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DISPROPORTION OF AFRICAN AMERICAN CHILDREN
IN CHILD WELFARE SYSTEM CRISIS

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

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

by
Pamela Janice Jones

June 2007


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Approved by:




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ABSTRACT

Many pressing issues face African American (AA) families. One issue is the overrepresentation of AA children removed from their families and entered into the Child Welfare System (CWS). CWS worker biases may be leaking into the decision-making process and contributing to AA children disproportionately entering the CWS. For that reason, in 2001, Riverside County CWS implemented the Structured Decision-making (SDM) tool to increase the probability of CWS workers making adequate and consistent decisions. The purpose of this study was to determine if the use of the SDM affects the disproportion of AA children accounted for in Riverside County CWS. This study utilized a quasi-experimental design. Thus, statistics were compiled and presented from the California Social Work Education Center (CalsWEC), on AA and White children, four years before and four years after the implementation of the SDM in Riverside County CWS. From these demographics, the present study identified trends such as AA children having higher referral rates, lower substantiation rates, and higher removal rates compared to White children. Although the SDM tool was expected to limit biases, thus reducing AA

children from being unfairly removed, this study found that the SDM tool has not had any effect on AA children being removed from their homes. In fact, it was found that the SDM tool may be contributing to the overrepresentation in Riverside County CWS since the tool may not be generalizable to ethnic minorities. Therefore, implications were made for practitioners, policy makers, and researchers such as being culturally aware, evaluating assessment tools for generalizability, and contributing to the knowledge base on the disparity of AA children in the CWS.

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I am thankful of being a servant of Jehovah God and being able to feel relief of pressure from this Social Work program, thesis writing, and other life struggles by relying on God, praying incessantly, reading the Bible and the privilege of helping others learn about God.

Also, I am appreciative of the constant encouragement provided by my mother, Mona Jones, sister, April Corrales, and friends, Emany Holman and Katana Miller, and my spiritual family within my congregation. I was always reminded that if I put spiritual things first then everything else will work itself out. The mentioned above people were always offering a helping hand and reminded me that the insecurities and extra weight from this program was temporary and had confidence in my ability to master this program. Thus, the Masters in Social Work that I possess represents the integrity I kept to Jehovah God and the loving kindness shown by my family and friends.

Pamela Jones

June 2007

DEDICATION

This thesis is dedicated to my number one cheerleader, my mother, Mona Jones, for always displaying love and support and continuing to put up with my every now and then agitation and lack of participation in family unit responsibilities due to time constraints. I love you.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Many pressing issues face African American (AA) families. The media and society have exposed AA families as being in a state of crisis (Fusick & Charkow, 2004). Thus, the struggles of AA families have been the focus of research studies, interventions, media reports, and press writings. However, little to no attention has been given to what AA families are doing right while attention has been given to what the AA families are doing wrong (Caughy & O'Campo, 2006). For that reason, AA families have social stigmas including but not limited to, having absent fathers, mothers and children being dependent on county financial support, being high school drop outs, substance abusers, having gang violence and neighborhood crime, and overall living in poverty (Fusick & Charkow, 2004).

Since society and the media have focused on the problems of AA families, associations have been drawn that AAs endure unhealthy development and family dysfunction (Caughy & O'Campo, 2006). Thus, such

generalizations of AA families have left AA children labeled as being at high risk which has had a deleterious effect on AA children's well-being and the child welfare system [CWS] (Perry & Limb, 2004).

In fact, according to the U.S. Census Bureau and U.S. Department of Health and Human Services [2001] (as cited in Jimenez, 2001), AA children represent 15% of the children in the U.S.; however, AA children account for 42% of children in the CWS. Thus, it can be concluded that AA children are disproportionately removed from their families and entered in the CWS (Charlow, 2001; Jimenez, 2001).

One rationalization is that the reporters of abuse, the CWS, and CWS workers are biased against AA families due to common beliefs or stereotypes and are, consciously or unconsciously, more willing to charge AA families with maltreatment and remove their children. Research has made the discriminatory and differential treatment toward AA families well known throughout the CWS (Chipungu & Bent-Goodley, 2001). AA children are more likely to be removed from the home than children from other ethnic groups who were reported to the CWS (Jimenez, 2001).

Azzi-Lessing and Olsen (1999) found that AA women were

reported for substance abuse at ten times the rate of White women even though the actual rate of abuse of substances was the same in both groups (as cited in Charlow, 2001). Negative expectations or stereotypes of AA families, such as being substance abusers, could influence CWS workers' decision-making (Fusick & Charkow, 2004).

The CWS system has been held responsible for racially biased decision-making and structural inequalities (Brown & Bailey, 1997; Morton, 1999; Tyson & Glisson, 2005). The CWS is concerned about standardized assessments and potentially biased decision-making by CWS workers as well. Too often, CWS guidelines about what should or should not be investigated are vaguely defined or not clearly understood by CWS workers or the general public. This results in inconsistent screening practices and decision-making. Research has shown that the lack of community-based services has increased the amount of AA children removed from their homes and decreased the amount of AA parents reuniting with their children (Chipungu & Bent-Goodley, 2001).

Moreover, AA families are known to have complex needs and require more services. Yet, services such as

parenting classes, transportation, housing, childcare, and substance abuse classes are limited for AA families, therefore affecting the removal tempo of AA children (Jimenez, 2006). Also, AA families in contrast to Caucasian families are more likely to be reported for neglect or abuse when under similar circumstances and AA children are also more likely to be removed from the home, and remain in the CWS (Perry & Limb, 2004).

Yet, the CWS's goal is to ensure the safety and well being of vulnerable children. The CWS faces a dilemma: How to provide services, which are limited resources, to families that have an increasing demand? Also, how to make provisions consistently, without partiality, while making life changing familial decisions? Doing such seems to be an unattainable and unreliable task. For that reason, Structured Decision-Making (SDM) has been implemented in over 20 Child Welfare jurisdictions to provide CWS workers with straightforward, unbiased, and dependable tools with which to make the best possible decisions for individual cases (Children's Resource Center, 2000)

Moreover, the goal of SDM is to increase the probability of CWS workers making adequate and consistent

decisions. This can be accomplished if CWS workers' tasks are clearly recognized and consistently applied. SDM is expected to increase CWS workers' consistency in assessing each referral of abuse or neglect, examine risk and safety factors, and determine if immediate removal is necessary to keep the child free from further or possible harm. Thus, the SDM tool has established criterias for emergency removal, specific organized safety factors that should be assessed for every family, every time.

Thus, all CWS workers will evaluate every referral against the same criteria. This structured tool will help CWS workers assess whether and to what extent a child is in immediate danger of serious maltreatment. Therefore, the issue of protective out-of-home placement being necessary to ensure the safety of a child will be addressed. Moreover, each safety factor is defined carefully to increase reliability and reduce individual bias when assessing families. When safety factors are identified, CWS workers must assess any obtainable safety interventions and decide if a safety plan can be put into practice to ensure the safety of children in the home (Children's Resource Center, 2005).

Based on the assessment of safety factors and interventions, there are three possible safety conclusions. Safe, which means there are no safety factors present and all children will remain in the home. Conditionally safe, meaning at least one safety factor was present but interventions were put into practice to reduce safety concerns, and the children are able to remain in the home. Unsafe means that at least one safety factor was present and removal from the home is the only available intervention to ensure the children will be protected from maltreatment. In addition, this risk assessment categorizes families into risk groups with high, medium, or low probabilities of parents continuing to abuse or neglect their children. Research proves that high-risk families are far more likely than low risk families to re-abuse their children. Also, high-risk families have significantly higher rates of subsequent maltreatment. Armed with this critical information, agencies are well positioned to make adequate decisions (Children's Resource Center, 2005).

Moreover, SDM acknowledges that some unique cases require more than a critical assessment instrument, which the SDM tool does not provide. For that reason, when

necessary, the SDM tool provides an option for CWS workers to obtain consent from a CWS supervisor to override and change the decision that the assessment tool suggested. Therefore, SDM tool is not replacing CWS workers' judgment but ensures best practice by CWS workers is being provided by utilizing a consistent unbiased framework.

Currently, in California, Riverside County CWS assesses safety using the SDM tool. Since 2001, Riverside County CWS has trusted the SDM tool to help workers make potentially life-changing decisions for families. The SDM tool is utilized to keep vulnerable children safe and ensure the safety and well being of such children.

Riverside County CWS has identified the need to have structure when making decisions. For that reason, Riverside County uses SDM to produce consistent risk and safety assessment and to eliminate biased decision-making of CWS workers (Children's Resource Center, 2005).

Riverside County CWS has also identified the disproportion of AA children in CWS as a problem. However, it is unknown the exact reason why or how to reduce this problem. Since SDM was designed to reduce biases of workers and increase consistency across cases,

the SDM tool may reduce the amount of AA children being entered into the system and removed from their home. In addition, since SDM was designed to reduce biases, conducting a study assessing if SDM has affected the amount of AA children entered into the CWS and removed from their home is necessary.

Purpose of the Study

The purpose of this study was to assess if Riverside County CWS social workers' use of the SDM tool affects AA children disproportionately entered into the CWS and removed from their homes.

AA children are disproportionately entering the CWS system. Meaning, AA children are more likely than Caucasian children to be removed from home and placed in foster care. Many have blamed this problem on the CWS system (Morton, 1999). Social workers are making the decision as to whether children are in danger by remaining in the home. Thus, the decision-making of the social workers has been questioned. Such critical decisions are time sensitive are therefore made quickly. Research identifies such decision-making as being difficult and confusing. For that reason, research has

not found consistent decision-making by social workers. Also, social workers' biases may impact the decision-making process such as discrimination against AA families, poor AA families, and overall poor families. Yet, little has been done to address such issues and accusations.

Since the late 1950s, research has suggested that the CWS should focus on the decision-making process. For the reason that a scientific knowledge base addressing whether children should receive in-home services or out-of-home care did not exist (Children's Resource Center, 2005). However, Since January 1998, CWS has addressed that issue by using the SDM tool. Currently, the SDM has been implemented in 20 counties in California. The goal of SDM is to increase the likelihood of CWS workers making adequate decisions by their responsibilities being clearly identified, defined, and consistently applied (Children's Resource Center, 2005).

Specifically, Riverside County has been using the SDM tool since 2001. Although SDM was not designed specifically for reduction of biases, this structured tool was designed to consistently determine the safety of children, therefore eliminating biased decision-making of

workers. Therefore, this study assessed the SDM tool and determined if Riverside County's workers' use of the SDM tool has affected the amount of AA children entered into CWS and removed from their home.

To address the issues mentioned above, a quasi-experimental design was utilized. A quasi-experimental design best addressed the social problem of AA children being disproportionately entered into the CWS and removed from their home. Such a design helped determine if the use of the SDM tool changes the amount of AA children entering CWS and removed from their home.

The Time-Series Design allowed the researcher to repeatedly measure the amount of AAs in CWS before the county's exposure to the SDM tool and then do another series of measurements of the amount of AAs in CWS after the introduction of the SDM tool. To accomplish such an imperative task, the best data source was statistics compiled on the AA children referred to CWS, and substantiations of neglect and/or abuse, and/or removal from their home four years before and four years after the implementation of the SDM tool in Riverside County CWS. By using Riverside County CWS's statistics on AA

children, the researcher better determined the amount of AAs entered in the system and removed from their families before and after the implementation of SDM tool.

The Independent Variable (IV) for this study was social workers' use of the SDM since CWS social workers' biased decision-making may be one of the causes of AA children disproportionately entering CWS. The Dependent Variable (DV) for this study was the amount of substantiations and removals of AA children from their homes and entered into the CWS since the effect of biased decision-making may have left a disproportionate amount of AA children in the CWS.

As a baseline, the mentioned above time series design was conducted on White children. Meaning, Riverside County CWS statistics were compiled on White children referred to CWS having substantiations of abuse and/or neglect, and/or removal from their home four years before and four years after the implementation of the SDM tool in Riverside County CWS. The researcher was better able to determine if AA children are disproportionately entered into CWS and removed from their home more than White children in Riverside County.

The purpose of this study was to examine the effects of the IV on the DV and then compare such to the baseline. Examining the outcomes of this study allowed the IV and the DV to be assessed. Thus, the researcher was able to determine if changes occurred, and then determine if these changes or trends will continue to last over time.

Significance of the Project for Social Work

The findings from this study evaluated the SDM tool's effectiveness in reducing biased decision-making. Such information is of importance because it provided information for the Riverside County's policy makers on the usefulness of the SDM tool. The results of this study may influence other CWS policy makers to use the SDM tool or encourage Riverside County policy makers to revise the SDM tool or produce a more effective tool for decision-making.

Also, this study informed professionals that everyone has biases; therefore biased decision-making exists. For that reason, this study helped Riverside County CWS workers understand the importance of using the SDM tool. Then social workers will not see the SDM tool

as being an additional task, but instead a possible solution for reducing the amount of AA children entering the CWS and being removed from their homes.

Finally, research on the effectiveness of the SDM tool and the disproportion of AA children in CWS is limited. This study provided new knowledge on the SDM tool and added to the information on the disproportion of AA children in CWS. Therefore, the purpose of this study was to determine if Riverside County CWS social workers' use of the SDM tool affects AA children disproportionately entering the CWS and removed from their homes.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Presented in this section is research found on AA families, the CWS, the decision-making processes of CWS workers, and the tool Riverside County has adopted to help with CWS workers' decision-making process, the SDM tool. Thus, this section will provide research on the disproportion of AA in the CWS and theories guiding the conceptualization of such. Moreover, this study determines if the SDM affects AA children disproportionately entering into the CWS. Therefore, the purpose and benefits of the SDM are discussed.

African American Children are Disproportionately Entered into the Child Welfare System

The media and society have exposed AA families as being in a state of crisis (Fusick & Charkow, 2004). AA families have social stigmas including, but not limited to, having absent fathers, mothers and children being dependent on county financial support, being high school drop outs, substance abusers, having gang violence and

neighborhood crime, and overall living in poverty (Fusick & Charkow, 2004).

According to Smith, Krohn, Chu, and Best (2005), much of the literature on AA families, especially AA fathers, has perpetuated a stereotype of absent and unsupportive parenting. This study employs a life course perspective to investigate the extent and predictors of involvement by young fathers. A longitudinal study was conducted using a representative sample of urban youth since they were in the seventh or eighth grade. Young men in the sample who became fathers by age 22 were analyzed. Of this sample 67% were AA. The results found that AA fathers do not differ significantly from other young fathers in their contact with and support provided for children. For fathers, including AA fathers, fulfilling a father role is related to providing social support, proper transition into adult roles and relationships, and life experiences. Such unsupported stereotyping of AA men can create issues for fathers and families.

According to Steele and Aronson [1995] (as cited in Baron & Byrne, 2004 p. 239), AA families often feel threatened that they will be evaluated according to known stereotypes about their culture or ethnicity group. In

fact, Steele and Aronson found that AA undergraduate students performed more poorly on a Graduate Record Examine [GRE] (difficult cognitive tasks) when their race was made to be of importance. The AA undergraduates believed that poor performance would confirm the cultural stereotype that AAs are less intelligent than Whites. However, when race was not made known, such effects did not occur. Such stigmas have had hindering effects on AA families, specifically their self-esteem and self-identity. According to Cross [2001] (as cited in Cooper & Lesser, 2005. p. 73), stereotypes of one's ethnic group is meshed into one's self-identity.

Stereotypes on AA families are also meshed into CWS workers' decision-making process. Therefore, minority children are at higher risk of being reported, investigated within the CWS, and also removed from their families (Chipungu & Bent-Goodley, 2001). Separating children from their families to prevent further maltreatment by parents is necessary in some cases. Removing children from their families is unacceptable, when a large percent of children are left without families, just because of their ethnic status.

However, one theory posits that the CWS and workers are biased against people of all ethnic backgrounds who live in poverty. Lindsey (1991) found that children's removal from the home was determined by parents' income level (as cited in Lu et al, 2004). Most parents considered low income do not abuse their children. However, frequently for neglect, poor children are more likely to enter the CWS than children from higher-incomes (Chipungu & Bent-Goodley, 2001). Sadly, more than 40% of AA and Latino children and 38% of Native American children are living below the poverty line. Minority children are more likely to live in poverty than White children are. The poverty theory does not explain why AA children are disproportionately entered into the CWS. However, this theory does show that structural inequalities among minorities exist (Chipungu & Bent-Goodley, 2001).

An alternative theory suggests poverty increases the chances of maltreatment; consequently, poor families are in need of CWS services. The largest risk factor for poor health and well being for children is poverty. Hence, it should be no surprise that families with the highest levels of poverty suffer more stress, are unable to

provide for their children, and lack support systems which could cause maltreatment by parents (Charlow, 2001). According to the Third National Incidence Study of Child Abuse and Neglect (NIS-3) maltreatment occurred with nearly one in twenty-one low income children, families earnings less than \$15,000, compared to only 2.1 of every one thousand children when families earned more than \$30,000 per year (as cited in Charlow, 2001). Since more minorities are poor, more will mistreat their children (Charlow, 2001).

Other research has found just the opposite. In a study conducted in 1995, police officers and social workers were presented a hypothetical case with removal decisions that included vague and unsubstantiated accusations of neglect. Socioeconomic status, age, and race were changed to determine if removal decisions would change. The results found that the police and social workers were less likely to remove when the child was older and lived in a predominately AA neighborhood. Such results could mean that police and social workers have higher expectations of AA children, believing that AA children are more capable of taking care of themselves (as cited in Charlow, 2001, p. 775). Still, biased

decision-making among professionals is prevalent. Such assumptions can ignore neglect when it is occurring, thus leaving children in harmful situations.

Overall, research findings agree that racial/ethnic backgrounds of families contribute to the assessment, accessibility, treatment, and outcomes of families within CWS. Specifically, AA children are more likely to be reported, more likely to be removed from the home, more likely to stay longer in foster care, less likely to be adopted, and have less access to more expensive services (Chipungu & Bent-Goodley, 2001; Charlow, 2004; Lu, Landsverk, Ellis-Macleod, Newton, Ganger, & Johnson, 2004). For that reason, AA children are disproportionately represented in CWS.

In fact, some researchers have concluded that recruiting more service providers that are culturally sensitive and more minority service providers would minimize racial biases toward clients (Lu, Ellis-Macleod, Newton, Ganger, & Johnson, 2004). In fact, studies have shown that professionals from the same ethnic background as their clients have an easier time developing rapport, because they share similar experiences, have the same language barriers, and thus have a better working

relationship (Perry & Limb, 2004). For that reason, many professionals have concluded that ethnic/racial matching will minimize the amount of AA children entered into the system.

However, researchers have argued that CSW professionals are equipped to work effectively with clients from various ethnic/racial backgrounds and are aware of cultural differences and issues that may impact the services given to families (Perry & Limb, 2004). Therefore, White and minority CWS professionals need to be aware of their racial biases with regard to their perceptions and treatment of families (Lu et al., 2004; Fusick & Charkow, 2004).

Theories Guiding Conceptualization

Many AA families have dealt with various prejudices and stereotypes. Some AAs feel angry about such experiences. For that reason, some AA individuals do not trust people because of their experiences (Baron & Byrne, 2004, p. 209). As a result, many AA families keep feelings and problems within their own families, friends, and community system. Also, since many practitioners are non-AA, many AA families feel that practitioners will not

understand their culture or history or fear that practitioners will be judgmental. Therefore, AA families are reluctant to seek therapy.

According to Bean, Perry, and Bedell (2002), there is a lack of culturally competent practitioners that are aware of such deterrents of AA families. It has been found to be difficult to train practitioners to be culturally competent with AA families since there is a lack of clinical research in this area. It is difficult to understand families without examining their culture. Many researchers and practitioners acknowledge that traditions, daily rituals, historical experiences, and sociopolitical circumstances shape families. However, in many family practices, culture is not viewed as significant for the healing process.

For that reason, Culture Sensitive Therapy (CST) focuses on the culture and its many implications for social life. The worldview, experiences, and values of the families are appreciated. Also, the social contexts of the families including but not limited to the families network to social support, education and their involvement with social services are considered. CST recognizes that factors such as race, disabilities, and

sexual orientation influence and shape family dynamics. Therefore, the goal of CST is for practitioners to see families as the families see themselves. CST assumes that culture influences how problems are developed and resolved. Thus, problems are solved through the resourceful and dynamic cultural experiences of families. CST also believes that the more open the practitioner is to learning about the family and its culture the more likely helpful and suitable change will occur within the family or social context (Carlson & Kjos, 2002, p. 20)

Since AA families have encountered different experiences, practitioners working with such families must be culturally sensitive in their approach. Also, practitioners must be aware of their own biases. For instance, Bean (2002) found that practitioners and AA clients defined a healthy marriage differently. Practitioners tended to focus on how well and often the couple cooperated and communicated with each other. However, the AA clients tended to focus more on love, understanding, and family cohesion within the marriage arrangement. Thus, emphasis on the quality of marital relationships, family life, or problem definitions varies according to different factors including culture and

class differences. However, culture should not be an excuse to overlook, minimize, or excuse family behaviors that are damaging or harmful to the family, but cultural factors should always be considered when examining problems at hand (Hepworth et al., 2006, p. 471).

Cross-Cultural Practice focuses on the practitioner's way of thinking. Since everyone has biases, practitioners need to examine their own beliefs and culture-bound attitudes. Then, practitioners will be able to identify which values, behaviors, and customs are felt to be acceptable and sensible. Cross-Cultural Practice is unique in the way that cultural or ethnicity group's dynamics or powerlessness directs the course of treatment. Therefore, practitioners must examine their own cultural group and the way their cultural group has contributed to discrimination and prejudice. This calls for honesty. Then practitioners can attempt to understand the culture and value systems of the families and how those values influence the behaviors and decision-making of family members. By having such an understanding of the families' culture practitioners can make assessment according to what the client says the cultural norms are and the variations of norms that exist within that

culture. Thus, practitioners must have a willingness to learn and listen to families' experience in an open and non-judgmental way (Cooper & Lesser, 2005 p. 64).

Moreover, according to ecological approach with families, culture is an important factor in the ecological schema but other factors such as religion, gender, class, family status, employment, and family concerns are also imperative to consider when working with families. Therefore, sensitivity toward families' multi system influences is necessary for practitioners to engage and help families, specifically AA families. For that reason, practitioners must acknowledge and focus on families' environmental interactions. For example, a poor family's immediate survival and resource needs such as food and shelter will take precedence over insight-orientated approaches (Hepworth et al., 2006, p. 474). However, if practitioners fail to acknowledge and focus on family interactions, practitioners may have an incomplete understanding of the families' functioning and therefore develop unsuccessful interventions for such families (Hepworth et al., 2006 p. 471; Zastrow & Kirst-Ashman, 2004, p. 7)

Moreover, more than 40% of AAs live below the poverty line. Such families worry about housing and providing food for their family and childcare. Poor AA families are known to have complex needs and require more services, such as individual or family counseling (Jimenez, 2006; Lu, Landsverk, Ellis-Macleod, Newton, Ganger, & Johnson, 2004). Yet, poor AA families cannot afford nor do they have the time to seek therapy. Many therapies find it necessary to examine the client's past in order to help with the future. However, what if an AA woman that is a single parent, job performance is disturbed because of feeling depressed and anxious? In this case, it would not be beneficial to examine the past because the present is crucial. This is a common factor that should be taken into consideration when working with poor AA families.

Sadly, many practitioners have been slow to accept culture and contributing familial or environmental factors as a significant context that aids understanding. Specifically, best practices for AA families have not been embraced even though there has been a dramatic increase of AA families in America. From 1990 to 2000, AA

families' population growth increased from 20 percent to 25 percent (Perry & Limb, 2004).

However, the NASW Code of Ethics acknowledges that understanding culture is imperative in order to help individuals or families. According to the NASW Code of Ethics section 1.05, Cultural Competence and Social Diversity:

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

Therefore, it should be the goal of professionals but especially social workers to incorporate cultural

factors into their practice. Moreover, culturally competent professionals should reach out and train for culturally competent models of practice. If this is done then AA families may seek therapy and receive needed services, which will improve different facets of their lives.

Specifically, the incorporation of mentioned practices in the CWS would help CWS social workers understand AAs culture, thus, minimizing CWS social workers biases. Such an effect may decrease the amount of AA children entering the CWS due to social workers lack of understanding of AA culture and biased decision making.

Structured Decision Making

Everyday helping professionals make life-changing decisions for individuals or families. To do this, workers must answer many important and difficult questions. Through research, the Children's Research Center, a division of the National Council on Crime and Delinquency (NCCD), found that decision-making was neither structured nor consistent (Children's Resource Center, 2005).

For that reason, NCCD, a non-profit organization based out of Oakland, California, has been committed to enhancing the decision-making processes. NCCD originally assisted the field of corrections in the decision-making process. However, for over a decade, NCCD has improved the child welfare field in the decision-making process. As a result, county representatives, California Department of Social Services (CDSS), and the Structured Decision-Making (SDM) contractors worked collaboratively to develop assessment tools and protocols for risk and safety, which resulted with the SDM tool (Children's Resource Center, 2005).

The purpose of the SDM tool is to increase the likelihood of CWS workers making adequate decisions by their responsibilities being clearly identified, defined, and consistently applied. Also, the SDM tool was designed to consistently determine the risk and safety of children, therefore eliminating biased decision-making by workers (Children's Resource Center, 2005).

The Children's Research Center has or is assisting over 16 states in the implementation of the SDM model. These states include but are not limited to New York, Michigan, Alaska, Georgia, New Mexico, New Hampshire,

Ohio, Rhode Island, and California. In Michigan, a study was conducted to do a 12 month follow up evaluation of the SDM model. The Children's Research Center compared the outcomes of cases in SDM counties and non-SDM counties. The results found that SDM counties had 27 percent fewer referral rates, 54 percent fewer new substantiation rates, and 40 percent fewer children removal rates. Those results showed the CWS's utilizing the SDM were more competent in managing families that are high, moderate, or low risk. Thus, the CWS workers were more adept in focusing their resources on families according to their level of risk, which resulted in better outcomes for children and families (Children's Resource Center, 2005).

Specifically, in California, the use of the SDM tool has been active since January 1998. During that time, the SDM was tested and piloted in several California counties including Los Angeles, Orange, Sacramento, San Bernardino, Santa Clara, Alameda, and Humboldt County. Similarly, in 1999, eight additional counties volunteered to participate in the SDM including Trinity, Lassen, Sutter, Monterey, San Luis Obispo, Kern, Merced, and Fresno. Then, in 2001, Riverside and Santa Cruz County

replaced the project counties of San Bernardino and Lassen County (Children's Resource Center, 2005).

Since 2001, Riverside County has trusted the SDM tool to help its workers answer difficult questions such as, is a child at the hand of danger or harm? Does report of abuse need an immediate response? Does this child need to be removed from the home to ensure safety? Even though the SDM tool has been proven to be helpful in answering such problems, a crisis involving the decision-making process still exists (Children's Resource Center, 2005).

Riverside County CWS acknowledges the disproportion of AA children dependents as a crisis. In fact, through research, many different explanations have been identified of why AA children disproportionately enter into the CWS such as workers biased decision-making. Yet, research is limited on how to reduce or prevent such from happening. The SDM tool is the closest that CWS has come to try to reduce or prevent biased decision-making of CWS workers and to have structure and consistency when making decisions. Therefore, the purpose of this study was to determine if the use of the SDM tool among Riverside county social workers has affected the amount of AA entering CWS.

Summary

Since AA children are disproportionately entered into CWS, research has been conducted on why this crisis exists. Although many theories exist about the biased decision-making of social workers, it is still unknown how to reduce or eliminate AAs disproportionately entering the CWS. Still, research and the CWS acknowledges that the decisions social workers make, such as removing children from their homes, are complex and vary depending upon CWS workers. However, research proves that if CWS workers were culturally competent and sensitive, CSW workers would be equipped to make reliable and biased-free decisions for all families, specifically AA families. Thus, many counties have relied on an SDM tool to help social workers make accurate and consistent decisions. Since 2001, Riverside County social workers have used the SDM tool to make precise decisions. Although the SDM tool was not created specifically for this AA crisis, the SDM was created to make structured decisions and prevent biased decision-making. For that reason, the purpose of this study was to determine if the use of the SDM tool among Riverside County social workers

has affected the amount of AA children who entered the CWS and were removed from their homes.

CHAPTER THREE

METHODS

Introduction

Presented in this section is an overview of research methods used in this study. Moreover, the following will be discussed in detail: study's design, sampling methods, data collection process and specific instruments used in that process, procedure, specific efforts used to protect human subjects, and the analysis of data.

Study Design

The specific purpose of this study was to evaluate Riverside County CWS social workers' use of the SDM tool in relation to the disproportionate number of AA children in that County's population. Thus, such information may determine if the SDM tool affects AA children disproportionately entered into the CWS. Race and income levels of families have been found to influence social workers' decision-making. In examining those specific variables, the researcher grasped a clearer understanding of predictors that influence AA children vastly entering the CWS including biased decision-making.

This study acknowledged how difficult the decision-making process is for social workers. Social workers must decide, under a limited time frame, when children should be removed from the home of their families. This study also acknowledged that social workers may have biases which influence the decision-making process. Social workers' biases may be connected to why AA children are disproportionately removed from their family's home and put in the CWS system. Therefore, this study attempted to determine if the SDM tool reduces possible biased decision-making and helps the social workers make decisions that will be beneficial for children, specifically AA children. Thus, the researcher assessed if social workers' use of the SDM tool will affect the removals of AA children by CWS workers.

To accomplish such imperative tasks, this study utilized a quasi-experimental time-series design. The quasi-experimental design was the most appropriate design because it best addresses the social problem of AA children being disproportionately entered into CWS. Such a design assessed if the use of the SDM tool changes the amount of AA children entering into the system.

Moreover, the time-series design allowed the researcher to repeatedly measure the amount of AAs in the system before the County's exposure to the SDM tool and then do another series of measurements of the amount of AAs in the system after the introduction of the SDM tool.

Such design was used because it is financially feasible, less time-consuming, and unobtrusive compared to other research designs. All necessary data was provided without surveys or conducting interviews with a vulnerable population, AA children involved with CWS.

One limitation of this study was that the information will only be obtained and assessed from Riverside County CWS and cannot be generalized to CWS from other counties in California. Also, the acquired information from this study did apply to other agencies that use the SDM tool when assessing for risk and safety of children. The provided information did not apply to agencies that use different guidelines or risk assessments to determine the removal of a child.

Another limitation of this study is that it relied on the design of the SDM tool, but not on its users. The SDM tool provides uniformity in decision-making and possibly reduced biased decision-making. However, there

was no empirical evidence that social workers were using the tool as its designed purpose intended.

Also, the SDM tool was designed to enhance the social workers' decision-making process but did not take away the social workers' ability to make a concrete decision. After completing the SDM tool and receiving a systematic decision, social workers were able to override the decision. Although social workers' supervisors must approve all overrides, this option still allowed for workers' discretion, leaving biased decision-making possible.

Moreover, the SDM tool was not designed only to reduce biases in decision-making. SDM was designed for social workers to use as an aid to have structure, and make consistent and bias-free decisions.

Sampling

This was a quantitative research. This study utilized the entire population of AA children and White children in Riverside County, who have been referred to CWS, had substantiations of abuse and/or neglect, and removed from their home for such. In 2001, the SDM tool was implemented Riverside County to help CWS workers when

referrals for abuse/neglect should be substantiated, or risk and safety factors are too high to allow children to remain in the home; thus the children are removed. For that reason, the data collection period was from 1997 to 2005, four years before and four after the implementation of the SDM.

Then the researcher examined the statistics on the number of AA and White children referred to Riverside CWS for neglect or abuse, substantiated allegations, and /or removed from the home for those reasons.

Therefore, the demographic characteristics of this data sample included AA and White male and/or female children, with ages ranging from birth to 17 years old within Riverside County CWS jurisdiction. In order to obtain such information from Riverside County CWS the researcher needed to submit a proposal to obtain consent. Also, approval from the Institutional Review Board (IRB) was necessary. After completing all required information, Riverside County gave its consent for the data extraction of that population.

Moreover, analyzing the statistics on the removal of AA children four years before and four years after the implementation of the SDM in 2001, enabled the researcher

to determine if trends existed within Riverside County CWS of AA children steadily, increasingly, or decreasingly entering the CWS system. Still, the confidentiality of this sample population remained since information, such as names and addresses, are not provided.

Data Collection and Instruments

The data for this study was collected by way of data extraction from the California Social Work Education Center (CalSWEC) database. The researcher retrieved the necessary data, and then analyzed and discussed the specific data.

The Independent Variable (IV) for this proposed study was Riverside County CSW workers use of the SDM since CWS workers' biased decision-making has been said to be one of the causes of AA children disproportionately entering the CWS. The Dependent Variable (DV) for this proposed study were the number AAs referred to Riverside CPS for neglect or abuse, the number of substantiated allegations, and the number of children removed from their home and entered into the CWS. These DVs were employed to determine if the effect of biased

decision-making has left a disproportionate amount of AA children in the CWS. The purpose of this study was to examine the effects of the IV on the DVs. Also, the IV and the DVs were assessed by examining the outcomes of the proposed study by looking for any changes, and then determining if changes will last over time.

Procedures

In order for the researcher to obtain such sensitive information, approval from the IRB was necessary. After the researcher received approval from IRB, data was extracted from the CalSWEC database. After the research-received clearance from the IRB, the researcher allotted a demographic characteristic sample which included AA male and/or female children with ages ranging from birth to 17yrs old within Riverside County CWS jurisdiction. The data of the qualified AA and White children between 1997-2005 from the CalSWEC database that were referred, substantiated, or removed, four years before and four years after the implementation of the SDM tool in 2001, was analyzed. Due to confidentiality of personal files, the researcher retrieved the necessary

data from the CalSWEC database and no names were obtained.

Protection of Human Subjects

To maintain confidentiality of personal files, the researcher retrieved the necessary data from CalSWEC database. The names of participants were not revealed in this study. However, the researcher was provided with the demographic characteristics including, race, gender, and age of participants, keeping the names of participants confidential. This study focused on the removal of participants by the social worker and specific time frames, before the use of the SDM tool and after the use of the SDM tool in Riverside County. Therefore, personal information was neither beneficial nor necessary for this study.

The data mentioned above was collected in order to answer the following research question: Does Riverside County CWS social workers' use of the SDM tool affect AA children disproportionately entering the CWS?

Data Analysis

A quasi-experimental, time-series design was utilized in this study. Such a design allowed the

researcher to repeatedly measure the number (rate) of AA children referred to Riverside County CPS, with substantiations of abuse and/or neglect, and removals from the home. Thus, the researcher found out where there were significant differences in referrals, substantiations, and removal rates before the implementation of the SDM tool and after the implementation of the SDM tool.

Then, White children referred to Riverside County CPS, with substantiations of abuse and/or neglect, and removals from the home were assessed as a base line for this study. This enabled the researcher to determine if AA children were disproportionately entered into the CWS compared to White children in Riverside County CWS.

The mentioned design was considered a quantitative research. In quantitative research the quantity or amount of classified features were measured in an attempt to explain what was observed. Findings were generalized to a larger population, and direct comparisons were made as long as valid sampling and significance techniques were used. Thus, quantitative analysis allowed the researcher to discover which hypotheses were likely to be genuine and which were merely chance occurrences.

To test the hypothesis, the researcher computed population rates, referral rates, substantiation rates, and removal rates of AA and White children to compare such rates over four years before and four years after the SDM was implemented. Such rates allowed the researcher to determine if AA children were disproportionately entered into CWS compared to White children. Also, such rates allowed the researcher to determine if AA children were increasingly, decreasingly, or steadily entered the CWS since the implementation of the SDM in Riverside County CWS.

Summary

The primary purpose of this study was to evaluate the SDM tool and explore if workers' use of the SDM tool changed the amount of AA children entering Riverside County CWS. The purpose of the SDM tool was to provide structure and consistent decision-making for social workers, thus controlling social workers' biased decision-making. Research has found that social workers may have biased decision-making, which could contribute to AAs being disproportionately removed from their home. If such is true, then controlling for biased

decision-making should reduce the amount of AA children entering the Riverside County CWS, which was one of the goals of the SDM tool.

Overall, the findings of this study did provide a better understanding of the SDM tool. Also, the results of this study examined the SDM tool's usefulness, which benefited policy makers and CWS. Moreover, research on the disproportion of AA children in the CWS and the SDM tool was limited. Thus, the results from this research did expand on those needed areas.

CHAPTER FOUR

RESULTS

Introduction

Presented in this section is a detailed overview of the statistics compiled from California Social Work Education Center (CalsWEC) database. The statistics on AA and White children include the total population in Riverside County, referrals to the CWS for abuse or neglect, substantiations of abuse and/or neglect, and removals from their home for abuse and/or neglect. In addition, the statistics on AA children in Riverside from 1997 to 2004 were compared to statistics on White children during the same time frame to determine if AA children have significant differences in referrals, substantiations, and removal rates before the implementation of the SDM tool, in 2001, and after the implementation.

Presentation of the Findings

According to the US census (U.S. Census Bureau, 2004), AA families are a minority ethnic group in Riverside County and White families are the majority. Still, in Riverside County, the AA children population

has steadily increased while the White children population has steadily decreased. In fact, in 1998, before the implementation of the SDM, there were 33,819 AA children residing in Riverside County. By 2004, after the implementation of the SDM, there were 40,998 AA children. In contrast, in 1998, before the implementation of the SDM, there were 182,461 White children accounted for in Riverside County. Yet, in 2004, after the implementation of the SDM, there were 163,062 White children living in Riverside County. (Please Refer to Table 1.)

Table 1. Census of Children in Riverside County

Year	AA population	White population
1998	33,819	182,461
1999	35,343	182,644
2000	32,511	179,687
2001 (SDM)	34,617	175,396
2002	36,475	170,993
2003	39,536	166,419
2004	40,998	163,062

Although AA children are a minority ethnic group; they are especially visible in the CWS. In fact, before the implementation of the SDM, AA children had an average total population of 33,891 and an average referral rate of 10.07%. On the contrary, before the implementation of the SDM, White children had an average total population of 182,597 and an average referral rate of 6.0%.

After the implementation of the SDM, the population average of AA children was 39,003 with a higher referral rate of 10.02%. In contrast, White children had a lower total population average, after the SDM was implemented, of 166,825, and a lower average referral rate of 6.86%. Interestingly, AA and White children had the highest referral rate in 2001, the year the SDM was implemented in Riverside County. In 2001, AA children had a referral rate of 12.18% while White children had a referral rate of 7.18%. Overall, AA children were referred to CWS at a significantly higher rate compared to White children.

(Please refer to Table 2.)

Table 2. Percentage of Children Referred to Child Welfare System in Riverside County

Year	% of AA referred	% of White referred
1998	9.24%	5.81%
1999	9.34%	5.77%
2000	11.67%	6.41%
2001 (SDM)	12.18%	7.18%
2002	11.19%	7.14%
2003	9.88%	6.63%
2004	10.02%	6.81%

While AA children had higher rates of allegations of abuse and/or neglect compared to White children, the findings before and after the implementation of the SDM show that White children had consistently higher substantiation rates of abuse and/or neglect in Riverside County. AA children had an average substantiation rate of abuse and/or neglect of 25.45%, before the implementation of the SDM. Similarly, White children had an average substantiation rate of abuse and/or neglect of 27.21%, before the implementation of the SDM. In 2001, the year the SDM was implemented, AA children had the lowest amount of substantiations of 20.14% and White children

had a rate of 23.35%. However, after the implementation of the SDM, AA children's average substantiation rate(21.68%) and White children's average substantiation rate(22.52%) of abuse and/or neglect were lower compared to those before the implementation of the SDM. Overall, White children had significantly higher substantiations rates of abuse and/or neglect compared to AA children. (Please refer to Table 3.)

Table 3. Percentage of Children Substantiated in Riverside Child Welfare System

Year	AA substantiated	White substantiated
1998	24.67%	28.24%
1999	26.99%	27.40%
2000	24.69%	25.99%
2001 (SDM)	20.14%	23.25%
2002	21.00%	21.61%
2003	20.21%	21.19%
2004	23.82%	24.75%

AA children, of the children substantiated, are removed from their families consistently at a higher rate than White children within the provided time frame, four

years before and four years after the implementation of the SDM. AA children had an average removal rate of 33.88, before the implementation of the SDM. Similarly, before the implementation of the SDM, White children had an average removal rate of 31.44%. When the SDM was implemented in 2001, AA children had removal rate of 38.99% while White children had a removal rate of 33.21%. However, after the implementation of the SDM, both AA and White children had higher average removal rates. AA children had the highest average rate of 45.77% and White children had an average rate of 37.69%. Although AA children are a small population in Riverside County compared to White children, AA children are highly visible in CWS and removed at a significantly higher rate compared to White children. (Please refer to Table 4.)

Table 4. Percentage of Children in Riverside County

Removed

Year	AA removed	White removed
1998	36.06%	30.31%
1999	33.56%	32.63%
2000	32.02%	31.39%
2001 (SDM)	38.99%	33.21%
2002	47.02%	33.99%
2003	49.43%	41.77%
2004	40.86%	37.30%

Summary

In this chapter, statistics compiled from CalSWEC database were presented. The demographic trends of AA and White children in Riverside County were presented from 1998 to 2004. Then, referral, substantiation, and removal rates of AA and White children before and after the implementation of the SDM were presented. Therefore, the researcher was able to determine if there were significant differences in referrals, substantiations, and removals of AA and White children four years before and four years after the implementation of SDM tool in 2001.

CHAPTER FIVE

DISCUSSION

Introduction

In this section the results of the present study will be discussed. Also, the researcher will provide the limitations of the findings. Through examining the findings from this study, recommendations for social work policy, research, and practice will be made and discussed. Lastly, the chapter will end with a conclusion on the affects the SDM had on AA children within the CWS.

Discussion

The current study provides evidence that AA children are overrepresented in Riverside County CWS. Moreover, the findings confirmed that AA children are referred to Riverside County CWS at a higher rate than White children even after the implementation of the SDM tool.

Interestingly, AA children had a peak in referral rates in 2001, the year the SDM was implemented. However, after the implementation of the SDM, referral rates fluctuated. The same trend exists for White children referred to CWS.

Yet, AA children had lower substantiation rates of abuse or neglect compared to those of White children. AA

and White children had a peak of substantiation rates before the SDM was implemented but the rates steadily decreased after the SDM was implemented. However, in Riverside County CWS it was found that AA children compared to White children were removed from their families more often. Such findings did not change for the AA population since the implementation of the SDM. Each year after the implementation of the SDM, removal rates of both AA and White children increased. Still, it was found the AA children, consisting of a smaller population in Riverside County, were removed from their families disproportionately and at significantly higher and a more rapid rate than White children.

The findings from this study are consistent with the previous literature on the disproportion of AA children in CWS (Brown & Bailey, 1997; Morton, 1999; Tyson & Glisson, 2005). Moreover, significant patterns emerged such as the differential in referral rates of AA children. From the initial referral phase AA children are overreported (Morton, 1999), That is, AA children are reported more than White children for abuse or neglect although AA children are not abused or neglected at a higher rate (Lu et al., 2004).

The differential in AA children's referral rates may be due to mandated reporters such as doctors, teachers, and police officers. It has been found that children from low-income families are reported at a higher rate (Brown & Bailey, 1997). AA families are known for living in poverty and families that struggle financially use public facilities. Professionals in these public facilities may view these AA parents that lack resources as lacking parenting skills. In addition, most mandated reporters have educational backgrounds that do not explore AA families' economic, political, and social factors that may lead to poverty.

In fact, some professionals have conflicting ideas about the kind of resources and services that should be available to families (Britner and Mossler, 2002). Thus, instead of providing AA families with resourceful referrals, AA children are referred to the CWS (Morton, 1999). Therefore, the biased decision-making of reporting parties may be a plausible factor to the overrepresentation in referral rates of AA children.

However, the unevenness in substantiations of AA children may be a result of biased decision-making by CWS workers and the CWS (Brown & Bailey, 1997; Morton, 1999;

Perry & Limb, 2004). This study found that after the implementation of the SDM, AA children had significantly lower substantiation averages of neglected and abused children. These findings are inconsistent with the findings in previous research studies, which found that AA children had higher substantiation rates compared to White children. (Britner & Mossler, 2002; Lu et al. 2004)

Moreover, in a past study it was found that in all states but one, AA children had higher substantiation rates than their total population percentage (Britner & Mossler, 2002). Zuravin, Orme, and Hegar (1995) found that factors contributing to substantiations include prominence of reporter, type of abuse, previous referrals, age of child possibly abused, and ethnicity. It was further reported that age, ethnicity, or being AA, were the strongest predictors of founded allegations. The age of allegedly abused children is a reasonable predictor since the older children represent the greater possibility that allegations can verbally be confirmed, unfounded, or dismissed (Zuravin et al., 1995). However, being of a certain ethnicity is not a reasonable predictor to substantiate abuse or neglect.

A rationalization of why the present study's substantiation results did not concur with past study findings may be due to Riverside County professionals and community members. Since Riverside County professionals and community members may identify AA families of being at higher risk of abuse or neglect than White families due to negative stereotypes and higher poverty occurrences, AA families may be overreported. However, this study found that the CWS workers might have identified that AA children are unjustly referred to the CWS and allegations are unfounded. CWS workers have especially ruled out groundless referrals since 2001, when CWS workers were able to refer to the SDM tool. The statistics from this study and others prove that the disproportion of substantiated abuse or neglect among AA children is not only an issue in Riverside County but throughout the United States (Brown & Bailey, 1997; Britner & Mossler, 2002; Perry & Limb, 2004).

The overrepresentation of AA children is also visible in the removal percentages. Although AA children in the United States represent 15% of the total population, in 1998, 44% in children of the entire CWS were characterized as AA and in out-of-home care. In

contrast, White children constituted of 66% in United States and had only 36% in out-of-home care. Similarly, three years later, the year the SDM was implemented, AA children accounted for 36% of the Riverside County CWS in out-of-home care. Yet, researches have agreed that there are no differences in the incidence of neglect or abuse compared to AA and White children. (Kapp, McDonald, & Diamond, 2001; Lu et al., 2004; Perry & Limb, 2004)

An explanation for the unequal removal rates is that CWS workers are biased against the poor. AA families are poorer than White families, thus more likely to be referred to the CWS and more likely to be placed in out-of-home care. In fact, it was reported that the parent's social economic status was the main determinant in children's removal from their families (Lu et al., 2004).

Although it is unknown what exact factors contribute to the disproportionality of AA children in the CWS, another explanation is that AA families do not receive adequate resources and/or services. CWS workers are known to have high caseloads, high turnovers, and lack training (Brown & Bailey, 1997; Britner & Mossler, 2002). Therefore, it is not surprising that AA families do not

receive appropriate resources or community support which could be utilized as preventative measures and reduce existing risk or safety factors (Brown & Bailey, 1997). In that case, CWS workers would not feel the need to intervene by removing AA children from their families.

For that reason, the CWS has concerns about cultural competence and cultural sensitivity (Morton, 1999). Researchers suggest that AA families have ecological factors which CWS workers are not culturally aware of to address (Brown & Bailey, 1997; Perry & Limb, 2004; Tyson & Glisson, 2005). Therefore, without CWS workers taking the ecological perspective and being culturally competent when providing resources and assessing for risk and safety, AA children will continue to be removed from their families. Such trends make one question what will help AA families.

Structured Decision-Making Tool Effectiveness

The researcher of this study and many other researchers have agreed that CWS workers may have biases against AA families and that a structured tool should exist to assess and evaluate situations (Britner and Mossler, 2002; Tyson & Glisson, 2005). This will enable CWS workers to make consistent decisions and possibly

eliminate biased decision-making (Britner & Mossler, 2002). The SDM tool was designed to do just that. In 2001, Riverside County CWS workers began practicing social work using the SDM tool to assess risk and safety.

Therefore, this study examined the disproportionality of AA children in Riverside County at the following decision stages: referrals, substantiations, and removals, thus, determining if the SDM tool would have an affect at any stage. It was found that the SDM tool has not had any effect on AA children in terms of removal rates.

After the SDM was implemented, AA children had significantly lower substantiations rates than before the implementation of the SDM. Yet, after the implementation of the SDM, AA children had significantly higher removal rates than before the implementation of the SDM. Unfortunately, even the SDM tool may not limit CWS worker biases or help workers make adequate decisions when it comes to the AA population. This could be due to the fact that the SDM is an aid for CWS workers but still allows workers to make their own decision. CWS workers can override the assessment made by the SDM tool; thus biased decisions can still be made. However, CWS workers, with

the help of the SDM tool, may be making the errors resulting in the overrepresentation of AA children.

There is research that supports the use of decision-making tools when working with vulnerable populations (Tyson & Glisson, 2005). However, many researchers agree that items on the decision-making tools are often too vague (Tyson & Glisson, 2005; Zuravin, Orme, & Hegar, 1995). The structure and consistency of decision-making items are designed to minimize biases of users. Yet, by not considering family dynamics, this tool produces subjective decisions (Zuravin, Orme, and Hegar, 1995). Therefore, decision-making tools can make the users' judgment blurred, especially ones that are newly employed or not sufficiently trained on the decision-making aid (Zuravin, Orme, & Hegar, 1995)

Structured risk and safety assessment tools originate from professionals that characterize items that predict signs that may confirm allegations. However, if the risk and safety items are racially biased, then decisions to investigate, substantiate, and remove can have a racially biased effect (Morton, 1999). In addition, most decision-making tools have not been empirically tested and may not be generalizable (Tyson

and Glisson, 2005). As a result, the SDM tool may not properly assess risk and safety or generalize to the AA population. The factors mentioned above could be an explanation for the present findings on AA children in CWS and the use of the SDM tool.

In addition, decision-making tools do not assess or evaluate cultural factors, cultural values, behaviors, or issues which could affect assessment and intervention (Perry and Limb, 2004). In fact, within the United States, studies exploring the validity of decision-making tools for children of various ethnic groups are almost non-existent.

In view of that, the CWS depends on CWS workers being cultural competent and cultural sensitive when working with ethnic minority families. However, most research agrees that being cultural competent and cultural sensitive is rarely practiced among professionals (Brown & Bailey, 1997; Perry & Limb, 2004). If CWS workers are not cultural competent, AA children may be removed from their home when other interventions could have sufficed. Moreover, the SDM tool does not include cultural or socioeconomic factors in the assessment of risk and safety.

Therefore, it is acknowledged that assessment tools may not generalize to all ethnic groups and that invalid and unreliable assessment tools exist (Tyson & Glisson, 2005). Tyson and Glisson (2005), conducted a study to determine if an assessment tool called Shortform Assessment for Children (SAC), is a valid emotional and behavioral rating scale for AA and White youth referred to CWS and the juvenile justice system. The study found that the SAC is generalizable to AA and White children. Thus the SAC was found to be a valid tool that can be used by social workers and service providers that aim to help AA and White children within the CWS and juvenile justice system.

However, validation that the SDM tool is generalizable when working with the AA population has not been made (Children's Center, 2005). Hence, the results from the present study, the SDM tool not having a positive influence on the AA population within the CWS, may be a result of CWS workers and the SDM tool.

The disproportionality of AA children in Riverside County CWS and the affects of the SDM tool were not the only trend found by conducting this study. A trend was found in that all researchers are in agreement with AA

children being overrepresented in the CWS. Yet, AA and White families have no differences in the overall abuse rates (Britner & Mossler, 2002; Lu et al., 2004). Researchers also agree that there is not just one factor that contributes to this crisis for AA families. Therefore, one aspect will not solve the problem such as the SDM tool (Perry & Limb, 2004; Zuravin, Orme, & Hegar, 1995). Although biased decision-making cannot be understood as the cause for the overrepresentation of AA children in the CWS, researches do recognize that AA children and families are treated differently compared to Whites once in the CWS and receive unequal services (Morton, 1999) (Tyson & Glisson, 2005).

Limitations

Although there were many findings in the present study, limitations were identified. This study used data extraction from the CalSWEC database. Individual cases were not assessed and an examination of important familial factors such as income, marital status, or history of abuse was not considered. Therefore, the researcher was unable to determine what exact factors

contribute to the overrepresentation of AA children in the CWS.

Also, this study utilized the entire AA and White population in Riverside County CWS. Still, this sample does not represent all children referred to CWS in California or the U.S. Moreover, this study examined Riverside County's assessment tool, the SDM. Thus, the findings can not be generalized to other counties or agencies that use standardized assessment tools.

Recommendations for Social Work Practice, Policy and Research

In this study, AA children were found to be disproportionately referred, substantiated, and removed even after the implementation of the SDM. The issues of disparity of AA children should be of concern to clients, professionals, policy makers, and researchers; for that reason implications are made based on the findings from the present study.

The findings from this study supported that AA children are overrepresented in the CWS. Therefore, social work professionals should strive to be culturally competent, cultural sensitive, and incorporate an ecological perspective when working with AA families. AA

children are a large population within the CWS and it is the ethical responsibility of social work professionals to provide best practice and adequate services.

Furthermore, since this study found inconsistency with the SDM tool, social work practitioners should become more knowledgeable of the assessment tools used in their agency to assure proper use. Many social work practitioners are overworked, have high caseloads, and are limited in time. Still, it is important to thoroughly assess risk and safety by properly using standardized tools, social work values, and multicultural values.

Social Work Policy

Instead of promoting the CWS being color blind, the CWS can encourage CWS workers to become more familiar with cultural factors by providing cultural competency training and seminars which positively affect relationships with the clients being served (Brown & Bailey, 1997). As a result of being culturally aware, biased decision-making errors and harm done to AA families may be reduced.

Also, the CWS can recruit culturally competent and sensitive social workers and service providers. Then, AA families may receive the services they need to maintain a

healthy familial household without the children being placed in out-of-home care as an intervention.

Further Research

The current study addresses a critical knowledge gap in research on the disproportion of AA children in the CWS and the structural assessment tool used to address risk and safety. Most structured tools, including the SDM, are not evaluated to determine if the assessment scale is generalizable to different ethnic groups (Tyson & Glisson, 2005). Moreover, agencies including CWS should consider the possible disparities when assessing populations including different racial and gender groups (Tyson & Glisson, 2005).

In addition, researchers can further examine the benefits of CWS workers and service providers being cultural competent. Also, more research is needed on the overrepresentation of AA children in the CWS. All decision-making stages need to be analyzed to obtain more research on the decision-making process and outcomes. Furthermore, additional research is needed on assessment tools, specifically assessment tools for risk and safety used within the CSW. Then it can be clarified if assessment tools, including the SDM, are generalizable to

individuals from different ethnic backgrounds. This is of importance because personal decisions made by CWS workers can have a deleterious effect on families, specifically AA families.

Conclusions

The purpose of this study was to determine if the use of the Structured Decision-Making (SDM) tool affects the disproportion of African American (AA) children accounted for in Riverside County CWS. This study confirmed that the overrepresentation of AA children within Riverside County CWS exists by conducting a quasi-experimental design. Thus, statistics were compiled and presented from the CalSWEC, on AA and White children, four years before and four years after the implementation of the SDM in 2001. From these demographics trends were identified such as AA children having higher referral rates, lower substantiation rates, and higher removal rates compared to White children.

There are many explanations for the disparity of AA children in the CWS; however, most of the literature agreed that biased decision-making was a factor (Britner & Mossler, 2000; Lu et al. 2004; Perry & Limb, 2004).

Thus, being cultural competent is important when helping AA families and examining ecological factors.

Also, the SDM tool has many expected benefits, but the one of importance for this study was limiting of biases, which influences the decision-making process. By structurally assessing risk and safety it was thought that the SDM tool might reduce AAs from entering the CWS. However, this study found that the SDM tool has not had any effect on AA children being removed from their home but may be contributing to the overrepresentation in Riverside County CWS since the tool may not be generalizable to ethnic minorities.

These findings were of great importance to social work practitioners, policy makers, and researchers. Therefore, implications were made from the findings of this study such as being culturally aware, evaluating assessment tools for generalizability, and adding to the knowledge base on the disparity of AA children in the CWS.

APPENDIX
DATA EXTRACTION INSTRUMENT

Riverside County Data Collection Instrument

Year	Census # of Black Children		Census # of White Children		# of Black Children Referred		# of White Children Referred		# of Black Children Substantiated		# of White Children Substantiated		# of Black Children Removed from Home		# of White Children Removed from Home		Referral Rate for Black Children		Referral Rate for White Children		Substantiated Rate for Black Children		Substantiated Rate for White Children		Removal Rate for Black Children		Removal Rate for White Children	
	Children	White Children	Children	White Children	Children	White Children	Children	White Children	Children	White Children	Children	White Children	Children	White Children	Children	White Children	Black Children	White Children	Black Children	White Children	Black Children	White Children	Black Children	White Children	Black Children	White Children	Black Children	White Children
1998	33,819	182,461	3,125	10,595	771	2,992	278	907	9.24%	5.81%	24.67%	28.24%	36.06%	30.31%														
1999	35,343	182,644	3,301	10,541	891	2,888	299	942	9.34%	5.77%	26.99%	27.40%	33.56%	32.62%														
2000	32,511	179,687	3,795	11,523	937	2,995	300	940	11.67%	6.41%	24.69%	25.99%	32.02%	31.39%														
2001	34,617	175,396	4,215	12,601	849	2,942	331	977	12.18%	7.18%	20.14%	23.35%	36.99%	33.21%														
2002	36,475	170,993	4,080	12,213	857	2,639	403	897	11.19%	7.14%	21.00%	21.61%	47.02%	33.99%														
2003	39,536	166,419	3,905	11,036	789	2,339	390	977	9.88%	6.63%	20.21%	21.19%	49.43%	41.77%														
2004	40,998	163,062	4,110	11,101	979	2,748	400	1,025	10.02%	6.81%	23.82%	24.75%	40.86%	37.30%														

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