

What We Know about Racial Disproportionality and Disparity in Oregon's Child Welfare System: Decision Point Analysis Qualitative Report

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Introduction

Over the past ten years, there has been growing acknowledgment and concern about the racial disproportionality and disparity in child welfare systems in the United States. Research evidence indicates that when family income is similar across races, families of color are no more likely to abuse or neglect children. Yet, national data indicate that families of color continue to be overrepresented in child welfare systems. As a result, national child welfare organizations, such as the Child Welfare League of America and Casey Family Programs, have focused attention on the issue.

The Race Matters Consortium, hosted by the Center for the Study of Social Policy and Casey Family Programs, provided early leadership. The General Accounting Office has issued several reports documenting the concern at the national level, and the National Association of Public Child Welfare Administrators developed the *Disproportionality Diagnostic Tool*, stating that they, ‘...made the issue of disproportionate representation of children of color in the child welfare system one of its highest priorities.’ The states of California, Michigan, Texas, and Washington, among others, have launched initiatives to address these issues. In 2008, the journal, *Child Welfare*, devoted a special issue to the topic.

Oregon too is attending to the issue of fairness and equity in the delivery of child welfare services. In May 2008, Multnomah County Juvenile Court hosted a Disproportionality Summit to launch their Model Court Initiative “Courts Catalyzing Change.” In 2009, the Department of Human Services (DHS) and its child welfare agency, Children, Adults, and Families, entered into a partnership with the Oregon Commission on Children and Families and Casey Family Programs to launch an initiative to reduce the number of children in foster care in Oregon. A major component of that initiative is a focus on the issues of disproportionality and disparity.

In January 2009, Oregon’s Governor Kulongoski issued an executive order establishing a Child Welfare Equity Task Force composed of leaders from across the state. A bill enacting this Task Force passed the Oregon legislature in the 2009 legislative session. The Task Force is charged with submitting a report to an interim committee of the Oregon Legislative Assembly no later than October 1, 2010.

The following research has been conducted to inform the work of this Task Force and the larger Casey Initiative. By providing statewide and county specific analysis of disproportionality at nine specific points in child welfare, the research can steer attention to critical points of leverage for action planning. The research can also inform the setting of benchmarks for progress of action plans designed to promote fairness and equity of child welfare services for all of Oregon’s children and families.

Purpose of the Study

The Decision Point Analysis Research Project quantitative data provide clear information about the existence, extent, and specific location of racial and ethnic disproportionality and disparity in Oregon’s child welfare system. Analysis of the administrative data shows that American Indian and Black families were more likely to be reported to Child Protective Services (CPS) and to be in foster care at higher rates and longer than White children. While the quantitative data provide

important population statistics, the data become more meaningful and useful for decision-making and action planning if the practice context is well understood.

The purpose of the focus groups was to engage professionals, community members, and families to provide context for the patterns seen in the administrative data. Focus group participants were asked to share their perspectives on the dynamics associated with the disproportionality and disparity shown in the data. They were invited to comment on their experience of the perceived factors that might affect the differences for families of color. It was valuable to hear these key individuals' ideas of possible action steps to address disproportionality and disparity in Oregon's child welfare system. This qualitative report provides an interpretative analysis for the contextual circumstances of the quantitative findings.

Methodology

Study Procedures and Participant Selection. Identification of key groups and recruitment of participants was managed through a partnership with leaders from the community (e.g., tribal, church) and various disciplines (e.g., judicial, medical, education, child welfare). State and county focus groups were comprised of policy implementers and service providers responsible for critical decisions made at various decision points on the child welfare continuum, as well as communities and families affected by child welfare decisions.

The research team provided partners with a letter that requested participation, described the purpose of the study, described measures ensuring confidentiality, and discussed the potential risks and benefits of participation. Participation was voluntary and each participant signed an informed consent. Focus groups were recorded and the tapes transcribed. The tapes were kept in a locked file cabinet at Portland State University School of Social Work Child Welfare Partnership and were only accessible to the research team. Reports include aggregated data with de-identified quotes such that individual responses are not identifiable.

Focus Group Content. Focus group content centered on the following discussions:

1. Reaction to the shared administrative data
2. Reflection on how decisions are made at the policy level and in the field
3. Process the mechanics of decision-making at the policy level and in the field
4. Highlight individual "exceptions" that might sway decision factors
5. Determine feasible steps for corrective action

Below are examples of the questions and prompts that were asked to elicit participant responses from focus group participants. The research team typically asked a number of clarifying questions (not indicated below) that were specific to the current focus group's responses. The research team's goal was to listen for new and reoccurring themes and allow participants to provide and in-depth examination of fellow group members' responses.

The questions and prompts included:

1. Now that you have reviewed the statewide (county) data, what are your reactions to the information just shared?
 - a. *Prompt:* Have you all reviewed similar data/numbers in the past and discussed what they might mean?

2. What do you think may account for the different pathways children of color experience that are different from their White counterparts at the various decision points (e.g., intake, length of stay in care)?
 - a. *Prompt:* What factors in terms of your decision-making do you think contributes to the differences in the numbers?
 - b. *Prompt:* Are there policies that contribute to service delivery and/or the differences in numbers?
3. What action steps do you think need to occur to change the pathways for children of color at some of these various decision point(s)?
 - a. *Prompt:* Specifically, what would be a first step? Who would need to be involved to make this happen?

EXECUTIVE SUMMARY

Oregon's child welfare system is committed to the safety and well-being for children and to fairness and equity in the delivery of services of racially, ethnically, and culturally diverse families and children. Analysis of the Oregon statewide administrative data indicates that children of color/families are represented disproportionately in Oregon's child welfare system and that there is disparity in their experience from that of other children. Both the administrative data and qualitative analyses suggest that, on aggregate, children of color/families have different experiences than their White counterparts as they move through Oregon's child welfare continuum. This report provides a summary of recommendations emerging from focus groups conducted to find out why these differences exist and what can be done about them.

From summer 2009 through early winter 2010, a research team from Portland State University traveled across the state of Oregon conducting focus groups with over 200 child welfare professionals (tribal, state, and private), child welfare collaborating systems/community partners, and family members involved with child welfare. The purpose of these focus groups was to gain context for the patterns discovered in previous analysis of administrative data—patterns that showed clear differences in the experience of Black and American Indian/Alaskan Native children from children of other races or ethnicities.

What emerged from these focus groups was a clear understanding of the dynamics of disproportionality and disparity, which were gleaned from the experiences of those living with these issues on a daily basis. Comments from policy makers, judicial officers, attorneys, parents and grandparents, educators, child welfare caseworkers, medical providers, tribal child welfare managers, Indian Child Welfare unit members, foster parents, family based services advisors, child protection consultants, and many others revealed similar patterns. Analysis of comments across groups shed light on the blind spots in the system—areas where participants in different roles may not understand or appreciate the experiences of other groups.

Analysis of focus group comments yielded findings regarding attitudes towards disproportionality and disparity, the mosaic of factors contributing to the disparities, and recommendations for action. For a fuller understanding of the focus group findings, please refer to the report that follows. This executive summary presents key recommendations to inform actions to address disproportionality and disparities for children and families across Oregon's child welfare continuum.

Recommendations Based on Findings

1. Changing individual attitudes, skills, and knowledge. The presence of bias in decision making was supported by comments from focus group participants across the state. Racial bias by individuals (e.g., mandated reporters, caseworkers, judicial officers) and 'holding onto the past' based on past behaviors were repeatedly mentioned as factors producing racial disparities and disproportionality. Denial or minimization of this bias was evident in some settings. Interventions to address bias and to mitigate the impact of racism and judgment included:
 - a. Training to raise awareness of existing staff
 - b. Hiring people with cultural awareness
 - c. Checks and balances for individual bias as decisions are made

2. Engaging relatives. The child welfare system's difficulty to engage families of color in safety and permanency planning was often identified as a factor in poorer outcomes for Black and American Indian/Alaskan Native families and children. Focus groups recommended active engagement of families of color, including extended family on both paternal and maternal sides. Specific family engagement practices include work to keep children safe at home, the offering of preventive, in-home, and reunification supports that are culturally responsive, and family meetings. Additionally, it was recommended that services be designed to be respectful of the importance of extended family and the need for inclusion of extended family in planning for children and family services.
3. Local practices. Participants suggested that local offices can institute practices, build a culture of respect, and establish relationships that address and reduce bias. It was suggested that such changes would improve service effectiveness for children of color/families. Recommendations for local offices include:
 - a. Contract with providers of color and build relationships with tribal child welfare to collaborate on cases and offer preventive, in-home, and reunification support through culturally-based providers.
 - b. Increase and support staff cultural and linguistic diversity.
 - c. Work to recruit family, extended family, and cultural connections for children in care. This includes a useable exception policy to allow licensing of care providers who might have barriers from past histories but currently present as safe and reliable individuals. It also includes the involvement of family, cultural and tribal voice in case planning meetings and hearings.
 - d. Educate supervisors on the importance of checks and balances for biases and judgments of workers.
4. Systemic Changes. Focus Group comments indicated a general belief that institutional bias is not just a function of individual behavior, but is also embedded in the structures and mechanisms of the child welfare and collaborating systems. Individuals, families, and local offices could offer more responsive services if the systems that make decisions mandate responsive practices and support attitudinal changes. A number of recommendations were offered for systems change.
 - a. Employ collaborative systems change strategies (e.g., training, planning) across mental health, education, health care, and criminal justice so that all are learning and changing together.
 - b. Increase funds available for prevention and in-home services that reflect understanding of a family's cultural and historical background.
 - c. Engage a system wide effort to inquire how families self-identify racially, ethnically, and/or culturally. Additionally, such information should be a part of the case record in an effort to improve family services and promote system accountability.
 - d. Fund training on race/racism and culture at the central office and local levels.
 - e. Build in and fund robust structures allowing involvement at the planning table for tribal, cultural, and family voice.

FINDINGS: REACTIONS TO THE QUANTITATIVE DATA

What are your reactions to the information just shared? Have you all reviewed similar data/numbers in the past and discussed what they might mean?

The quantitative findings overwhelmingly support that racial disproportionality and disparity exists within Oregon's child welfare system, particularly for American Indian/Alaskan Native and Black families. The overrepresentation of families and children of color was most evident at intake, foster care, and length of stay. Most focus group participants were not surprised by the data that indicated the existence of overrepresentation of families of color within child welfare. Most participants acknowledged that disproportionality and disparity are serious concerns that merit attention among child welfare caseworkers, supervisors, administrators, and collaborating agencies such as the court, education, and medical systems. Although most focus group members acknowledged disproportionality and disparity, many individuals were surprised at the extent to which the phenomenon existed. However, a few participants had dissenting views concerning the issues and debated the accuracy of the data. These individuals often sought reasons other than dynamics of racial bias to explain differences. Analysis showed that the differences in perceptions and reactions to the quantitative findings were the most evident according to the focus group's racial composition and type of community (i.e., rural vs. urban).

Differing perceptions on racial bias. As previously mentioned, most focus group participants acknowledged that there is racial bias along the child welfare continuum. Focus groups that primarily consisted of White participants were more likely to dispute the quantitative findings or to minimize the contribution of racial bias or institutional racism as a determining factor in the difference of pathways experienced by children of color/families and White children/families. Sometimes focus group participants hypothesized that disproportionality and disparity were results of external factors—that is external to child welfare system decision-making. The most common explanation was that poverty is a greater determining factor than race. Some questioned whether poverty is a greater determining factor.

Isn't this really caused by poverty, not race?

Has anyone looked at basic demographic issues...the economics...the employment issues with these populations?

These frequent questions/statements potentially reflect a belief that the data indicate greater incidences of poverty among people of color. Despite efforts to clarify the thinking behind the statements, individuals did not explicitly associate child abuse and neglect with people of color nor explicitly suggest that people of color were more likely to abuse or neglect their children. However, there were underlying explanations that people of color are more likely to live in poverty and that poverty is associated with increased risks for child abuse and neglect.

I see poor kids all the time. Now, are they proportional with Native Americans or African Americans? Are those people more highly represented in poverty? I suspect they are. I don't know. That would be my suspicion. So the interaction with poverty, to me, is extremely interesting.

Other participants refocused the causes for the overrepresentation of people of color in child welfare on community partners and away from the system by stating that mandated reporters were biased.

I think what comes to mind with me, especially when you're talking about reporters, is confusing poverty or lack of financial means with neglect. Just making a lot of assumptions, I think, in addition to other people's perceptions of Black family support. Even though it may look the same...it is still there.

Participants also named family vulnerabilities related to other contextual factors that are associated with poverty. For example, participants suggested families of color are overrepresented in the child welfare system because they have more children, or that families of color are less responsible parents. A greater likelihood of child maltreatment and exposure to child welfare systems were associated with each of these vulnerabilities.

It is noteworthy that many of these suggestions are not consistent with national research. Some participants who attended trainings corrected their colleagues, informing them of national findings that suggest that when family income is similar across races, families of color are no more likely to abuse or neglect their children than White families. Moderators also reminded individuals that family size would not influence the disproportionality and disparity at the first four decision points (intake/reports, screening, disposition, and removal/hold) where differences in pathways for the number of families, not children were examined.

Conversely, participants in focus groups that consisted of people of color were clear that racial bias was a source of the racial inequity shown in the data, and had many examples from their own experience to support this view.

Yes, we are seeing that [disproportionate and disparate rates of families of color] in our communities. I feel one of the reasons why it's happening is because our parenting styles are totally different than Caucasian people.

While people of color suggested that poverty potentially contributes to the overrepresentation of people of color in child welfare, they were less likely to identify poverty as the primary contributing factor. Poverty was a topic of discussion only when moderators inquired about the issue, and was more likely to be related to reasons children could not return home rather than abuse.

Perceptions and community. A distinct difference in perceptions was found between urban and rural focus group participants. Many participants from rural counties suggested that the overrepresentation of American Indian and Black families in child welfare did not resonate with their experiences and noted that most of the families they worked with were White. Despite the data showing different outcomes, some rural participants believed that there were not significant differences in decision-making processes for families of color within their communities. Others suggested that families themselves were not accurately reporting their races/ethnicities.

I have some comments about this from maybe a little more basic direction. First of all, a non-ICWA case that's still

Native American, are you relying on self-report? How does that person get designated as a non-ICWA Native American person? Secondly, is anyone checking these statistics? I know that [Rural County] is really high on the non-representative chart. And I frankly do not see that many Native American mothers. I don't see that many African American mothers. I don't see the children, if they're little, generally speaking, at all. And what I see are the Caucasian mothers...now, are they reporting if their child's father is Black? Are they reporting that child as Black? But their family is White, and that's who is getting the kid if the father's long gone or in prison or somewhere. I just doubt these statistics. I accept that they're probably out of whack, but I just can't imagine that they're just that much out of proportion. It just doesn't make sense, based on my anecdotal experience.

I'm sitting there like where's this disproportion? I don't even see it. I mean I see some absent Black fathers, basically. But the mothers, apparently the mothers I see I can count on one hand the African American moms I've seen. So why are their children Black? The White moms: why are their children Black instead of White? I don't get that either.

In some rural areas, a lively discussion raised awareness for all participants on differences of experiences and opinions among members. For example, some focus group members in rural counties defended community members' and mandated reporters' decisions to report families. They indicated that people make reports based on what is required by law.

I don't understand why there is the assumption that there is bias from the reporters. They report on what they see or trained to look for.

Other participants challenged such statements, suggesting that the way community members and mandated reporters *see* people of color is different than how they *see* White people.

There are so few people of color in our community that they are clearly more visible. People are more likely to pay attention to the person who is Black or Hispanic than they would someone White.

Worker's access to race data. Child welfare professionals indicated that workers may not always have access to data on the race/ethnicity of the family, and concluded therefore that decisions to screen a family for an assessment cannot be race-based. It is an accurate statement that child welfare professionals, particularly intake workers, are not always privy to race/ethnicity data. Intake workers do not routinely inquire about or gather race/ethnicity demographics at the initial report. According to the quantitative data, in approximately 22% of statewide intakes the designated races were categorized as 'Unknown'. However, race was known in 78% of families reported to child welfare. The racial and cultural context is available to decision-makers on the

majority of families which potentially contributes to racial bias or identification of racial strengths in decision-making.

Race unknown. Several focus groups discussed the impact that high percentages of ‘race unknown’ designations have on the data and their work with families. They discussed whether workers should or should not ask about race in the initial interview and the difficulty workers have asking the question. Intake workers often have internal battles with whether it is appropriate to inquire about race during reports; does asking the question give the perception that the system is more biased or will use race/ethnicity against families?

Some participants indicated that when they make reports, they could provide additional information if intake workers requested the information. However, they were not so sure they would prefer that intake workers ask about race.

We have a lot of information but there is some information that is not asked when we make reports. I don't know if they [intake workers] should ask us more questions. I would prefer that the intake worker not ask me about the race of a child. I am calling to report whether a child has been abused. The child's race does not matter.

During the course of the focus group interviews, increased efforts to identify families and children's races became policy within some child welfare agencies. Participants discussed the success of recent efforts to enter the race or ethnic cultural background of children in care, guessing that data from 2009 or 2010 would reflect much lower percentage of ‘race Unknown’ families (a finding with which researchers concur). There is the belief that if child welfare can identify a family's cultural heritage, then they may be able to identify and access more culturally appropriate services.

FINDINGS: DIFFERENCES IN PATHWAYS AND BARRIERS

What do you think may account for the different pathways children of color experience that are different from their White counterparts at the various decision points (e.g., intake, length of stay in care)?

Visibility. Participants named a number of factors that increase families' visibility to child welfare agencies. In particular, parents who engage in adverse social activities/behaviors such as drug and alcohol abuse, criminal involvement, and domestic violence draw greater attention in their communities from mandated reporters, which subsequently leads to child welfare involvement. When moderators asked whether they associated particular social activities or behaviors to particular races or cultures, participants did not explicitly link adverse social activities/behaviors to particular races or ethnic groups. However, they did suggest that people of color may have a greater exposure to adverse community conditions. More importantly, some participants suspected that there is bias in the response to what *may* be occurring in communities of color.

I grew up here, moved away, and then moved back. I see our community for what it is. I see that if Black people in our community are seen doing something minor wrong they are more likely to be picked up.

Once again, the issue of poverty surfaced as a factor contributing to both the visibility and vulnerability of families of color to child maltreatment and child welfare involvement. It was suggested that communities of color become more visible to child welfare and other systems due their inability to access resources and adequately care for their children using private resources. Seeking help from public agencies made private family troubles a matter of public record. Participants also suggested that financially secure families are able to access resources quickly and avert child welfare involvement or children's extended stays in foster care.

Of course, the more middle and upper middle class families, if the parent has a substance abuse problem, somebody else in their family has pushed them into treatment. They have medical insurance. They can go into treatment. They have all these resources... Yeah, and they have a functional family. And little Johnny goes to live with Aunt Sue for six months while Mom goes into rehab. There are resources.

Cultural norms and bias. Participants who acknowledged racial and cultural bias indicated that decisions are often made within the vacuum of one's own experiences and cultural norms. When individuals make judgments of what constitutes appropriate parenting or child-rearing practices, the point of reference may be one's own experiences and values.

We pretend we don't have bias, yet we make decisions every day when those calls come in, when we return or do not return children to their parents.

We assume that supervisors are in touch with their own biases, and that's not my experience. So what we are saying is that the

systematic problems we face in working with all families are exacerbated when working with a family of color.

Participants reported that while they have experienced bias in their and colleagues decision-making, there is resistance to acknowledge racial and cultural bias with the child welfare system. This comment about case level dynamics echoed the resistance some participants had to the data.

If we can acknowledge our own biases it would create a better worker-client relationship. It is our discomfort that often creates uncomfortable dynamics between ourselves and our clients.

There was a general belief that if individuals found commonalities between themselves and their clients (e.g., racial/ethnic, socio-economic status), decisions would favor better outcomes for children and their families. Given that child welfare, courts, and other collaborating systems are primarily White, this lack of commonality puts families of color more at risk for child welfare reports, founded dispositions, and longer stays in foster care. A few focus group participants suggested that there is a cultural norm of “like me” that occurs within child welfare. One participant stated:

Families that are not like me often do not receive the benefit of doubt as readily as families that look like me.

People are less apt to report if they relate to the family. People are more apt to report if they do not relate to the family. The majority of [mandated reporter identification] are White, are middle class families.

I think if you have two families, you're working with both, who are in extreme poverty: one is White, one is Black. Your decisions from the surface might look very similar, but if there's something playing into that's affecting those decisions, I think it's that more subtle, subversive, sort of 'Am I interacting differently with this White family that looks like me, and therefore I can relate to them—and I think I know who they are and what they're about—than I am with the Black family over here, who I think I don't really know, and I don't know what they're about. I know what my bias tells me and what my upbringing tells me.

For example, perception played a significant role for one focus group participant with past child welfare involvement. The participant attributed being White and having access to resources as factors contributing to her maintaining child custody in circumstances that might have led to removal for another non-white parent.

When I had my oldest child, we were both positive for drugs. But, I lived in a fancy house. I was committing crime and doing drugs every day. They [child welfare] did not take my baby away. I have a feeling that if I was a different race [a

person of color], they would have taken my baby.

Lack of cultural sensitivity. Cultural sensitivity emerged as a primary issue among decision makers within the child welfare system and those who are directly influenced by these decisions. Many of the participants, regardless of race, suggested that child welfare workers and other collaborating systems do not understand or acknowledge their personal biases nor understand their thinking about diverse racial and cultural groups. The structure and format of services are greatly influenced by perceived culturally appropriate norms—norms that are determined by the White middle class.

What I've experienced related to African American vs. White families is there is a kind of a one size fits all mentality. Like we treat everyone the same and I am not sure that is the best approach.

Sometimes we [identified mandated reporter] are less likely to report if we see families working through their issues. If they are going to counseling or something...yet another White construct.

People of color who had child welfare involvement consistently expressed consternation over the lack of cultural sensitivity and an overall absence of racial and ethnic diversity among professionals within the child welfare system. Many articulated dismay over the power people from different backgrounds have over their families' lives and how that compounded the impact of cultural misinterpretations.

It's not fair that all the caseworkers are White! That is why they are taking our children because they don't understand. We are very much judged because we are strong and we are stern. They don't understand that when we say 'Sit down!' and our children sit down, to them it's 'Wow, look at how she's treating her kid.' So then, they rip our Black children out of our Black homes and take them to Caucasian people.

Many participants acknowledged that people in all aspects of the system need training (e.g., judges, CASAs, attorneys, caseworkers, supervisors). Participants, particularly tribal representatives, found that taking time to train state child welfare workers worked well to address bias and improve understanding. There was an expressed value in seeking coaching and training from cultural experts.

I'm from the whitest background. I have so much to learn, there are so many differences in cultural standards. I didn't know about boarding schools, didn't know about the level of fear. There is a lot of miscommunication, protective workers making quick decisions without being able to see whole picture. It's really hard to get that buy-in, it comes down to training and awareness.

We showed them the agency school where a lot of the elders were raised. We did a genogram of the historical trauma, not just the negatives but also the positives... and they asked us to come back and educate them on our tribal history, not just foster kids because we have a lot of history and a lot of knowledge.

While a valuable experience for trainers as well as those participating in the training, it can become a bit difficult when the burden to educate is not shared. Moreover, it becomes problematic when training is not used and applied in practice. Participants expressed that it is important that efforts are made by all caseworkers, supervisors, and administrators to utilize the training and share their knowledge such that all families benefit.

Tribes are having to educate, educate, educate. We're always reinventing the wheel. That gets frustrating.

Minimally adequate. A noteworthy finding was how often participants described decision-making practices that adhere to class-based perceptions of definitions of “the best interest” of the child, rather than the legal standard of what meets the minimum requirements for parents to responsibly care for their children. What is the *good enough* family? For example, middle and upper class families tend to be White; thereby, they have access to more resources. The more affluent families may present differently than families with fewer financial resources. However, there is an expectation that all families should meet, at minimum, the “middle class” standard of living.

Families are complicated and the system may do families a disservice by ignoring cultural differences. We often do not take into account families' inability to easily access resources.

As a mandatory reporter, we have to go through our mandatory reporter training. But we are not taught not to look at our own background and not told to avoid judging the situation based on our own thinking about what is okay. In certain cultural communities there is a standard of what is okay to raise a child and it may be different from your standard.

Raising the bar for families of color. There was some discussion of whether the bar is raised for families of color—making it more difficult for them to maintain or regain custody of their children. Some focus group participants expressed frustration over meeting requirements and then having to meet new requirements. For these individuals, it became a never-ending process of never knowing whether continued efforts would ever meet child welfare standards.

It makes me so angry to have her [another participant] jump through every hoop, and pass. It's almost as if they are setting you up like 'Okay, we should make her do that one. We should make her do that one, but I don't think she's going to make it through the next one.' And you make it through the next one so you get to that final hoop. You jump through all of them. Now they're saying 'Well, she passed everything but we have to come up with something else.'

Holding onto the past. Both child welfare decision-makers and individuals directly impacted by child welfare decisions expressed that families are not always given a second chance. Their histories tend to haunt them indefinitely. For example, if a client has a history of drug abuse, mental health issues, or trauma child welfare professionals or collaborating systems will use these prior histories as reasons for keeping children in the system. Frustration was shared among caseworkers, advocates, individuals from collaborating systems, and individuals with child welfare involvement.

I'm stumped by the number of times DHS rejects a family member as a placement resource because of crap in their past: like a 20-year old marijuana conviction? Give me a break!

I have seen it with my own clients. Maybe clients didn't initially engage immediately when DHS took their kids. Maybe they were really angry. Maybe they did not jump right into treatment or do whatever. The caseworker pre-judges them, pre-judges every person in their family. They have taken a snapshot of what clients are like, which is fine, but when the client has changed, it is hard for the caseworker to believe that the client has changed.

And then I heard that with Native Americans, there are all those generations of trauma, so there is alcoholism. We come in and see alcoholism and hold onto the incident, even when it's been gone for three years.

The only family I remember that we removed baby after baby was an African American family. And we were holding onto an incident from years ago. It was no longer an issue.

I always tell people that you just got to keep doing the right thing, and eventually they've got to admit that you changed. They have to believe it because all of your UAs (urinary analysis) come back clean. But it's hard when they don't want to believe it.

Recruitment and licensing. Participants identified extended family and fictive kin (individuals not related by blood or marriage but who have the same rights and responsibilities as blood relatives) as potential foster care placements.

In the Black social structure, family structure, there's auntie that's not related, but she's very, very much a part of that family structure and part of a number of families and can be a real resource. I don't know if those folks are routinely incorporated in some way into planning for kids who are in care that they've known for a long time.

Participants expressed that children often fare better when they maintain connections with family. When given the opportunity, children who maintain familial relationships are more likely to have a sense of belonging and improved self-concept and identity. These protective mechanisms can help allay the stress associated with parent-child separation and improve psycho-emotional and behavioral outcomes.

One little girl was in care a long time. They were pushing for permanent foster care because guardianships fell through because her behavior was so bad. When we started getting her connected to family, her behavior changed. She said, 'I didn't feel accepted before.' Now she knows that she belongs, that she's wanted.

However, there are not always efforts made to seek extended family as viable placement options. Focus groups indicated that when efforts are made, they are usually minimal. In particular, there was concern that when it came to families of color, there was the assumption that the father may not be available or a viable placement option. Focus group members questioned whether this bias resulted in caseworkers spending less time seeking out fathers of color. If fathers are identified or if extended family is identified, it is difficult for them to overcome the judgments of what is appropriate. Focus group members who were of color suggested that there are not structures or efforts to help them meet licensing qualification.

Help her to qualify...whatever reasons they gave her that she didn't qualify. Help her to meet that certification, whatever it was she needed. Taking the classes? If her home wasn't up to par, show her and help her to certify her home. "You didn't have enough room." Well, what can she do to have more room? Help her look for a bigger place and help her get in there.

Your goal is to place children back with their families. Whatever it takes for you to do, do that. And give us the help that we need that we are able to house our children, to medically help our grandchildren if that's what it is. But you're not providing it for us, but you provide it for the adopted family. You make those things accessible for them. You would tell them where the child needs counseling, the child needs therapy. And you will direct them where to go, set up the appointment for them, if it's necessary. But you refuse to do it for the relative. Why?

Across focus groups there was a resounding concern for the barriers many families of color face that prevent recruitment and licensing of their families as potential foster care placements for children.

'He's been staying with me ten months. Why would you take this baby from me and place him with strangers? Why?' I said 'If anybody's ready to adopt him, it would be me. You know I'm certified. My health checks out already. My home is certified—I'm already ready. It's just signing papers, going before the

adoption board.' I said 'What more could there be?'

Focus group participants suggested that bias against one's past creates a significant barrier for people of color. These barriers include factors that have been previously mentioned, such as a history of prior substance abuse, criminal justice, or child welfare involvement. Extended family members may have similar histories as the parents with child welfare involvement. Participants inquired about at what point the child welfare system re-examines this bias and looks at each situation on a case by case basis. Does it make sense to prevent children from maintaining family ties because of a situation or circumstance that occurred ten or twenty years prior?

The way our certification is set up, it's really biased. The people with whom the family feels safe are not allowable because of our rules. For example, if they have a felony we are not able to certify them, but the tribes might have certified them. Really if someone participated in AIM [American Indian Movement] thirty years ago, they can't be certified. A lot of them have substantial positions in leadership in the tribe, but we still can't certify them.

The tribes have the ability to designate a placement, but other minorities don't. If you have a Hispanic family, they may have some criminal history in the background, but now they're the most important choice for a child, but because of our rules we can't certify them. Our certification rules are the dominant society and they don't take into account the belief of other cultures.

It was suggested that practices do not have to be so punitive. Mechanisms to allow exceptions where safety is assured could benefit children of color who have a potential caregiver with a criminal or child welfare background.

There is a pretty significant exception process. We use that fairly frequently for relative placements. We had a [ethnic identification] grandfather, we had to push and push and push, but the agency wouldn't certify him. He had a drug and alcohol issue when he was younger, had criminal when younger, and even founded child welfare charges. But now he has a CADC, he is an alcohol and drug counselor. We finally got him certified and he has done a great job, but he had this old history where things were bad, almost kept that from happening.

Trust. Trust emerged as a primary theme within the qualitative analysis. There were three distinct areas where trust affected the perceived worker-client dynamics. Discussions concerning trust included families' distrust of the system, tribal distrust of the state-funded system, and workers' distrust of clients.

There was a consensus across the focus groups that families of color, in general, tend to have a distrust of the child welfare system and other governmental systems. Participants suggested that this is rooted in the histories that communities of color have with government systems (e.g.,

criminal justice, child welfare, immigration). Additionally, undocumented immigrants/communities with undocumented family members are hesitant to interact with child welfare due to fear of visibility and deportation. Participants indicated that communities of color might have a greater fear of being discriminated against within the system and subsequently losing control of their families to the system. Conversely, participants said that White communities have historically viewed government systems as allies and resources for assistance. Some White focus group members wondered why families of color did not trust the courts. Others believed that the lack of trust should be acknowledged and that child welfare workers and collaborating systems need to understand the causes of the distrust.

Their historic experience has been these are people who are going to damage my family and divide my family. Many times they feel unjustly accused. They've not been my friends, and so why should I expect that I can walk into that courtroom and that judge is going to listen to what I have to say, or that caseworker is going to understand where I am? So I think that's a barrier that makes it hard for folks to feel like they can partner up. I think other people who are in a more privileged place in the society are used to having the government is my friend. A police officer comes to my neighborhood, they're there to protect me and whatever. They just see people in the government as their pals and their allies. I don't think a lot of more disadvantaged people see that. They don't think they can help.

It's just too uncomfortable. And it gets, like you said, some of that behavior or lack of responding is really misinterpreted. How much does that sense of powerless: 'There's mothering I can do. They've got my kind. This is the government. This is the White government. So it's pointless for me to even try.' And our interpretation of that ends up being 'Oh, they've abandoned their child.'

State and tribal agency trust or relationship was an issue that was explored in great depth. Tribal members deeply believed that state workers did not trust or respect their expertise with families or tribal members. They also reported incidents where tribal sovereignty was disregarded or misconstrued, and tribal input not sought despite laws requiring notification. This was described at the case and system planning levels, where extensive plans for systems change that were developed by tribes were disregarded in state planning. By contrast, where local efforts had built trust, case outcomes and systems partnerships were identified as much improved.

Perceptions of client behaviors. Focus group participants noted that often differences in behavior come down to differences in trusting the system, but are misinterpreted as differences in degree of compliance. People of color have historically had negative experiences with government, which has created intergenerational trauma. Often systems professionals do not understand how even events that precede individuals' lives have an impact on their livelihood, experiences, and overall worldview. According to child welfare workers and individuals with child welfare involvement, caseworkers and judges interpret distrust of the system and the

resulting responses to a stressful situation as a willful lack of compliance. Focus group participants also suggested that misinterpretations of otherwise culturally appropriate behaviors are problematic as clients are unfairly judged and labeled as angry or hostile. These labels negatively affect outcomes for families of color.

I'm always 'hostile' to them [caseworker] because I talk with my hands and my whole body. It's like where do you see my hostility? I'm not cussing. I'm not picking up things, throwing things. That's hostile to me. If there is a Caucasian person... and I move my head like this...then I'm threatening them. It is just really ridiculous.

Engagement of families. Another noteworthy finding was the participants' discussions concerning child welfare workers and collaborating systems inability to engage families of color in the process. According to child welfare and collaborating professionals, families that are engaged in the child welfare process succeed and have better outcomes. Families who are engaged make an investment from the beginning to the end of the process. White families are more often engaged families than families of color. For example, professionals observed that White families include extended family within the process. They view themselves as collaborators throughout the process, even during court hearings.

One thing that always strikes me is that in ethnic communities, it is really difficult to get the extended family members into court and to be a safety plan supervisor, relative placement. In my experience, anecdotally, it is that most of the Caucasian families, aunts, uncles, grandparents...both sides, sometimes we have four, six, or eight sets of grandparents in the courtroom that come to hearings. It is not as common in ethnic communities.

We work with a lot of White folks who have a lot of experience working with the system and learning how to navigate it. A lot of minority communities have communication difficulties [difficulties communicating with the system].

Some focus group participants identified other obligations as a determining factor for the ability to engage. Families of color, including extended families, may not be able to afford to take time off from work and attend meetings. This could have long-term financial affects on the family and relationships with employers.

Sometimes it might have to do with socio-economics. If I'm working a job where I am making barely above minimum wage, I might not be able to take off because preliminaries are at 2:30 or 9:30. I might not be able to take off. A lot of times you see with White people, the grandparents are fairly young and retired. And they've got money. So I think a lot of times it has to do with money.

Focus group participants who had child welfare involvement and were persons of color noted that sometimes having their family present in court does not benefit their cases.

They implied that their families may be judged in the same manner as they are judged. Therefore, it is more beneficial to have a White individual represent them, suggesting that a White advocate has more respect amongst court and child welfare professionals.

I am a strong believer of when in Rome do as the Romans do. So what I realized is that if my whole courtroom is White, then I just build me a team of White people that see what I'm doing and hear me...that sees I am in treatment and taking care of myself. I'll go to court with two or three White women because if 'White is right' in the court, then do as the Romans do.

Participants strongly suggested that recognition of these dynamics is warranted and that strategies to promote collaborative engagement with families of color should be supported among child welfare systems. The belief is that collaborative engagement will create better outcomes for all children and their families. For example, tribal child welfare workers in several settings and focus groups discussed the success they had in family reunification because families trusted them and engaged in case planning.

Our families see that families are getting supported so they're not afraid to ask for help.

In the tribal community, we don't always take into consideration the historical trauma and how it contributed to the nullifying of a man's role in their family. They were removed...essentially their rights were taken away. They had no say. So now that they appear removed from their families, too often we don't make the effort to engage fathers. So I work very hard to bring them into the fold.

Participants suggested that workers often lack the ability to engage families of color in the process, particularly clients who present as resistant. There is a lack of understanding of the source of resistance. Participants reported that a lack of effort to engage families prevents workers from examining the entire story. They suggested that a culturally competent worker might take time to explore “what is the story behind the surface story.” Workers often view resistance as pathological. Child welfare workers internalize client resistance as a personal client-worker dynamic rather than examining the source or history behind the resistance. For example, communities of color have increased visibility to law enforcement, criminal justice systems, immigration, child welfare agencies—all of which increase family stress and place families at risk for permanent or extended separation. Participants suggested that prior experiences with these systems affect individuals' responses to authority and adversity. Workers who understand this would be likely to do a better job of assessing whether there is more to the story that could help explain a parent's appearance of resistance. Resistance to authority or culturally accepted expressed anger may have more to do with prior experiences or fear of parent-child separation. The initial resistance may stem from distrust of the system and workers must be skilled enough to move beyond the resistant behavior and foster a trusting relationship with the client.

FINDINGS: RECOMMENDATIONS FOR CORRECTIVE ACTIONS

What action steps do you think need to occur to change the pathways for children of color at some of these various decision point(s)?

Recommendations at the Individual Level

Raise awareness of bias. A primary recommendation is that child welfare and collaborating agencies need more in-depth education and training around bias. Many of the participants, regardless of race, suggested that child welfare workers and other collaborating systems do not acknowledge their personal biases nor understand their thinking about diverse racial and cultural groups. They had the following suggestions for how to intervene:

Training on racial and cultural bias. If professionals could participate in training that addresses personal bias and cultural sensitivity it would reduce race-based client profiling. It is recommended that greater attention be given to racial and cultural responsiveness in supervision. An expressed recommendation was that supervisors should provide space and time to explore personal bias. It is essential that the effects of bias affect worker-client relationship and outcomes for families of color. Furthermore, problem solving on how to be more objective in decision-making for all clients, regardless of race, ethnicity, or cultural background should be a part of supervision. In sum, it is essential that supervision moves beyond task supervision and include a more in-depth analysis of one's personal and professional self within the context of issues concerning race and culture.

Training opportunities that would allow cultural experts to educate child welfare personnel is also recommended. For example, the annual Indian Child Welfare Conference was identified as a valuable cultural training. There were expressed interests in agency support for training workers to speak Spanish.

Relationship building. It is recommended that active efforts to build cross-cultural relationships as a mechanism to raise awareness be considered. Child welfare offices where workers perceived their outcomes as positive described relationship building as a significant contributing factor to positive outcomes for families of color.

Compensation. Participation in community and cultural events as individuals or supporting children or youth in such participation often requires after-hour or weekend time commitments. Therefore, a recommendation is that workers who spend extra time training and participating in relationship building activities be compensated for their work.

Hire people of color to represent child welfare. There was a wide-spread suggestion to have more variety of cultural voice. People of color expressed concern that individuals who looked like themselves must have a voice in child welfare decisions in order to advocate for change. It is recommended that the system hire individuals from diverse racial, ethnic, and cultural backgrounds at all system levels. Therefore, it is essential that diversity is represented amongst caseworkers, supervisors, administration, and other collaborating systems such as the court system.

Create checks and balances for bias. Participants recognized that some level of bias is inherent to all human decision making. They recommended a variety of ways to get checks and balances

for bias in at the case and system level. For example, judges in one county are pilot-testing a benchbook of standard questions to assure equitable treatment. The Indian Child Welfare Act requires tribal notification and builds in tribal consultation as a way to assure a cultural lens on decision making. And multiple structural checks and balances, such as bringing in cultural expertise and voice in case planning through family meetings, tribal consultation early in a case, and structured planning processes to bring cultural knowledge into the system are all examples of ‘checks and balances’.

Recommendations at the Family Level

Family support and engagement in prevention. Accessing family support and in-home services was identified as extremely beneficial to children and their families in preventing deeper involvement in the system. Thus, it is recommended that family support and in-home services are prioritized in an effort to provide children with an opportunity to remain in their homes and maintain cultural ties. Tribes, in particular, referenced this recommendation by noting that tribal child welfare and urban agencies that work with families should utilize this service provision as a way to emphasize prevention. Active efforts to prevent removal are required by ICWA and are core to the cultural values of the tribes and urban providers. Most importantly, funding for preventative services should be prioritized in child welfare.

Family and cultural connections. Many focus group participants requested support for empowering families to utilize family and cultural connections, not only for the benefit of family placements, but also to help children heal from their experiences with child welfare. Tribal communities foster healing by engaging children in cultural activities such as beading and making baskets. The spirit of these types of events are enriching for the entire community.

Recommendations at the Local Level

Contract with culturally-embedded services. Participants stated that the practice of “one size fits all” does not serve *all* families well. They expressed that families would fare better if child welfare and partnering agencies/systems were more sensitive and accepting of differences when working with diverse populations. However, they recognized the importance of maintaining reasonable standards for ensuring the safety of children,

Increase diversity among child welfare workers, administrators. Throughout the focus groups, participants consistently noted that child welfare administrators and workers were overwhelmingly White. They stated that an effort to support the recruitment and hiring of qualified persons of color should be prioritized. More racial/ethnic diversity can potentially provide a different lens to practice and provide families of color with workers with whom they may have more tendency to relate. Additionally, there need to be supports/therapists that come from communities of color. Workers should be open to alternative sources of assistance drawn from natural helping structures in a family’s community (i.e., church, elders). They proposed that recruitment of persons of color, and availability of services embedded in cultural contexts would facilitate more trust and engagement among minority families.

Consideration must be given to the expected roles and responsibilities persons of color have within their respective communities. Workers must be given the opportunity to incorporate culturally appropriate techniques to engage individuals. Workers of color reported that it was very hard to work for the agency without losing the trust of community members. It is essential

to recognize how these individuals are perceived within their communities. Several participants who were of a racial, ethnic, or culturally diverse group shared experiences with appearing as an outsider or person who no longer could connect with their communities. One poignant statement was “As a person of color myself, if people in the community know that I work for child welfare, I’m viewed as a traitor. I used to have a lot of friends in the community but I don’t have a lot of ethnic friends because of that issue.”

Increase diversity of family support and treatment. As the discussion above showed, there was concern with the ‘one size fits all’ contracts. An important recommendation was for culturally-embedded mental health, addiction recovery, and family support and reunification services. A mother who felt that she had been judged unfairly due to cultural misunderstandings stated, “The reality is maybe we need an African-American site unit, and a Native unit that specializes in us.”

Recruit and license diverse foster homes. Recruitment and licensing of racially, ethnically, and diverse foster homes was a dominant theme in most focus groups. This would benefit children and families on multiple levels and potentially increase the likelihood of better short- and long-term outcomes for children.

There is general recognition that child welfare is making efforts to specifically recruit American Indian and Black families for foster care placements. It is also recognized that increased attention has been given to the role of the Black church community and their prospective roles in increasing Black foster homes. However, focus group members also identified barriers that prevent a full commitment to recruitment of diverse foster homes for children of color. As child welfare considers recruitment efforts, the administration will need to reconsider many of the policies that prevent many families, particularly families of color, from accessing extended family as potential foster care placements. It is recommended that a policy exception is made to allow, on a case-by-case basis, exceptions to licensing standards related to past criminal history or child welfare involvement. Several participants noted that the racial bias that is inherent in federal licensing regulations can be mitigated with a careful case by case exception policy.

Build relationships between the local office and nearby tribes. Focus group participants identified the value of building of ongoing relationships between local offices and tribes. Positive relationships between local offices and tribal child welfare improves the quality of information used in decision making, streamlines services and promotes better outcomes for children and their families.

There is a clear need for coordinated services between local offices and tribes. Tribal caseworkers expressed the need for local offices to inform them when their families are reported. At times, they are already providing services to families and knowing whether a report has been made will help them assess the situation and work the case more effectively. A participant stated, “The families we work with, we know their history. And we’re able to relate that to the caseworkers and make suggestions.” Therefore, there is a need to recognize and access the tribe’s expertise.

It is also recommended that a culture be developed within child welfare that respects the work of tribal child welfare. It is important to respect tribal workers as professional peers, and to understand the equal political power entailed in sovereignty. For example, a participant

discussed how she was dealing a question of the local office not accepting dual certifications of tribal foster homes. She expressed, “That should be a no brainer. If we have the same IV-E standards and get the same level of funding why aren’t we being treated the same and getting the same respect?”

The role of the Indian Child Welfare Liaison was identified as particularly important and valued by state and tribal workers alike. It was important not to rely only on this person to form connections with the tribes. For example, in one office the liaison provided training and coaching for all workers to improve their relationship with the tribes, going with them to court hearings in tribal court and supporting them in learning to be respectful. Some participants felt that the ICWA workers should be compensated with more than just a title.

Tribal child welfare workers noted the challenge of forming relationships with every office in the state with a child from their tribe on the caseload. Individuals recommended strengthening the consistency of policies between offices, so that they did not have to learn the unique practices in each office and court.

Clinical supervision and cultural responsive training. Focus group participants identified clinical supervision as a possible tool for supervisors and workers to address practice issues/concerns. It was suggested that improved clinical supervision skills could provide a check or balance on worker bias and the lack of cultural awareness. Some participants believed that this recommendation should be adopted as an expected standard and reinforced by child welfare agencies.

Recommendations at the System Level

Multi-systemic phenomenon. Racial disproportionality and disparity is a phenomenon that crosses multiple systems and is not unique to child welfare. The disproportionality and disparity found within education, criminal justice, juvenile justice, and health care systems are intricately linked to overrepresentation within the child welfare system. Participants expressed concern that systems do not work together to resolve broader system problems.

Several participants expressed that the entire community needs to be involved in a corrective action process. A collaborative initiative should include child welfare, the school system, law enforcement, courts, the medical system, and parents. In particular, the voices of families and communities of color should be heard.

A few focus group participants noted that many of the observed issues in child welfare (e.g., disproportionality, disparity, cultural incompetence) are also present within other systems. Participants recognized that the data are consistent with what is known about the disproportionate and disparate representation of Blacks in criminal justice systems, the poorer educational outcomes for children of color, and disparities in access to health care and treatment. Participants suggested that each of these factors are inter-related, thus a comprehensive and collaborative approach to address these issues is warranted.

Increase in home and preventive resources for families of color. One recommendation from focus group members was that more funding is necessary to provide resources that prevent families from becoming involved with child welfare and help families with child welfare involvement maintain/sustain progress. Mental health and substance abuse treatment were

primary recommendations for parent services. Assistance with finding housing and employment, and support for children with disabilities were also identified as useful for families so they could care for their children without needing state support.

Race or ethnic designation. A consistent concern raised by focus group participants was that there are too many “Unknown” racial/ethnic designations in case files. There is a need to do a better job of designating the child’s race or ethnic background. Participants reported that workers must be trained on the importance of accurately identifying children’s race or ethnicity. Additionally, there is a need to help workers become more comfortable asking the race-ethnic question. One individual stated, “If we are comfortable asking these questions our clients will be more comfortable receiving these questions.”

Respectful engagement of persons of color in planning and coordination of services. Many recommendations concerned strengthening planning processes and structures.

Respect the work of the ICWA Committee. It was recommended that planners empower this committee as the planning body to address issues concerning Native American children and families, rather than making committee members or others attend multiple other committees and planning meetings around the state.

Recognize and compensate persons of color. Participants suggested that persons of color should be recognized for their work on planning and committees. It is important to recognize that often one or two people of color are required to “represent” and take on a huge role, often outside of their stated job requirements. One participant stated, “I’m one person. I can’t sit on every committee and review every darned document that comes out of the agency.” Additionally, compensation for persons of color and tribal members should be provided.

Clarify and expand roles of tribal communities. Participants recommended that the roles of ICWA and tribal communities must be recognized at the state level. Furthermore, resources for ICWA and tribal connections must be provided by the state. There was an expressed need to establish a funded position that is based on government to government relationships. Ideally, tribal and state representatives would serve as mediators for ICWA cases or policies. Further, a recommendation was made that the ICWA manager position responsibilities for the state are clarified.

Training and workforce development. Focus group members had many recommendations relative to the content and structure of training and workforce development efforts. Participants recommended training on:

- Recognizing bias
- ICWA law and effectively working with ICWA-eligible children
- Tribal sovereignty
- Historical trauma, historical resilience

A recommendation for training to be offered at the local level (see above) to increase relationships, as well as training in core competencies, was made. When appropriate, tribal members should assist in training. Recommendations were made for training for special roles, such as training in attending to bias for supervisors and extra training for ICWA liaisons.

IMPLICATIONS FOR FUTURE RESEARCH

Reasons for referrals. In one focus group, a participant suggested that it would be beneficial to identify the reasons for referral and examine whether racial/ethnic minority families and children are disproportionately referred for specific reasons. This may help identify whether there are biases toward specific racial/ethnic groups concerning types of child maltreatment.

Reasons for long stays. In several focus groups, the discussion turned to reasons for length of stay. Said one member, “*You know, I think it would be interesting to know of those children who are in foster care for that length of time or longer, are they in a tribal home or a non-tribal home?. I bet you anything that they’d be in a non-tribal home.*” Others speculated that children stayed in care in order to get benefits not available to caregivers or children once the case was closed. Further study of the cohort of children of color who have been in care longer than 4 years would shed light on this dynamic.

Definitions of risk and safety. Focus group participants indicated that there are questions as to whether the definitions of risk and safety have changed over the years, potentially influencing the disproportionate numbers of children of color coming to the attention of child welfare. For example, has the “threat of harm” category created more subjectivity of what is considered child maltreatment and therefore more state intervention? One participant said that threat of harm increased intervention ... “*We don’t know what the problem is, but there is a problem.*”

Potential link environmental factors, race/ethnicity/ and child welfare involvement. Several focus group participants questioned how environmental risks (i.e., poverty/socio economic status, adverse community context, parental education), believed to be commonly found within communities of color, contribute to the overrepresentation of families of color in child welfare. It was suggested that these confounding factors/issues need further exploration to obtain a complete assessment of the factors that contribute to disproportionality and disparity. Further research into these factors would also provide better direction as to the types of services families need to avoid child welfare involvement and obtain improved outcomes.

Objective measures. Participants indicated that there is a need for measures that can decrease the subjectivity of decisions made for children of color at the various decision points. Specific questions were: Does the Oregon Safety Model adequately provide objectivity that is evident throughout the decision-making continuum? What other tools could be utilized to provide checks for the subjective decisions made across disciplines (i.e., various mandated reporters, judicial, child welfare) that may contribute to disproportionality and disparity?

A few participants also suggested that there is a need to be able to effectively measure good practices—“*We need to be able to measure good practices rather than relying on widgets.*”