



**FIFTH ANNUAL SYMPOSIUM ON FAIRNESS & EQUITY  
ISSUES IN CHILD WELFARE TRAINING AND EDUCATION**

***Keynote Address***  
**Achieving Fairness and Equity—  
How Training Can Be Part of the Solution**

Dr. Ruth McRoy

**Summary of Presentation**

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Dr. Ruth McRoy discussed disproportionate representation of children in the child welfare system relative to their percentage in the child population of California and across the nation. Throughout her talk, Dr. McRoy stressed the need to address and resolve this problem through viable and culturally competent options. Strategies for resolution are now available in the form of promising and evidence-based practices. However, as child welfare professionals, the first and foremost question we should ask is: *Why has it become necessary to remove children from their homes in the first place?* We must be vigilant in our examination of the policies and practices that regulate these removals.

Systemic Issues

Dr. McRoy briefly reviewed the historical context of fairness and equity in child welfare practice, referring to past data and reports which focused on some of the very same issues that still plague child welfare practitioners today. In the 1960s, children entering the child welfare system were predominantly from African American and American Indian households. In 2007, the same trend exists, with the greatest representation of children in the child welfare system coming from these groups, even though they comprise a small percentage of the U.S. child population overall.

California is designated as one of 46 states in the U.S. with major disproportionality in child welfare. The average length of time a child stays in care in California is 39 months, compared to the national average of 30 months. Forty-six percent of children in foster care in California experience three or more residential placements, compared to 42% of children nationally. There are approximately 47,000 children in foster care in California waiting to be reunified with their families, and the average time a foster child in California waits to be adopted is 46 months. In California, the main reason cited for children coming into care is parental neglect, rather than abuse.

Child welfare does not exist in a vacuum. It intersects with many other arenas: health care, mental health, welfare, public education, child care, juvenile justice, criminal justice, the media, and federal and state policies. There is an alarming pattern of children moving from the child welfare system to the juvenile justice system, only to land eventually within the domain of criminal justice. Tracking all the children who follow this pattern and presenting this data to the public would effectively illustrate what is occurring to many children and families in this country.

The child welfare system is influenced by an array of social conditions that include poverty, domestic violence, non-traditional family households, homelessness, substance abuse, and neglect as a by-product of poverty. Parental substance abuse is currently the primary reason why many children come into the child welfare system. The majority of children who come into care are often from single-parent, low-income families because families with wealthier or middle class incomes usually have the resources to avoid placement or resolve situations quickly. In contrast, families living in poverty do not have the resources to offset the impact of situational or personal problems, which are themselves often caused by poverty. Agencies also fail to provide the needed supports to allow these families to succeed, such as child care, homemaking services, financial assistance and housing assistance.

Disparities that exist outside of the child welfare system also influence disparities within the system. African Americans are disproportionately poor in this country. There is insufficient service availability and disproportionately lower family preservation service delivery for African Americans. It has also been found that African American children in the child welfare system have fewer visits with their family of origin than other children. One reason for this may be that workers fail to facilitate visits because they do not feel comfortable in the neighborhoods of the African American families on their caseloads. Instead, families may be asked to come to the office for visits with their children, even though they do not have access to affordable transportation or they may jeopardize their employment by being absent from work.

### Individual Biases

In addition to considering the data and systemic issues, Dr. McRoy discussed personal bias and its potential influence on the decision making process throughout the stages of a case. The first opportunity for bias arises when deciding whether or not to report a family. Later, bias can influence whether or not an investigation is made. Bias might also influence whether an investigation is substantiated, and whether services are offered to the family. If services are provided for the family, more decisions must be made as to whether to provide in-home or out-of-home services, again allowing an opportunity for the influence of bias. Bias can also affect a worker's decision to keep a child in the home, with a relative, or in non-relative foster care. If a child is placed in care, more decisions must be made regarding whether the child will be reunified with her/his family, how and when this will occur, or if the child will be freed for adoption. The potential for personal bias to influence decisions is vast, and the opportunities many. It is important for child

welfare workers to be, and remain, aware of these possibilities as they attend to these decision making points.

### Underlying Questions

Below are some key questions to contemplate regarding the issue of disproportionate representation:

- Why are children of color reported at such a high rate?
- What is the relationship between poverty and disproportionality?
- Are children who receive greater levels of publicly funded services referred more often to child welfare due to their increased visibility at public agencies?
- What is the relationship between neighborhoods and services?
- What effects do resource-poor neighborhoods have on the children who live there?

Questions that can provide explanations include:

- Are African American children and families just more in need? (*disproportionate needs*)
- Is overrepresentation due to general societal discrimination?
- Is the cause located within the child welfare system?
- Is overrepresentation attributable to poverty? (*African American families are disproportionately poor*)
- All of the above?

Dr. McRoy outlined the following working definitions:

- Overrepresentation - the percentage of a particular group in care is higher than their percentage in the general population.
- Underrepresentation - the percentage of a particular group in care is lower than their representation in the general population.
- Disproportionality exists when all groups involved are not equally represented with respect to their percentage in the population. African Americans and American Indians are both disproportionately represented in the child welfare system, both nationally and locally, when compared to their percentage in the general population.

### Population Statistics and Theories Related to Disproportionality

A recent publication, *The State of Black California*, assessed racial inequality in the state. One in five children in California lives in a household that earns less than the federal poverty level, and one in three African American, Hispanic/Latino and American Indian

children under the age of five lives in low-income families. This compares to only one in twelve White children living in low-income families.

The poverty rate for Blacks in the state is 22.4% compared to 8% for Whites; only 33.9% of Black children live in two-parent families compared to 72% of White children living in two-parent households. The economic standing of Blacks in California is a little over half that of Whites, and the housing quality, health, education and criminal justice index for Blacks is just 2/3 that of Whites. Blacks ranked higher in felony and misdemeanor arrests, homicide rates for both males and females, and overall school dropout rates. The only index in which Blacks scored higher than Whites is in civic participation.

In their 1972 book *Children of the Storm*, Billingsley and Giovanonni described inequities in the child welfare system and reported that the system was failing Black children. They hypothesized that this failure was attributable to racism. In their view, racism had influenced the development of the system and had persisted to exert influence on its daily operations.

In addition to Billingsley's and Giovanonni's hypothesis, several other analyses purport to explain the origin of disproportionate numbers in child welfare:

- *Spatial concentration* of child welfare supervision is the result of high numbers of cases within a particular neighborhood. In these areas of increased supervision, many workers and/or law enforcement officials come in and out of the neighborhood, thereby increasing the potential for visibility and reporting.
- The *visibility hypothesis* comes into play in a geographic location where there are comparatively few members of a minority group, leading to greater visibility of minority group members which in turn creates more potential for them to be reported.
- *Unintentional bias* exists when child welfare workers intending to uphold the best interest of the child are insensitive to the culture of the child and family.
- *Differential attribution* can also account for increased reporting of certain groups. For example, it was found that physicians were more likely to cite *abuse* as the reason for injuries to children from lower income households than for injuries to children from higher income backgrounds.

## Solutions

The first step towards solutions is to be aware of disparities and remain sensitive to possible causative factors. However, we must also act on this knowledge to change policies and practices that perpetuate these conditions. This action begins during training.

*CITTS* is the mnemonic that Dr. McRoy offered to help to remember actions that can be taken to address racial and ethnic disparities:

- C is for "change" -- changing service provision and established ways of thinking among all levels of staff.
- I is for "identify" -- identifying collaborative community partners to address these issues.

- T is for “timely” -- the timely provision and co-location of services, so that clients may find the services they need quickly and at one location.
- T is for “team” -- team decision making to help prevent and overcome personal biases. The team should include family members in addition to staff.
- S is for “seamless” -- seamless service delivery for the families we serve. This also requires maintaining current knowledge of effective models and practices.

Dr. McRoy concluded by emphasizing the utilization of promising and evidenced-based practices to produce more equitable outcomes. She recommended additional topics for worker training, including:

- legislation (assessing existing legislation for cultural competency)
- communities (knowing the communities in which our families live, and whether there are available resources and opportunities for employment, education and safe recreation)
- accountability
- retention and recruiting of foster families

Dr. McRoy encouraged the audience to ask themselves in the course of their work:

- Have I helped?
- Have I done more harm than good?
- Have I held the system I represent accountable for restoring order to the communities and families we serve?