

Fairness and Equity Symposium
Kathy Lemon, Presenter

Question and Answer

Q: What has happened since your study?

A: The main office in Santa Clara County is transitioning to vertical case management and is working to improve office culture. Vertical case management is when one caseworker follows the case until closure, and if a client re-enters the system they will be assigned to their original caseworker.

Q: How do you work with the good cop/bad cop phenomenon when working with the same client through many different stages of the system?

A: We didn't study that aspect of vertical case management.

Q: Do you have statistics on how this actually works? What was specifically done to transition the main county to vertical case management?

A: The transition is in progress now. I don't know the current status. The main county office is moving towards a modified vertical case management system.

Q: How does bias play a role in the threshold of removing a child or referring a child?

A: We asked clients and the workers what the factors were that influence bias.

Q: Is that worker bias or do they use a standardized form?

A: This is a study that looks at structured decision-making, but there is a history of workers overriding the assessment.

Q: Were there Native Americans involved in your study?

A: Yes, but the sample was so small that findings were not statistically significant.

Q: Would the term 'children of color' be confusing to workers or clients?

A: 'Children of color' refer to overrepresented groups in the county of Santa Clara. Each county needs to determine its own overrepresented groups. We need more research and program evaluation on the practices used with children of color.

Q: Were some workers aware that they were being unfair and not using the tool properly?

A: No, we heard about 'other' workers who would do that. Workers felt that structured risk assessment could be a way to override that bias.

Q: Did you interview families and workers?

A: We isolated themes by family and by workers. There was a lot of feeling from families of being treated unfairly. Some workers felt strongly that cultural and linguistic matching was important.

Q: What were the different risk factors of the different groups?

A: African Americans: large families, single mothers, drug use, high incidence of involvement in the criminal justice system, low rate of mental health issues. White: single, less likely to be on welfare, higher level of education, lower rates of criminal justice instances. Hispanic: large families, low English language proficiency, high immigrant population, higher rates of domestic violence and low mental health issues. Asian: low English proficiency, tend to be older parents with fewer children, lower level of education, high marriage rate and/or living with spouses, higher mental health issues, lower criminal justice instances and rates of substance use, higher rates of domestic violence, higher rates of child abuse by father.

These data aren't in CWS database. We review charts and cases in an effort to determine worker bias. This is a limitation of the study. Another limitation is self-reporting or how clients and workers determine services. An example would be the stigma of receiving mental health treatment in the Latino community.

Q: What is our response to inappropriate referrals?

A: We need to define inappropriate. The so-called inappropriate referrals will eventually become appropriate in time because there is a low emphasis on prevention. We need to be aware and working on fairness and equity issues before people are in the system. Family to Family and Differential Response may help with this.

It seems that many of the best practices come from rural areas. [We need to ask if] rural social work is a field in and of itself. Can rural techniques work in an urban environment? Or is the size of the county or office, rather than urban or rural geography, the issue?