(Preface)

One of the best ways to define effective services is to explore the details of specific incidents that were particularly successful. We also, as you know, sometimes “learn best from mistakes.” So it is also important to gather information from incidents that were less successful or that may have involved possible errors. I have a few questions in each of these areas.

1. To begin, I would like to ask you to think of a case you have encountered with an African American, Latino or API family that had a **successful outcome**.

1a) What was the successful outcome of this case?

- What was the outcome for the child?
- What was the outcome for the family?
- What were the demographics of the family?

1b) Describe exactly what *you or other workers* did in this case that was so effective?

- What strategies or approaches “worked” in this case?
- Exactly what practices did you employ in this case?
- In what ways was this helpful to this specific child/family?
- What characteristics of the worker (such as experience, ability to relate to the family or training) influenced this?

1c) What other programs, services, tools or policies contributed to this success?

- Describe what (program/service/tool) led to the successful outcome of this case? (This would include services within child welfare as well as referred services and collaborative services with other agencies)
- Why was this (program/service/tool) especially effective?
- What outside policies might have influenced the outcome in this case?
- What other agency or systems level practices or policies influenced the outcome?

2. Now I would like to ask you to think of a case you of a case you have encountered with an African American, Latino or API family that had an **unsuccessful outcome**.

2a) What was the unsuccessful outcome of this case?

- What was the outcome for the child?
- What was the outcome for the family?
- What were the demographics of the family?

2b) Describe exactly what *you or other workers* did in this case that was ineffective in working with this family. Please remember that I am interested in the details of the incident rather than any identifying information about the individual worker or workers. Tell me exactly what was done that did not work well?

- What strategies or approaches were problematic and in what ways was this problematic for the family?
- Exactly what practices did you employ in this case?
- What characteristics of the worker (such as experience, ability to relate to the family or training) influenced this?

2c) What other programs, services, tools or policies contributed to this outcome?

- Describe what (program/service/tool) led to the unsuccessful outcome of this case? (This would include services within child welfare as well as referred services and collaborative services with other agencies)
- Why were these practices (program/service/tool) ineffective?
- What outside policies might have influenced the outcome in this case?
- What other agency or systems level practices or policies influenced the outcome?

2d) Describe what conditions, factors, resources, or practices (if any) would have lead to a successful outcome in this case

3. What effective practices are employed in [CHOICE POINT] that result in or could potentially result in enhanced outcomes for African American, Latino, and or API families? Please be specific about the practices you think should be continued, modified, or initiated and which groups you think they should target.

III. Demographics

(Introduction) I have a few quick questions about your background that will be used in the report to provide an overall collective description of the participants in this study.

4. What is your current position in the agency?
5. How long have you been in this position?
6. How long have you been working in any position related to child welfare?
7. What is the highest degree that you hold?
8. How would you describe your ethnic background?
9. Do you speak a language(s) other than English?
10. How fluent are you in this (these) language(s)?
11. Do you use languages other than English in your work with clients?

ATTACHMENT 5:
Court Case Record Review
Data Extraction Form

State ID # _____
Coder _____

SJSU # _____
Coding Date _____

CONFIDENTIAL INFORMATION
Santa Clara County/SJSU College of Social Work
CWS Case Record Data Extraction Form:
**Court Ordered Services / Visitations and
Family Strengths**

		SPSS
1. Is the minute order for the initial jurisdictional/dispositional hearing present in the case file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are there any changes between the social worker recommendations for services / visitations and what the court ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILD—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		
C1. Individual counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C2. Other counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C3. Health Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C4. Educational Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

CHILD—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
C5. Mentoring services (including CASA)		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C6. Independent Living Program		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C7. Vocational Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C8. Substance abuse treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C9. Alcohol Treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

CHILD—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
C10. Supervised visitation with extended family		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C11. Unsupervised visitation w/ extended family		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C11a. Psychological evaluation		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
C12. Other Services / Visitations		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other service/visitation. If yes, specify "other services / visitations and any circumstances or conditions that apply:	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

MOTHER—service/visitation changes and/or new service/visitation orders		SPSS
M1. Parenting education		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M2. Drug/alcohol testing		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M3. Individual counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M4. Other counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M5. Psychological evaluation		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M6. Substance abuse treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

MOTHER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
M7. Alcohol treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M8. 12-step groups		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M9. Other support groups		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M10. Domestic violence treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M11. Supervised visits		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M12. Unsupervised visits		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

MOTHER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
M13. Public assistance (all types)		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M13a. Family Reunification Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M13b. Family Maintenance services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
M14. Other services / visitations		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other service / visitation. If yes, specify "other services / visitations and any circumstances or conditions that apply:	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

FATHER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
F1. Parenting education		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F2. Drug/alcohol testing		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F3. Individual counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F4. Other counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F5. Psychological evaluation		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F6. Substance abuse treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

FATHER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
F7. Alcohol treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F8. 12-step groups		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F9. Other support groups		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F10. Domestic violence treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F11. Supervised visits		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F12. Unsupervised visits		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

FATHER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
F13. Public assistance (all types)		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F13a. Family Reunification Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F13b. Family Maintenance Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
F14. Other services / visitations		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other services / visitations. If yes, specify "other services / visitations and any circumstances or conditions that apply:	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

ALTERNATE CAREGIVER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
AC1. Who is the alternate caregiver? Specify in the space below:		
AC2. Parenting education		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC3. Drug/alcohol testing		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC4. Individual counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC5. Other counseling		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC6. Psychological evaluation		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC7. Substance abuse treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

ALTERNATE CAREGIVER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
AC8. Alcohol treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC9. 12-step groups		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC10. Other support groups		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC11. Domestic violence treatment		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC12. Supervised visits		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC13. Unsupervised visits		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

ALTERNATE CAREGIVER—SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS		SPSS
AC13a. Family Reunification Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC13b. Family Maintenance Services		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC14. Public assistance (all types)		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other circumstances or conditions (specify):	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	
AC15. Other services / visitations		
<input type="checkbox"/> Not Indicated <input type="checkbox"/> ↑ Increase in duration <input type="checkbox"/> ↓ Decrease in duration <input type="checkbox"/> Other services / visitations. If yes, specify "other services / visitations and any circumstances or conditions that apply:	<input type="checkbox"/> New service ordered by court <input type="checkbox"/> ↑ Increase in # of sessions <input type="checkbox"/> ↓ Decrease in # of sessions	

GENERAL SERVICE / VISITATION CHANGES AND/OR NEW SERVICE / VISITATION ORDERS (AFFECTING THE WHOLE CASE)		SPSS
G1. Case is bypassed	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
G2. Family maintenance services are ordered	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
G3. Family reunification services are ordered	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
G4. Family conference is ordered	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
G5. Home supervision is ordered	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
G6. Any other changes to orders, or new orders for the child, mother, father, alternate caregiver, or for the whole case. If yes, specify below:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	

FAMILY STRENGTHS

		SPSS
3. Is the initial jurisdictional/dispositional hearing report present in the case file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did the social worker note any family strengths in the initial jurisdictional/dispositional hearing reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FAMILY STRENGTHS		
S1. Mother is bonded to child/loves child	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S2. Father is bonded to child/loves child	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S3. Both parents are bonded to/love child	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S4. Mother has stable housing	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S5. Father has stable housing	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S6. Both parents have stable housing	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S7. Mother is employed	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S8. Father is employed	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S9. Both parents are employed	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S10. Extended family are supportive and helpful. If yes, specify which extended family members:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S11. Extended family are nearby and available. If yes, specify which extended family members:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S12. Mother is cooperative / compliant with CWS and court intervention	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S13. Father is cooperative / compliant with CWS and court intervention	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S14. Both parents are cooperative / compliant with CWS and court intervention	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S15. Mother indicates she would like to reunify	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S16. Father indicates he would like to reunify	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S17. Both parents indicate they would like to reunify	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S18. Mother acknowledges a problem with substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S19. Father acknowledges a problem with substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S20. Both parents acknowledge a problem with substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S21. Mother has begun services. If yes, specify services:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S22. Father has begun services. If yes, specify services:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S23. Both parents have begun services. If yes, specify services:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	

FAMILY STRENGTHS		SPSS
S24. Other family strengths related to child . If yes, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S25. Other family strengths related to mother . If yes, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S26. Other family strengths related to father : If yes, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> NI	
S27. Other general family strengths. If yes, specify (go to back of page if more room is needed):	<input type="checkbox"/> Yes <input type="checkbox"/> NI	

ATTACHMENT 6:

**Court Officer Unit Focus Group
Interview Guide**

Court Officer Unit Focus Group Interview Guide

1. From your perspective, what are some of the factors that influence court ordered changes from recommendation made by social workers [during the jurisdictional/dispositional] hearing?
2. Almost half of the cases involved a court ordered change from the recommendations of the social workers described from the jurisdiction/dispositional hearing. What does this say about who determines the direction of a case?
3. There were very few changes in recommendations related to bypass, family maintenance, or family reunification. From your perspective, what does this say about the dynamics between the social workers and the court?
4. A majority of cases were closed by “court ordered termination.” Please describe what this might include.
5. There were not significant differences in court changes by ethnicity. What is the “story behind this statistic” from your perspective?
6. Our discussion today was to help us understand court ordered changes, particularly in relation to children and families of color. Is there anything that we missed?

ATTACHMENT 7:

**Statewide Survey on Effective Practices for
Children and Families of Color
in the Child Welfare System**

Statewide Survey on Effective Practices for Families and Children of Color in the Child Welfare System

Date

County

Name and title of person completing this survey

Phone #

Email

This survey is part of the 3rd phase of a study entitled: "An Evaluation of Factors Related to the Disproportionate Representation of Children of Color in Santa Clara County's Child Welfare System," a multimethod/multiphase study that began in June 2000. The study is funded by Santa Clara County's Board of Supervisors and is being conducted by the Child Welfare Research Team from the College of Social Work at San Jose State University. One of the aims of this phase of the study is to understand the types of effective practices employed in California county child welfare systems that result in enhanced outcomes with children and families of color.

Your participation in the statewide survey portion of the study is greatly appreciated. The information you provide will be of benefit not only to Santa Clara County, but also to the state and to the nation as a whole. Although the disproportionate representation of children of color in child welfare systems (CWS) around the country has long been an area of concern, little systematic research study has been conducted on this topic to date.

This survey includes questions about the child welfare caseload in your county, and effective child welfare practices that are used in your county. For the purposes of this study, the term "effective practices" is defined as programs, services, policies, strategies, structures or tools currently in place in your county that result or could potentially result in enhanced outcomes for children and families of color. Answers to the questions on this survey will be combined with other county data and analyses of these data will not identify individual counties or persons being interviewed.

If this survey is being completed over the telephone, it will also be tape recorded in order to ensure accurate information is collected. After verification of information, tape recordings of interviews will be erased. If this survey is being completed on the computer, please email completed survey as an attachment within 10 working days to Alice Hines, Ph.D. at: ahines@email.sjsu.edu, or simply reply to the email in which the survey was sent. Only members of the CWRT will be able to access surveys returned via email.

If you have any questions regarding the study or this survey, please contact the Principal Investigator, Alice Hines, Ph.D. at: ahines@email.sjsu.edu.

If you are completing this survey on the computer in Microsoft Word, please read these directions:

- You may fill in the boxes by using your mouse to click on the box and an X will appear. To remove the X, simply click on the box a second time.
- To fill in responses, use your mouse to put the cursor on the gray box and begin typing, your response will appear in the shaded gray area.
- Please remember to save the completed survey as a separate file and email it back as an attachment to: ahines@email.sjsu.edu.

I. Caseload

1) For questions 2-10, (numbers of children served in various service components) what source of information is being used? (please check one of the boxes):

- ☐ Official CWS/CMS data
- ☐ Estimates provided by interviewee
- ☐ Other source (please describe in area below, limit 1 line):

2) How many children are currently being served across all service components in the Child Welfare System (CWS) in this county? (please fill in number in space below):

_____ = **Total Number** of children currently being served across all service components in the CWS in this county

In questions 3-10, please report the total number of children within each of the following service categories and the percentages by ethnicity.

3) Voluntary Family Maintenance:

_____ = **Total Number**

_____ % African American

_____ % Asian/Pacific Islander

_____ % Mexican American/Other Latino

_____ % American Indian

_____ % Other ethnicity

_____ % White

4) Voluntary Family Reunification:

_____ = **Total Number**

_____ % African American

_____ % Asian/Pacific Islander

_____ % Mexican American/Other Latino

_____ % American Indian

_____ % Other ethnicity

_____ % White

5) For children in **Voluntary Family Reunification**, how many, within each of the following ethnic groups are in **relative care**?

 = **Total Number**

 % African American

 % Asian/Pacific Islander

 % Mexican American/Other Latino

 % American Indian

 % Other ethnicity

 % White

6) For children in **Voluntary Family Reunification**, how many within each of the following racial/ethnic groups are in **non-relative care**?

 = **Total Number**

 % African American

 % Asian/Pacific Islander

 % Mexican American/Other Latino

 % American Indian

 % Other ethnicity

 % White

7) **Involuntary Family Maintenance:**

 = **Total Number**

 % African American

 % Asian/Pacific Islander

 % Mexican American/Other Latino

 % American Indian

 % Other ethnicity

 % White

8) **Involuntary Family Reunification:**

 = **Total Number**

 % African American

 % Asian/Pacific Islander

 % Mexican American/Other Latino

 % American Indian

 % Other ethnicity

 % White

9) For children in **Involuntary Family Reunification**, how many, within each of the following ethnic groups are in **relative care**?

 = **Total Number**

 % African American

 % Asian/Pacific Islander

 % Mexican American/Other Latino

 % American Indian

 % Other ethnicity

 % White

10) For children in **Involuntary Family Reunification**, how many, within each of the following ethnic groups are in **non-relative care**?

 = **Total Number**

 % African American

 % Asian/Pacific Islander

 % Mexican American/Other Latino

 % American Indian

 % Other ethnicity

 % White

II. Effective Practices with Children and Families of Color

11) Please identify up to 5 of the most effective practices currently used in this county that you feel result in enhanced outcomes for children and families of color. Please rank these 5 practices according to what you consider to be their level of effectiveness with children and families of color **with practice #1 being the most effective practice**, practice #2 the second most effective and so on. Effective practices can include programs, services, policies, strategies, structures or tools. Please list the name or title of each practice, the target population, and briefly describe this practice in the space provided.

#1 Effective Practice (Most Effective)

Name or title (please enter in space below, limit approximately 1 line):

Target population (please enter in space below, limit approximately 1 line):

Brief description of practice (please enter in space below, limit approximately 4 lines):

#2 Effective Practice

Name or title (please enter in space below, limit approximately 1 line):

Target population (please enter in space below, limit approximately 1 line):

Brief description of practice (please enter in space below, limit approximately 4 lines):

#3 Effective Practice

Name or title (please enter in space below, limit approximately 1 line):

Target population (please enter in space below, limit approximately 1 line):

Brief description of practice (please enter in space below, limit approximately 4 lines):

#4 Effective Practice

Name or title (please enter in space below, limit approximately 1 line):

Target population (please enter in space below, limit approximately 1 line):

Brief description of practice (please enter in space below, limit approximately 4 lines):

#5 Effective Practice

Name or title (please enter in space below, limit approximately 1 line):

Target population (please enter in space below, limit approximately 1 line):

Brief description of practice (please enter in space below, limit approximately 4 lines):

When answering the following questions, please think of practice #1 (most effective practice) listed above.

12) In which of the following points or stages in the CWS does practice #1 primarily fall within (mark all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Emergency response/investigation of referral | <input type="checkbox"/> Case assignment point |
| <input type="checkbox"/> Continuing care point | <input type="checkbox"/> Time limits point |
| <input type="checkbox"/> Other (please describe in area below, limit 1 line): | |

13) Do you contract with another agency or system to deliver practice #1 (please mark only 1 box)?

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Combination of internal and contracting resources | |
| <input type="checkbox"/> Other (please describe in area below, limit 1 line): | |

14) Where does practice #1 take place (mark all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Contract agency site | <input type="checkbox"/> County child welfare office |
| <input type="checkbox"/> Throughout the child welfare system | <input type="checkbox"/> Birth family's home |
| <input type="checkbox"/> Foster family's home | <input type="checkbox"/> Court |
| <input type="checkbox"/> Another out-of-home placement site | |
| <input type="checkbox"/> Other (please describe in area below, limit 1 line): | |

15) Who is the target population for practice #1 (mark all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Children of all ages | <input type="checkbox"/> Very young children (0 to 3 yrs) |
| <input type="checkbox"/> Young children (4 to 10 yrs) | <input type="checkbox"/> Older children (11 and 18 yrs) |

- | | |
|---|--|
| <input type="checkbox"/> Families any ethnicity | <input type="checkbox"/> African American families |
| <input type="checkbox"/> Asian/Pacific Islander families | <input type="checkbox"/> American Indian families |
| <input type="checkbox"/> Mexican American/Other Latino families | <input type="checkbox"/> White families |
| <input type="checkbox"/> Families of another ethnicity (please describe): | |

- | | |
|---|--|
| <input type="checkbox"/> Families with substance abuse problems | <input type="checkbox"/> Families with domestic violence |
| <input type="checkbox"/> Families with mental health problems | <input type="checkbox"/> Families with income problems |
| <input type="checkbox"/> Families with a disability (please describe type of disability in area below, limit 1 line): | |

- ☐ Other target population (please describe in area below, limit 1 line):

16) Is practice #1 (mark only 1 box):

- ☐ Widespread throughout the county CWS
☐ Targeted to a relatively small group of clients

17) Is there a specific geographic area or community within the county in which this practice is targeted?

- ☐ Yes ☐ No

18) If yes, why has this geographic area been targeted for this practice (mark all that apply)?

- ☐ Area where most of the child welfare referrals come from
☐ Area with residents who have low socioeconomic status
☐ Area where there is a high level of crime
☐ Area with large ethnic representation (what ethnicity):
☐ Other reason (please describe in area below, limit 1 line):

19) Is practice #1 mandated?

- ☐ Yes ☐ No

20) Are workers provided with training in how to implement practice #1?

- ☐ Yes ☐ No

21) If yes, what percentage of workers have been trained to implement practice #1?

_____ = Percentage (%) trained

22) When was practice #1 first implemented (mark only 1 box)?

- | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2002 | <input type="checkbox"/> 2001 | <input type="checkbox"/> 2000 | <input type="checkbox"/> 1999 |
| <input type="checkbox"/> 1998 | <input type="checkbox"/> 1997 | <input type="checkbox"/> 1996 | <input type="checkbox"/> 1995 |
| <input type="checkbox"/> Other (fill in year): _____ | | | |

23) Why was practice #1 first initiated (mark all that apply)?

- ☐ Funds became available
- ☐ New policies were initiated
- ☐ In response to a particular problem (please describe in area below, limit 1 line):

- ☐ Other (please describe in area below, limit 1 line):

24) Who first initiated practice #1 (mark all that apply)?

- ☐ Director of CWS
- ☐ CW workers
- ☐ Clients of the CWS
- ☐ Foster families
- ☐ Out-of-home placement providers
- ☐ Mental health system
- ☐ Substance abuse system
- ☐ Health system
- ☐ Criminal justice system
- ☐ Contract agencies
- ☐ Other (please describe in area below, limit 1 line):

25) What are the purposes and goals of practice #1 (mark all that apply)?

- ☐ Assess level of risk for maltreatment within the birth family
- ☐ Prevent out-of-home placement (e.g. keep child at home with birth family)
- ☐ Reunify children with their birth parents
- ☐ Improve parenting skills
- ☐ Improve psycho-social functioning of the birth family
- ☐ Address substance abuse problems of families
- ☐ Address mental health problems of families
- ☐ Address socioeconomic problems of families
- ☐ Address housing problems of families
- ☐ Ensure a permanent placement for the child
- ☐ Other (please describe in area below, limit 2 lines):

26) What is the current implementation status of practice #1 (mark only 1 box)?

- ☐ Permanent ☐ Demonstration
☐ Dependent on re-funding
☐ Other (please describe in area below, limit 1 line):

27) What is the primary source of funding for practice #1 (mark only 1 box)?

- ☐ Federal funds ☐ State funds
☐ County funds ☐ Non-governmental grant
☐ Other (please in area below, limit 1 line):

28) Has practice #1 changed significantly between the time it was first implemented and now?

- ☐ Yes ☐ No

29) If yes, who was involved in the development/evolution of practice #1 (mark all that apply)?

- ☐ Director of CWS ☐ CWS workers
☐ Clients of the CWS ☐ Foster families
☐ Out-of-home placement providers ☐ Mental health system
☐ Substance abuse system ☐ Health system
☐ Criminal justice system ☐ Contract agencies
☐ Other (please describe in area below, limit 1 line):

30) How and why has practice #1 changed? (please describe in area below, limit to 4 lines):

31) Has practice #1 been evaluated or assessed to determine its effectiveness?

- ☐ Yes ☐ No ☐ Don't know

32) If you do not know whether practice #1 has been formally evaluated or assessed, is there another person in your county who may know this information? If yes, can you provide us with their:

Name _____
Phone _____
Email address _____

33) If practice #1 has not been evaluated, what are the reasons it has not evaluated (mark all that apply)?

- ☐ Insufficient time ☐ Insufficient resources ☐ Insufficient interest
☐ An evaluation was not considered to be needed
☐ Other (please describe in area below, limit 1 line):

34) If you are aware of an evaluation of practice #1, what were the results of this evaluation (mark only 1 box)?

- ☐ Practice was found to be effective with the target population
☐ Practice was found to be effective with a sub-section of the target population
(please describe sub section in area below, limit 1 line):

☐ Evaluation did not provide evidence that the practice is effective
☐ Other (please describe in area below, limit 2 lines):

35) Are you able to supply us with a copy of the evaluation, or any form of written materials that describe the evaluation, such as an internal memo, a presentation or other documents? If yes, please send to:

College of Social Work
San Jose State University
One Washington Square
San Jose, CA 95192-0000
Attn: Dr. Alice Hines

Email: ahines@email.sjsu.edu

Fax: (408) 924-5892

36) What are the major factors that support practice #1 (mark all that apply)?

- ☐ Stable funding
☐ Support from county government officials
☐ Support from state government officials
☐ Support from management
☐ Support line workers
☐ Support from families and children
☐ Support from foster families
☐ Support from other out-of-home placement providers
☐ Support from the community
☐ Support from the mental health system
☐ Support from the substance abuse system
☐ Support from the health system
☐ Support from the criminal justice system
☐ Support from contract agencies
☐ Evaluations show that practice is successful
☐ Other (please describe in area below, limit 2 lines):

37) What have been the barriers to successful implementation of this practice (mark all that apply)?

- ☐ No barriers
- ☐ Funding is not stable
- ☐ Insufficient support from county government officials
- ☐ Insufficient support from state government officials
- ☐ Insufficient support from management
- ☐ Insufficient support from line workers
- ☐ Insufficient support from families and children (e.g. clients are not engaged/participating in the practice)
- ☐ Insufficient support from foster families
- ☐ Insufficient support from other out-of-home placement providers
- ☐ Insufficient support from community
- ☐ Insufficient support from mental health system
- ☐ Insufficient support from substance abuse system
- ☐ Insufficient support from health system
- ☐ Insufficient support from criminal justice system
- ☐ Insufficient support from contract agencies
- ☐ Evaluations are inconclusive as to the success of the practice
- ☐ Other (please describe in area below, limit 2 lines):

38) In your opinion, what aspects of practice #1 make it particularly effective with children and families of color? (please describe in area below, limit to 5 lines):

39) Have there been any effective practices that were attempted, but not fully implemented, sustained or diffused?

☐ Yes

☐ No

40) If yes, what were these practices and why were they not fully implemented?

Name or title of practice (please enter in space below, limit 1 line):

Brief description of practice and why it was not fully implemented (please enter in space below, limit 4 lines):

Name or title of practice (please enter in space below, limit 1 line):

Brief description of practice and why it was not fully implemented (please enter in space below, limit 4 lines):

42) Do you have anything else you would like to add?

Thank you very much for taking the time to participate in this study. If you are interested in the results of this study, please visit our website at:

www.sjsu.edu/depts/SocialWork/cwrt/index.htm

The final phase 3 report will be available after September 2003.

ATTACHMENT 8:

Summary Chart of Phase 2 Findings

Child Characteristics by Ethnic Group

Latino	White	African American	Asian/Pacific Islander
<ul style="list-style-type: none"> • 53.5% of the Santa Clara County CWS (April 2002) • 46.4% of the closed case sample • 35.0% of case record review sample 	<ul style="list-style-type: none"> • 25.8% of the Santa Clara County CWS (April 2002) • 29.5% of the closed case sample • 33.7% of the case record review sample 	<ul style="list-style-type: none"> • 14.7% of the Santa Clara County CWS (April 2002) • 11.1% of the closed case sample • 12.4% of the case record review sample 	<ul style="list-style-type: none"> • 5.1% of the Santa Clara County CWS (April 2002) • 9.3% of the closed case sample • 7.7% of the case record review sample
Child	Child	Child	Child
<p>↑ Age</p> <p>↑ # of females</p> <p>↑ Need for translator in court</p> <p>↑ Immigrant status</p> <p>Mental health problems close to sample average</p> <p>↓ Behavioral problems</p>	<p>↑ Age</p> <p>↑ # of males</p> <p>↓ Need for translator in court</p> <p>↓ Immigrant status</p> <p>↑ Mental health problems</p> <p>↑ Behavioral problems</p>	<p>↓ Age</p> <p>↑ # of males</p> <p>↓ Need for translator in court</p> <p>↓ Immigrant status</p> <p>↓ Mental health problems</p> <p>↓ Behavioral problems</p>	<p>↓ Age</p> <p># males & females close to sample average</p> <p>Need for translator in court close to sample average</p> <p>↑ Immigrant status</p> <p>↓ Mental health problems</p> <p>↓ Behavioral problems</p>

Key to chart

↑ = Either one percentage point or more above the average for the case record review/closed case sample, or .25 units or more above average for the case record review/closed case sample.

↓ = Either one percentage point or more below the average for the case record review/closed case sample, or .25 units or more below average for the case record review/closed case sample.

“close to sample average” = either one percentage point within the average for the case record review/closed case sample, or within .25 units of the average for the case record review/closed case sample.

Mother Characteristics by Ethnic Group

Latino	White	African American	Asian/Pacific Islander
Mother	Mother	Mother	Mother
↓ Age	↑ Age	↓ Age	↑ Age
↓ Currently married	↑ Separated/divorced/widowed	↑ Single, never married	↑ Currently married
↑ Need for translator in court	↓ Need for translator in court	↓ Need for translator in court	↑ Need for translator in court
# of children and siblings close to sample average	↓ # of children and siblings	↑ # of children and siblings	↓ # of children and siblings
# of children in the CWS close to sample average	↓ # of children in the CWS	↑ # of children in the CWS	↓ # of children in the CWS
↓ Education level	↑ Education level	↑ Education level	↓ Education level
↑ Welfare eligibility	↓ Welfare eligibility	↑ Welfare eligibility	# Welfare eligible close to sample average
↓ Domestic violence	↑ Domestic violence	↓ Domestic violence	↓ Domestic violence
Substance abuse problems close to sample average	↑ Substance abuse problems	↑ Substance abuse problems	↓ Substance abuse problems
↑ Criminal justice system involvement	↓ Criminal justice system involvement	↑ Criminal justice system involvement	↓ Criminal justice system involvement
↓ Mental health problems	↑ Mental health problems	↓ Mental health problems	↑ Mental health problems

Key to chart

↑ = Either one percentage point or more above the average for the case record review/closed case sample, or .25 units or more above average for the case record review/closed case sample.
↓ = Either one percentage point or more below the average for the case record review/closed case sample, or .25 units or more below average for the case record review/closed case sample.
“close to sample average” = either one percentage point within the average for the case record review/closed case sample, or within .25 units of the average for the case record review/closed case sample.

System-Related Factors by Ethnic Group

Latino	White	African American	Asian/Pacific Islander
System-Related Factors	System-Related Factors	System-Related Factors	System-Related Factors
<p>↑ General neglect or physical abuse by mother and others (including father) (case record review sample)</p> <p>↑ Initial reporter: school site personnel</p> <p>↑ Initial out-of-home placement: relative home, or Children's Shelter (case record review sample)</p> <p>↑ Mothers ordered to complete parenting education services</p> <p>Mother ordered to complete individual counseling services close to sample average</p> <p>↑ Mothers ordered to complete alcohol treatment</p>	<p>↑ "Other" maltreatment, or sexual abuse by father only or "other perpetrator" (case record review sample)</p> <p>↑ Initial reporter: law enforcement/legal professional or relative/family member/self</p> <p>↑ Initial out-of-home placement: group home or foster family agency (case record review sample)</p> <p>↓ Mothers ordered to complete parenting education services</p> <p>↑ Mothers ordered to complete individual counseling services</p> <p>Mothers ordered to complete alcohol treatment close to sample average</p>	<p>↑ General or severe neglect and "other maltreatment" by mother only (case record review sample)</p> <p>↑ Initial reporter: medical site personnel or law enforcement/legal professional</p> <p>↑ Initial out-of-home placement: relative home or foster family home (case record review sample)</p> <p>↓ Mothers ordered to complete parenting education services</p> <p>↓ Mothers ordered to complete individual counseling services</p> <p>↑ Mothers ordered to complete alcohol treatment</p>	<p>↑ Physical abuse or severe neglect by father only or mother and others (including father) (case record review sample)</p> <p>↑ Initial reporter: school site personnel or relative/family member/self</p> <p>↑ Initial out-of-home placement: Children's Shelter, foster family home or foster family agency (case record review sample)</p> <p>Mothers ordered to complete parenting education services close to sample average</p> <p>↓ Mothers ordered to complete individual counseling services</p> <p>↓ Mothers ordered to complete alcohol treatment</p>

Key to chart

↑ = Either one percentage point or more above the average for the case record review/closed case sample, or .25 units or more above average for the case record review/closed case sample.
 ↓ = Either one percentage point or more below the average for the case record review/closed case sample, or .25 units or more below average for the case record review/closed case sample.
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System-Related Factors by Ethnic Group Continued

Latino	White	African American	Asian/Pacific Islander
System-Related Factors	System-Related Factors	System-Related Factors	System-Related Factors
<p>↓ Child ordered to attend individual counseling</p> <p>↑ Last out-of-home placement: relative home, Children's Shelter or guardian home/court specified home (case record review sample)</p> <p>↑ Average stay in each out-of-home placement (case record review sample)</p> <p>↑ Length of time in out-of-home placement in general (case record review sample)</p> <p>↑ Case being closed with permanent placement services (case record review sample)</p> <p>Total length of case close to sample average (case record review sample)</p>	<p>↑ Child ordered to attend individual counseling</p> <p>↑ Last out-of-home placement: relative home or foster family agency (case record review sample)</p> <p>↓ Average stay in each out-of-home placement (case record review sample)</p> <p>↓ Length of time in out-of-home placement in general (shortest) (case record review sample)</p> <p>↑ Case being closed with family maintenance or family reunification services (case record review sample)</p> <p>↓ Total length of case (shortest) (case record review sample)</p>	<p>↓ Child ordered to attend individual counseling</p> <p>↑ Last out-of-home placement: foster family home, group home or foster family agency (case record review sample)</p> <p>↑ Average stay in each out-of-home placement (longest) (case record review sample)</p> <p>↑ Length of time in out-of-home placement in general (case record review sample)</p> <p>↑ Case being closed with permanent placement services (case record review sample)</p> <p>↑ Total length of case (longest) (case record review sample)</p>	<p>Child ordered to attend individual counseling close to sample average</p> <p>↑ Last out-of-home placement: foster family home, foster family agency or guardian home/court specified home (case record review sample)</p> <p>↑ Average stay in each out-of-home placement (case record review sample)</p> <p>↑ Length of time in out-of-home placement in general (longest) (case record review sample)</p> <p>↑ Case being closed with permanent placement services (case record review sample)</p> <p>↑ Total length of case (case record review sample)</p>

Key to chart

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 ↓ = Either one percentage point or more below the average for the case record review/closed case sample, or .25 units or more below average for the case record review/closed case sample.
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