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

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

Child and Family Characteristics
and Pathways Through the System

Phase 2
Final Report

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

By

The Child Welfare Research Team
College of Social Work
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Executive Summary

Introduction

While child abuse and neglect appears to affect children of all racial and ethnic origins (US Department of Health and Human Services, 1998; Sedlack & Broadhurst, 1996), an analysis of national, California and Santa Clara County data on the ethnicities of children in out of home placement reveals that, compared to their presence in the general population, there is a disproportionate involvement of children of color in the public child welfare system (CWS). In Santa Clara County, in particular, when compared to the general population, African American, Hispanic/Latino and Native American children are overrepresented in the CWS, while Asian American/Pacific Islander and White children are underrepresented. African Americans represent 4% of the general child population in the county, and are 14.7% of children in the CWS. Hispanic/Latino children represent 30% of the general child population in Santa Clara County and constitute 53.5% of the child welfare cases. Native Americans are approximately 0.5% of Santa Clara County's population and represent 1.0% of children in the CWS. Asian American/Pacific Islander children represent 21% of the general county child population and 5.1% of children in the CWS; Whites constitute 45% of the general child population and 25.8% of the child welfare population (Needell et al., 2002, US Bureau of the Census, 2000).

The disproportionate involvement of children of color in the CWS has long been an issue of concern for CWS workers, clients, researchers and government and community groups; yet no research to date (with the exception of this study) has systematically investigated the factors associated with this disproportionality. In an effort to understand better the factors related to the disproportionate number of children of color in the CWS in Santa Clara County, the Department of Family and Children's Services (DFCS) contracted with the Child Welfare Research Team (CWRT) in the College of Social Work at San José State University to conduct a three-year study on this topic. An advisory group, consisting of administrators and representatives from various racial/ethnic groups was convened to help guide the development of the project.

The primary overall question posed by DFCS was: What are the primary reasons why children of color are disproportionately represented in Santa Clara County's Child Welfare System? In order to address the complexity of this question, the CWRT elected to employ a multiphase/multimethod approach, beginning with an initial exploratory phase that was completed in April 2001.

This report provides findings from Phase 2 that ran from September 2001 to August 31, 2002. Specifically, in this second phase of the study, the Child Welfare Research Team (CWRT) addressed two of the four themes that emerged from Phase 1 (see Section II of the current report for a review of all four themes presented at the end of Phase 1). The overarching themes guiding the current Phase 2 report are as follows: 1) little is known about specific pathways through the CWS and ways in which these

pathways differ for various racial/ethnic groups, and 2) various racial/ethnic groups may receive different treatment at key decision making points in the system.

The primary methodology for Phase 2 involved extensive, in-depth reviews of 403 closed child welfare case records, a parallel descriptive analysis of 1720 closed cases within the CWS/CMS database, and key informant interviews with managers and supervisors in the county's Department of Family and Children Services (DFCS).

Overall Conclusions

Combining results from our overall sample of 1720 closed cases, the in-depth record review of 403 child welfare cases and interviews with 8 key informants in managerial positions in DFCS, the following overall conclusions can be drawn:

1. *Descriptive narratives presented in Section IX of this report indicate that the families belonging to each of the four racial/ethnic groups present unique and diverse profiles.*
 - African American families are largely headed by young, single, isolated, poor mothers who suffer from substance abuse and have experienced criminal involvement and domestic violence. At the same time, their reported rate of mental health problems is low.
 - White families are made up of mothers who are also single, but who are better educated than average and who are less likely to be on welfare. While substance abuse, mental health problems and domestic violence are prevalent within this group, white mothers tend to have a lower than average rate of involvement in the criminal justice system.
 - Latino families are predominantly poor, with a higher than average number of children. Many Latina mothers (18.4%) are non-English speaking and approximately 26% are foreign born. Latina mothers are more often living without a spouse, have low levels of education and experience problems including substance abuse, and criminal activity, as well as domestic violence. Like African American mothers, their reported rates of mental health problems are low. For the immigrant Latino families, issues related to immigration, legal status and the ability to secure employment may also have an impact on their welfare, but were undetectable with the available data.
 - Asian/Pacific Islander families who are assigned to involuntary child welfare services, are also often non-English speaking and most likely to be foreign born. Most Asian/Pacific Islander mothers in this group are older, have fewer children than average, have less education than average and are married and living with a spouse. Mental health problems and involvement in the mental health system rather than substance abuse or criminality characterize this group. This finding is notable as available research indicates that elevated

rates of mental health problems are uncharacteristic of immigrant populations. In addition, rates of physical abuse are higher than average for this group and Asian American/Pacific Islander fathers are comparatively more often reported as the perpetrators of abuse.

2. *Families within each of the four racial/ethnic groups are extremely vulnerable.*

- The characteristics that emerged in our narrative descriptions as key characteristics of each of the four racial/ethnic groups have been associated in the research literature as risk factors for child abuse and neglect. These characteristics have also been associated with increased serious behavioral and adjustment problems in children and adolescents.
- Comments by key informants underscored the relationship between characteristics including poverty, lack of education, insufficient job skills, as well as involvement with drugs and violence, and bias on the part of workers, as contributing to the overrepresentation of African American and Latino children in the CWS.
- While Asian American/Pacific Islander families have traditionally been underrepresented in the CWS, our results suggest that Asian American/Pacific Islander families with certain characteristics are emerging as a high-risk group. More information and careful monitoring of this group is clearly warranted.
- Identifying vulnerable families is an important piece of the puzzle in explaining involvement and retention in the CWS. Understanding family characteristics that represent risk factors can help systems design interventions that offset the potential for CWS involvement and prolonged involvement.

3. *Once in the Child Welfare System, children in each of the four racial/ethnic groups follow different pathways and experience different outcomes.*

- African American children are younger than average when they enter the system, have higher than average rates of being assigned to family reunification services and are initially placed with a relative. African American children experience more court hearings, have a higher than average rate of being removed from their families, longer than average stays in each out-of-home placement and a longer average total case duration than children in other groups. At case closure, African American children are less likely to be reunified with their families and most frequently in permanent placement.
- White children are older than average on entry to the CWS and though they are also most often assigned to family reunification services and placed with a relative, they tend to have a shorter than average stay in each out of home placement and a lower than average total case length. At case closure, White children are most likely to be in family maintenance services.

- Likewise, Latino children are also most often assigned to family reunification services and placed with a relative at initial placement. They experience shorter than average stays in each out-of-home placement, have a shorter total length of time in out-of-home placement and a shorter total case length. Results also indicate that Latino children experience a relatively high number of unique placement homes, suggesting that they experience multiple transitions as they wend their way through the system. For Latino children, their most common status at case closure is permanent placement, suggesting that many Latino children are not reunified with their family of origin. Similar to African American families, they experience a lower than average rate of family maintenance services.
 - Asian American/Pacific Islander children also tend to be assigned to family reunification services, but receive family maintenance services at a higher rate than other groups. Rather than being placed with relatives, their initial placement is likely to be in a family foster home. Asian American/Pacific Islander children appear to have lengthier than average stays in each out-of-home placement and longer than average total time in out-of-home placement, as well as a longer than average total case length. The most frequently occurring final out-of-home placement for Asian American/Pacific Islander children tends to be a family foster home, and they are more likely to have their case closed with permanent placement services.
 - Once in the CWS, African American and Latino children tend not to return to their families. This finding was underscored by focus group results in Phase 1 of our study, as well as by comments from key informants during the current phase. Key informants stated that worker bias, poverty, as well as immigration status were key barriers to exiting the system. In addition, key informants suggested that individual bias on the part of workers might be instrumental at both the front end of the system and in decisions that are made once the child enters the system, in prolonging stays of children of color.
4. *The services ordered for families of color are generally limited to a one-size-fits-all approach and to a small array of available services. The reliance on traditional formal services does not appear to meet the needs of these highly diverse ethnic/racial family groups.*
- Parenting education, substance abuse treatment and counseling (both individual and group) were the most commonly ordered services at the jurisdictional/dispositional hearing. These results suggest that workers are offering the same services for all families, regardless of their needs and rely heavily on traditional, formal services.
 - Results also indicate that services are not distributed uniformly across racial/ethnic groups and do not necessarily match their specific needs. In spite of high rates of substance abuse problems and criminal involvement, African American parents were most often ordered to receive parent education only.

White families appear to receive more of the available services including parenting education services, individual and group counseling and substance abuse treatment services. In addition to parenting education services, Latino families receive slightly higher than average rates of substance abuse services. However, it is not clear whether these provided services are culturally and linguistically appropriate. Neither African American nor Latino families appear to receive mental health services. Asian American families appear to receive mental health services at a higher rate than other groups, but again it is not clear whether they are meeting the unique needs of this culturally distinct group.

- The paucity of services ordered indicates that children and families of color are not provided with sufficient preventive and supportive services and that traditional CWS may not meet the particular needs of these unique and diverse groups. These findings also corroborate those of a national forum on children and families of color in the CWS (CWLA, 2002). In addition, research has indicated that individual, group and couples counseling, as well as parenting training have shown only minimal success in teaching parents better skills and reducing the likelihood of further abuse in families marked by serious and chronic abuse (Albee & Gullota, 1997; McLoyd, 1998).
- There is a need for preventive and early intervention services for vulnerable families of color. For example, home visitation services may be exceptionally helpful in addressing the needs of vulnerable, at-risk families from diverse racial/ethnic groups. Research has indicated that programs of home visitation that promote positive health-related behaviors in mothers of young children, competent care of their children and linkage with needed health care and human services, reduce rates of criminality, problems related to substance abuse and child abuse and neglect among young, unmarried, isolated poor mothers (Olds et al., 1997, 1998). Studies that follow children of mothers involved in such home visitation programs, into adolescence have found these youth have fewer serious behavioral and adjustment problems than youth whose mothers did not participate in home visitation programs. Indeed, the U.S. Advisory Board on Child Abuse and Neglect has recommended that home-visitation services be made available to all parents of young children as a means of preventing child abuse and neglect (U.S. Department of Health and Human Services, Administration for Children and Families, 1991).
- The use of more non-traditional, culturally sensitive services that are conducted in the client's primary Language are clearly warranted. Key informants underscored this point. A paucity of social services, particularly multi-lingual services, was cited as a significant barrier for many families of color. Interviewees discussed the shortage of substance abuse treatment programs, particularly those geared for women with children and people whose primary language is not English. Multi-lingual and culturally appropriate domestic violence services, parenting classes, and other social services were considered in need of development.

- The form of mandated services is also an important issue. As one key informant noted, “if a Latino parent is court ordered to therapy, this may be seen as ‘being crazy, while attending a psychoeducational group is (viewed as) less of a problem.”
 - The scarcity of accessible services was perceived as “discrimination against the poor who have to rely on free treatment” by more than one informant.
 - In addition, key informants noted that recognition of the extended family system is critical, particularly in relation to working with many communities of color. “Thinking of family as a mother-father-child configuration is common but problematic...it is just not how children are really raised.”
 - More research and evaluation of interventions and programs targeted to children and families of color is necessary. Rather than implementing untested interventions, it would be more efficacious to begin with programs that have been tested, replicated and found to work with families from unique and diverse racial/ethnic groups.
5. *There is a need to involve multiple social service systems in a comprehensive and coordinated effort to meet the needs of children and families of color.*
- Results from Phase 2 indicate that the problems experienced by families across the different racial/ethnic groups span multiple systems including: mental health, juvenile justice, adult criminal justice, substance abuse, and welfare.
 - Statistics presented in the literature review section of this report also indicate that families of color are involved in systems other than child welfare in high numbers. Prevention and intervention efforts should involve a deliberate and organized coordination of these multiple systems.

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I. Introduction

While child abuse and neglect appears to affect children of all racial and ethnic origins (US Department of Health and Human Services, 1998; Sedlack & Broadhurst, 1996), an analysis of national, California and Santa Clara County data on the ethnicities of children in out of home placement reveals that, compared to their presence in the general population, there is a disproportionate involvement of children of color in the public child welfare system (CWS). Recent national statistics indicate that African American and Native American children are overrepresented in the CWS. African American children represent 15% of the general child population, yet comprise approximately 47% of children in the CWS and Native American children constitute approximately 1% of the child population and represent approximately 2% of the CWS. Though not all states provide data on Hispanic/Latino children in the CWS, aggregate statistics from those that do reveal that while Hispanic/Latino children make up approximately 16% of the national child population, they comprise 7% of the CWS population. Asian American/Pacific Islanders and Whites also tend to be underrepresented at the national level. Asian American/Pacific Islander children comprise approximately 4% of the general child population and 1% of the CWS, while White children who are approximately 64% of the general child population, constitute 36% of children in the CWS (Child Welfare League of America, 1998; Department of Health and Human Services, 1998; Federal Interagency Forum on Child and Family Statistics, 2001; U.S. Bureau of the Census, 2001).

Further analysis at the California level provides important information on differences and trends that may go undetected at the national level. In California, a large and ethnically diverse state, African Americans constitute 6% of the general population (32% of whom are below the age of 18), but represent approximately 36% of children in the CWS. Hispanics/Latinos comprise approximately 32% of the general population in California with 43% being below the age of 18, and constitute 32% of children in the state CWS. Native Americans represent 0.5% of California's population and constitute approximately 1.5% of the children in the CWS. Asian American/Pacific Islanders are under-represented in California's CWS, as they constitute approximately 11% of California's general population, with approximately 30% being younger than 18, but represent just 2% of the children in the CWS. While Whites comprise approximately 47% of the population in the state, with only 20% being below the age of 18, they constitute 30% of the children in California's CWS (Public Policy Institute of California, 2001; Needell, Webster, Cuccaro-Alamin, Armijo, Lee, Brookhart, Lery, Shaw & Kim, 2001; U.S. Bureau of the Census, 2000).

In Santa Clara County, there also exists a disproportionate representation of children of color in the County's CWS. When compared to the general population, African American, Hispanic/Latino and Native American children are overrepresented in Santa Clara County's CWS, while Asian American/Pacific Islander and White children are underrepresented. African Americans represent 4% of the general child population in the county, and are 14.7% of children in the CWS. Hispanic/Latino children represent 30% of the general child population in Santa Clara County and constitute 53.5% of the

child welfare cases. Native Americans are approximately 0.5% of Santa Clara County's population and represent 1.0% of children in the CWS. Asian American/Pacific Islander children represent 21% of the general county child population and 5.1% of children in the CWS; Whites constitute 45% of the general child population and 25.8% of the child welfare population (Needell et al., 2002, US Bureau of the Census, 2000).

Project Description

The disproportionate involvement of children of color in the CWS has long been an issue of concern for CWS workers, clients, researchers and government and community groups; yet no research to date (with the exception of this study) has systematically investigated the factors associated with this disproportionality. In an effort to better understand the factors related to the disproportionate number of children of color in the CWS in Santa Clara County, the Department of Family and Children Services (DFCS) contracted with the Child Welfare Research Team (CWRT) in the College of Social Work at San José State University to conduct a three-year study on this topic. An advisory group, consisting of administrators and representatives from various racial/ethnic groups was convened to help guide the development of the project.

The primary overall question posed by DFCS was: What are the primary reasons why children of color are disproportionately represented in Santa Clara County's Child Welfare System? In order to address the complexity of this question, the CWRT elected to employ a multiphase/multimethod approach, beginning with an initial exploratory phase that was completed in April 2001.

This report provides findings from Phase 2 that ran from September 2001 to August 31, 2002. Specifically, in this second phase of the study, the Child Welfare Research Team (CWRT) addressed two of the four themes that emerged from Phase 1 (see Section II for a review of all four themes presented at the end of Phase 1). The overarching themes guiding the current Phase 2 report are as follows: 1) little is known about specific pathways through the CWS and ways in which these pathways differ for various racial/ethnic groups, and 2) various racial/ethnic groups may receive different treatment at key decision making points in the system.

The primary methodology for Phase 2 involved extensive, in-depth reviews of 403 closed child welfare case records, a parallel descriptive analysis of 1720 closed cases within the CWS/CMS database, and key informant interviews with managers and supervisors in the county's Department of Family and Children Services (DFCS).

Overview of the Report

The next section of this report provides background information on the four themes from Phase 1 and the specific Phase 2 research questions that were identified from these themes. The third section includes a summary of previous research findings concerning the factors associated with the disproportionate representation of children of color in the CWS. When possible, key statistics on the characteristics of children,

families and communities in Santa Clara County and related Phase 1 findings are also included in this section in order to provide a contextual framework for the research review and the findings presented later in this report. Section four describes Phase 2 study methods and procedures. Eight individual case studies are presented in section five, followed by a description of the overall closed case sample of 1720 cases in section six. Section seven provides findings from case record reviews of 403 closed child welfare cases, followed by section eight which presents results of the key informant interviews. Summary narrative descriptions of ethnic differences in pathways through the CWS and overall conclusions and implications are presented in section nine of the report.

Definition of Terms Used in this Report

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

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

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

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

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

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

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

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

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

II. Study Objectives and Approach for Phase 2

Phase 1 emerging themes and research questions identified for Phase 2

Phase 1, which was concluded in March 2001, presented preliminary findings from an exploratory investigation of the primary research question. Data for Phase 1 were gathered from three sources: research literature at the national, state and county levels; Santa Clara County's management information system (CWS/CMS); and focus group discussions with professionals in Santa Clara County who provide child welfare services as well as parents, caregivers and youth who are recipients of CWS services. Four central themes emerged from Phase 1 findings (please see the final Phase 1 report for the complete findings from which these themes were generated). The four emerging themes from Phase 1 included:

Theme 1: Little is known about specific pathways through the CWS and ways in which these pathways differ for various racial/ethnic groups.

Much of the research on children in the CWS focuses on factors related to movement in and out of the system. The specific pathways through the system for children of various ethnicities is largely unknown, and may provide important insights into the factors related to the disproportionate involvement of children of color. Focus groups participants in Phase 1 frequently stated that once a child of color enters the system, it is very hard for that child to exit. *Conclusions from Phase 1 indicated that more research is needed that focuses on the actual experiences of children in care and the individual and family-related characteristics that are associated with these experiences.*

Phase 2 of this study addresses this theme. Specific research questions related to Theme 1 include:

- *Do pathways through the system differ for different racial/ethnic groups?*
- *What individual, family and system-related factors are associated with varying pathways?*
- *Do outcomes differ for children following particular pathways?*
- *At what points along these pathways do and should interventions occur?*

Conclusions from Phase 1 also indicated that CWS/CMS data alone would not provide the information needed to address these research questions. Thus, the methodology for Phase 2 included *extensive case record reviews* on a sample large enough to collect information on the individual child and family as well as system related characteristics not included in the CWS/CMS database. In addition, review of *a large sample of closed cases* allowed us to examine the entire histories of children as they progressed through the CWS and to conduct analyses that were not possible with the CWS/CMS cross-sectional dataset that we used in Phase 1.

Theme 2: Various racial/ethnic groups may receive different treatment at key decision making points in the system.

Differential treatment of children of color in both the initial reporting of child maltreatment and throughout the various stages within the CWS may exist. CWS/CMS data for Santa Clara County corroborate the possible differential treatment of children of color at various points in the system. Phase 1 analysis revealed that African American children spent significantly more time in placement than their White, Hispanic/Latino, and Asian American/Pacific Islander peers. Differences in placement type were also found—although kinship care (placement with a relative) was the most frequent out of home placement (OHP) type across ethnicities, the second most frequent OHP type varied among racial/ethnic groups. For African American, Native American, White, and Hispanic/Latino children, the second most common OHP type was a Foster Family Agency. For Asian American/Pacific Islander children, the second most frequent placement was a Foster Family Home. Asian American/Pacific Islander (18%) children were also placed at the Children's Shelter at higher percentages than children of other racial/ethnic groups.

In addition, focus group participants in Phase 1 expressed concern for possible racial/ethnic differences in ways in which services and resources were allocated and ways in which the judicial system handled cases.

Phase 2 of the study addresses Theme 2. Specific research questions guiding this inquiry include:

- *What are the critical transitions/(choice points) in the CWS?*
- *What is the extent of over/under-representation of children of differing ethnicities at major transitions/(choice points) in the system?*
- *Are there racial/ethnic differences as children progress through the system?*
- *Do children from differing racial/ethnic groups receive the same or different services and resources as a result of their involvement in the CWS?*

Case record review data were collected to provide extensive information on decisions at key points in the system and progress through the system, as well as services ordered for children at the time of case disposition and at subsequent hearings. *Key informant interviews* with managers and supervisors in sections and departments at key decision points in the system provided additional information pertaining to cultural and environmental aspects of the agency.

Theme 3: System level changes recently initiated at the federal, state and local level will undoubtedly have an impact on children of color in the CWS.

Recent federal policies, including the Multi-Ethnic Placement Act-Interethnic Adoption Provision (MEPA-IEP, 1996); the Adoption and Safe Families Act (ASFA, 1997); the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, 1996); as well as state and local county policies all impact the ways in which

families and children of color enter and stay in the CWS. Recent policy shifts toward expedited permanent placements for children in out-of-home care and shortened timelines for reunification, as well as new restrictions for Temporary Assistance to Needy Families (TANF) recipients (more than half of children in foster care are from welfare eligible families) may increase the likelihood of children of color entering and staying in the CWS—although much more research is still needed to determine this association.

Theme 4: Factors related to the disproportionate representation of children of color in the CWS are multiple and complex.

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

The examination of Themes 1 and 2 has helped to bring into focus a clearer picture of the experiences of children of various ethnicities in Santa Clara County's CWS—as well as furthered our understanding of the factors related to the disproportionate representation of children of color in the CWS. In order to provide additional background in which to frame the results of Phase 2 (presented in sections V-VIII), section three presents a summary of the research relevant to the disproportionate involvement of children of color in the CWS, augmented by findings from Phase 1, as well as relevant statistics that pertain to children and families in Santa Clara county.

III. Summary of Related Research and Santa Clara County Statistics

Rather than one primary cause, there appear to be numerous interrelated factors associated with the disproportionate representation of children of color in the CWS (please see the final Phase 1 report for a complete review of the relevant research literature on this topic). This section summarizes the relevant research literature by addressing four general areas associated with CWS involvement: 1) parent and family related risk factors, 2) race and class biases in the initial reporting and subsequent processing of children in the CWS, 3) social factors related to poverty, neighborhood effects, and other community-level predictors, and 4) the possible impact of recent child welfare policy initiatives on children of color. Related data on the characteristics of children, families and communities in Santa Clara County, as well as pertinent findings from Phase 1, are also presented in order to provide a contextual framework for ways in which these four areas of interest may operate within this particular locality and to help frame the findings presented later in this report.

Parent and Family-Related Factors and Child Maltreatment

The impact of parent and family-related risk factors on child welfare caseloads has received considerable attention in the research literature. Most notably, risk factors associated with child maltreatment or entrance into the CWS include parental substance abuse, parental mental illness, domestic violence and parental incarceration.

Parental Substance Abuse and Child Welfare System Involvement

It is estimated that one-third to two-thirds of substantiated child maltreatment reports involve parents that abuse substances—including both alcohol and/or illicit drugs (U.S. Department of Health and Human Services, 1999). Data from the National Institute for Mental Health's Epidemiologic Catchment Area survey indicates that a child with a substance abusing parent is nearly three times more likely to suffer from maltreatment than other children (Chaffin, Kelleher, & Hollenberg 1996). Substance-abusing families are also more likely to neglect their children than abuse them; have their children enter the CWS at a younger age; have children placed in foster care; and experience longer stays in foster placement compared to other children (Bays, 1990; U.S. Department of Health and Human Services, 1999; Walker, Zangrillo & Smith, 1991).

Research on families in the CWS indicates that substance-abusing families are more likely to be White (47%) or African American (47%) than Hispanic/Latino (6%) and they tend to have more overall problems than other families in the system (U.S. Department of Health and Human Services, 1999; Semiedi, Radel & Nolan, 2001). For instance, one study found that substance abusing African American families in the CWS were twice as likely as non-substance abusers to suffer from myriad social problems including poverty, dependence on welfare/AFDC (85%), single parent status (53%),

having a mother that did not graduate from high school (67%), and living in substandard housing or having housing difficulties (44%) (Walker, Zangrillo, & Smith, 1991).

Prenatal substance abuse has also been linked to involvement in the CWS, partly because in many states a positive toxicology screen upon delivery is enough to warrant a child welfare investigation. It is estimated that 200,000 to 750,000 infants born each year have been exposed to one or more illicit drugs before birth (National Institute on Drug Abuse, 1994; Vega, Kolody, Hwang & Noble, 1993). Rates of prenatal drug use vary depending on methodology and samples utilized. On a national level, more White women than African American women or Latinas self-report the use of any illicit drugs during pregnancy, but African American women are more likely to self-report cocaine use during pregnancy than are White women or Latinas (U.S. Department of Health and Human Services, 1999). In a separate study of women delivering in California hospitals, 11% of new mothers tested positive for any substance use during pregnancy (Vega, et al., 1993). African American women were found to have the highest prevalence of total substance use, White women had the second highest prevalence of one or more drugs and Latinas yielded the second highest prevalence for alcohol use. Latinas accounted for 45% of all women who tested positive for alcohol in the study. Asian women generally had a lower prevalence for substance use than any other group.

While prenatal exposure to alcohol and illicit drugs has been linked to negative developmental outcomes for children (Bays, 1990), there is a lack of reliable empirical evidence linking prenatal substance abuse with subsequent child abuse and neglect (Jaudes, Ekwo & Voorhis, 1995). Similarly, although parental substance abuse is prevalent in CWS populations, there is a lack of strong empirical evidence concerning the relationship between parental substance abuse and child maltreatment. Reliable findings that causally link parental substance abuse and child maltreatment are extremely limited. Definitive findings linking substance abuse, child maltreatment and ethnicity are likewise absent from the literature. Of the studies that have included ethnicity—most neglected to include groups other than Whites and African Americans.

Parental Mental Illness and Child Welfare System Involvement

There is considerable evidence to suggest that parents in the CWS have an increased likelihood of suffering from mental health problems. In studies using samples of families who are in the CWS, the incidence of parental mental illness is significantly greater than in matched comparison groups of parents not involved in the CWS. Rates of particular diagnoses among maltreating parents vary depending on methodology and samples utilized. Mood disorders have been found in 28% to 41% of maltreating parents; post traumatic stress disorder has been found in 9% to 43% of maltreating parents, and alcoholism or other substance abuse disorders have been found in 32% to 43% of maltreating parents (Bellis, Broussard, Herring, Wexler, Moritz & Benitez, 2001; Famularo, Barnum, & Stone, 1986; Famularo, Kinscherff, & Fenton 1992). Approximately 65% of maltreating mothers have been found to meet criteria for a personality disorder and 26% for an anxiety disorder (Famularo, Kinscherff, & Fenton, 1992). Severe mental illness appears to be less common than other diagnoses among

maltreating parents; rates for schizophrenia and bipolar disorder vary from 1% to 4% (Bellis, Broussard, Herring, Wexler, Moritz & Benitez, 2001; Famularo, Barnum, & Stone, 1986).

In studies utilizing community samples of families not involved in the CWS, the presence of parental mental illness has also been linked to self-reports of child maltreatment. Dinwiddie and Bucholz (1993) utilized two separate community samples, including the 1984 Epidemiologic Catchment Area (ECA) Study and found that participants who self-reported child maltreatment were also more likely than non-abusers to have a DSM-III diagnosis of alcohol abuse/dependence, major depression and/or anti-social personality disorder, after the effects of age, gender and socioeconomic status were controlled. In a separate analysis of 1984 ECA data, a lifetime history of any mental disorder was strongly associated with a self-report of abuse or neglect of a child (Egami, Ford, Greenfield, & Crum, 1996).

Although parental mental illness has not been causally linked to child welfare involvement, it has been implicated as a predictor for entrance into the CWS. Kotch, Browne, Dufort, Winsor, & Catellier (1999) found that maternal depression, psychosomatic symptoms and the consumption of alcohol, among other characteristics assessed in infancy, all predicted entrance into the CWS in the child's first four years of life. Similarly, Chaffin, Kelleher & Hollenberg (1996) utilized Wave I and Wave II data from the ECA to assess risk factors for child maltreatment. Substance abuse disorders were the most significant predictor of both physical child abuse and neglect, while depression emerged as the most significant predictor of physical abuse, but not neglect. Interestingly, depression was univariately related to neglect in this study; however, no significant association remained once substance abuse was controlled for in the overall hierarchical logistic regression model. The authors suggest that the relationship between depression and child neglect may be mediated by substance abuse, indicating that psychiatric risk factors should not be considered in isolation.

Domestic Violence and Child Welfare System Involvement

A growing body of literature provides strong evidence that children who live in households where domestic violence occurs are at risk for being maltreated. It is estimated that approximately 6% of children in the U.S. are likely to be physically maltreated in any given year in families in which marital violence occurs (Appel & Holden, 1998). The rate of co-occurrence of domestic violence and child maltreatment varies depending on the research methodologies utilized, as does the extent to which domestic violence is linked with either physical child abuse, psychological child abuse, neglect or sexual abuse. In a study that re-analyzed a sub-sample (N = 2,733) from the 1985 National Family Violence Survey, the presence of wife abuse, although significant, explained less than 1% of the variance in the criterion variable of physical child abuse; 0.9% for physical punishment (not reaching the level of abuse) and 0.2% for verbal abuse (Tajima, 2000). Research suggests that the link between domestic violence and all forms of child maltreatment is stronger within families who are in the CWS for confirmed child maltreatment. Rates of domestic violence among families in the CWS vary from 38% to

54% (Bowen, 2000; McGuigan & Pratt 2001).

Although domestic violence tends to be associated with all forms of child maltreatment, the strongest association appears to be with physical child abuse. Rates vary by study, yet generally, domestic violence more than triples the likelihood of physical child abuse while the likelihood of all other forms of child maltreatment is roughly doubled by the occurrence of domestic violence (McGuigan & Pratt, 2001; Rumm, Cummings, Krauss, Bell & Rivera, 2000).

Parental Incarceration and Child Welfare System Involvement

More than 1.9 million people are currently incarcerated in prisons or jails—a 68% increase since 1990 (Beck & Kraberg, 2001). Nationally, incarcerated persons are disproportionately people of color; 38% of prisoners are White (compared to 69.1% of the general population); 45% of prisoners are African American (compared to 12.1% of the general population) and 17% of prisoners are Hispanic/Latino (compared to 12.5% of the general population) (Beck & Harrison, 2001; Beck & Karberg, 2001; U.S. Census Bureau, 2001). Forty six percent of incarcerated parents report living with their children prior to incarceration and of the nation's 72 million minor children, 2.1% had an incarcerated parent in 1999. Estimates indicate that African American children are nearly nine times more likely to have a parent in prison than are White children, and Hispanic/Latino children are three times more likely to have an incarcerated parent, when compared to White children (Mumola, 2000).

Data on the number of children who enter the CWS as a result of parental incarceration are lacking, and there is considerable variability between states in their efforts to gather data on the rates of parental incarceration for children in the CWS. Estimates indicate that approximately 10% of the children of female prisoners and 2% of the children of male prisoners are in some form of out-of-home care, yet it is unclear whether these children were already in the CWS when their parent(s) were incarcerated or how many entered the system specifically because their parent(s) were incarcerated (Beck, Gilliard, Greenfeld, Harlow, Hester, Jankowski, Snell et al. 1992). A study conducted by the U.S. Department of Health and Human Services (1997) concluded that incarceration represented the main presenting problem in 4% of the cases in the CWS in 1994. In a survey of all 50 states, the Child Welfare League of America (1998) reported that only 5 of the 38 reporting states provided estimates of the percentage of children in the CWS with incarcerated parents; these estimates ranged from 1.6% to 29.5%.

Although the majority of prisoners are men, women prisoners are more likely to be parents than are male prisoners and are also more likely to leave their dependent children without a primary caretaker when they are incarcerated (Snell, 1994). Approximately 65% of incarcerated women have children under the age of 18, with an average of 2.11 children (Greenfeld, & Snell, 1999). The number of children entering the CWS due to an incarcerated parent may be becoming a larger issue for child welfare agencies as the number of women prisoners has risen 110% since 1990, so that in 2000, 156,200 women were incarcerated (Beck & Karberg, 2001). Additionally, the impact of drug-related

activities on female prison population is also an area of concern for the CWS. Between 1990 and 1996, the number of female offenders serving time for drug-related offenses doubled so that more than 1/3 of all female offenders in 1996 were serving time for drug-related offenses (Gilliard & Beck, 1998).

Summary of Parent and Family-Related Factors and Child Maltreatment

While several studies point to a correlation between child maltreatment and the parent and family-related risk factors of parental substance abuse, parental mental illness, domestic violence and parental incarceration, there is a lack of empirical evidence to support a causal connection. Additionally, the possible interactive effect of parent and family-related risk factors on the disproportionate representation of children of color in the CWS has not yet been studied. Unfortunately, most studies cited only used two or three ethnic categories (e.g. White, African American and/or Hispanic/Latino), making it difficult to draw conclusions on the role of ethnicity in parent and family-related risk factors associated with CWS involvement. Despite these limitations, there is convincing evidence to suggest that parent and family-related risk factors do play a role in CWS involvement. Most importantly, findings suggest that parent and family-related risk factors are likely related to one another in multiple and reciprocal ways. These risk factors should not be considered in isolation, but rather as interacting factors that are associated with CWS involvement and possibly—the disproportionate representation of children of color in the CWS.

Santa Clara County Characteristics

In fiscal year 1997/1998 Santa Clara County served 4,775 clients over the age of 25 in their drug and alcohol programs; 44.2% of these clients were White, 39.7% were Hispanic/Latino, 10.6% were African American, 4.0% were Asian American/Pacific Islander and 1.4% were American Indian (State of California, Department of Alcohol and Drug Program 1998, cited in Santa Clara County Public Health Department, 1999). Santa Clara County has a rate of 3.9 deaths per 100,000 due to drug use; deaths due to drugs in Santa Clara County have declined steadily since the late 1980's and the county's drug-related fatality rate is consistently lower than the overall rate for the State of California (Santa Clara Valley Health and Hospital System, 1997). Additionally, in Santa Clara County's Behavioral Risk Factor Survey conducted in 1997, 12.5% of respondents were classified as binge drinkers and 6.2% as chronic alcohol abusers (Santa Clara Valley Health and Hospital System, 1997).

Approximately 7% of the general population in Santa Clara County obtains services from the mental health department (Santa Clara Valley Health and Hospital System, 1997). Santa Clara County's Mental Health Department has a client base of approximately 19,000 clients; 27% of these clients are under the age of 18; 64% are between 18 and 59; and 9% are over the age of 60. *Whites constitute approximately 49% of the mental health system clients; African Americans 8.3%, Hispanic/Latinos 25.6%, Asians 12.5%, Native Americans 1.2% and Other (non-whites) are 2.8% of the clients in the mental health system. Thus, over 50% of the clients served by the county's mental*

health system are persons of color (Santa Clara Valley Health and Hospital System, 1997).

In the year 2000, the Santa Clara County District Attorney's Office reviewed 86 new reports of domestic violence *each week*—charges were brought in 3,076 of these cases. In 24% of these cases, children were present during the domestic violence incident. Since 1983, the number of Emergency Protective Restraining Orders (EPRO) have increased seven fold in Santa Clara County—to a total of 1,866 EPRO in 2000. Fifty-one percent of these EPRO's involved children in the home. *In the year 2000, emergency housing and shelter services for domestic violence victims served 4,217 clients; 41.6% of these clients were Hispanic/Latino, 31.4% were White, 12.3% were Asian, 7.0% were African American, 1.3% were Native American, 2.0% were "Other" and 4.5% were of unknown ethnicity.* Eighteen people died of domestic violence in Santa Clara County in 2000 (Santa Clara Valley Health and Hospital System, 2001).

Santa Clara County houses the fifth largest jail system in California and the 14th largest jail system in the United States. On an annual basis, the Santa Clara County Department of Corrections books more than 65,000 persons who have been arrested and there is an average daily population of 4,242 inmates in the County's six main correctional facilities. These inmates have an average length of stay of approximately 93 days and 80% of the inmates are reported to have a history of drug and alcohol related problems. Felony drugs charges are the most frequently reported (31 %) serious charge in the Santa Clara County inmate population. Approximately 50% of the incarcerated population has never served more than six months in custody while 35% have spent one year or more in jail or prison. *Current statistics on the ethnicities of inmates in Santa Clara County facilities are unavailable* (Santa Clara County Department of Corrections, 2001).

Bias in Initial Reporting and Subsequent Service Delivery

Research suggests that the disproportionate representation of children of color in the CWS may be related to race and class bias in the initial reporting and subsequent processing of children through the various phases of child welfare proceedings. This possible differential treatment may be associated with many factors including bias on the part of individual workers and/or structural aspects of the CWS itself (Egami, Ford, Greenfield & Crum, 1996). Most of the research in the area of bias and involvement of children of color in the CWS has centered on issues related to the initial report.

Studies have indicated that less than 50% of reportable child maltreatment situations are actually reported and that there may be racial and economic differences in who reports, who gets reported and the types of maltreatment that are reported (Ards, Chung & Myers, 1998; Ards & Harrell, 1993). Using data from the National Incidence Study of Child Abuse and neglect (NIS 1-2-3) containing reported cases of child maltreatment, as well as unreported cases obtained from a community sample, the NIS-3 findings corroborated results of the NIS-1 and NIS-2 (conducted in 1980 and 1986 respectively), in finding *no race/ethnic differences in child maltreatment incidence*

(Sedlack & Broadhurst, 1996). These findings parallel Ard's (1992) secondary analysis of NIS-1 and NIS-2 data in which African American communities were found to have lower rates of maltreatment than Caucasian communities once variables such as income level, unemployment rates and the extent to which an area is urban or rural were statistically controlled.

Secondary analyses of NIS-1 and NIS-2 data on the types of agencies reporting child maltreatment revealed that, in 1986 CPS was more likely to be aware of hospital cases involving African American children, than Caucasian children, controlling for type of abuse (Ards, & Harrel, 1993). Additionally, Hampton and Newberger's (1985) secondary analysis of NIS-1 data collected in 1980 indicated that compared to other agencies, hospitals were more likely to report low SES African American and Hispanic/Latino families than Caucasian families.

Research on the impact of case characteristics on child abuse reporting decisions has shown that race and SES are variables that are inconsistent, although at times significant, factors in report decision-making (Zellman, 1992). In one study, physical and sexual abuse vignettes depicting lower SES and African American families were typically determined to be more serious, more likely to be defined as abuse, and more likely to be perceived as requiring a report under the law. Outcomes were generally judged to be better for lower status African American families, and although not consistently reaching significance across all vignette categories, respondents were more likely to report African Americans. Interestingly, when race was varied in the neglect category, the benefit of the report was perceived as higher if the child was Caucasian and of a higher SES, rather than African American (Zelman, 1992).

It is also possible that child welfare agencies substantiate reports at a higher rate depending on the reporter, the perpetrator, or family-related characteristics. While there is a lack of research on reporting characteristics and substantiation of child welfare cases, one study has suggested that substantiation rates for neglect are higher in impoverished communities (Drake & Pandey, 1996). More research on cases that are reported and substantiated and characteristics that distinguish them is necessary in order to understand ways in which bias may play a role in the initial involvement of children of color in the CWS.

Research suggests that once in the system, families of color receive fewer services and have poorer outcomes than their White counterparts (see Courtney, Barth, Duerr Berrick, Brooks, Nedell & Park, 1996 for a review). A six-year longitudinal study of children in California found that African American children were far less likely than Caucasian or Hispanic/Latino children to be reunited with their families, and less likely than Caucasian children to be adopted. Hispanic/Latino children were also found to be more likely than Caucasian children to remain in care than to be adopted (Barth, 1997). While research in the area of bias in initial reporting and subsequent service delivery is scant and inconclusive, differences in service provision may reflect biases in the ways in which children and families of color are assessed and subsequently provided services. Further research on bias and the role it plays in the involvement of children of color in

the CWS is necessary.

Santa Clara County Child Welfare System characteristics

Focus group results from Phase 1 of this study indicate that workers from Santa Clara County's CWS do perceive differential treatment at various phases in the CWS. When asked what they felt were the factors related to the disproportionate representation of children of color in the CWS, focus group participants noted several reasons, including: over and under reporting by mandated reporters; bias on the part of ER workers regarding which children should be removed; lack of agency support for Informal Family Service and Voluntary Family Maintenance services; DI workers being more likely to detain children of color than White children; and African American and Hispanic/Latino cases being by-passed for services more frequently than other groups.

Phase 1 analysis of CWS/CMS data also corroborated the notion that children of differing ethnicities receive differential treatment in the various stages of the CWS. African American children in Santa Clara County's CWS spent significantly more time in placement than their White, Hispanic/Latino, Asian American/Pacific Islander, Vietnamese, and Filipino peers. Also, following placement in a relative home, the second most frequent placement for African American, Native American, White and Hispanic/Latino youth, was a Foster Family Agency (FFA) while the second most frequent placement for Asian American/Pacific Islander youth was a Foster Family Home (FFH). (Please see Phase I Final Report for a complete description of findings.)

Poverty and Characteristics of Impoverished Communities that Increase the Risk of Children of Color Entering and Staying in the Child Welfare System

While initial conceptions of child maltreatment focused on medical and psychiatric factors and tended to downplay social and socioeconomic factors (Kempe, Silverman, Steele, Droegemueller & Silver, 1962; Steele & Pollock, 1968), there is currently considerable evidence that cases of child maltreatment have been disproportionately found among low-income and poor families (Colton, Corbin, Su and Chow, 1995; Drake & Pandey, 1996; Garbarino & Sherman, 1980; Gelles, 1992; Pelton, 1978; Zuravin, 1989).

This body of evidence is particularly relevant to our research question because African American and Hispanic/Latino communities tend to have higher rates of poverty than other racial/ethnic groups. U.S. Census figures indicate that approximately 19 percent of all American children under age 18 live in families who are below the official poverty line. Of this 19 percent, approximately 26 percent are Hispanic/Latino and approximately 26 percent are African American children. Thus, over 50 percent of all American children living in poverty are Hispanic/Latino or African American (U.S. Census Bureau, 1999). African Americans also tend to spend longer amounts of time living in poverty and have the lowest exit rate from poverty and the longest median poverty spell of any other racial/ethnic group (Duncan, 1991; Naifeh, 1998). Additionally, Hispanics/Latinos have the highest episodic poverty rate of any other ethnic

group and Hispanic/Latino families with children under 18 are twice as likely to live in poverty as non-Latinos (Naifeh, 1998; Zambrana & Dorrington, 1998).

The links between poverty and outcomes related to child well-being, including child maltreatment rates and entrance into the CWS, are difficult to isolate because a number of family and neighborhood conditions often occur simultaneously with poverty. The influence of poverty has been shown to operate both through restricted resources to individual families and through macrostructural forces that shape impoverished communities (Coulton & Pandey, 1992). Poor families are more likely to be headed by young females with low levels of educational attainment that are unemployed or in the low-wage market (Brooks-Gunn, Duncan, & Maritato, 1997). Moreover, neighborhoods experiencing concentrated poverty (e.g. neighborhoods where the poverty rate exceeds 40 percent) often possess accompanying negative characteristics such as high crime rates, neighborhood violence, poor public schools and dilapidated housing conditions (Brooks-Gunn et al., 1997).

Research into neighborhood and community factors related to child maltreatment is currently fairly underdeveloped (Drake & Pandey, 1996). While some studies have demonstrated that concentrated poverty is related to higher rates of child maltreatment (Garbarino & Sherman, 1980; Steinberg, Catalano & Dooley, 1981) others have found that economic deprivation is not the sole factor producing negative outcomes for children (Ards, 1992; Coulton & Pandey, 1992). Other factors found to pose extreme risk to children and adolescents are high concentrations of female-headed households, high crime rates, and high concentrations of families living in public housing. These conditions may affect parenting behaviors that, in turn, produce poorer health and developmental outcomes for children in concentrated poverty area (Ards, 1992; Coulton & Pandey, 1992).

In an effort to explain the mechanisms through which concentrated poverty may affect child maltreatment rates, Coulton, Korbin, Su & Chow (1995) and Coulton, Korbin & Su (1999) investigated the mediating role of a community's level of social organization. The authors describe community social organization as including factors such as a community's economic status, residential mobility, family structure and ethnicity. Using census and child welfare agency data for 177 urban census tracts, Coulton et al. (1995) found child maltreatment rates to be related to a number of structural determinants of community social organization including poverty, excessive numbers of children per adult resident, household and age structure, geographic proximity of neighborhoods to concentrated poverty, population turnover and a concentration of female-headed households. Race/ethnicity was not examined in this study.

Community social organization may also be related to neighborhood racial segregation—or the over/under representation or concentration of certain ethnicities in specific geographic locations. Racial segregation of neighborhoods, like the variable of poverty, has been linked to poor outcomes for communities of color (Massey, 1993). Nationally, it is estimated that one third of African Americans live under conditions of

intense racial segregation. For Hispanics/Latinos, low to moderate levels of racial segregation are found in Hispanic/Latino communities across the nation (Massey & Denton, 1989). In a review of Census tract data, Enchautegui (1997) found that Hispanics/Latinos living in neighborhoods that were comprised of predominately other Latinos had poverty rates over seven percent higher than Latinos in the national population and had significantly higher unemployment rates than Latinos in the general population. Hispanics/Latinos living in racially segregated communities were also 11% more likely to live in female-headed households than Latinos in the general population and four percent more likely to not have a high school diploma. These data suggest that the negative effects of racial segregation do impact both African American and Hispanic/Latino communities.

Research supports the association between concentrated poverty, neighborhood context, the mediating role of a community's level of social organization and the occurrence of child maltreatment and subsequent contact with the CWS. The increased likelihood of experiencing poverty, and accompanying low levels of community social organization, among communities of color may be a contributing factor to the disproportionate involvement of children of color in the CWS. The overrepresentation of African American and Hispanic/Latino children living in economically deprived households not only increases their risk of coming into contact with the CWS, but also increases risk for poor outcomes on assessments of health, cognitive development, school achievement and emotional well-being, as well as for peer conflict, depression and low self-confidence (Brooks-Gunn, Duncan & Maritato, 1997; Huston, 1991). Additionally, in an investigation of the cumulative psychosocial stress of living in poverty, McLoyd and Wilson (1991) found that mothers' mental health worsened as a function of her worsening economic situation. As this process occurred, mothers in the sample became less likely to behave supportively and positively towards their children and were less satisfied with their parenting role. The resulting outcome for children of these mothers was higher levels of anxiety and depression.

Current research on these associations has focused almost exclusively on African American and Hispanic/Latino communities, both of which are at an increased risk of living in poverty. Yet although these communities may share an increased likelihood of experiencing poverty and the detrimental effects of poor community social organization, the mechanisms through which African American and Hispanic/Latino families become impoverished and the characteristics of their respective communities may differentially impact their entrance into and experiences with the CWS.

Santa Clara County Characteristics

Slightly more than 8% of people of all ages in Santa Clara County are living in poverty and approximately 13.4% of children are living below the poverty level (U.S. Census, 2001). Additionally, in 1998-1999, 31% of children in Santa Clara County were eligible for subsidized school lunches (Kids in Common, 2000). Households that are already in the lowest 20th percentile of Silicon Valley's income distribution have not seen their average income earned (adjusted for inflation) increase at all since 1993—despite

the fact that during the same time period the cost of living has increased 20%. *At the same time, incomes for the top-earning 20% of households rose an estimated 20% (adjusted for inflation) since 1993—indicating that the gap between the wealthy and the non-wealthy is extremely wide and growing in the Silicon Valley area* (Joint Venture Silicon Valley, 2001).

The difficulties experienced by households in the bottom of Silicon Valley's income distribution, are also reflected in the fact that, in 2001 only 15% of Santa Clara County houses that were sold were affordable for households with the median income (which is approximately, \$64,000)—a figure that is significantly lower than the national average of 63% (Joint Venture Silicon Valley, 2002). Not surprisingly, homelessness is a problem in Santa Clara County. In the Santa Clara County Homelessness Survey (utilizing a non-random self-reporting sample) conducted in 1999, *it was estimated that there are 20,000 homeless persons in Santa Clara County—one-third of whom were children* (Burstein & Woodsmall, 1999). *Hispanic/Latinos represented 36.2% of those surveyed, 34.9% were White, 17.3% were African American, 4.3% Native American, 3.3% Asian American/Pacific Islander and 4.0% were "Other" or refused to answer.* Thirty-five percent of those surveyed were employed; and 25.6% reported being homeless for 1 to 3 months, 22.7% for 6 to 12 months; 20.1% for 1 to 2 years and 17.8% had been homeless for 2 to 5 years (Burstein & Woodsmall, 1999).

In 2001, the Silicon Valley area lost 25,000 jobs and average annual pay in Silicon Valley dropped by an estimated 2% (Silicon Valley Joint Venture, 2002). Yet even for parents who are employed, it can be difficult to survive in Santa Clara County due to the high cost of living. For instance, 50% of the fastest growing jobs in the County pay less than \$10 an hour (Santa Clara County Children and Families First Commission, 2000). Yet estimates have shown that a family with two working adults and two children must earn a minimum of \$26.20 an hour to meet minimum living costs in Santa Clara County (Kids in Common, 2000). These figures suggest that numerous children and families in Santa Clara County likely experience economic hardships.

The large immigrant population in Santa Clara County may be the hardest hit by the recent economic downturn. According to recently released figures from the U.S. Census Bureau, the immigrant population in Santa Clara County grew at a faster pace than the rest of California between 1990 and 2000. *Currently, 34.1% of Santa Clara County's population is foreign born compared to 11% nationally and 26% at the state level* (U.S. Bureau of the Census, 2002). *For immigrants who come from poor countries with scant educational opportunities, job prospects can be scarce in a region characterized by a highly technological culture.*

Levels of community social organization are difficult to measure and systematic efforts to describe determinants of community social organization in Santa Clara County are lacking. *In one recent analysis of census tracts within the City of San Jose, a distinct pattern of separation between Whites and people of color was noted* (City of San Jose, 2001). *The number of census tracts in which 70% to 100% of the population is comprised of one ethnic group are as follows: 8 census tracts are predominantly Hispanic/Latino; 2*

are Asian American/Pacific Islander; and 21 are White (City of San Jose, 2001). Although racial/ethnic segregation exists in the Santa Clara Valley, the ways in which poverty, community social organization and racial segregation affect CWS populations in this locality are largely unknown.

The Impact of Recent CW Policy Initiatives on the Involvement of Children of Color in the Child Welfare System

Since passage of the Indian Child Welfare Act (ICWA) in 1978, only two Child welfare policies have been specifically targeted to children of color in the system. The *Multi-Ethnic Placement Act (MEPA)* of 1994 later amended by the *Interethnic Adoption Provisions (IEP)* in 1996 was intended to accomplish the following: decrease the time children wait to be adopted; promote recruitment and retention of diverse foster and adoptive parents; and eliminate discrimination based on race, color, or national origin in placement decisions. The enactment of MEPA-IEP has several potential implications for children of color. Research indicates that African American children are severely over-represented in the population of children waiting for a permanent home (Hollinger, 1998). If MEPA-IEP is implemented as was intended, children would spend less time in the system waiting for permanent placements, thereby preventing the adverse effects of long-term institutional care. Although MEPA-IEP prohibits agencies to consider culture or ethnicity in placement decisions, the act requires that States and agencies receiving Federal funds actively recruit foster and adoptive parents to reflect the cultural and ethnic backgrounds of the children in their agencies. More foster and adoptive families of color available to take in children of color without delaying the permanency placement process would potentially be of benefit to children of color waiting to be adopted (Knapp, McDonald & Diamond, 2001). MEPA-IEP also prohibits the removal of a child from a safe and stable trans-racial placement in order to place a child with a family of similar ethnic background. This would be of benefit to children of color as fewer disruptions in a child's life have continually been found to contribute to more positive outcomes.

To date there has been no research on the impact of MEPA-IEP on children of color in the CWS. It remains unclear whether this act has been of benefit to children of color or whether several inherent obstacles to the implementation of MEPA-IEP, such as confusion about the law, lack of resources for recruitment of foster and adoptive parents, resistance from workers, and fear of litigation, have resulted in the inappropriate and unsuccessful implementation of MEPA-IEP.

The *Adoption and Safe Families Act 1997 (AFSA)* represented a key shift in public policy by emphasizing the primacy of protection of children over preservation and reunification of the family and creating provisions that were intended to expedite permanent placements for children in out-of-home care by making it easier to remove children from dangerous home environments (U.S. Department of Health and Human Services, 1999). At the same time, the act included provisions for continued funding of family preservation services as well as kinship support services – programs designed to strengthen families so that children can either stay in the home or be reunified without delay. To date, there have been no systematic studies on the impact of AFSA and its

provisions on children of color. ASFA's primary provisions include shortened timelines and support for family preservation and kinship services, bypass criteria, concurrent planning and adoption incentives.

ASFA mandated new shortened time lines for the provision of reunification services for children in out-of-home care, as well as for the termination of parental rights (TPR) process. The parental risk factors and characteristics of communities of color that may increase chances of entering the CWS, explicated in the first section of this paper, will also likely impact the effectiveness of reunification and other support services once families become involved in the CWS. These circumstances in combination with a lack of necessary social services for reunification, the enormous workloads of individual social workers and shorted time frames may create overwhelming barriers to successful reunification for children of color in the CWS. Families trying to meet reunification requirements need a wide array of social services to address these myriad concerns. Under ASFA, reunification and related support services need to address many of these co-existing problems within six and 12-month time limits. Yet, data suggest that frequently needed services are simply not available or are inadequate in meeting the multifaceted needs of families in the CWS (U.S. Department of Health and Human Services, 1999; U.S. General Accounting Office, 1998). Without comprehensive social services, the shortened time lines for reunification may be not sufficient for parents to meet all of the conditions for reunification.

In addition to shortened time frames, ASFA introduced new "bypass criteria," or circumstances under which a state is relieved of the requirement to make "reasonable efforts" for reunification. Bypass criteria focus on areas such as parent substance abuse, parent criminal history and parental mental disability and are intended to ensure child safety and to expedite permanency planning efforts by quickly identifying families for whom reunification is unlikely (U.S. Department of Health and Human Services, 1999). Ostensibly, the early identification of such families will free up more children for adoption or alternative permanent placement and shorten their length of time in the CWS. Once the court verifies the presence of a bypass criterion, the state must begin within 30 days to find the child an alternative permanent home (U.S. General Accounting Office, 1999).

While there is no extant research on the impact of bypass criteria on children of color in the CWS, given certain characteristics of communities of color that increase the risk of children of color entering and staying in the CWS, the use of bypass criteria may have numerous potential implications for children of color in the CWS. Parent-related correlates of maltreatment described in the first section of this review, including substance abuse, mental illness, domestic violence and incarceration together with the macro-level correlates of child maltreatment such as chronic poverty; lack of community social organization or racial segregation may all increase the likelihood that a child of color entering the CWS will possess a bypass criterion. Additionally, the lack of an empirically validated method for assessing the presence of a bypass criterion could result in more children of color being inaccurately assessed as possessing a bypass criterion. More extensive empirical evidence on the impact of bypass criteria on families and

children of color is sorely needed.

ASFA's goal of timely permanence is also reflected in the practice of concurrent planning—a service strategy that calls for the creation of two service plans for every child entering the CWS: a reunification plan and an alternative permanency placement plan. Concurrent planning practices could potentially have numerous effects on children of color in the CWS. Concurrent planning creates dual roles for social workers who are supposed to simultaneously reunify families while also seeking an alternative permanent placement. This dual role may make it more challenging for social workers to provide reasonable efforts to reunify. As such, alternative permanent placements may be given priority over reunification. While there has been no research on the impact of concurrent planning on children of color in the CWS, these factors have raised concern that children of color will be “removed even more precipitously from their families and communities for permanent placement elsewhere” (Katz, 1998, p.6).

Finally, ASFA created a new category within Title IV-B entitled the “Adoption Promotion and Support Services Program.” This new program provides states with cash incentives for each child in foster care who is placed in a permanent home. Under ASFA, a state receives \$4,000 in federal funds for each foster child adoption that exceeds the previous year's foster child adoption rate. States also receive an additional \$2,000 for each special needs adoption. The Adoption Promotion and Support Services Program stipulates that states are to use these federal funds to provide post-adoption services to children and families (U.S. Department of Health and Human Services, 1999).

The *Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)* of 1996 fundamentally changed America's welfare system, replacing the Aid to Families with Dependent Children program (AFDC) with the Temporary Assistance to Needy Families (TANF) program. This change ended low-income families' entitlement to receive cash assistance from the federal government by creating a block-grant program to the states. Under TANF, most recipients are required to work while receiving benefits and are limited in the amount of time they may receive assistance. The legislation also makes persons convicted of a drug-related felony permanently ineligible for both TANF and food stamp assistance, requires minor parents to live at home to receive assistance (unless the state agency determines that the minor parent has been subjected to abuse or exploitation), and makes immigrants arriving after the passage of PRWORA ineligible for federal means-tested benefits for a period of five years.

Nationally, more than half of children in foster care come from homes that are eligible for welfare - a figure that represents an increase in welfare-eligible families in the CWS from 11 percent in 1970 to 53 percent in 1996 (U.S. House of Representatives, 1998). Although PRWORA made few changes to federal child protection programs specifically, a number of the changes it instituted are likely to affect states' child welfare systems due to an overlap in the child welfare and welfare populations, as well as changes in funding streams used by child welfare agencies. While proponents of welfare reform suggest that the new requirements will help low-income families achieve self-sufficiency more quickly, it is not clear what will happen to families who cannot meet the

new requirements and will either lose benefits or have them reduced. As mentioned earlier, the likelihood of being referred to the CWS is correlated with low-income status and factors related to poverty. Consequently, if the economic well being of families decreases, reports of abuse and neglect may increase (U.S. Department of Health and Human Services, 1998).

It remains unclear how welfare reform has affected the CWS and in particular, children and families of color involved in the system. Preliminary findings on the impact of welfare reform on American families indicate that between 1997 and 1999, poverty rates declined, food hardship for low-income families decreased, and the rate of two-parent families increased (Moore & Vandivere, 2000; Zedlewski, 2000). These national gains, however, do not hold true for either African American or Hispanic/Latino families. National estimates indicate that while employment rates of African American parents rose, African American families experienced no decrease in rates of poverty, food hardship or the incidence of single-parent families and their housing hardship worsened. Between 1997 and 1999, Hispanic/Latino families saw decreases in poverty and the rate of single-parent families, but experienced declines in health status and health insurance (Staveteig & Wigton, 2001; Weil & Feingold, 2002). These increasing racial and ethnic disparities could imply that welfare reform and related public policies are working better for whites than for children and families of color. It is possible that the disparities seen as a result of welfare reform will carry over and affect children and families of color in the CWS who, as we have described earlier, may already be at a disadvantage due to the new ASFA regulations. However, further research on the impact of welfare reform on American families is required before definitive conclusions in this area can be reached.

Santa Clara County Characteristics

The impact of recent child welfare policies on children of color in Santa Clara County has not yet been systematically investigated. As noted above, there are numerous possible implications of these policies on children of color in the CWS. Phase 1 results indicated that focus group participants did perceive that some aspects of child welfare policies are related to the disproportionate representation of children of color in the CWS. Among other factors, focus group participants felt that children of color in the CWS were negatively impacted by bypass criteria, strict timelines imposed on families by the courts and the need for more training for workers about AFSA.

The impact of welfare reform on children and families in Santa Clara County is difficult to ascertain. *It is notable that of the County's 27,415 CalWorks participants, 44.2% are Hispanic/Latino, 34.8% are Asian American/Pacific Islander (82.5% of whom are Vietnamese), 10.6% are White, 6.4% are African American and 0.6% are Native American* (Lightbourne, 2001). In an effort to better serve clients who are both in the CWS and receiving some form of welfare, the Department of Family and Children's Services (DFCS) and the Department of Employment and Benefit Services (DEBS) have collaborated to place Employment Technicians (ET) in the DFCS unit. ET's work with child welfare families to identify eligible participants and work to integrate the DFCS service plans with the participants' self-sufficiency plans (Santa Clara County, DEBS,

2001). The outcomes of these efforts and the impact of welfare reform in general on the disproportionate rates of children of color in the CWS are unknown at this point in time.

Summary

This research review suggests that factors related to the disproportionate representation of children of color in the CWS are multiple and complex. Although definitive findings from the research literature are lacking, it is clear from our review that parent and family factors, race and class biases, social factors, and public policies all impact CWS involvement—*yet these factors should not be viewed in isolation from one another. Research repeatedly suggests that these risk factors are often inter-related in ways that are not fully understood or researched at this point in time.* Additionally, the factors related to the under-representation of certain ethnicities, including Asian American/Pacific Islanders and Whites have virtually been ignored by the research literature. We do not know if there are certain characteristics of these ethnic groups that serve to protect them from child maltreatment—or perhaps that there is an under reporting of child maltreatment in these communities.

Data related to the characteristics of children, families and communities in Santa Clara County suggest that this locality does possess risk factors for CWS involvement—and that these factors are also inter-related. *Most notably in Santa Clara County, Hispanic/Latinos are over-represented in drug and alcohol rehabilitation programs, as well as in domestic violence shelters and the homeless population (compared to their population in the county); over 50% of mental health clients in Santa Clara County are people of color; and 80% of Santa Clara County's inmate population have a history of drug and alcohol problems.* Additionally, *there is an ever-widening gap between the wealthy and the non-wealthy in Santa Clara Valley—and the fastest growing occupations in this area pay less than \$10 an hour—a figure far below current estimates of the minimum living costs in Santa Clara County.* Lastly, findings from Phase 1 suggest that children of color do receive differential treatment at various phases on the CWS and that recent public policies are also related to the disproportionate representation of children of color in the CWS. Yet, the particular ways in which risk factors for entering and staying in the CWS operate in Santa Clara County require further explorations—some of which are reported in sections V-VIII of this report. The next section provides an overview of the specific methods and procedures used in Phase 2.

IV. Phase 2 Study Methods and Procedures

The primary methodology for Phase 2 of our study involved extensive, in-depth reviews of 403 closed child welfare case records, a parallel descriptive analysis of 1720 closed cases within the CWS/CMS database, and key informant interviews with managers and supervisors in the county's Department of Family and Children Services (DFCS).

Case Record Review - Procedures

From 6761 total case closures over an 18-month period, a data file containing 1753 cases representing one child per family and one case opening was constructed. This data file was used to obtain our target sample of 400 cases selected randomly, guided by stratification according to ethnicity, age and service type. **See Attachment 1** for a description of the study *sampling procedures*.

The research team also worked closely with DFCS on accessing case files and setting up the logistics for the case record review data collection process. **See Attachment 2** for a description of case record review *data collection process and procedures*.

In order to record and code data from the case files, it was necessary to develop an extraction form that assessed the variables of interest. During this study period, the CWRT developed the case record extraction form to be used for data collection (**see Attachment 3**). Beginning November 26, 2001 a pilot test was conducted with each of the 10 research assistants coding the same 4 cases, using the newly developed case record extraction form. In order to ascertain the consistency of coding among the case reviewers, a reliability study was conducted on the pilot cases. **See Attachment 4** for a description of *procedures and results of the reliability study*. Because some of the variables of interest came from sources other than the case record review (including CWS/CMS, personnel files, and eligibility data), we developed a table outlining the key variables and their source. **See Attachment 5** for the *Variable Checklist*.

In order to maximize study validity, we elected to use the court report section of the case records for our case record data extraction. The CWRT met with Judy Bushey of DFCS to discuss the match between the content of the court reports and our data collection demands. Ms. Bushey also provided invaluable assistance with the logistics of the data collection procedures. The research assistants were trained by Stan Lee on the organization and content of the court reports in two separate trainings held on October 29th and November 5th, respectively. In addition, Dr. Lonnie Snowden from the School of Social Welfare at UC Berkeley, provided training on research methods and procedures for the research assistants.

Data collection for the case record review portion of the study began on Dec. 17, 2001 and was completed on May 31, 2002. In order to ascertain the consistency of

coding among the case reviewers an initial reliability study was conducted on the cases in January 2002. Results indicated that for the cases considered in the reliability study, 64% of case record review items were found to have a good level of inter-rater reliability. Thus, 80% of ten reviewers recorded with perfect agreement on almost two-thirds of items assessed included on the case record review protocol.

During the data collection period, we continued to assess the reliability of the case record review. We selected a subsample of forty reviewed cases in a manner such that reviewers were unaware of which cases had been selected. We then had the assistants perform a “blind” second case record review on those cases, without consulting the original completed data collection form. Using methods described in attachment 4 we then assessed levels of agreement between the first and second reviews. This process will enable us to ascertain levels of reliability of recorded information at the heart of our study. Analysis on data pertaining to the reliability study is in its final stages and will be included as an addendum to this report.

Case Availability Status Analysis

Although the sampling frame for the case record review consisted of 1753 cases, 1298 cases had to be requested from Santa Clara County’s Social Services Agency in order to obtain 403 codable cases for the case record review. Of these 1298 cases, 529 (40.8%) were missing and/or unavailable for coding, 366 (28.2%) were identified as voluntary family maintenance, and 403 (31.0%) available and coded for the case record review component. Some files originally sampled but missing were located during our data collection phase and thus included in the 403. VFM cases were excluded from the case record review due to our interest in following cases through court proceedings and closure. A comparison of missing versus VFM versus coded cases is included in **Attachment 6** of this report.

Case Record Review - Data Analysis

Close-Coded Data

A total of 403 cases were reviewed in-depth. The information recorded by 10 CWRT student research assistants on the data extraction forms were also entered by them into the computer using SPSS, a statistics computer program. Primarily closed-coded information (those variables with specific choices, e.g., gender, type of abuse/neglect, grade level, marital status, etc.) was entered at this stage. This information was compiled for analysis purposes, and is reported in Section VII of this report. This section contains a descriptive analysis of the 403 cases and a comparison of key individual, family and system-related characteristics across ethnic groups.

Open-Coded Data

Three variables were coded from open-ended questions on the data extraction form: (1) criminal history of child, mother, father, alternate caretaker and perpetrator, (2)

services ordered for the child, mother, father and alternate caretaker at the initial jurisdictional/dispositional hearing, and (3) case changes that were noted in the court records.

A combination of qualitative and quantitative methods was used to code and analyze these variables. Specifically, a standardized grid was created for each of the three variables in which key characteristics were categorized. Criminal history was coded using a standardized grid in which the most commonly occurring types of crimes were noted, as well as the number and level of seriousness of the crime (e.g. citation, misdemeanor, felony, etc.). The average number of criminal episodes was then generated from these data. Similarly, the grid for ordered services listed the most commonly occurring ordered services for each individual. The frequency of services was then generated from these data.

A grid that listed categories of possible case changes was also created in order to capture the types of changes over the case history. These categories were created on the basis of their frequent occurrence in the court records. Initial categories included changes related to placement, case status, services, visitation, criminal activity, health, personal adjustment, mental illness, substance abuse, domestic violence, education, family and parental issues, and financial situation.

For statistical analysis purposes, these categories were then collapsed into 3 broad categories. The first category was *Placement and Placement Related Changes*, which included specific changes in status and placement (e.g., FM, FR, Bypass, PP), custody, runaways, emancipation, and dismissals. The second was *Service Related Changes*, which included visitation rights, orders for counseling, family services, treatment, and other referrals, and compliance with service plan. The third category was *Psychosocial Status Related changes*, which included changes in health, mental health, disability, education, economic, criminal, substance abuse, family violence, cultural, and other adjustment conditions. Within each of these 3 categories, changes were then coded positive, negative, or other. Others are changes which could not be determined as either positive or negative, for example “mother got married to man not the father” could possibly be positive if this created a more stable home environment, or possibly negative if this created more disruption in the home given a tenuous relationship between the child and the new father. The frequencies of these changes were then generated.

This open-coded information was compiled and added to the analysis of the 403 cases, and is included in Section VII describing this sample, comparing key characteristics across ethnic groups, and identifying factors that delineate these groups.

CWS/CMS Database of Closed Cases – Procedures and Data Analysis

Judi Boring and her staff were extremely helpful in providing data and technical support regarding the collection and analysis of the larger 1753 case sample mentioned above. A substantial amount of data was available through CWS/CMS and valid information was available for 1720 cases. For example, specific allegations, demographic

descriptors, hearing dates, placement changes, and placement types were generally accessible. However, due to the large volume of data, a complicated series of computer procedures had to be done (and are still being conducted) in order to synthesize key information into analyzable form.

A parallel, descriptive analysis of this key information was conducted to help put the case record reviews into perspective, and is included in Section VI. This section is both a descriptive analysis as well as a general comparison using bivariate statistical tests of case characteristics across ethnic groups.

Key Informant Interviews – Procedures and Analysis

(Please see section VIII of this report for a more detailed description of the methods and procedures used in conducting the key informant interview portion of this study)

The key informant interview portion of this study was designed with input from the project advisory board. The aim of this qualitative component was to explore the perceived dynamics, factors, policies, and possible solutions associated with the over-representation of children of color in the child welfare system. Eight in-depth interviews, of approximately one hour in length, were conducted with key informants in managerial positions in DFCS.

Key informants were selected based on their overall experience in child welfare and capacity to address the representation of children of color at specific choice points in different parts of the child welfare system. Two interviewees from South County, where a vertical case management model is employed, provided qualitative data across different facets of the child welfare system.

Qualitative methods of data analysis were used to identify themes that were common across interviews. Please see Section VIII for a detailed description of the key informant interview findings.

Note: The results presented in sections V-VII of this report focus on ethnic differences across four groups: African American, White, Hispanic/Latino and Asian American/Pacific Islander. In some analyses, when sample size permitted, an “other” category was also included. The category designated as “other” consisted of Native Americans, Ethiopians, White-Armenians, and White-Middle Easterners.

Special Note on Native Americans and Other Groups: Of the 1720 cases valid for the general sample, 15 were Native American. Among the 403 cases reviewed in-depth, 4 were Native American. Given these relatively small numbers and our current methodology focusing on identifying and generalizing key characteristics, Phase 2’s plan was unable to include analyses that distinguished this ethnic group. This situation was similar for many ethnic and special interest groups that had to be combined within major categories, (e.g., the use of 5 major ethnic categories of African American, White-

European American, Hispanic/Latino, Asian American/Pacific Islander, and Other). The CWRT acknowledges that all ethnic groups are important and that identifying each group's experience is important. However, given the methodology for Phase 2 of this study, it was not possible to conduct detailed analyses of smaller subgroups.

V. Pathways Through the Child Welfare System: Case Studies by Ethnic Group

The following section provides narrative descriptions of ways in which pathways through the CWS differ by ethnic group. Guided by findings from our quantitative analyses of data extracted from 403 case records (results presented in Sections VI and VII of this report), we selected two cases that we felt represented typical pathways for each of the four racial/ethnic groups (i.e., African American, White, Hispanic/Latino, and Asian American/Pacific Islander) focused on in this report. Within each racial/ethnic group, one case study illustrates the pathway for a case assigned to Family Reunification at the Jurisdictional/Dispositional hearing and the other the pathway for a Family Maintenance case.

The eight case studies presented in this section reflect pathways and accompanying individual, family and system-related characteristics that are substantiated by results presented in sections VI and VII of this report. Although ethnicity may be one factor associated with differences in pathways through the system, it is important to note that there may be numerous other factors associated with the outcomes of the case examples provided. The following case studies are presented solely as a means of illustrating our findings, and giving the reader a preview of the results to follow.

Note: all names are fictional and any identifying information has been changed to protect confidentiality

African American

Family Reunification Case

Samuel was a 5-year-old African American male who entered the CWS as a result of general neglect, emotional abuse and caretaker absence/incapacity on the part of his mother. This maltreatment was reported to the CWS by a hospital social worker. Samuel had six prior referrals to the CWS and was receiving informal supervision services when this maltreatment was reported. He had four siblings—two of whom were in the CWS.

Samuel was born in San Jose, California and was in kindergarten at the time of the incident. He had been living with his mother and two siblings.

Nancy, Samuel's mother, was a 25-year-old African American female. She was born in Monterey, California, and was divorced from her husband—Samuel's father. Nancy was unemployed at the time of the incident; she had an 11th grade education, and vocational training to be a nurse's aid; she was also receiving AFDC. Nancy had a history of substance abuse problems, including both alcohol and cocaine. Nancy's criminal history included one arrest for perjury, two convictions for fraud to obtain aid, one conviction for assault and one conviction for prostitution.

John, Samuel's father, was a 32-year-old African American male. John was incarcerated in a state prison at the time Samuel entered the CWS. John had a criminal history that included arrests for possession of a narcotic controlled substance, being under the influence of a controlled substance in public, battery, vandalism, and a vehicle code violation. John also had two convictions for assault and battery, one conviction for obstructing and resisting a police officer, and one conviction for driving under the influence.

At the Jurisdictional/Dispositional hearing, Samuel's case was assigned to family reunification services and he was placed with his maternal grandmother. Nancy was allowed weekly, one-hour, supervised visits with her son, and she was also ordered to attend a parenting class. John was not ordered to receive services.

After 12 months, family reunification services were terminated and post permanency planning services were initiated with a permanent plan of long-term foster care. At this time, Nancy's location was unknown and she had not complied with her service plan. Samuel was still placed with his maternal grandmother and appeared to be doing well.

Samuel remained in out-of-home care for the next 11 years. When he was in the 4th grade he was diagnosed with a learning disability and began receiving special education services. By the 6th grade he was getting straight A's and he maintained his educational success throughout much of his education. At age 11, Samuel left his grandmother's home due to her increasing age and he began living with a maternal aunt. Samuel experienced some behavioral problems during this transition. At age 15, Samuel's mother began visiting with him sporadically. Samuel emancipated from the CWS at age 18. He spent a total of 13 years in the CWS.

Family Maintenance Case

Angela was a 5-year-old African American female who entered the CWS as a result of general neglect by her mother. The maltreatment was initially reported by a police officer. She had one prior referral to the CWS for which she received voluntary family maintenance services. Angela had five siblings—one of whom was also in the CWS.

Angela was born in San Jose, California and was in kindergarten at the time she entered the CWS. She had been living with her mother and two siblings.

Cynthia, Angela's mother, was a 28-year-old African American female. She was born in San Francisco, California. She was employed in customer service; she had a high school diploma and had attended some college. Cynthia was separated from Angela's father, and was Angela's primary caretaker. Cynthia had a criminal history that included: two arrests and one conviction for petty theft. Cynthia also reported that while married to Angela's father, the couple experienced domestic violence.

Duane, Angela's father, was a 36-year-old African American male. He was born in New Orleans, Louisiana. He was employed as a security guard; he had graduated from high school and attended some college. He did not have stable housing at the time of the incident and was staying with friends. Duane had a criminal history that included five vehicle violations, two assault and battery charges, one charge for driving under the influence of alcohol and drugs, and five charges of failing to pay court fines.

The Jurisdictional/Dispositional hearing was held approximately one month after Angela first entered the CWS. At this hearing, Angela was placed with her mother in family maintenance services. Both Angela's mother and father were ordered to attend domestic violence counseling services. Cynthia was also ordered to attend a parenting class, and Duane was allowed 1-hour supervised visits twice a week.

At a 3-month interim hearing, Angela was attending counseling and her mother was attending parenting classes. *Three months later, at her 6-month review hearing, Angela's case was dismissed and she remained with her mother. Angela spent a total of 7 months in the CWS.*

White

Family Reunification Case

David was a 14-year-old White male who entered the CWS as a result of general neglect and emotional abuse by his father and mother. David's mother, who told hospital emergency room staff that she was unable to handle David's behavior, initially reported the maltreatment. At the time of this incident, David had 13 prior referrals to the CWS and had received CWS services on one prior occasion. David had one brother and one sister—neither of whom was in the CWS.

David was born and raised in California. At the time he entered the CWS, he had been expelled from middle school and was not attending school. He also had behavior problems including sexual acting out, destructive and aggressive behavior. He was described as emotionally needy. David was in the mental health system, and he was receiving counseling at the time of the incident. David had also been arrested on one prior occasion for stealing and was not convicted for this offense. David and his father had been living alone together when David entered the CWS.

Marianne, David's mother, was a 37-year-old White female. Marianne and David's father were separated. Marianne was employed as a clerk in a grocery store and was described as having a history of alcohol abuse problems. She also had a history of depression. She was living with her boyfriend at the time of the incident and was reportedly physically abusive toward her boyfriend.

Richard, David's father, was a 39-year-old White male. At the time of the incident he was employed as a school bus driver and was described as having a problem with alcohol abuse.

A Jurisdictional/Dispositional hearing was held approximately one month after the initial report of the incident. At this hearing, David was placed in a level 14 community care facility and his case was assigned to family reunification services with his mother and father. David was ordered to attend individual counseling and family counseling with his parents. Marianne and David were ordered to attend joint counseling with their son and had weekly 2-hour unsupervised visits.

At the time of David's first 6-month review hearing, he was living at juvenile hall and was charged with two felonies—one for molest and one for molest by means of force. Prior to entering juvenile hall, David had been placed at a therapeutic community care facility where he was noted to have oppositional behavior and had run away several times. David also had a psychiatric medical evaluation, and was not recommended for psychotropic medications. During this time, David's father refused to attend parenting classes and visited David on an infrequent basis. A 30-day continuance was ordered in order to assess the possibility of dismissing David's child welfare dependency and transferring his dependency to the juvenile justice system.

At the 30-day continuance hearing, David had been placed in a residential treatment facility and was under the supervision of the probation department. His "300 dependency" status within the CWS was changed to a "602" status and David became a dependent of the juvenile justice system. From the initial incident to the dismissal, David spent approximately 9 months in the CWS, after which he was discharged to the juvenile justice system.

Family Maintenance Case

Nathan was an 8-year-old White male who entered the CWS as a result of general neglect and emotional abuse by his mother and father. The maltreatment was initially reported by a social worker. At the time of this incident Nathan had five prior referrals to the CWS and had received CWS on one prior occasion. Nathan had two siblings—one of whom was in the CWS.

Nathan was born in Stockton, California and was raised in California. He was in the third grade at the time he entered the CWS and had been diagnosed with a learning disability for which he was receiving special education services through his school. Additionally, Nathan had a speech problem for which he received speech therapy. He was also diagnosed with ADHD and an adjustment disorder with disturbed conduct. He was described as guarded and somewhat closed off; he demonstrated aggressive and disruptive behavior both at school and at home. At the time Nathan entered the CWS, he was living with his mother, his mother's boyfriend and one sibling.

Sally, Nathan's mother, was a 31-year-old White female. At the time of the incident, she was divorced from Nathan's father and was Nathan's primary caretaker. Sally was employed, however her occupation was not indicated. Sally and her boyfriend were also expecting another child at the time Nathan entered the CWS.

George, Nathan's father was a 33-year-old White male. At the time of the incident he was remarried and was living with his second wife and one child. George had no criminal record. Although he still had legal custody of Nathan, George was not his son's primary caretaker.

At the time Nathan entered the CWS, his parents had spent several years in a bitter custody battle over him. George was also described as having a more physically punitive parenting style than Sally. The conflicts resulting from the custody battle and the different discipline practices were reportedly distressing to Nathan

A Jurisdictional/Dispositional hearing was held approximately one month after the initial report of the incident. At this hearing, Nathan was placed with his father and his case was assigned to family maintenance services with his father and to family reunification services with his mother. Nathan was ordered to attend weekly individual counseling. Both of Nathan's parents were ordered to attend a parenting without violence class, as well as individual counseling. Sally was also ordered a 2-hour supervised visit with Nathan once a week.

At the time of Nathan's first 6-month review hearing, he continued to live with his father. He was receiving Victim Witness funds and was attending weekly counseling. George had completed a parenting class, an anger management class and counseling. A new order for George to attend family counseling was issued at this hearing. During this time, Sally had criminal charges brought against her (although the record does not indicate what she was charged with), and these charges were subsequently dismissed through a plea agreement. Sally had also given birth three months prior to this hearing. Although she was enrolled in a parenting class, she was not attending; however, she was attending individual counseling. Additionally, Nathan's schoolteacher had written a letter to the court stating that Nathan's contact with his mother was causing him to be disruptive.

At the time of Nathan's final hearing—a 90-day review—he was experiencing improvement in his behavior and mental health, and his counseling services were reduced to every other week. Nathan had experienced one school suspension for disruptive behavior. Sally had completed a parenting class, but was living in different state at the time of this hearing. Nathan's case was dismissed at this hearing with legal custody to both his mother and father, and physical custody to his father. From the time of the initial incident, to the dismissal, Nathan spent 9 months in the CWS, after which he was discharged to his father.

Hispanic/Latino

Family Reunification Case

Antonio was a 1-½-year-old Latino who entered the CWS as a result of his two older half-sisters being sexually abused by his father and neglected by his mother. The

police initially reported the maltreatment to the CWS. Antonio had three siblings—and his two older half-sisters entered the CWS prior to Antonio’s entrance. At the time Antonio entered the CWS, he was living with his mother and one older brother.

Hilda, Antonio’s mother, was a 26-year-old Latina. At the time of the incident, she was Antonio’s primary caretaker. Hilda was born in Mexico, and she had been living in the United States for 9 years. She did not speak English and required a Spanish translator in court proceedings. Hilda was single and had never been married; she was unemployed with an elementary school education and she was receiving AFDC.

Joseph, Antonio’s father, whose age was not indicated in the case record, was Latino. At the time Antonio entered the CWS, Joseph had been convicted of sexual molesting his two step-daughters, and he was incarcerated in a state prison in California. He had only recently entered prison at the time his son entered the CWS.

The case record did not indicate the date of Antonio’s Jurisdictional/Dispositional hearing. At this hearing, Antonio was placed in a family foster home and his case was assigned to family reunification services. Hilda was ordered to attend a parenting class offered in Spanish, as well as individual and family counseling. Joseph was ordered parenting classes offered in prison.

Case records were missing for the 7 years following Antonio’s initial entrance into the CWS. The first court hearing record available was a 6-month review, at which time Antonio was 8½-years-old, and living with a foster family. Family reunification services had been terminated and Antonio was in post permanency planning services. At this time, Antonio was having some behavioral problems. He was attending group counseling and he was also ordered to begin additional counseling at his school. He was having monthly visits with his mother and his siblings. At this time, Antonio expressed his wish to have his foster parents become his legal guardians and continue living with them until he reached the age of 18—Antonio’s mother agreed with this plan.

At the following 6-month review, Antonio’s foster parents became his legal guardians. Antonio continued to have regular visits with his mother and siblings, and he also visited his father in prison on one occasion. His father was released from prison and was subsequently deported to Mexico. His whereabouts at the time of this hearing were unknown, although he reportedly did not object to the legal guardianship for Antonio.

During the next 12 months, Antonio’s mother was arrested for domestic violence against her boyfriend and was incarcerated for an unspecified amount of time. Additionally, over this time period, Antonio experienced physical abuse by his legal guardians and legal guardianship was subsequently terminated. As a result, Antonio was placed at the Children’s Shelter.

At the following 6-month review hearing, Antonio had left the Children’s Shelter and had been placed in another foster home; his permanent placement plan was long term foster care. At this time, Antonio requested to be returned to his mother. Three

months later, Antonio's mother filed a petition with the court to request that her son be returned to her. At the time of her request she was employed full-time and had been granted unsupervised, weekly overnight visitations.

At the next 6-month review hearing, Antonio's mother withdrew her petition to have her son returned to her—reportedly because she had failed to complete her initial service case plan. The next 6-month hearing, the last hearing for which information was available in this case, indicated that Antonio was 12½-years-old, he was still living in a family foster home and his permanent plan remained long-term foster care. Available records indicated that Antonio spent at least 11 years in out of home care—although his total length of time in the CWS was likely longer, as the last record available suggested that he would not be returned to his mother and instead would remain in long term foster care.

Family Maintenance Case

Veronica was an 8-year-old Hispanic female who entered the CWS as a result of general neglect and emotional abuse by her mother. Veronica's teacher initially reported the maltreatment. She had one prior referral to the CWS, but did not enter the system for that referral. At the time of this incident, Veronica had eight siblings—seven of whom were also in the CWS.

Veronica was born in San Jose, California and was living with her mother, father and siblings at the time she entered the CWS.

Maria, Veronica's mother, was a 28-year-old Mexican American female. She spoke some English and also required a Spanish translator in court proceedings. Maria was born in Mexico and moved to the United States shortly after her birth; at the time her daughter entered the CWS, she had been living in California for 27 years. Maria had an 11th grade education and was working at a health clinic. At the time of the incident, Maria was married to Veronica's father.

Rafael, Veronica's father, was a Mexican American male whose age was not indicated in the case record. Rafael was born in Mexico, he did not speak English and required a Spanish translator in court proceedings. At the time his daughter entered the CWS, Rafael was employed as a construction worker and had a 6th grade education. Rafael reportedly had an alcohol abuse problem. Additionally, he was experiencing a back injury at the time of the incident—for which he was receiving worker's compensation benefits.

At the time she entered the CWS, Veronica's family had a long history of conflicts. Her parents experienced frequent marital discord and Rafael had a history (dating back to the beginning of the marriage) of physically abusing Maria in front of their children.

A Jurisdictional/Dispositional hearing was held approximately two months after the initial report of maltreatment. During this 2-month interim, Veronica was living at the Children's Shelter and was experiencing chronic stress and depression. Supervised visits from both Veronica's mother and father were occurring during this time.

At the Jurisdictional/Dispositional hearing Veronica was placed back with her parents, and her case was assigned to family maintenance services for both her mother and father. Veronica and both of her parents were ordered to attend counseling. Maria and Rafael were also ordered to attend parent education classes. Additionally, Maria was ordered to attend domestic violence counseling, and Rafael was ordered to attend a 12-step program, and an alcohol treatment program.

At the first 6-month review hearing, Veronica was attending counseling regularly. She had also been determined to need special education services and was deemed appropriate for Severely Emotionally Disturbed (SED) services. Maria and Rafael had attended their parent education classes sporadically and had not attended counseling. Rafael was attending 12-step meetings. Family maintenance services were ordered for another six months in order for Maria and Rafael to make progress on their case plan.

At the following 6-month hearing, Veronica had been placed in special education services at her school and was making academic progress. Her attendance at counseling was less consistent, although her therapist reported that she her symptoms of depression were lessening. Maria and Rafael had completed a parent education class; Maria did not attend counseling and Rafael continued to attend 12-step meetings sporadically. At this hearing, Veronica's case was dismissed and she remained with her parents; she spent just over 1-year in the CWS.

Asian American/Pacific Islander

Family Reunification Case

Brian was an 11-year-old Vietnamese male who entered the CWS as a result of general neglect and caretaker absence/incapacity by his mother. Brian's school counselor initially reported the maltreatment. He had one prior referral to the CWS, for which he did receive CWS services. Brian had one older sister who was in the CWS in a different state.

Brian was born in Vietnam and had been living in the United States since the age of two. He was in the 5th grade and had some behavior problems including stealing at school. At the time he entered the CWS, Brian was living with his mother, although from the ages of two to nine he had lived with an aunt.

Tina, Brian's mother, was a 38-year-old Vietnamese female. Tina spoke English, although her primary language was Vietnamese. Tina was born in Vietnam, and she had been living in the United States for nine years. She was employed as a waitress, and she reportedly stated that she felt proud that she did not rely on the welfare system. Tina also

reportedly left Brian alone for long periods of time. She was suffering from a delusional disorder; she was experiencing grandiose delusions, and demonstrating assaultive behavior at the time her son entered the CWS. Tina was divorced from Brian's father, and she was Brian's primary caretaker.

Dan, Brian's father, was a Vietnamese male whose age was not indicated in the case record. At the time Brian entered the CWS, Dan was living in a different state, although his exact whereabouts were unknown. Dan's criminal history included one conviction for a domestic violence incident during which he shot his wife—Brian's mother. He was incarcerated for an unspecified amount of time for this crime, but had been released at the time his son entered the CWS.

During the three weeks between the initial incident and the Jurisdictional/Dispositional hearing, Brian was placed in emergency satellite housing where he was reported to have adjusted well. Tina moved from her home during this time, and did not provide her new address to the court. She refused to provide Brian with his clothing and belongings, and she did not attend the Jurisdictional/Dispositional hearing.

At the Jurisdictional/Dispositional hearing, Brian was placed in a family foster home and his case was assigned to family reunification services. Brian and his mother were ordered to attend family counseling together. Tina was also ordered to attend a parenting program focusing on child development issues (conducted in Vietnamese), a cultural awareness program to assist her in dealing with adjustment and adaptation issues (also conducted in Vietnamese), and individual counseling. Additionally, Tina was ordered to undergo a psychological evaluation, and to refrain from using alcohol. She was ordered 2-hour supervised visits once a week. Brian's father was not offered services, as his whereabouts were unknown at the time of the hearing.

During Brian's first 6-month review hearing, his mother's visitation rights were revoked due to non-compliance with her service plan. Visitation rights were to be restored after Tina began participating in her court-ordered service plan. At this time, she was reportedly exhibiting paranoid, unpredictable, delusional, and ambivalent behaviors, and she refused to provide the CWS with her address or phone number. Brian was living with a foster family at this time. He was reported to be loyal and protective of his mother, and he expressed his wish to return to her home.

At the subsequent 6-month review hearing, Brian was in the 6th grade. He was an above average student and was reported to be healthy and active. He remained with the same foster family and had one incident where he stole \$25.00 from his foster parents' children. Brian also completed a 14-session youth leadership project organized by DFCS. Brian's mother did not comply with her court-ordered family reunification services, and she had refused to sign the service plan. She was reported to be moving frequently, although she did begin having regular visits with Brian. At this time, family reunification services were terminated and Brian entered post permanency planning services.

At his next 6-month review hearing, Brian's permanent placement plan was determined to be long term foster care. At this time he was in the 7th grade and was on the honor roll. He was still with the same foster family, and he expressed his desire to stay in this placement until he emancipated from the system. Yet two months later, Brian was placed at the Children's Shelter due to conflicts with his foster family. He was reportedly not following house rules, was stealing food and was reportedly a bad influence on his foster parents' own children. At the next 6-month review hearing, Brian had left the Children's Shelter; he was placed in a new foster home that appeared to be stable and he was reportedly adjusting well to his new placement.

Brian remained in the same foster home over the next 12 months. His school grades dropped to a 2.00 Grade Point Average (GPA), but then improved to a 3.00 GPA. He also obtained a part-time job at a fast food restaurant. At this time, Brian's mother had stopped visiting with him.

Over the next 12 months Brian turned 14-years-old. He had one incident of petty theft for which he was placed on probation. Outside of this incident, he was reported to be doing well at home and at school. He remained with the same foster family and had maintained a 3.5 GPA. Brian's mother had not visited him during this time and her whereabouts were unknown.

Brian continued to maintain a 3.5 GPA over the next 18 months and he also became involved in sports, particularly gymnastics. He was reported to be physically healthy and described his future plans as graduating from high school and then attending the Air Force Academy. He remained with the same foster family. During this time, Brian's mother was located in a different state.

Brian turned 17 over the following 12 months. He remained in the same placement with his foster family and also remained focused on his school studies. He began playing basketball and football. Although Brian was referred to the Independent Living Program (ILP), he refused to attend. During this time, his mother returned to San Jose, and she began receiving mental health services. Brian visited with his mother on a few occasions after she returned to San Jose.

Brian's final two review hearings indicated that he graduated from high school and was accepted to a 4-year university. He also applied for financial aid and a work study program. He expressed a desire to major in business accounting. Brian also obtained a car and was approved for Medi-cal. During this time, Brian was participating minimally in ILP. Brian's mother started taking psychiatric medications for her mental illness and Brian and his mother began visiting more frequently with one another. Brian's case was dismissed after he reached 18 years of age and emancipated from the system. He spent a total of 7 years in the CWS.

Family Maintenance Case

Ronald was an 8-year-old Korean male who entered the CWS as a result of serious physical harm committed by his father. Ronald's teacher initially reported the maltreatment. Ronald had no prior referrals to the CWS. He had one sister, who also entered the CWS at this time. Ronald was living with his mother, father and sister at the time he entered the CWS.

Carolyn, Ronald's mother was a 39-year-old Korean female. She did not speak English and required a Korean translator in court proceedings. She was married to Ronald's father and shared parenting duties with him.

William, Ronald's father, was a 44-year-old Korean male. He did not speak English and required a Korean translator in court proceedings. William was born in Korea. His criminal history included one conviction for fighting with a deadly weapon for which he received two years probation. In a separate incident, he was convicted of fighting and received one year probation. He was also convicted of driving without a license and received two years probation for this offense.

The Jurisdictional/Dispositional hearing was held approximately 3 weeks after the initial incident. At this hearing, Ronald was placed with his mother on the condition that his father move out of the house. His case was assigned to family maintenance with his mother and family reunification with his father. Ronald and his parents were ordered to attend family counseling. His parents were also ordered to attend parenting classes and couples counseling. Home supervision services were ordered three times a week for Carolyn and Ronald. Ronald's father was ordered supervised visits twice a week.

Four interim hearings were held over the next four months, during which William was ordered to attend a 52-week domestic violence program and Ronald and his sister were ordered to attend a domestic violence group for teenagers. Carolyn also filed a temporary restraining order against William. During this time, Ronald's sister entered the Children's Shelter for unspecified reasons. It was also reported that Ronald's parents began attending meetings of the Parents, Families and Friends of Lesbians and Gays (PFLAG) organization, although the specific reasons for this were not indicated.

Over the following 12 months, Ronald had academic problems and failed six of his classes. Ronald's father was reportedly not attending his domestic violence program. Nonetheless, *William's service plan was changed from family reunification to family maintenance and he returned to live with his wife and Ronald.*

An interim hearing was held one month later, during which the court approved a three-week vacation to Korea for Ronald, his mother and his sister. During this hearing, a psychological evaluation was ordered for the whole family.

During Ronald's final 6-month review hearing, family maintenance services were terminated for his father and he subsequently moved out of the home. It was also reported that Ronald was behind in his school credits. *After spending just under two years in the CWS, Ronald case was dismissed and he was discharged to the care of his mother.*

VI. Overall Closed Case Sample: Results

CHILD DEMOGRAPHICS AND SYSTEM-RELATED CHARACTERISTICS

In order to provide context for the analyses to follow, we have included summary tables from Phase 1 (**See Attachment 7**). Phase 1's analysis was based on a point-in-time sample of all open cases active during December 2000. 4399 cases were open during that time of which 2721 were in out of home placement. A majority of the cases were Hispanic/Latino (52.2%). Most children were in permanent placement (44.4%) with 30.2% in family maintenance, 19.7% in family reunification, and 5.7% in emergency response. Among the cases in out of home placement, a majority were Hispanic/Latino (50.8%). Tables 1 through 4 in **Attachment 7** contain key variables regarding those cases analyzed in Phase 1, which provide a context for the review of the closed cases in Phase 2. In Phase 2, the CWRT continued its investigation of the disproportionate representation of children of color in the child welfare system by analyzing a sample of cases closed during an 18-month period (January 2000 through June 2001). Key case characteristics were analyzed, including ethnic comparisons.

This section provides a description of ethnic differences in the demographic and system-related characteristics for children and youth in the overall closed case sample (N=1720).

The Sample

From 6761 total case closures over an 18-month period between January 2000 and June 2001, a data file containing 1753 cases representing one child per family and one case opening was constructed. From this total, we obtained valid information on 1720 cases from CWS/CMS.

Analyses

A series of exploratory bivariate analyses were conducted with child's ethnicity as the main distinguishing variable. The purpose of this initial set of analyses was to identify case differences related to ethnicity in order to help describe the experiences of each ethnic group. The following sections will describe (1) general characteristics by ethnic group, and (2) significant differences related to ethnic group.

Definition of Terms

Episode – An episode is considered the most recent case experience recorded in Santa Clara County's CWS.

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

Child Characteristics

Basic Demographics

The ethnicity of the sample was 11.1% African American (190 of 1711 cases), 29.5% White (505 of 1711 cases), 46.4% Hispanic/Latino (794 of 1720 cases), 9.3% Asian American/Pacific Islander (159 of 1711 cases), and 3.7% Other (63 of 1711 cases). There was a significant relationship between gender and ethnicity. Overall, 53.2% of the sample was female (910 of 1710 cases). The highest percentage of females was found in the Hispanic/Latino ethnic group (56.7%, 450 of 1710 cases) and the highest percentage of males was found in the Other ethnic group (60.3%, 38 of 63 cases). There was not a significant relationship between ethnicity and age. The average age of the sample was 5.99 years ($sd = 5.14$). Asian American/Pacific Islander children were oldest, with an average age of 6.78 years ($sd = 5.29$), and African American children were the youngest with an average age of 5.45 years ($sd = 5.05$). Please see Table 1.

Table 1: Basic Demographics by Ethnic Group

	Total	Black	White	Latino	Asian/PI	Other
N Size	1711	190 (11.1%)	505 (29.5%)	794 (46.4%)	159 (9.3%)	63 (3.7%)
Gender ^a						
Female	910 (53.2%)	94 (49.5%)	259 (51.3%)	450 (56.7%)	82 (51.6%)	25 (39.7%)
Male	800 (46.8%)	96 (50.5%)	246 (48.7%)	343 (43.3%)	77 (48.4%)	38 (60.3%)
Age in years ^b						
Avg. (sd)	5.99 (5.14)	5.45 (5.05)	6.10 (5.07)	5.84 (5.11)	6.78 (5.29)	6.75 (5.85)

^a Based on 1710 cases with valid information

^b Based on 1711 cases with valid information

Child's Language

There was a significant relationship between child's language and ethnicity. The majority of the sample spoke English (86.0%, 1453 of 1690 cases). Asian American/Pacific Islander children were the most likely to speak an Asian/Pacific Islander language (38.4%, 61 of 159 cases), and Hispanic/Latino children were the most likely to speak Spanish (20.6%, 161 of 780 cases). Please see Table 2.

Table 2. Child's Language^a

	Total	Black	White	Latino	Asian/PI	Other
English	1453 (86.0%)	188 (99.5%)	497 (99.4%)	618 (79.2%)	94 (59.1%)	56 (90.3%)
Asian/PI Language	64 (3.8%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	61 (38.4%)	2 (3.2%)
Spanish	163 (9.6%)	0 (0.0%)	0 (0.0%)	161 (20.6%)	0 (0.0%)	2 (3.2%)
Other	10 (0.6%)	1 (0.5%)	2 (0.4%)	1 (0.1%)	4 (2.5%)	2 (3.2%)

^a Based on 1690 cases with valid information

System-Related Factors

Voluntary Status

There was a significant relationship between voluntary status and ethnicity. A slight majority of the whole sample was in involuntary services (56.6%, 933 of 1648 cases). Asian American/Pacific Islander children were most likely to be in voluntary services (67.7%, 107 of 158 cases), while Other children were most likely to be in involuntary services (80.6%, 50 of 62 cases). Among the four ethnic groups, Whites were most likely to be in involuntary services. Please see Table 3.

Table 3: Voluntary Status^a

	Total	Black	White	Latino	Asian/PI	Other
Voluntary	715 (43.4%)	71 (39.2%)	174 (36.6%)	351 (45.5%)	107 (67.7%)	12 (19.4%)
Not Voluntary	933 (56.6%)	110 (60.8%)	302 (63.4%)	420 (54.5%)	51 (32.3%)	50 (80.6%)

^a Based on 1648 cases with valid information

Reason for Removal

There was a significant relationship between the reason for removal and ethnicity. White children had the highest percentage of other maltreatment (43.0%, 167 of 388 cases), the most common reason for removal. Hispanic/Latino children had the highest percentage of general neglect (15.9%, 92 of 578 cases). Asian/Pacific children (17.4%, 20 of 115 cases), and, African American children (16.1%, 26 out of 161), had somewhat higher percentages of severe neglect than other groups. Asian American/Pacific Islander children had a very high rate of physical abuse (42.6%, 49 of 115 cases). Please see Table 4.

Table 4: Reason for Removal^a

	Total	Black	White	Latino	Asian/PI	Other
General Neglect	176 (13.5%)	20 (12.4%)	52 (13.4%)	92 (15.9%)	6 (5.2%)	6 (10.5%)
Severe Neglect	184 (14.2%)	26 (16.1%)	48 (12.4%)	83 (14.4%)	20 (17.4%)	7 (12.3%)
Physical Abuse	328 (25.3%)	41 (25.5%)	83 (21.4%)	141 (24.4%)	49 (42.6%)	14 (24.6%)
Sexual Abuse	80 (6.2%)	7 (4.3%)	26 (6.7%)	43 (7.4%)	3 (2.6%)	1 (1.8%)
Emotional Abuse	45 (3.5%)	7 (4.3%)	12 (3.1%)	15 (2.6%)	6 (5.2%)	5 (8.8%)
Other Maltreatment	486 (37.4%)	60 (37.3%)	167 (43.0%)	204 (35.3%)	31 (27.0%)	24 (42.1%)

^a Based on 1299 cases with valid information

Initial Out-of-Home Placement Facility Type

There was a significant relationship between initial out-of-home placement facility type and ethnicity. Asian/Pacific children were far more likely than other children to be placed at the most common initial out-of-home placement type, Children's Shelter

(47.8%, 55 of 115 cases), and less likely at a relative's home (14.8%, 17 out of 115). White children (8.2%, 32 of 388) and Other children (7.0%, 4 out of 57) were more likely than others to be placed at a group home, and Hispanic/Latino children at a relative home (31.7%, 183 of 578 cases). Please see Table 5.

Table 5: Initial Out of Home Placement Facility Type^a

	Total	Black	White	Latino	Asian/PI	Other
Foster Family Home	278 (21.4%)	38 (23.6%)	83 (21.4%)	118 (20.4%)	25 (21.7%)	14 (24.6%)
Group Home	70 (5.4%)	6 (3.7%)	32 (8.2%)	23 (4.0%)	5 (4.3%)	4 (7.0%)
Children's Shelter/ Receiving Home/Non- EA/AFDC	390 (30.0%)	49 (30.4%)	99 (25.5%)	172 (29.8%)	55 (47.8%)	15 (26.3%)
Relative Home	367 (28.3%)	43 (26.7%)	108 (27.8%)	183 (31.7%)	17 (14.8%)	16 (28.1%)
Foster Family Agency	138 (10.6%)	18 (11.2%)	47 (12.1%)	58 (10.0%)	11 (9.6%)	4 (7.0%)
Guardian Home/ Court Specified Home	56 (4.3%)	7 (4.3%)	19 (4.9%)	24 (4.2%)	2 (1.7%)	4 (7.0%)

^aBased on 1711 cases with valid information

Number of Times Removed from Family in Current Episode

There was a significant relationship between the number of times a child was removed from their family in current episode and ethnicity. On average, children in the sample were removed 1.36 times (sd = 0.71). Other children had the highest average number of times removed from their family with 1.54 (sd = 0.87), and Asian American/Pacific Islander children had the lowest average with 1.16 times (sd = 0.47). Please see Table 6.

Table 6. Number of Times Removed from Family in Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	1.36 (0.71)	1.47 (0.76)	1.34 (0.78)	1.35 (0.66)	1.16 (0.47)	1.54 (0.87)

^a Based on 1331 cases with valid information

Number of Unique Placement Homes in Current Episode

There was a significant relationship between the number of unique placement homes in current episode and ethnicity. The sample had an average of 3.56 (sd = 3.82) unique placement homes in current episode. Other children had the highest average number of unique placement homes in current episode with 4.09 (sd = 4.21), and Asian American/Pacific Islander children had the fewest average number of unique placement homes in current episode with 2.26 (sd = 2.17). Please see Table 7.

Table 7. Number of Unique Placement Homes in Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	3.56 (3.82)	3.71 (4.37)	3.76 (3.82)	3.59 (3.84)	2.26 (2.17)	4.09 (4.21)

^a Based on 1331 cases with valid information

Average Stay (in days) per Placement Facility in Current Episode

There was a significant relationship between the average stay (in days) per placement facility in current episode and ethnicity. For the whole sample, the average number of days a child stayed in one placement in their current episode was 241.73 (sd = 485.74). African American children had the lengthiest average stay per placement in current episode with 376.60 days (sd = 780.24), and Other children had the shortest average stay per placement in current episode with 197.65 days (sd = 254.55). Please see Table 8.

Table 8. Average stay (in days) per Placement Facility in Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	241.73 (485.74)	376.60 (780.24)	198.61 (304.70)	245.16 (455.29)	205.68 (639.28)	197.65 (254.55)

^a Based on 1331 cases with valid information

Number of Placements in Current Episode

There was a significant relationship between the number of placements in episode and ethnicity. On average, children in the sample had 2.83 placements (sd = 2.90). White children had the highest average number of placements in current episode with 3.11 (sd= 3.20), and Asian American/Pacific Islander children had the fewest average number of placements in current episode with 2.10 (sd = 2.09). Please see Table 9.

Table 9: Number of Placements ^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	2.83 (2.90)	2.73 (2.97)	3.11 (3.20)	2.80 (2.80)	2.10 (2.09)	3.05 (2.65)

^a Based on 1299 cases with valid information

Total Length of Time (in months) in Out of Home Placement in Current Episode

There was not a significant relationship between the total length of time (in months) in out-of-home placement in current episode and ethnicity. On average, children in the sample spent 12.92 months (sd = 19.94) in out-of-home placement. African American children spent the lengthiest average time in out-of-home placement with 15.13 months (sd = 25.93), and Asian American/Pacific Islander children had the shortest average time in out-of-home placement with 10.85 months (sd = 24.92). Please see Table 10.

Table 10. Total length of time (in months) in Out of Home Placement in Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	12.92 (19.94)	15.13 (25.93)	11.85 (14.94)	13.46 (20.04)	10.85 (24.92)	12.59 (17.81)

^a Based on 1292 cases with valid information

Number of Episodes

There was not a significant relationship between the number of episodes and ethnicity. Children in the sample had an average of 1.19 (sd = 0.48) episodes. Other children had the highest average number of episodes (1.29, sd = 0.52), and Asian American/Pacific Islander had the lowest average number of episodes (1.11, sd = 0.33). Please see Table 11.

Table 11. Number of Episodes^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	1.19 (0.48)	1.22 (0.47)	1.19 (0.41)	1.20 (0.53)	1.11 (0.33)	1.29 (0.52)

^a Based on 1648 cases with valid information**Total Length of Case (in years)**

There was a significant relationship between the total length of the case (in years) and ethnicity. On average, children in the sample had a case length of 1.85 years (sd = 2.74). African American children had the longest average length of case with 2.67 years (sd = 3.66), and Asian American/Pacific Islander children had the shortest average length of case with 1.26 years (sd = 2.38). Please see Table 12.

Table 12: Total Length of Case (in years)^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	1.85 (2.74)	2.67 (3.66)	1.84 (2.49)	1.76 (2.69)	1.26 (2.38)	2.15 (2.52)

^a Based on 1648 cases with valid information**Total Number of Workers Assigned to Case over Time in the Current Episode**

There was a significant relationship between the total number of workers assigned to case over time in current episode and ethnicity. Children in the sample had an average of 4.90 workers (sd = 2.74). White children had the highest average number of workers with 5.11 (sd = 2.92), and Asian American/Pacific Islander children had the fewest average number of workers with 4.35 (sd = 1.94). Please see Table 13.

Table 13: Total Number of Workers Assigned to Case over Time in the Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	4.90 (2.74)	4.90 (2.89)	5.11 (2.92)	4.90 (2.76)	4.35 (1.94)	4.60 (2.11)

^a Based on 1671 cases with valid information

Last Out-of-Home Placement Type

There was not a significant relationship between last placement type and ethnicity. In the sample, Hispanic/Latino children were more likely than others to be placed at the most common placement type, a relative home (39.2%, 176 of 449 cases). Asian American/Pacific Islander children were especially likely to be placed at a foster family home (40.3%, 25 of 62 cases) or foster family agency (19.4%, 12 out of 62). African American (10.3%, 12 out of 117) and White (9.7%, 31 out of 319) children were more likely than others to be placed at a group home, and Other children at a children's shelter (15.9%, 7 out of 44). Please see Table 14.

Table14: Last Out-of-Home Placement Type^a

	Total	Black	White	Latino	Asian/PI	Other
Foster Family Home	270 (27.2%)	36 (30.8%)	87 (27.3%)	108 (24.1%)	25 (40.3%)	14 (31.8%)
Group Home	76 (7.7%)	12 (10.3%)	31 (9.7%)	26 (5.8%)	4 (6.5%)	3 (6.8%)
Children's Shelter	109 (11.0%)	10 (8.5%)	32 (10.0%)	56 (12.5%)	4 (6.5%)	7 (15.9%)
Relative Home	344 (34.7%)	35 (29.9%)	106 (33.2%)	176 (39.2%)	14 (22.6%)	13 (29.5%)
Foster Family Agency	142 (14.3%)	19 (16.2%)	47 (14.7%)	60 (13.4%)	12 (19.4%)	4 (9.1%)
Guardian Home/ Court Specified Home	50 (5.0%)	5 (4.3%)	16 (5.0%)	23 (5.1%)	3 (4.8%)	3 (6.8%)

^a Based on 911 cases with valid information

Age at Time of Case Closure for the Current Episode

There was not a significant relationship between age at time of case closure for current episode and ethnicity. On average, children in the sample were 8.16 years-of-age (sd = 5.72) at the time of case closure. Other children were the oldest (on average) at time of case closure with an age of 9.36 years (sd = 6.39), and African American children were youngest (on average) at time of case closure with an age of 7.86 years (sd = 5.60). Please see Table 15.

Table15. Age at Time of Case Closure for the Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	8.16 (5.72)	7.86 (5.60)	8.30 (5.79)	8.00 (5.61)	8.45 (5.81)	9.36 (6.39)

^a Based on 1646 cases with valid information

Service Type at Case Closure

There was a significant relationship between service type at closure of case and ethnicity. Overall, the majority of cases ended in family maintenance (60.3%, 1031 of 1711 cases). Amongst the services types at closure, Other children had the highest percentage of emergency response service at closure (4.8%, 3 of 63 cases), Asian American/Pacific Islander children had the highest percentage of family maintenance (76.1%, 121 of 159 cases), Other children had the highest percentage of family reunification (7.9%, 5 of 63 cases) and African American children had the highest percentage of permanent placement (40.5%, 77 of 190 cases). Please see Table 16.

Table 16: Service Type at Case Closure^a

	Total	Black	White	Latino	Asian/PI	Other
Emergency Response	46 (2.7%)	7 (3.7%)	14 (2.8%)	19 (2.4%)	3 (1.9%)	3 (4.8%)
Family Maintenance	1031 (60.3%)	103 (54.2%)	288 (57.0%)	485 (61.1%)	121 (76.1%)	34 (54.0%)
Family Reunification	81 (4.7%)	3 (1.6%)	31 (6.1%)	40 (5.0%)	2 (1.3%)	5 (7.9%)
Permanent Placement	553 (32.3%)	77 (40.5%)	172 (34.1%)	250 (31.5%)	33 (20.8%)	21 (33.3%)

^a Based on 1711 cases with valid information

Case Closure Type

There was a significant relationship between case closure type and ethnicity. Asian American/Pacific Islander children had the highest percentage of the most frequently occurring case closure type, court ordered termination. (47.5%, 75 out of 158 cases). Other children had the highest percentage of being reunified with parent or guardian (11.5%, 7 of 61 cases) and emancipation (13.1%, 8 of 61 cases). White children had the highest percentage of adoption (18.5%, 88 of 475). Hispanic/Latino children had the highest percentage of family stabilization (34.9%, 267 of 764 cases). Please see Table 17.

Table 17: Case Closure Type^a

	Total	Black	White	Latino	Asian/PI	Other
Adoption	261 (15.9%)	30 (16.8%)	88 (18.5%)	118 (15.4%)	19 (12.0%)	6 (9.8%)
Emancipation	96 (5.9%)	14 (7.8%)	24 (5.1%)	43 (5.6%)	7 (4.4%)	8 (13.1%)
Family Stabilized (FM)	523 (31.9%)	55 (30.7%)	140 (29.5%)	267 (34.9%)	48 (30.4%)	13 (21.3%)
Guardianship established or placement with relative	108 (6.6%)	14 (7.8%)	35 (7.4%)	52 (6.8%)	4 (2.5%)	3 (4.9%)
Reunified with parent or guardian, court or non- court specified	66 (4.0%)	8 (4.5%)	27 (5.7%)	20 (2.6%)	4 (2.5%)	7 (11.5%)
Incarceration, runaway, or medical services	49 (3.0%)	10 (5.6%)	17 (3.6%)	18 (2.4%)	1 (0.6%)	3 (4.9%)
Court ordered termination and other	534 (32.6%)	48 (26.8%)	144 (30.3%)	246 (32.2%)	75 (47.5%)	21 (34.4%)

^a Based on 1637 cases with valid information

Summary of Key Findings from the Overall Closed Case Sample

An analysis of the sample (N= 1720) of cases closed in an 18-month period between January 2000 and June 2001 reveal that children in the various ethnic groups tend to be significantly different from one another in several areas.

Basic Demographics

In descending order of representation, the ethnic breakdown of children in the closed case sample for the specified 18-month period was: Hispanic/Latino children (46.4%), White children (29.5%), African American children (11.1%), Asian American/Pacific Islander children (9.1%), and Other children (3.7%). The order of representation reflects the order of representation in the county's CWS. There were significantly more females than males in the sample, and Hispanic/Latino children had a higher than average number of females. The average age of the sample was approximately 6 years of age. While ethnic differences in age were not significant, African American children tended to be younger than the average, while White, Asian American/Pacific Islander and Other children tended to be older than the average. Additionally, Asian American/Pacific Islander children (38.4%) and Hispanic/Latino children (20.6%) had the highest rates of being non-English speaking.

System-Related Factors

There were significant differences among the ethnic groups in their likelihood of being in voluntary versus involuntary services. *In general, African American children (39.2%), White children (36.6%), and Other children (19.4%) had lower than average rates of voluntary services. Asian American/Pacific Islander children had the highest rates of voluntary family maintenances services.* There were also significant differences related to the reason for removal. *Hispanic/Latino children had the highest percentage of general neglect (15.9%, 92 of 578 cases). Asian American/Pacific Islander children had the highest rate of physical abuse than any other ethnic group (42.6%) and they also had a higher than average rate of severe neglect (17.4%).*

Significant differences were also found in the types of initial out-of-home placements. *Asian American/Pacific Islander children had the highest rate of initially being placed at the most common initial first placement, the Children's Shelter (47.8%), and were less likely to be placed in a relative's home. White children were most likely to be initially placed in a relative home and also had the highest rate of being placed at a Group Home (8.2%). After the Children's Shelter, the most common initial first placement for African American and Hispanic/Latino children was a relative home.* The number of times a child is removed from their family in the current episode was also significantly different among the ethnic groups. *African American (1.47) and Other (1.54) children had the highest average number of times removed from family in current episode.*

Experiences in out-of-home placement were significantly different among the ethnic groups. *African American children had a comparatively high average of unique placement homes (3.71) and a high average number of days in each out-of-home placement (376.60)—a finding that is consistent with African American children’s higher than average total length of case (2.67 years). Hispanic/Latino children (3.76) also experienced a relatively high number of unique placement homes—although they had lower than average stays per placement, suggesting that these children have multiple placements and relatively short stays in each placement. Asian American/Pacific Islander (1.26 years), and Hispanic/Latino children (1.76) had lower than average total case lengths. Additionally, White children tended to have a higher than average number of workers assigned to their case over time (5.11), and Asian American/Pacific Islanders tended to have a lower than average number of workers (4.34).*

At case closure, significant differences were also found in the sample. *African American children had the highest rate of permanent placement (40.5%) as their last service type—perhaps suggesting that once removed from their home, African American children are not likely to return. Asian American/Pacific Islander children had the highest rate of family maintenance (76.1%) at case closure—and the lowest rate of permanent placement (20.8%). The case closure type was also significantly different among the ethnic groups. White children had the highest rate of adoption (18.5%). African American (7.8%) and Other children (13.1%) had higher than average rates of emancipation. Hispanic/Latino children had a relatively high rate of family stabilization (34.9%), yet a relatively low rate of family reunification (2.6%)—suggesting that perhaps, like African American children, once Hispanic/Latino children are removed from the home, they are not likely to return. Last, African American children had the highest rate of incarceration, runaway or medical services (5.6%).*

While this description provides important information, we are unable to examine variables that are not included in the CWS/CMS database. Information about the child and family not contained in CWS/CMS include the child’s history in the CWS, family characteristics, and the impact of system-related factors on services. In order to augment the information provided in CWS/CMS, we conducted in-depth and extensive case record review of 403 child welfare cases, the results of which are provided in the following section.

VII. Case Record Reviews

One of the primary objectives of Phase 2 of this study was to examine pathways through the CWS and explore ways in which pathways might differ for different racial/ethnic groups. Please see *Figure 1* for a flow chart of possible pathways and key choice points in Santa Clara county's CWS. The following section describes findings based on 403 child welfare case records. The case record review enabled us to gather extensive information on individual child characteristics, family related characteristics, services and system related changes – information that was not available through the analysis of CWS/CMS data that was presented in the preceding section.

The first part of this section presents ethnic differences in child and family related characteristics. Part 2 describes system related characteristics and differences by ethnicity. Ethnic differences in services and other interventions ordered at the jurisdictional/dispositional hearing are contained in part 3 of this section, and ethnic differences in the number of hearings and case changes as children progress through the system are presented in part 4.

The Sample

A combination of random stratified and purposive sampling was used to select a set of 403 cases from the main sample of child welfare cases (N = 1720) closed during an 18 month period that ran from January 2000 and June 2001. The criteria for stratification was ethnicity (recoded into 5 subgroups: African American, Hispanic/Latino, White, Asian American/Pacific Islander, and Other), service type identified at the initiation of the case (either ER, PP, or FR versus FM), and age group (0 to 6 years, 7 to 13 years, and older than 13 years old). These strata were created in order to obtain as representative a sample as possible reflecting the cases managed by Santa Clara County's CWS. This subsample of 403 cases excludes voluntary family maintenance cases (see Section IV for a complete description of sampling methods used).

We were unable to meet the target sample size through true random stratification due to a large number of missing case files across strata. Approximately two-thirds of the way through the sampling and data extraction phases, cases within strata with few children (i.e., Asian American/Pacific Islanders and African Americans) had to be selected purposefully in order to reach the minimum 400 caseload sample and improve representation.

Analyses

A series of exploratory bivariate analyses were conducted with child's ethnicity as the main distinguishing variable. The purpose of this initial set of analyses was to identify case differences related to ethnicity to help describe the experiences of each ethnic group.

Key variables, such as mental illness, welfare eligibility, substance abuse, and others were coded using a forced-choice "yes," "no," or "not indicated." A "yes" appears

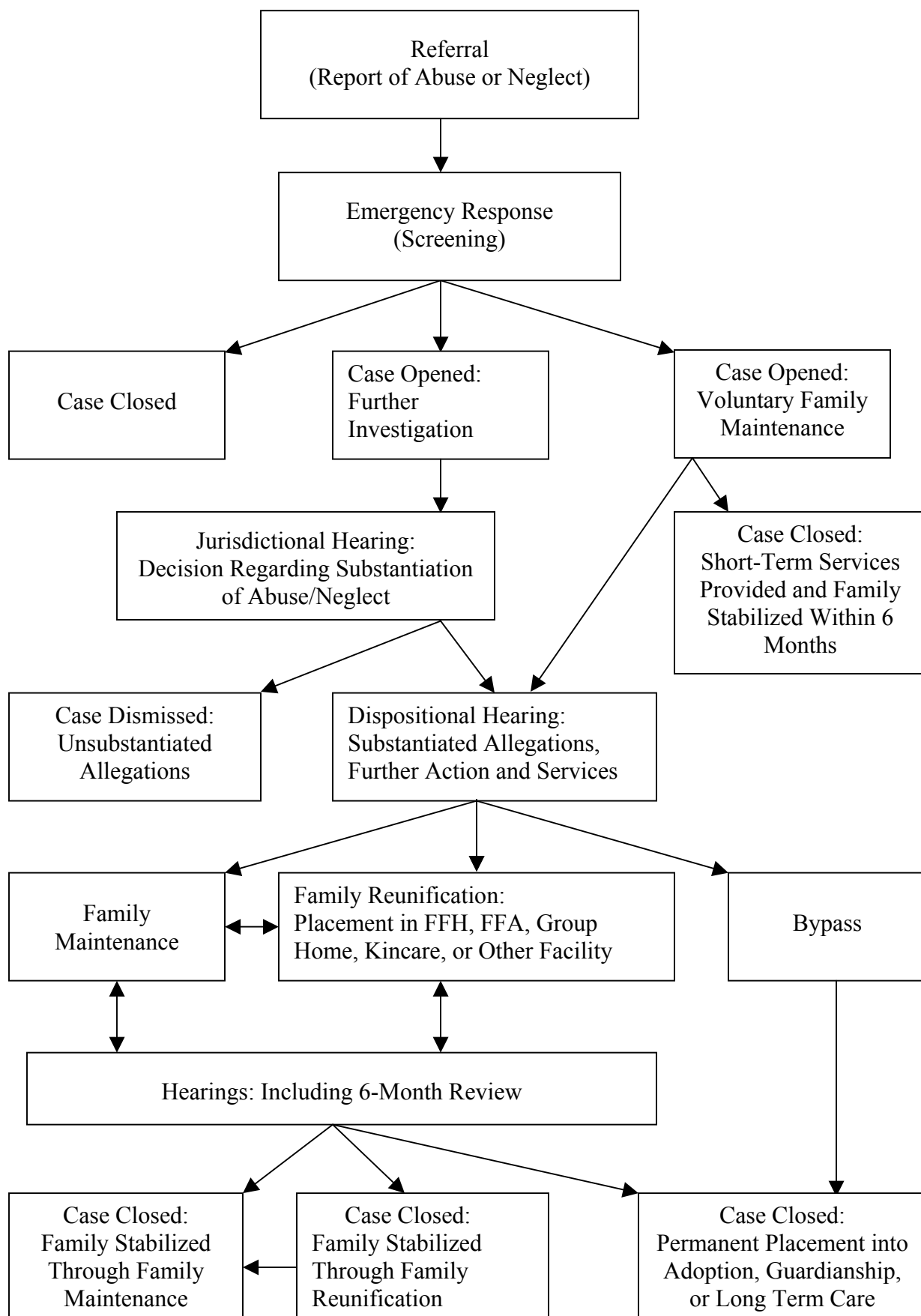
in the following tables as “indicated” and a “no” or “not indicated” appears as “not indicated in the following tables. If a variable is not indicated that does not mean it did not occur—but rather means that it did not appear in the court records.

Definition of Terms

Episode – An episode is considered the most recent case experience recorded in Santa Clara County’s CWS.

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

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



1. General Child and Family Characteristics By Ethnic Group

Results

All data in this section were obtained from the case record extraction database.

Child Characteristics

Basic Demographics

The case record review sample included: 50 African Americans (12.4%), 136 Whites (33.7%), 141 Hispanics/Latinos (35.0%), 31 Asian American/Pacific Islanders (7.7%), and 45 Others (11.2%). Sex of the child was identified in 401 of the 403 cases: 219 (54.6%) were female and 182 (45.4%) were male.

The children's average age was 7.50 years (sd = 5.03). There was a significant difference in the child's age by ethnic group. African American children were an average of 5.41 years old (sd = 4.93), Asian American/Pacific Islanders 6.64 years old (sd = 4.46), Hispanics/Latinos 7.83 years (sd = 4.94), Whites 7.93 years (sd = 5.02) and Others 8.02 years (sd = 5.40). Please see Table 18 for the basic demographics by ethnic group.

Table 18: Basic Demographics by Ethnic Group

	Total	Black	White	Latino	Asian/PI	Other
N Size	403	50 (12.4%)	136 (33.7%)	141 (35.0%)	31 (7.7%)	45 (11.2%)
Gender ^a						
Female	219 (54.6%)	26 (52.0%)	67 (49.6%)	89 (63.1%)	17 (54.8%)	20 (45.5%)
Male	182 (45.4%)	24 (48.0%)	68 (50.4%)	52 (36.9%)	14 (45.2%)	24 (54.5%)
Age in years ^b						
Avg. (sd)	7.51 (5.03)	5.41 (4.93)	7.93 (5.02)	7.83 (4.94)	6.64 (4.46)	8.02 (5.40)

^a Based on 401 cases with valid information

^b Based on 386 cases with valid information

Child's Language

There was a significant relationship between child's language and ethnicity. The majority of the sample spoke English (87.6%, 346 of 395 cases). Among the various languages, 54.8% of Asian American/Pacific Islander children (17 of 31 cases) spoke Asian/Pacific Islander languages and 17.6% of Hispanic/Latino children spoke Spanish (24 of 136 cases). Please see Table 19.

Table 19: Child's Language^a

	Total	Black	White	Latino	Asian/PI	Other
English	346 (87.6%)	50 (100.0%)	133 (99.3%)	111 (81.6%)	13 (41.9%)	39 (88.6%)
Asian/PI Language	19 (4.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	17 (54.8%)	2 (4.5%)
Spanish	26 (6.6%)	0 (0.0%)	0 (0.0%)	24 (17.6%)	0 (0.0%)	2 (4.5%)
Other	4 (1.0%)	0 (0.0%)	1 (0.7%)	1 (0.7%)	1 (0.7%)	1 (0.7%)

^a Based on 395 cases with valid information.

Child's Need for Translator in Court Proceedings

There was a significant relationship between a child's need for a translator in court proceedings and ethnicity. African American and White children had no need for translators in court proceedings, given that almost all were born and raised in the United States. However, 5.7% of Hispanic/Latino children (8 of 141 cases), 3.2% of Asian American/Pacific Islanders (1 of 31 cases), and 4.4% of Others (2 of 45 cases) needed translators in court proceedings. This is consistent with the immigration experience in that children from ethnic groups non-native to the United States are more likely to be less skilled in English. Please see Table 20.

Table 20: Child's Need for Translator in Court Proceedings

	Total	Black	White	Latino	Asian/PI	Other
Indicated	11 (2.7%)	0 (0.0%)	0 (0.0%)	8 (5.7%)	1 (3.2%)	2 (4.4%)
Not Indicated	392 (97.3%)	50 (0.0%)	136 (0.0%)	133 (94.3%)	30 (96.8%)	43 (95.6%)

Child's Years of Education at Case Opening

There was no significant relationship between child's years of education and ethnicity. Using kindergarten as the first year of education, the overall sample of children had 2.75 years of education. Hispanic/Latino children had the highest average number of years of education, with 3.14 years (sd = 3.86), and African American had the lowest average number of years of education, with 1.67 years (sd = 3.08). Please see Table 21.

Table 21: Child's Years of Education at Case Opening^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	2.75 (3.44)	1.67 (3.08)	2.93 (3.38)	3.00 (3.57)	2.28 (2.79)	3.14 (3.86)

^a Based on 316 cases with valid information

Child's Place of Birth

There was a significant relationship between a child's place of birth and ethnicity. Similar to the child's need for translator in court proceedings results above, African American and White children were generally native to the United States with almost no immigrants. The Other group was also indigenous to the United States. Each of these groups only had one immigrant. However, 7.1% of Hispanic/Latino children (10 of 141 cases) and 22.6% of Asian American/Pacific Islanders (7 of 31 cases) were born outside of the United States. Please see Table 2

Table 22: Child's Place of Birth

	Total	Black	White	Latino	Asian/PI	Other
Indicated Outside U. S.	20 (5.0%)	1 (2.0%)	1 (0.7%)	10 (7.1%)	7 (22.6%)	1 (2.2%)
Indicated U. S. or Assumed U. S.	383 (95.0%)	49 (98.0%)	136 (99.3%)	131 (92.9%)	24 (77.4%)	44 (97.8%)

Child Mental Illness

There was a significant relationship between identified child mental illness and ethnicity. Percentages of children identified as having mental health problems were as follows: African American 6.0% (3 of 50 cases), Whites 14.7% (20 of 136 cases), Hispanics/Latinos 10.6% (15 of 141 cases), Asian American/Pacific Islanders 0.0% (no cases), and Others 4.4% (2 of 45 cases). Please see Table 23.

Table 23: Child Mental Illness

	Total	Black	White	Latino	Asian/PI	Other
Indicated	40 (9.9%)	3 (6.0%)	20 (14.7%)	15 (10.6%)	0 (0.0%)	2 (4.4%)
Not Indicated	363 (90.1%)	47 (94.0%)	116 (85.3%)	126 (89.4%)	31 (100.0%)	43 (95.6%)

Child Behavioral Problems

There was a significant relationship between child behavioral problems and ethnicity. Within the African American group 18.0% (9 of 50 cases) of children were indicated as having a behavioral problem, Whites 33.8% (46 of 136 cases), Hispanics/Latinos 21.3% (30 of 141 cases), Asian American/Pacific Islanders 22.6% (7 of 31 cases), and Others 13.3% (6 of 45 cases). Please see Table 24.

Table 24: Child Behavioral Problems

	Total	Black	White	Latino	Asian/PI	Other
Indicated	98 (24.3%)	9 (18.0%)	46 (33.8%)	30 (21.3%)	7 (22.6%)	6 (13.3%)
Not Indicated	305 (75.7%)	41 (82.0%)	90 (66.2%)	111 (78.7%)	24 (77.4%)	39 (86.7%)

Father Characteristics

Considerably more information was available in case records on mothers than was available on fathers. At most, data were recorded for 52% of African Americans fathers, 61% of Asian American/Pacific Islander, 69% of Hispanics/Latinos, and 71% of Whites.

The limited information that could be found describing fathers reflects the fact that in the present sample, fathers were less likely than mothers to be living with children at the time of child welfare involvement. Thus, whereas 70.2% of children were reported as living with their mothers, only 29.9% of children were reported as living with their fathers at the time of the incident requiring child welfare intervention. At least 32% of fathers, but only 9% of mothers, did not have legal custody of the child. Across all ethnic groups, the vast majority of mothers were designated as primary caretaker (68.0% of African American, 72.8% of White, 75.9% of Hispanics/Latino and 74.2% of Asian American/Pacific Islander mothers). Likewise, in the majority of cases, the mother was designated as having custody of the child (66.0% of African American, 71.3% of White, 70.2% of Hispanics/Latino and 68.9% of Asian American/Pacific Islander). Since mothers were more closely involved in the CWS, child welfare workers had better access to the experience of mothers. Consequently, it appeared that workers were more likely to report pertinent information on mothers when they entered information into the case record.

The relative lack of information is more problematic still because it is disproportionate across racial and ethnic groups. Thus, rates of missing information vary from one group to another and are greatest for African Americans and least for Asian American/Pacific Islanders.

This disproportionate loss of information compromises our ability to carry out meaningful comparisons among racial and ethnic groups. That is because in groups where information is more complete, there is more opportunity for events, when they occur, to be recorded. As a result, reporting both of negative and positive characteristics is exaggerated in groups with higher rates of reporting. Because of this imbalance, descriptive data on fathers are less accurate than data on mothers.

Data on fathers have therefore not been reported in detail for present purposes. Father data were in fact analyzed and for the most part confirmed what was reported as characterizing children and mothers. Nevertheless detailed information on fathers is not presented in this document. Father data are considered not to be sufficiently accurate for detailed reporting and, in too many instances, to lend themselves to misinterpretation.

Mother Characteristics

Mother As Primary Caretaker and Custodian

The relationship between primary caretaker and having custody of the child and ethnicity was not statistically significant. In the total sample, however, almost three-quarters of the cases (73.2%) identified the mother as the primary caretaker and over two-thirds (69.7%) of mothers as having custody of her child. Please see Table 25.

Table 25: Mother as Primary Caretaker and Custodian

	Frequency and % of Subgroup					
	Total	Black	White	Latino	Asian/PI	Other
Mother as Primary Caretaker	295 (73.2%)	34 (68.0%)	99 (72.8%)	107 (75.9%)	23 (74.2%)	32 (71.1%)
Mother Having Custody of Child	281 (69.7%)	33 (66.0%)	97 (71.3%)	99 (70.2%)	21 (67.7%)	21 (68.9%)

Mother's Age

There was a significant difference in the mother's age at time of incident by child's ethnic group. African American mothers were an average of 30.59 years old (sd = 6.87), Latinas 31.60 years (sd = 6.89), Asian American/Pacific Islanders 33.65 years old (sd = 8.05), Whites 34.16 years (sd = 6.80) and Others 34.83 years (sd = 8.78). Please see Table 26.

Table 26: Mother's Age at Time of Incident^a

	Total	Black	White	Latino	Asian/PI	Other
Age in years						
Avg.	32.85	30.59	34.16	31.60	33.65	34.83
(sd)	(7.30)	(6.87)	(6.80)	(6.89)	(8.05)	(8.78)

^a Based on 362 cases with valid information

Mother's Need for Translator in Court Proceedings

There was a significant relationship between a mother's need for a translator in court proceedings and child's ethnicity. Similar to the situation with children needing translators in court proceedings, African American and White mothers generally had little need for translators in court proceedings, with only one mother per group needing assistance in another language. However, 18.4% of Latina mothers (26 of 141 cases), 54.8% of Asian American/Pacific Islanders (17 of 31 cases), and 13.3% of Others (6 of 45 cases) needed translators in court proceedings. More striking than the child translator (in court proceedings) results, many non-Black minority mothers need services and

assistance in their native language, especially Asian American/Pacific Islander mothers. Please see Table 27.

Table 27: Mother's Need for Translator in Court Proceedings

	Total	Black	White	Latino	Asian/PI	Other
Indicated	51 (12.7%)	1 (2.0%)	1 (0.7%)	26 (18.4%)	17 (54.8%)	6 (13.3%)
Not Indicated	352 (87.3%)	49 (98.0%)	135 (99.3%)	115 (81.6%)	14 (45.2%)	39 (86.7%)

Mother's Place of Birth

There was a significant relationship between mother's place of birth and child's ethnicity. Again, consistent with the migration-related characteristics, African Americans and Whites had low proportions of mothers born outside of the United States, and Latinas and Asian American/Pacific Islanders had high proportion of mothers who were immigrants. A majority of African American mothers (98%; 49 cases of 50) were born in the U.S. as were 95.6% of White mothers (130 of 136 cases), nearly 75% of Latinas (105 of 141 cases), and 86.7% of Others (39 of 45 cases). Similar to the high proportion of Asian American/Pacific Islander mothers needing translators in court proceedings, approximately 70% of mothers from that ethnic group are immigrants. Please see Table 28.

Table 28: Mother's Place of Birth

	Total	Black	White	Latino	Asian/PI	Other
Indicated Outside U.S.	71 (17.6%)	1 (2.0%)	6 (4.4%)	36 (25.5%)	22 (71.0%)	6 (13.3%)
Indicated U.S. or Assumed U.S.	332 (82.4%)	49 (98.0%)	130 (95.6%)	105 (74.5%)	9 (29.0%)	39 (86.7%)

Mother's Education Level

There was a marginally significant relationship [$p = .061$] between mother's education and child's ethnicity. A high proportion of mothers overall did not complete high school (48.3%, or 116 of 240 cases with valid information). Among groups, 40.5% of African American mothers (15 of 37 cases), 38.6% of White mothers (27 of 70 cases), 57.8% of Latinas (52 of 90 cases), 64.7% of Asian American/Pacific Islanders (11 of 17

cases), and 42.3% of Other mothers (11 of 26 cases) had less than a high school level education. Please see Table 29.

Table 29: Mother's Education Level^a

	Total	Black	White	Latino	Asian/PI	Other
Less Than High School Level	116 (48.3%)	15 (40.5%)	27 (38.6%)	52 (57.8%)	11 (64.7%)	11 (42.3%)
High School Level or Above	124 (51.7%)	22 (59.5%)	43 (61.4%)	38 (42.2%)	6 (35.3%)	15 (57.7%)

^a Based on 240 cases with valid information

Mother's Marital Status

There was a marginally significant relationship [$p = .062$] between mother's marital status and child's ethnicity. Of note, many African American mothers were single/never married (42.2%), many White mothers separated/divorced/widowed (41.6%), and many Asian American/Pacific Islanders currently married (58.3%). Please see Table 30.

Table 30: Mother's Marital Status^a

	Total	Black	White	Latino	Asian/PI	Other
Currently Married	117 (34.9%)	13 (28.9%)	37 (32.7%)	37 (32.5%)	14 (58.3%)	16 (41.0%)
Single / Never Married	94 (28.1%)	19 (42.2%)	27 (23.9%)	33 (28.9%)	5 (20.8%)	10 (25.6%)
Separated / Divorced / Widowed	113 (33.7%)	10 (22.2%)	47 (41.6%)	38 (33.3%)	5 (20.8%)	13 (33.3%)
Other Status	11 (3.3%)	3 (6.7%)	2 (1.8%)	6 (5.3%)	0 (0.0%)	0 (0.0%)

^a Based on 335 cases with valid information

Mother's Welfare Eligibility

There was a significant relationship between a mother's welfare eligibility and child's ethnicity. 34% of African American mothers (17 of 50 cases) are eligible, 14% of Whites (19 of 136 cases), 23.4% of Latinas (33 of 141 cases), 19.4% of Asian American/Pacific Islanders (6 of 31 cases), and 15.6% of Others (7 of 45 cases). Please see Table 31.

Table 31: Mother's Welfare Eligibility

	Total	Black	White	Latino	Asian/PI	Other
Indicated	82 (20.3%)	17 (34.0%)	19 (14.0%)	33 (23.4%)	6 (19.4%)	7 (15.6%)
Not Indicated	321 (79.7%)	33 (66.0%)	117 (86.0%)	108 (76.6%)	25 (80.6%)	38 (84.4%)

Maternal Substance Abuse

There was a significant relationship between maternal substance abuse and child's ethnicity. A high proportion of mothers overall were substance abusers (54.6%, or 220 of 403 cases). Among groups, 62.0% of African American mothers (31 of 50 cases) were indicated as having problems with substance abuse. 55.9% of Whites (76 of 136 cases), 55.3% of Latinas (78 of 141 cases), 29.0% of Asian American/Pacific Islanders (9 of 31 cases), and 57.8% of Other mothers (26 of 45 cases) were suffering from substance abuse. Please see Table 32.

Table 32: Maternal Substance Abuse

	Total	Black	White	Latino	Asian/PI	Other
Indicated	220 (54.6%)	31 (62.0%)	76 (55.9%)	78 (55.3%)	9 (29.0%)	26 (57.8%)
Not Indicated	183 (45.4%)	19 (38.0%)	60 (44.1%)	63 (44.7%)	22 (71.0%)	19 (42.2%)

Maternal Mental Health Problems

There was a significant relationship between identified maternal mental health problems and child's ethnicity. Among groups, identified mental health problems were indicated among 14.0% of African American mothers (7 of 50 cases), 25.0% of Whites

(34 of 136 cases), 12.8% of Latinas (18 of 141 cases), 25.8% of Asian American/Pacific Islanders (8 of 31 cases), and 13.3% of Other mothers (6 of 45 cases). Please see Table 33.

Table 33: Maternal Mental Health Problems

	Total	Black	White	Latino	Asian/PI	Other
Indicated	73 (18.1%)	7 (14.0%)	34 (25.0%)	18 (12.8%)	8 (25.8%)	6 (13.3%)
Not Indicated	330 (81.9%)	43 (86.0%)	102 (75.0%)	123 (87.2%)	23 (74.2%)	39 (86.7%)

Mother's Participation in Mental Health Service System

A significant relationship was found between mother's participation in mental health services and child's ethnicity. Among groups, 4.0% of African American mothers (2 of 50 cases) participated in the mental health service system, as had 15.4% of Whites (21 of 136 cases), 7.8% of Latinas (11 of 141 cases), 19.4% of Asian American/Pacific Islanders (8 of 31 cases), and 8.9% of Other mothers (4 of 45 cases). Please see Table 34.

Table 34: Mother's Participation in Mental Health Service System

	Total	Black	White	Latino	Asian/PI	Other
Indicated	44 (10.9%)	2 (4.0%)	21 (15.4%)	11 (7.8%)	6 (19.4%)	4 (8.9%)
Not Indicated	359 (89.1%)	48 (96.0%)	115 (84.6%)	130 (92.2%)	25 (80.6%)	41 (91.1%)

Maternal Criminal History

There was a significant relationship between maternal criminal history and child's ethnicity. A history of maternal criminal behavior marked a majority of the cases (53.8%, or 217 of 403 cases). Among groups, a criminal history was indicated in 72.0% of African American mothers (36 of 50 cases), 48.5% of Whites (66 of 136 cases), 56.0% of Latinas (79 of 141 cases), 25.8% of Asian American/Pacific Islanders (8 of 31 cases), and 62.2% of Other mothers (28 of 45 cases). Please see Table 35.

Table 35: Maternal Criminal History

	Total	Black	White	Latino	Asian/PI	Other
Indicated	217 (53.8%)	36 (72.0%)	66 (48.5%)	79 (56.0%)	8 (25.8%)	28 (62.2%)
Not Indicated	186 (46.2%)	14 (28.0%)	70 (51.5%)	62 (44.0%)	23 (74.2%)	17 (37.8%)

Number of Maternal Criminal Episodes

Corroborating the results of maternal criminal history, incarceration, and involvement with the criminal justice system, a significant relationship was found between the number of the mother's criminal episodes and child's ethnicity. Among groups, African American mothers had an average of 3.46 (sd = 3.99) criminal episodes, Whites 1.71 (sd = 2.62), Latinas 2.90 (sd = 5.12), Asian American/Pacific Islanders 0.94 (sd = 2.17), and Others 2.16 (sd = 3.46). Please see Table 36.

Table 36: Number of Maternal Criminal Episodes^a

	Total	Black	White	Latino	Asian/PI	Other
Number of Maternal Criminal Episodes						
Avg. (sd)	2.34 (3.95)	3.46 (3.99)	1.71 (2.62)	2.90 (5.12)	0.94 (2.17)	2.16 (3.46)

^a Based on 403 cases with valid information

Maternal Incarceration

Similar to maternal criminal history, a significant relationship was found between maternal incarceration and child's ethnicity. Among groups, 20.0% of African American mothers (10 of 50 cases) were incarcerated at some point before the incident of child abuse or neglect. 7.4% of Whites (10 of 136 cases), 10.6% of Latinas (15 of 141 cases), 6.5% of Asian American/Pacific Islanders (2 of 31 cases), and 2.2% of Other mothers (1 of 45 cases) had been incarcerated at some point in their past. Please see Table 37.

Table 37: Maternal Incarceration

	Total	Black	White	Latino	Asian/PI	Other
Indicated	38 (9.4%)	10 (20.0%)	10 (7.4%)	15 (10.6%)	2 (6.5%)	1 (2.2%)
Not Indicated	365 (90.6%)	40 (80.0%)	126 (92.6%)	126 (89.4%)	29 (93.5%)	44 (97.8%)

Mother's Participation in Criminal Justice System

Corroborating the results of maternal criminal history and incarceration, a significant relationship was found between mother's participation in the criminal justice system and child's ethnicity. Among groups, 38.0% of African American mothers (19 of 50 cases) had participated in the criminal justice system. 16.2% of Whites (22 of 136 cases), 32.6% of Latinas (46 of 141 cases), 16.1% of Asian American/Pacific Islanders (5 of 31 cases), and 28.9% of Other mothers (13 of 45 cases) had been in the criminal justice system. Please see Table 38.

Table 38: Mother's Participation in Criminal Justice System

	Total	Black	White	Latino	Asian/PI	Other
Indicated	105 (26.1%)	19 (38.0%)	22 (16.2%)	46 (32.6%)	5 (16.1%)	13 (28.9%)
Not Indicated	298 (73.9%)	31 (62.0%)	114 (83.8%)	95 (67.4%)	26 (83.9%)	32 (71.1%)

Mother's Current Living Situation

Similar to the results of maternal marital status, a significant relationship was found between mother's current living situation and child's ethnicity. Among groups, very few African American mothers (4.0%) were living with a spouse (2 of 50 cases). By contrast, 24.3% of Whites (33 of 136 cases), 18.4% of Latinas (26 of 141 cases), 32.3% of Asian American/Pacific Islanders (10 of 31 cases), and 28.9% of Other mothers (13 of 45 cases) were living with their spouse. Please see Table 19. Again of note,. Please see Table 39.

Table 39: Mother's Current Living Situation

	Total	Black	White	Latino	Asian/PI	Other
With Spouse	84 (20.8%)	2 (4.0%)	33 (24.3%)	26 (18.4%)	10 (32.3%)	13 (28.9%)
Not With Spouse / Not Indicated	319 (79.2%)	48 (96.0%)	103 (75.7%)	115 (81.6%)	21 (67.7%)	32 (71.1%)

Number of Children Living with Mother

There was a significant difference in the number of children living with the mother across child's ethnic group. Latina mothers had an average of 2.75 children living with them (sd = 1.49), Other mothers 2.50 children (sd = 1.15), Asian American/Pacific Islanders 2.33 children (sd = 1.20), African Americans 2.29 children (sd = 1.30) and Whites 2.13 children (sd = 1.18). Please see Table 40.

Table 40: Number of Children Living with Mother^a

	Total	Black	White	Latino	Asian/PI	Other
Number of Children						
Avg. (sd)	2.42 (1.34)	2.29 (1.30)	2.13 (1.18)	2.75 (1.49)	2.33 (1.20)	2.50 (1.15)

^a Based on 245 cases with valid information

General Family-Related Factors (Domestic Violence, Income Problems, and Generational Involvement in the CWS)

There was not a significant statistical relationship between family factors including domestic violence, income problems and generational involvement in the CWS and ethnic group membership. However, it is notable that domestic violence was indicated in almost half (45.4%) of the cases. About one-fifth (21.3%) of families sampled indicated income problems and 7.7% of the 403 cases were families with generational involvement in the CWS. Please see Table 41.

Table 41: Family Factors

	Frequency and % of Subgroup					
	Total	Black	White	Latino	Asian/PI	Other
Domestic Violence	183 (45.4%)	20 (40.0%)	69 (50.7%)	62 (44.0%)	12 (38.7%)	20 (44.4%)
Income Problems	86 (21.3%)	12 (28.0%)	28 (20.6%)	27 (19.1%)	8 (25.8%)	9 (20.0%)
Generational Involvement in the CWS	31 (7.7%)	0 (0.0%)	11 (8.1%)	14 (9.9%)	1 (3.2%)	5 (11.1%)

Perpetrator's Relationship to the Child

There was a significant relationship between the perpetrator's relationship to the child and child's ethnicity. Of note, many African American CWS cases involved the mother only as the perpetrator of child abuse or neglect (59.6%, or 28 of 47 cases). In comparison, many of the White, Hispanic/Latino, Asian American/Pacific Islander, and Other cases involved a combination of perpetrators (mothers and others, including fathers): White (48.5%), Hispanic/Latino (49.6%), Asian American/Pacific Islander (50.0%), and Other (60.5%). Also, a notable proportion of Asian American/Pacific Islander cases involved the father as the lone perpetrator. Please see Table 42.

Table 42: Perpetrator's Relationship to the Child^a

	Total	Black	White	Latino	Asian/PI	Other
Mother Only (including a Step-Mother)	144 (36.6%)	28 (59.6%)	42 (31.8%)	52 (36.9%)	9 (30.0%)	13 (30.2%)
Mother and Others (including the Father)	191 (48.6%)	16 (34.0%)	64 (48.5%)	70 (49.6%)	15 (50.0%)	26 (60.5%)
Father Only (including a Step-Father)	31 (7.9%)	1 (2.1%)	14 (10.6%)	7 (5.0%)	6 (20.0%)	3 (7.0%)
Other Perpetrator	27 (6.9%)	2 (4.3%)	12 (9.1%)	12 (8.5%)	0 (0.0%)	1 (2.3%)

^a Based on 393 cases with valid information

Children and Number of Siblings

There was a significant difference in the number of siblings across child's ethnic group. African American children had an average of 2.79 siblings (sd = 2.07), Others 2.79 siblings (sd = 1.89), Hispanics/Latinos 2.64 siblings (sd = 1.85), Whites 1.98 siblings (sd = 1.63), and Asians/Pis 1.77 siblings (sd = 1.12). Please see Table 43.

Table 43: Number of Siblings^a

	Total	Black	White	Latino	Asian/PI	Other
Number of Siblings Avg. (sd)	2.39 (1.80)	2.79 (2.07)	1.98 (1.63)	2.64 (1.85)	1.77 (1.12)	2.79 (1.89)

^a Based on 368 cases with valid information

Children and Number of Siblings in the Child Welfare System

There was a significant difference in the number of siblings in the CWS across child's ethnic group. African American children had an average of 1.81 siblings in the CWS (sd = 1.75), Others 1.76 siblings in CWS (sd = 1.73), Hispanics/Latinos 1.60 siblings in CWS (sd = 1.59), Whites 1.13 siblings in CWS (sd = 1.27), and Asians/PIs 1.07 siblings in CWS (sd = 0.92). Please see Table 44.

Table 44: Number of Siblings in CWS^a

	Total	Black	White	Latino	Asian/PI	Other
Number of Siblings in the CWS						
Avg.	1.45	1.81	1.13	1.60	1.07	1.76
(sd)	(1.51)	(1.75)	(1.27)	(1.59)	(0.92)	(1.73)

^a Based on 368 cases with valid information

2. System-Related Characteristics by Ethnic Group

The majority of the data in this section are derived from the CWS/CMS database of closed cases. Longitudinal variables were constructed to depict the child's history in the CWS.

Number of Prior Referrals

There was not a statistically significant relationship between number of prior referrals and ethnicity. An average of 2.46 prior referrals (sd = 3.14) were made before the case was opened for the current episode. Please see Table 45.

Table 45. Number of Prior Referrals By Ethnic Group

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

^a Based on 355 cases with valid information

Reporter of the Child Abuse or Neglect

There was a significant relationship between who reported the abuse/neglect incident and ethnicity. Law enforcement officers and legal professionals were the most common reporters within all groups except Others, and were especially common reporters for Whites and African Americans. For African Americans, personnel at medical sites were common reporters. Reporters from school sites were more common for Hispanics/Latinos and Asians than other groups. For Others, a category including neighbors, friends, and various other reporters was most common (38.9% of the cases). Please see Table 46.

Table 46: Reporter of Child Abuse or Neglect^a

	Total	Black	White	Latino	Asian/PI	Other
Relative / Family Member / Self	63 (19.3%)	7 (17.1%)	22 (20.4%)	24 (20.2%)	5 (21.7%)	5 (13.9%)
Law Enforcement / Legal Professional	123 (37.6%)	17 (41.5%)	47 (43.5%)	41 (34.5%)	8 (34.8%)	10 (27.8%)
Personnel at Medical Site	37 (11.3%)	9 (22.0%)	10 (9.3%)	13 (10.9%)	2 (8.7%)	3 (8.3%)
Personnel at School Site	32 (9.8%)	1 (2.4%)	7 (6.5%)	18 (15.1%)	3 (13.0%)	3 (8.3%)
Neighbor / Friend / Citizen /CPS/ Agency/ Day Care/Therapist Anonymous / Other	70 (21.4%)	7 (17.1%)	22 (20.4%)	23 (19.3%)	4 (17.4%)	14 (38.9%)
Multiple Reporters	2 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (4.3%)	1 (2.8%)

^a Based on 327 cases with valid information

Reason for Removal

There was not a significant relationship between the initial reason for removal and ethnicity. In the sample, “Other” types of maltreatment were the most common reason for removal amongst all groups. Asian/Pacific Americans (35.5%, 11 out of 31) and Hispanics/Latinos (24.4%, 33 out of 135) had higher rates than other groups of physical abuse. Please see Table 47.

Table 47: Reason for Removal^a

	Total	Black	White	Latino	Asian/PI	Other
General Neglect	50 (12.9%)	7 (14.3%)	15 (11.7%)	22 (16.3%)	2 (6.5%)	4 (9.1%)
Severe Neglect	43 (11.1%)	7 (14.3%)	11 (8.6%)	14 (10.4%)	4 (12.9%)	7 (15.9%)
Physical Abuse	86 (22.2%)	9 (18.4%)	24 (18.8%)	33 (24.4%)	11 (35.5%)	9 (20.5%)
Sexual Abuse	30 (7.8%)	3 (6.1%)	13 (10.2%)	11 (8.1%)	2 (6.5%)	1 (2.3%)
Emotional Abuse	20 (5.2%)	2 (4.1%)	7 (5.5%)	4 (3.0%)	2 (6.5%)	5 (11.4%)
Other Maltreatment	158 (40.8%)	21 (42.9%)	58 (45.3%)	51 (37.8%)	10 (32.2%)	18 (40.9%)

^a Based on 387 cases with valid information

Case Assignment after Jurisdictional/Dispositional Hearing

There was not a significant relationship between case assignment after the jurisdictional/dispositional hearing and ethnicity. Overall, most cases were assigned to family reunification (71.1%, 278 of 391 cases). African American children had the highest percentage of family reunification (80.9%, 38 of 47 cases), while Asian American/Pacific Islander children had the highest percentage of family maintenance (29.0%, 9 of 31 cases). Twenty-five cases were assigned neither to family reunification nor to family maintenance but to other disposition categories. The largest numbers of cases assigned neither to family reunification nor family maintenance (8) represented cases for which services were denied. Please see Table 48.

Table 48: Case Assignment after Jurisdictional/Dispositional Hearing^a

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

^a Based on 391 cases with valid information

Additional Analysis:

Too few people had been assigned to categories other than family reunification and family maintenance to permit further analysis of cases falling into those groups. In what follows, we examine racial and ethnic differences in the 366 cases assigned either to family maintenance or family reunification.

Through statistical analysis, we sought to understand racial and ethnic differences in assignment to family maintenance vs. family reunification. Our approach was not only to consider differences in race and ethnicity themselves as we had in our previous analyses, but also to consider a number of factors which we had come to understand were associated with race and ethnicity and which might explain any racial and ethnic difference we might document. The question for this analysis, then, was whether underlying differences in child and family status revealed earlier in our work accounted for racial and ethnic differences in assignment.

To achieve this purpose we used Logistic Regression. This is a procedure that permits assessment of racial and ethnic differences in assignment to family maintenance vs. family reunification. It does so both before and after controlling for characteristics shown to be important apart from race and ethnicity. It addresses the question: If racial and ethnic differences appear, then what other characteristics associated with children, parents, and families might explain them?

We identified a list of characteristics already shown to be linked to which racial and ethnic group to which a child belonged. These are: Whether the child was born in the United States, whether the child had suffered sexual abuse, whether emotional problems were indicated for the child, his or her age, the number of prior referrals, whether the mother needed a translator

in court proceedings, mothers' criminal history, and whether the case had been reported by relatives/family members/ self or by law enforcement.

The analysis proceeded in steps. Racial and ethnic differences were considered first. This was done to establish whether individual racial and ethnic groups differed from Whites in their chances being assigned to family maintenance.

Other characteristics listed above entered in later steps. This was done to determine which of the characteristics might explain racial and ethnic differences identified in the first step.

Results were as follows. African Americans were found to differ from Whites at a statistically significant level ($B=1.22$, $p<.03$). This result indicated that African Americans were more likely than whites, at a statistically significant level, to be assigned to Family Reunification. No other group was found to be statistically significantly different from Whites.

The difference between African Americans and white persisted after controlling for all of the characteristics noted above. Several of the characteristics were indeed significantly associated with assignment to family reunification. These included reporting by relatives/family members/self ($B=1.59$, $p<.05$), older age of children ($B=.10$, $p<.05$), and jointly reporting by law enforcement and mother's criminal history ($B=.246$, $p<.05$). However, African Americans continued to be more likely to be assigned to Family Reunification after adjustment for the impact of these factors.

Initial Out of Home Placement Facility Type

There was not a significant relationship between initial out-of-home placement facility type and ethnicity. In the sample, a relative home was the most frequently occurring placement type for all groups except Asian American/Pacific Islander children who were highest in foster family home placement (32.3%, 10 of 31 cases). African American children also were relatively high in foster family home placement (22.4%, 11 out of 49). Please see Table 49.

Table 49: Initial Out of Home Placement Facility Type^a

	Total	Black	White	Latino	Asian/PI	Other
Foster Family Home	72 (18.6%)	11 (22.4%)	20 (15.6%)	18 (13.3%)	10 (32.3%)	13 (29.5%)
Group Home	34 (8.8%)	4 (8.2%)	15 (11.7%)	10 (7.4%)	2 (6.5%)	3 (6.8%)
Children's Shelter/ Receiving Home/Non- EA/AFDC	72 (18.6%)	7 (14.3%)	22 (17.2%)	27 (20.0%)	7 (22.6%)	9 (20.5%)
Relative Home	149 (38.5%)	21 (42.9%)	49 (38.3%)	58 (43.0%)	7 (22.6%)	14 (31.8%)
Foster Family Agency	40 (10.3%)	5 (10.2%)	17 (13.3%)	13 (9.6%)	4 (12.9%)	1 (2.3%)
Guardian Home/ Court Specified Home	20 (5.2%)	1 (2.0%)	5 (3.9%)	9 (6.7%)	1 (3.2%)	4 (9.1%)

^a Based on 387 cases with valid information

Number of Times Removed from Family in Current Episode

There was a significant relationship between the number of times removed from family in current episode and ethnicity. Across all ethnic groups, children were removed an average of 1.45 times (sd = 0.74). African American children had the highest average number of times removed from family in current episode with 1.67 times (sd = 0.90), and Asian American/Pacific Islander children had the lowest average with 1.26 times (sd = 0.51). Please see Table 50.

Table 50: Number of Times Removed from Family in Current Episode^a

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

^a Based on 388 cases with valid information

Number of Unique Placement Homes in Current Episode

There was not a significant relationship between number of unique placement homes in current episode and ethnicity. Across all ethnic groups, there was an average of 4.54 (sd = 4.67) unique placement homes in the child's current episode. African American children had the highest average of unique placement homes in current episode with 5.35 unique placement (sd = 6.48), and Asian American/Pacific Islander children had the lowest average with 3.29 unique placements (sd = 3.22). Please see Table 51.

Table 51: Number of Unique Placement Homes in Current Episode^a

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

^a Based on 388 cases with valid information

Average Stay (in days) per Placement Facility in Current Episode

There was a significant relationship between the average stay (in days) per placement facility in current episode and ethnicity. For all children in the sample, the average number of days a child stayed in one placement in their current episode was 370.77 (sd = 710.59). African American children had the lengthiest stay per placement with an average of 678.94 days (sd = 1121.34), and Other children had the shortest stay with an average of 221.67 days (sd = 278.71). Please see Table 52.

Table 52: Average stay (in days) per Placement Facility in Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	370.77 (710.59)	678.94 (1121.34)	222.54 (410.37)	394.57 (671.36)	608.49 (1146.98)	221.67 (278.71)

^a Based on 388 cases with valid information

Number of Placements in Current Episode

There was not a significant relationship between the number of placements in current episode and ethnicity. Across ethnic groups the average number of placements in current episode was 3.31 (sd = 3.34). White children had the highest average number of placements with 3.77 (sd = 4.06), and Hispanic/Latino children had the lowest average with 2.99 (sd = 2.78) placements in current episode. Please see Table 53.

Table 53: Number of Placements in Current Episode^a

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

^a Based on 387 cases with valid information

Total length of time (in months) in Out of Home Placement in Current Episode

There was a significant relationship between the total length of time (in months) in out-of-home placement (for all placement types) in current episode and ethnicity. Across ethnic groups, children spent an average of 18.01 months (sd = 25.71) in out-of-home-placement. Asian American/Pacific Islander children spent the lengthiest time in out-of-home placement with an average of 29.65 months (sd = 40.51), and White children spent the shortest amount of time in out-of-home placement with an average of 12.50 months (sd = 15.85). Please see Table 54.

Table 54: Total Length of Time (in months) in Out Of Home Placement in Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	18.01 (25.71)	24.88 (34.71)	12.50 (15.85)	19.49 (25.89)	29.65 (40.51)	13.58 (19.49)

^a Based on 385 cases with valid information

Number of Episodes

There was not a significant relationship between the number of episodes and ethnicity. On average, children across ethnic groups had 1.28 episodes (sd = 0.54). Hispanic/Latino

children had the highest average number of episodes, with 1.32 (sd = 0.54), and White children had the lowest average number of episodes with 1.20 (sd = 0.49). Please see Table 55.

Table 55: Number of Episodes^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	1.28 (0.54)	1.26 (0.49)	1.20 (0.42)	1.32 (0.64)	1.32 (0.54)	1.36 (0.57)

^a Based on 392 cases with valid information

Length of Case in Years

There was a significant relationship between the length of the case in years and ethnicity. The sample had an average case length of 3.30 years (sd = 3.47). African American children had the highest average case length with 5.04 years (sd = 4.64) and Other children had the lowest average case length with 2.55 years (2.80). Please see Table 56.

Table 56: Length of Case in Years^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	3.30 (3.47)	5.04 (4.64)	2.60 (2.75)	3.41 (3.52)	4.06 (3.69)	2.55 (2.80)

^a Based on 392 cases with valid information

Total Number of Workers Assigned (over time) in the Current Episode

There was not a significant relationship between the total number of workers assigned (over time) in the current episode and ethnicity. Across all ethnic groups, children had an average of 4.74 workers (sd = 2.03) assigned to their case over time. Hispanic/Latino children had the most workers with 4.88 (sd = 2.08), and Asian American/Pacific Islander children had the fewest number of workers with 4.42 (sd = 1.61). Please see Table 57.

Table 57: Total Number of Workers Assigned (over time) in the Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	4.74 (2.03)	4.58 (2.23)	4.83 (2.06)	4.88 (2.08)	4.42 (1.61)	4.47 (1.82)

^a Based on 396 cases with valid information

Last Out-of-Home Placement Type

There was a significant relationship between last placement type and ethnicity. Asian/Pacific (37.5%, 9 of 24 cases) and African American children (26.2%, 11 out of 42) were more likely than children from other groups to be placed in a foster family home. Asian/Pacific children were more also likely to be placed at a foster family agency (20.8%, 5 out of 24). Hispanic/Latino children were especially likely to be placed at a relative home (43.8%, 53 of 121 cases), or a children's shelter (18.2%, 22 out of 121 cases). Please see Table 58.

Table 58: Last Out-of-Home Placement Type^a

	Total	Black	White	Latino	Asian/PI	Other
Foster Family Home	66 (19.1%)	11 (26.2%)	20 (16.5%)	13 (10.7%)	9 (37.5%)	13 (35.1%)
Group Home	33 (9.6%)	5 (11.9%)	12 (9.9%)	11 (9.1%)	2 (8.2%)	3 (8.1%)
Children's Shelter	50 (14.5%)	2 (4.8%)	17 (14.0%)	22 (18.2%)	3 (12.5%)	6 (16.2%)
Relative Home	131 (38.0%)	16 (38.1%)	48 (39.7%)	53 (43.8%)	3 (12.5%)	11 (29.7%)
Foster Family Agency	43 (12.5%)	6 (14.3%)	18 (14.9%)	13 (10.7%)	5 (20.8%)	1 (2.7%)
Guardian Home/ Court Specified Home	22 (6.4%)	2 (4.8%)	9 (7.4%)	9 (7.4%)	2 (8.3%)	3 (8.1%)

^a Based on 345 cases with valid information

Age at Time of Case Closure in Current Episode

There was not a significant relationship between the child's age at time of case closure in current episode and ethnicity. The average age at time of closure for the sample was 10.55 years-of-age (6.35). Hispanic/Latino children were the oldest at the time of case closure (11.39, sd =

6.21), and African American children were the youngest at time of case closure (9.36). Please see Table 59.

Table 59: Age at Time of Case Closure in Current Episode^a

	Total	Black	White	Latino	Asian/PI	Other
Average (sd)	10.55 (6.35)	9.36 (6.36)	10.23 (6.27)	11.39 (6.21)	11.36 (6.34)	9.61 (6.84)

^a Based on 384 cases with valid information

Service Type at Closure of Case

There was a significant relationship between the service type at closure of case and ethnicity. White children had the highest percentage of family maintenance services (52.2%, 71 of 136 cases), as well as the highest percentage of family reunification (12.5%, 17 of 136 cases). African American (52.0%, 26 of 50 cases), Hispanic/Latino (50.4%, 71 out of 141), and Asian American/Pacific Islander (48.4%, 15 out of 31) children had the highest percentage of permanent placement services at closure of their case. Please see Table 60.

Table 60: Service Type at Case Closure^a

	Total	Black	White	Latino	Asian/PI	Other
Emergency Response	9 (2.2%)	1 (2.0%)	2 (1.5%)	3 (2.1%)	0 (0.0%)	3 (6.7%)
Family Maintenance	186 (46.2%)	23 (46.0%)	71 (52.2%)	56 (39.7%)	14 (45.2%)	22 (48.9%)
Family Reunification	34 (8.4%)	0 (0.0%)	17 (12.5%)	11 (7.8%)	2 (6.5%)	4 (8.9%)
Permanent Placement	174 (43.2%)	26 (52.0%)	46 (33.8%)	71 (50.4%)	15 (48.4%)	16 (35.6%)

^a Based on total sample of 403 cases

Case Closure Type

There was not a significant relationship between case closure type and ethnicity. In the sample, Asian American/Pacific Islander children had the highest percentage for court ordered termination and other case closure (45.2%, 14 of 31 cases) and emancipation (22.6%, 7 of 31 cases). White children (30.5%, 40 of 131 cases) had the highest percentage for family stabilized. Hispanic/Latino children had the highest percentage of guardianship or placement with relative (15.9%, 21 of 132 cases). Other children had the highest percentage for reunification with parent or guardian (11.4%, 5 of 44 cases). Please see Table 61

Table 61: Case Closure Type^a

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

^a Based on 386 cases with valid information

3. Services and Other Interventions Ordered at the Jurisdictional/Dispositional Hearing by Ethnic Group

The data in this section are derived from the case record review database.

We sought to document the frequency of occurrence of services and other interventions ordered for children, mothers, and fathers at the Jurisdictional/Dispositional Hearing and to determine the extent of racial and ethnic differences in services and interventions. *From our case record review we discovered that many services and other interventions were noted only rarely as having been ordered.* These were:

Child:

Not allowed visits (n=1; .2%)
 Kin visits supervised or unsupervised, ordered (n=21; 5.2%)
 Not allowed kin visits (n=1; 0.2%)
 Random drug/alcohol testing (n=0; 0%)
 Substance abuse/alcohol treatment ordered (n=2; .5%)
 Orders not to possess alcohol or drugs: ordered (n=1; .2%)
 12-step (n=1; .2%)
 Support group ordered (n=5; 1.2%)
 Mental health system ordered (n=3; .7%)
 Health system ordered (n=19; 4.7%)
 Disability-related service ordered (n=0; 0%)
 Anger management ordered (n=0; 0%).
 DV for victim ordered (N=0; 0%).
 No criminal activity ordered (n=0; 0%)
 Insure school attendance progress ordered (n=4; 1.0%)
 Family conference ordered (n=4; 1.0%).
 Other service ordered (n=13; 3.2%).

Mother:

Unsupervised visits ordered (n=14; 3.5%)
 Contingent visits ordered (n=4; 1.0%)
 Not allowed visits (n=3; 0.7%).
 Kin visits ordered (n=3; 0.7%)
 Kin visits disallowed (n=0; 0%)
 Orders not to use or possess drugs or alcohol (n=9; 2.2%)
 Support group ordered (n=13; 3.2%)
 Mental health system ordered (n=5; 1.2%).
 Health system ordered (n=10; 2.5%)
 Disability-related service ordered (n=0; 0%)

Anger management ordered (n=9; 2.2%).
 Cooperate with officials ordered (n=18; 4.5%).
 No physical punishment ordered (n=7; 1.7%)
 No criminal activity ordered (n=6; 1.5%).
 Improve economic employment status ordered (n=3; 0.7%).
 Improve housing situation ordered (n=22; 5.5%).
 Insurance of school attendance and progress ordered (n=5; 1.2%).
 Family conference ordered (n=5; 1.2%).
 Home supervision ordered (n=10; 2.5%).
 Other service ordered (n=13; 3.2%).

Father:

Unsupervised visits ordered (n=15; 3.7%)
 Contingent visits ordered (n=9; 2.2%)
 Not allowed visits (n=21; 5.2%).
 Kin visits ordered (n=0; 0%)
 Kin visits disallowed (n=0; 0%)
 Orders not to use or possess drugs or alcohol (n=6; 1.5%)
 Support group ordered (n=7; 1.7%)
 Mental health system ordered (n=5; 1.2%).
 Health system ordered (n=3; 0.7%)
 Psychological evaluation ordered (n=19; 4.7%).
 Disability-related service ordered (n=0; 0%)
 Anger management ordered (n=14; 3.5%).
 Cooperate with officials ordered (n=7; 1.7%).
 No physical punishment ordered (n=4; 1.0%)
 No criminal activity ordered (n=4; 1.0%).
 Improve economic employment status ordered (n=1; 0.2%).
 Improve housing situation ordered (n=14; 3.5%).
 Insurance of school attendance and progress ordered (n=0; 0%).
 Family conference ordered (n=2; 0.2%).
 Home supervision ordered (n=0; 0%).
 Other service ordered (n=5; 1.2%).

Infrequently reported services magnify the importance of errors in reporting and provide little opportunity for the racial and ethnic differences to appear. We focus on services most commonly recorded, defined as indicated for 10% or more of the sample.

Child: Individual Counseling

Racial and ethnic differences in individual counseling were statistically significant (Chi-Square=14.6, $p<.01$). Individual counseling was recorded as ordered for more than 46% of white children (63 out of 136), and 40% of children classified as other (18 out of 45). It was recorded

for 35.5% of Asian American/Pacific Islander children (11 out of 31), about 32% of Hispanic/Latino children (45 out of 141), and 18% of African American children (9 out of 50). The statistically significant difference parallels differences in indicated rates of mental health problems, and indicates that Asian American/Pacific Islander children were less likely, and Hispanic/Latino and African American children far less likely than whites to be ordered into individual counseling. Please see Table 62.

Table 62. Child: Individual Counseling

	Total	Black	White	Latino	Asian/PI	Other
Ordered	146 (36.2%)	9 (18.0%)	63 (46.3%)	45 (31.9%)	11 (35.5%)	18 (40.0%)
Not Indicated	257 (63.8%)	41 (82.0%)	73 (53.7%)	96 (68.1%)	20 (64.5%)	27 (60.0%)

Child: Other Counseling

Racial and ethnic differences in whether or not “other” counseling was ordered were significant (Chi-Square=11.7, $p<.05$). Counseling classified as other- than individual was recorded as ordered for more than 35% (11 out of 45) Asian American/Pacific Islander children and 20% of white children (28 out of 136) and 18.4% of Hispanic/Latino children (26 out of 141). Other counseling was ordered for 6% of African American children (3 out of 50). Please see Table 63.

Table 63. Child: Other Counseling

	Total	Black	White	Latino	Asian/PI	Other
Ordered	79 (19.6%)	3 (6%)	28 (20.6%)	26 (18.4%)	11 (35.5%)	11 (24.4%)
Not Indicated	324 (80.4%)	47 (94%)	108 (79.4%)	115 (81.6%)	20 (64.5%)	34 (75.6%)

Child: Psychological Evaluation

Racial and ethnic differences in rates of psychological evaluation were statistically significant (Chi-Square=7.9, $p<.09$). Psychological evaluation was recorded as ordered for 14% of white children (19 out of 136), and less than 8% of Hispanic/Latino children, 6.5% of Asian American/Pacific Islander children (2 out of 31), and 2% of African American children (1 out of 50). Differences in psychological evaluation are like those found for individual counseling, and may reflect the interrelationship between evaluating and treating psychological problems; evaluation may either precede or follow individual counseling. Please see Table 64.

Table 64. Child: Psychological Evaluation

	Total	Black	White	Latino	Asian/PI	Other
Ordered	39 (9.7%)	1 (2.0%)	19 (14.0%)	11 (7.8%)	2 (6.5%)	6 (13.3%)
Not Indicated	364 (90.3%)	49 (98.0%)	117 (86.0%)	130 (92.2%)	29 (93.5%)	39 (86.7%)

Mother: Parent Education Ordered

Parent education was ordered for 283 mothers representing 70.2% of the sample. Racial and ethnic differences were small and did not reach levels indicating statistical significance (African American: $n=34$, 68.0%; White $n=92$, 67.6%; Latina $n=101$, 71.6%; Asian American/Pacific Islander $n=22$, 71.0%; Other $n=34$, 75.6%).

Mother: Supervised Visits Ordered

Supervised visits were ordered for 152 mothers representing 37.7% of the sample. Racial and ethnic differences were small and did not reach levels indicating statistical significance (African American: $n=15$, 30.0%; White $n=50$, 36.8%; Latina $n=57$, 40.4%; Asian American/Pacific Islander $n=$, 35.5%; Other $n=19$, 42.2%).

Mother: Random Drug/Alcohol Testing Ordered

Racial and ethnic differences in orders for random drug testing were significant (Chi-Square=15.3, $p<.01$). Random drug/alcohol testing was ordered for 46.1% of Latinas (65 out of 141) and 44.9% of Whites 61 out of 136), 38% of African Americans (19 out of 50), 37.8% of mothers classified as belonging to another group (17 out of 45), but 9.7% (3 out of 31) Asian American/Pacific Islander mothers. Asian American/Pacific Islander mothers, consistent with lesser indication of substance abuse problems, were less likely to be subjected to testing. Please see Table 65.

Table 65. Mother: Random Drug/Alcohol Testing Ordered

	Total	Black	White	Latino	Asian/PI	Other
Ordered	165 (40.9%)	19 (38.0%)	61 (44.9%)	65 (46.1%)	3 (9.7%)	17 (37.8%)
Not Indicated	238 (59.1%)	31 (62.0%)	75 (55.1%)	76 (53.9%)	28 (90.3%)	28 (62.2%)

Mother: Alcohol Treatment Ordered

Racial and ethnic differences in rates of ordering random drug testing were significant (Chi-Square=15.3, $p<.01$). Alcohol treatment was ordered for 45.4% of Latinas (64 out of 141) and 39.7% of Whites 54 out of 136), 44% of African Americans (22 out of 50), 37.8% of mothers classified as belonging to another group (17 out of 45), but only 12.9% (4 out of 31) Asian American/Pacific Islander mothers. Asian American/Pacific Islander mothers, consistent with lesser indication of substance abuse problems, were less likely to be ordered to alcohol treatment. Please see Table 66.

Table 66. Mother: Alcohol Treatment Ordered

	Total	Black	White	Latino	Asian/PI	Other
Ordered	161 (40.0%)	22 (44.0%)	54 (39.7%)	64 (45.4%)	4 (12.9%)	17 (37.8%)
Not Indicated	242 (60.0%)	28 (56.0%)	82 (60.3%)	77 (54.6%)	27 (87.1%)	28 (62.2%)

Mother: 12-Step Ordered

Participation in a 12-step program was ordered for 108 mothers representing 26.8% of the sample. Racial and ethnic differences were not statistically significant (African American: $n=12$, 24.0%; White $n=42$, 30.9%; Latina $n=39$, 27.7%; Asian American/Pacific Islander $n=4$, 12.9%; Other $n=11$, 24.4%). As with other substance abuse services Asian American/Pacific Islander mothers had rates of ordered participation lower than those of other groups. The discrepancy was

smaller because 12-step groups were recommended less for all non Asian American/Pacific Islander mothers than other forms of intervention.

Mother: Individual Counseling Ordered

Individual counseling was ordered for 178 mothers representing 44.2% of the sample. Racial and ethnic differences did not reach statistically significant levels (African American: n=18, 36.0%; White n=65, 47.8. %; Latina n=61, 43.3%; Asian American/Pacific Islander n=13, 41.9%; Other n=21, 46.7%). Mothers in all groups received individual counseling at moderate levels.

Mother: Other Counseling Ordered

Racial and ethnic differences in whether or not “other” counseling was ordered were statistically significant (Chi-Square=13.6, $p>.05$). Counseling classified as other- than individual was recorded as ordered for more than 38.7% (12 out of 31) Asian American/Pacific Islander mothers, 31.1% (14 out of 45) “Other” mothers, 29.1% (41 out of 141) Latina mothers, 24.3% (33 out of 136) white mothers but only 8.0% (4 out of 50) African American mothers. Other counseling appears to be a preferred intervention for Asian American/Pacific Islander mothers who are less likely to be alcohol and drug involved and assigned to substance abuse treatment than other groups. African American mothers, on the other hand, are rarely assigned to this form of assistance. Please see Table 67.

Table 67. Mother: Other Counseling Ordered

	Total	Black	White	Latino	Asian/PI	Other
Ordered	104 (25.8%)	4 (8.0%)	33 (24.3%)	41 (29.1%)	12 (38.7%)	14 (31.1%)
Not Indicated		46 (92.0%)	102 (75.0%)	100 (70.9%)	19 (61.3%)	31 (68.9%)

Mother: Psychological Evaluation Ordered

Psychological evaluation was ordered for 73 mothers representing 18.1% of the sample. Racial and ethnic differences did not reach levels indicating statistical significance (African American: n=7, 14.0%; White n=30, 22.1%; Latina n=23, 16.3%%; Asian American/Pacific Islander n=4, 12.9%; Other n=9, 20.0%).

Father: Random Drug Testing Ordered

Racial and ethnic differences in rates of ordering random drug testing were significant (Chi-Square=9.2, $p<.05$). Random drug/alcohol testing was ordered for 25.01% of Whites (34 out of 136), 24.8% of Hispanics/Latinos (35 out of 141), 17.8% of “Others” (8 out of 45) 12.0% of African Americans (6 out of 50), and 6.5% of Asian American/Pacific Islander fathers (2 out of 31). Fewer African American fathers than others are married and living with children, possibly making drug testing seem less important to a resolution of the case. There is less drug involvement in Asian American/Pacific Islander families. Please see Table 67.

Table 67. Father: Random Drug Testing Ordered

	Total	Black	White	Latino	Asian/PI	Other
Ordered	85 (21.1%)	6 (12.0%)	34 (25.0%)	35 (24.8%)	2 (6.5%)	8 (17.8%)
Not Indicated	318 (78.9%)	44 (88.0%)	102 (75.0%)	106 (75.2%)	29 (93.5%)	37 (82.2%)

Father: Alcohol Abuse Treatment Ordered

Racial and ethnic differences in rates of ordering random drug testing were significant (Chi-Square=10.1, $p<.05$). Alcohol abuse treatment was ordered for 24.1% of Hispanics/Latinos (34 out of 141) and 22.8% of Whites 31 out of 136), 12% of African Americans (6 out of 50), 11.1% of “Others” (5 out of 50), and 6.5% of Asian American/Pacific Islander fathers (2 out of 31). Please see Table 68.

Table 68. Father: Alcohol Abuse Treatment Ordered

	Total	Black	White	Latino	Asian/PI	Other
Ordered	78 (19.4%)	6 (12.0%)	31 (22.8%)	34 (24.1%)	2 (6.5%)	5 (11/1%)
Not Indicated	325 (80.6%)	44 (88.0%)	105 (77.2%)	107 (75.9%)	29 (93.5%)	40 (88.9%)

Father: Individual Counseling Ordered

Racial and ethnic differences in individual counseling were statistically significant (Chi-Square= 9.8, $p<.05$). Individual counseling was recorded as ordered for 29% of Asian

American/Pacific Islander fathers (9 out of 31), 24.3% of Whites (33 out of 136), 20% of “Others” (9 out of 45), 17.7% of Hispanics/Latinos (25 out of 141), and 6.0% of African American fathers (3 out of 50). Please see table 69.

Table 69. Father: Individual Counseling Ordered

	Total	Black	White	Latino	Asian/PI	Other
Ordered	79 (19.6%)	3 (6.0%)	33 (24.3%)	25 (17.7%)	9 (29.0%)	9 (20.0%)
Not Indicated	324 (80.4%)	47 (94.0%)	103 (75.7%)	116 (82.3%)	22 (71.0%)	36 (80.0%)

Father: Other Counseling Ordered

Other-than individual counseling was ordered for 57 fathers representing 14.1% of the sample. Racial and ethnic differences did not reach levels indicating statistical significance (African American: n=2, 4.0%; White n=23, 16.9%; Hispanic/Latino n=19, 13.5%; Asian American/Pacific Islander n=7, 22.6%; Other n=6, 13.3%).

4. Hearings and Case Changes by Ethnic Group

The data in this section are derived from the case record review database.

From the 403 case record reviews, information about the number and type of hearings was gathered as well as the type of changes that occurred for the child throughout the case.

Number of Court Hearings Over the Course of the Case By Ethnicity

The number of hearings convened during the course of the case was related to child's ethnicity. African Americans appeared to have been involved in more hearings on average (9.34, $sd = 8.11$). Whites were involved in an average of 6.31 hearings ($sd = 4.92$), Hispanics/Latinos 6.57 hearings ($sd = 5.21$), Asian American/Pacific Islanders 6.71 hearings ($sd = 4.20$), and Others 5.60 hearings ($sd = 4.40$). Please see Table 70.

Table 70: Number of Court Hearings Over the Course of the Case By Ethnicity

	Total	Black	White	Latino	Asian/PI	Other
Hearings Avg. (sd)	6.73 (5.48)	9.34 (8.11)	6.31 (4.92)	6.57 (5.21)	6.71 (4.20)	5.60 (4.40)

To help summarize this information and analyze the hearings and case changes regarding children in the CWS, three descriptive categories were created. The first category was Placement and Placement Related Changes, which included specific change in status and placement (e.g., FM, FR, Bypass, PP), custody, runaways, emancipations, and dismissals. The second was Service Related Changes, which included visitation rights, orders for counseling, family services, treatment, other referrals, and compliance with service plan. The third category was Psychosocial Status Related changes, which included changes in health, mental health, disability, education, economic, criminal, substance abuse, family violence, cultural, and other adjustment conditions. Within each of these 3 categories, changes were coded positive, negative, or other. Others are changes which could not be determined as either positive or negative, for example "mother got married to man not the father" could possibly be positive if this created a more stable home environment, or possibly negative if this created more disruption in the home given a tenuous relationship between the child and the new father. *There were no ethnic differences in Placement/Placement Related, Services, or Psychosocial Status related changes by ethnicity.*

Placement Related Changes

There were no differences in placement related changes by ethnicity. The average number of positive placement related changes occurring over the course of the case were 1.32 changes ($sd = 0.99$). African Americans were involved in an average of 1.46 positive

changes (sd = 1.07), Whites 1.26 (sd = 0.89), Hispanics/Latinos 1.38 (sd = 1.05), Asian American/Pacific Islanders 1.23 (sd = 0.76), and Others 1.22 positive changes (sd = 1.15). Please see Table 71.

Table 71: Number of Positive Placement Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Positive Placement Related Changes						
Avg. (sd)	1.32 (0.99)	1.46 (1.07)	1.26 (0.89)	1.38 (1.05)	1.23 (0.76)	1.22 (1.15)

The average number of negative placement related changes occurring over the course of the case were 0.63 changes (sd = 1.29). African Americans were involved in an average of 0.55 negative changes (sd = 1.27), Whites 0.63 (sd = 1.27), Hispanics/Latinos 0.70 (sd = 1.46), Asian American/Pacific Islanders 0.42 (sd = 0.76), and Others 0.62 negative changes (sd = 1.13). Please see Table 73.

Table 73: Number of Negative Placement Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Negative Placement Related Changes						
Avg. (sd)	0.63 (1.29)	0.54 (1.27)	0.63 (1.27)	0.70 (1.46)	0.42 (0.76)	0.62 (1.13)

The average number of other placement related changes occurring over the course of the case were 0.63 changes (sd = 0.91). African Americans were involved in an average of 0.78 other changes (sd = 0.91), Whites 0.68 (sd = 0.94), Hispanics/Latinos 0.54 (sd = 0.88), Asian American/Pacific Islanders 0.45 (sd = 0.68), and Others 0.71 other changes (sd = 1.03). Please see Table 74.

Table 74: Number of Other Placement Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Other Placement Related Changes						
Avg. (sd)	0.63 (0.91)	0.78 (0.91)	0.68 (0.94)	0.55 (0.88)	0.45 (0.68)	0.71 (1.04)

Service Related Changes

There were no differences in service related changes by ethnicity. The average number of positive service related changes occurring over the course of the case were 1.49 changes (sd = 1.94). African Americans were involved in an average of 1.72 positive changes (sd = 2.15), Whites 1.46 (sd = 1.89), Hispanics/Latinos 1.57 (sd = 2.16), Asian American/Pacific Islanders 1.23 (sd = 1.43), and Others 1.29 positive changes (sd = 1.94). Please see Table 75.

Table 75: Number of Positive Service Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Positive Service Related Changes						
Avg. (sd)	1.49 (1.94)	1.72 (2.15)	1.46 (1.89)	1.57 (2.16)	1.23 (1.43)	1.29 (1.94)

The average number of negative service related changes occurring over the course of the case were 0.07 changes (sd = 0.32). African Americans were involved in an average of 0.02 negative changes (sd = 0.14), Whites 0.09 (sd = 0.37), Hispanics/Latinos 0.06 (sd = 0.31), Asian American/Pacific Islanders 0.16 (sd = 0.45), and Others 0.04 negative changes (sd = 0.21). Please see Table 76.

Table 76: Number of Negative Service Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Negative Service Related Changes						
Avg. (sd)	0.07 (0.32)	0.02 (0.14)	0.09 (0.37)	0.06 (0.31)	0.16 (0.45)	0.04 (0.21)

The average number of other service related changes occurring over the course of the case were 0.06 changes (sd = 0.25). African Americans were involved in an average of 0.12 other service related changes (sd = 0.52). Changes for other ethnic groups were as follows: Whites 0.04 (sd = 0.19), Hispanics/Latinos 0.08 (sd = 0.32), Asian American/Pacific Islanders 0.03 (sd = 0.18), and Others 0.07 (sd = 0.21). Please see Table 77.

Table 77: Number of Other Service Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Other Service Related Changes						
Avg. (sd)	0.06 (0.25)	0.12 (0.52)	0.04 (0.19)	0.08 (0.32)	0.03 (0.18)	0.07 (0.25)

Psychosocial Status Related Changes

There were no ethnic differences in psychosocial status related changes. The average number of positive psychosocial status related changes occurring over the course of the case were 2.54 changes (sd = 3.85). African Americans were involved in an average of 3.66 positive changes (sd = 4.73), Whites 2.39 (sd = 3.36), Hispanics/Latinos 2.40 (sd = 3.64), Asian American/Pacific Islanders 2.97 (sd = 5.55), and Others 1.93 positive changes (sd = 3.26). Please see Table 78.

Table 78: Number of Positive Psychosocial Status Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Positive Psychosocial Status Related Changes						
Avg. (sd)	2.54 (3.85)	3.66 (4.73)	2.39 (3.36)	2.40 (3.64)	2.97 (5.55)	1.93 (3.26)

The average number of negative psychosocial status related changes occurring over the course of the case were 1.93 changes (sd = 3.31). African Americans were involved in an average of 2.68 negative changes (sd = 4.42), Whites 2.07 (sd = 3.35), Hispanics/Latinos 1.82 (sd = 3.23), Asian American/Pacific Islanders 1.48 (sd = 2.61), and Others 1.31 negative changes (sd = 2.15). Please see Table 79.

Table 79: Number of Negative Psychosocial Status Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Negative Psychosocial Status Related Changes						
Avg. (sd)	1.93 (3.31)	2.68 (4.42)	2.07 (3.35)	1.82 (3.23)	1.48 (2.61)	1.31 (2.15)

The average number of other psychosocial status related changes occurring over the course of the case were 0.46 changes (sd = 1.01). African Americans were involved in an average of 0.50 other changes (sd = 1.05), Whites 0.41 (sd = 1.02), Hispanics/Latinos 0.47 (sd = 1.10), Asian American/Pacific Islanders 0.52 (sd = 1.00), and Others 0.47 other changes (sd = 0.66). Please see Table 80.

Table 80: Number of Other Psychosocial Status Related Changes

	Total	Black	White	Latino	Asian/PI	Other
Other Psychosocial Status Service Related Changes Avg. (sd)	0.46 (1.01)	0.50 (1.05)	0.41 (1.02)	0.47 (1.10)	0.52 (1.00)	0.47 (0.66)

VIII. Key Informant Interviews

The qualitative component of this study was designed with input from the project advisory board. The aim of this component of the study was to explore the perceived dynamics, factors, policies, and possible solutions associated with the over-representation of children of color in the child welfare system.

Methods

Eight in-depth interviews, of approximately one hour in length, were conducted with key informants in management positions in DFCS. Interviewees responded to six (6) open ended questions that explored their overall perspective on the presence of children of color in their particular unit/region, which groups were under/over represented, the factors related to this disproportionate representation, and current federal, state or agency policies that they thought contributed to under/overrepresentation. In addition, interviewees were invited to describe any suggestions for ways in which they thought the system could respond to over/under-representation. Demographic information was collected at the close of the interview.

Sample

Key informants were selected based on their overall experience in child welfare and capacity to address the representation of children of color at specific choice points in different parts of the child welfare system. Two interviewees from South County, where a vertical case management model is employed, provided qualitative data across different facets of the child welfare system. Six interviewees were specifically associated with each of the units listed below:

- Emergency Response (ER)
- Dependent Intake (DI)
- Family maintenance/Family Reunification (FM/FR)
- Adoptions
- Concurrent Planning
- By-Pass of Family Reunification

Interviewees all had extensive experience working in the Department of Social Services. Years of experience in DSS/Child Welfare Services ranged from 13 to 31 years with an average of 23 years. One interviewee had a BA in Social Work and seven had earned an MSW degree. Four of the interviewees were Latino/a, three were Caucasian/Euro American, and one was African American. Six of the key informants are fluent in speaking another language, primarily Spanish, and use these language skills in their work.

Analysis

Notes were taken during the interview and a content analysis of this data was conducted to identify themes that were common across interviews. Specifically, issues and ideas that emerged in more than one interview were documented in two broad areas: interviewee perception of over/under-representation of different populations of children in the system and factors attributed to this over/under-representation. A separate analysis was conducted to summarize and integrate interviewee suggestions for potential systemic responses to address over-representation of specific populations in CWS.

Key Informant Interview Findings

Interviewees noted that Santa Clara is a diverse county with a larger percentage of families of color than are reflected in many other California Counties and that a variety of efforts to meet the needs of specific populations have evolved over recent years. However, all interviewees noted that that African American and Hispanic children were disproportionately represented in the Child Welfare System. Several interviewees commented that Asian American/Pacific Islander and East Indian children are under-represented in the system. Gay, Lesbian, Bisexual and Transgender families (parents and children) were identified as being “invisible” in the system. Although interviewees were asked to discuss the representation of children of color in their specific unit or area, all had extensive experience in other facets of child welfare that were included in their observations. *Several themes related to factors that may contribute to the over-representation of children of color in the Child Welfare System in Santa Clara County (and other counties) emerged from the interview data.*

Social and Economic Factors

Interviewees cited poverty, lack of education, unemployment, insufficient job skills, and lack of sophistication in navigating through formal systems as contributing factors to the over-representation of African American and Hispanic children in the Child Welfare System (CWS). Other environmental factors that were deemed to disproportionately impact families of color included living in communities that are “plagued with drugs and violence.” Poverty was named as a risk factor for entering CWS. “Families who can afford an attorney and therapist can stay out of system,” one interviewee observed. *Nearly all interviewees also identified poverty as a key barrier to exiting the system.* Poor families were perceived as less likely to be able to mobilize resources required to reunify. One interviewee with over twenty years of experience in child welfare offered a case in point, “children are not removed solely because of homelessness, but I have never seen a child returned to a homeless family.” The economic downturn and continued high price of housing in Santa Clara County was identified “making it harder for the have-nots.”

Factors related to immigration status were also considered to influence the progress and outcome for Hispanic/Latino children in CWS. In terms of entrée into the system, cultural norms for immigrant families, particularly from Mexico, may conflict with dominant social norms related to raising and disciplining children. “It goes back to how things are done in Mexico,”

observed on interviewee, “Some families think nothing of leaving a child alone with an older child for a few hours.” “There are a number of checkpoints in the system,” she added, “and we rely on good diversion programs to keep these families out of the court system.” *Once in the system, the barriers for immigrant families are myriad. For example, one interviewee found that in many instances, “children were adopted by non-relatives because birth mothers were not married to the father of the child and would not provide the fathers name for fear of getting the family in trouble with the INS; as a result, the child was deprived access to relatives on one side.”* The message that the Child Welfare System is not connected to the INS is “not out there in the community.” Another interviewee commented that “If a family is undocumented the chances of getting a kid back are almost nil because they are in a position where they can’t get section 8 housing, are not eligible for welfare, and have to fake a Social Security Number to get job.”

Individual Bias Based on Race, Class, and Immigration Status

Interviewees consistently identified bias on the part of social workers and other professionals as an important contributor to the over-representation of African American and Hispanic/Latino families in the system. Several interviewees noted that many social workers, district attorneys, and other professionals apply “an ideal rather than a minimum standard” for parenting based on their own experience. Moreover, the class, race and country of origin for professionals in positions of power are, in general, substantially different than that of clients in the system. Consequently “there is often bias in the levels of trust accorded to people we see as radically different.”

Substantial concern was expressed over bias among social workers and, specifically that initial and ongoing assessment “depends on who investigates.” One interviewee captured this theme, “If you were to send three workers out to the same family, particularly if they are from different cultures, you will get back three different assessments.” There was a high value placed on “staff familiar with different cultural groups who are able to make an appropriate assessment.” Interviewees affirmed the tenet that clear abuse and risk of child safety warranted involvement in CWS. At the same time, many were concerned that many children, particularly Black and Hispanic/Latino children were often brought into the system with less compelling reason than other children. One interviewee questioned substantive consistent differences in the decisions of specific workers and units: “If you look at data from a worker level, you can see that some workers file 90 percent of the time and some file infrequently.” Another noted that “in working with an African American family that may have a negative history with the police and schools, one worker will see the parent as hostile and presume a negative impact on child development while another might assume the parent had reason to be hostile and would dissipate the anger.” Even in the context of substantiated abuse, “worker perception can impact outcome and consider family circumstances...just because more kids of color enter doesn’t mean they have to be freed for adoption.”

Historical discrimination and racism was considered by many interviewees to be linked to poverty and disenfranchisement in families which, in turn, was perceived to increase the

likelihood that families would come to the attention of child welfare. Many interviewees noted that many “children of color are reported on the front end for too many things” largely through other systems. *“People of color are given disproportionate attention from law enforcement,” a primary source for referrals into the system.* “CPS returns a lot of kids in five days,” commented one interviewee. One interviewee reflected a viewpoint common among interviewees, “Police are more likely to refer families of color, doctors are less likely to report middle class families, and teachers are more likely to overlook parents who are visible at school.”

Systemic Inadequacies and Structural Bias

Remarks such as, “We often demand too much of families” and “We don’t want to set families up to fail but we often do” were echoed in a number of interviews. Mandates in multiple systems that fail to coordinate may particularly impact families of color. “Family members may have a probation officer, a social worker, and the court all making demands of the family, some of which may be contradictory,” noted one key informant. Another suggested, “Loading up a service plan looks good in court but it’s too much for a client, particularly when the effort to survive takes 90 percent of day.”

Recognition of the extended family system is critical, according to many interviewees, particularly in relation to working with many communities of color. *“Thinking of family as a mother-father-child configuration is common but problematic...it is just not how children are really raised.” CWS often relies on family case conferencing and family decision-making in addressing the needs of children, particularly in diversion programs.* “Resource development and removal depend on the issues central to the case *and* how well the extended family can care for a child,” stressed one expert.

Substantial advances have been made in the CWS to meet the needs of diverse families through culturally specific family centers, efforts to “match” workers and clients in relation to language and culture, and the development of high quality diversion programs. However, the CWS is not the sole or even the primary locus for some of the dynamics that impact families of color, according to some interviewees. For example, DFCS can make a recommendation to not use bypass, but a District Attorney (DA) representing a child might successfully argue in court for bypass. “The entire system needs to be reviewed,” posited one interviewee, “This is a DA, community, juvenile justice, and court issue.”

Several interviewees suggested that the CWS system in general and the court process in particular is a “mismatch” for families of color. “Minority groups are intimidated by the system, don’t understand how the system works, and are less likely to speak up in court,” summarized one informant. For example, Hispanic/Latino families, particularly immigrants may have been socialized to “have respect for education so if their attorney doesn’t speak up, they think it’s for a reason.” Courts were often described as “rigid,” “lacking creativity,” or failing to “understand what is cultural.” The form of mandated services is also an important issue. “If a Latino parent is court ordered to therapy, this may be seen as ‘being crazy, while attending a psychoeducational

group is less of a problem,” observed one respondent. *Social workers are often placed in the position of educating both clients and the court if they are capable and willing to do so.*

Factors Related to Family Characteristics

Substance abuse and domestic violence were identified as factors that frequently bring families into child welfare. “Drugs fuel a lot of cases; it’s one of the primary reasons kids end up in the system and we need culturally competent substance abuse services and parent education,” noted one respondent. Another speculated, “If we had enough prevention and treatment, CWS demand would go down.

A paucity of social services, particularly multi-lingual services, was cited as significant barriers for many families of color. Interviewees discussed the shortage of substance abuse treatment programs, particularly those geared for women with children and people whose primary language is not English. Multi-lingual and culturally appropriate domestic violence services, parenting classes, and other social services were considered in need of development. The scarcity of accessible services was perceived as “discrimination against poor who have to rely on free treatment” by more than one informant.

Factors Related to Laws and Policies

The Adoption and Safe Families Act (ASFA) was described as a significant factor in the overrepresentation of Black and Hispanic/Latino children in CWS. *One interviewee summarized, “AFSA is great when permanent placement outside the home is hands down best thing for child, the downside is that it is rigid when greater flexibility would be useful.” For example, several informants noted, “adoption by a relative is not a cultural norm.” African American and Hispanic/Latino families may prefer guardianship or other less formal arrangements, while “the system pressures for a stronger plan.” One respondent who explained, “Laws that require permanency against that cultural backdrop mean that children may stay in the system longer,” summarized the consequences of this conflict.*

Many interviewees discussed the conflicting timelines for reunification in relation to substance abuse treatment. “Because we have these timelines, they are losing these kids left and right,” observed one respondent who went on to explain, “I push for understating that the recovery timeline is longer, look at mothers potential for recovery, and try to leave door open for the parent in permanency planning as it is appropriate.” *Some respondents suggested that a substantial number of referrals into the system and concurrent planning cases involved infants who screened positive for drug exposure at birth, and that Black and Hispanic mothers were more likely to be impacted by toxicology testing and referral.* Several interviewees stressed the importance of adopting consistent, well-considered practice in relation to implementing provisions of ASFA in relation to bypass options and concurrent planning. One interviewee stated, “many bypass decisions are legitimate but other families that are bypassed may deserve a chance.” Another noted that bypass was used more extensively in the first years of implementation, but that greater individual review had become normative.

The Multi-Ethnic Placement Act was identified as both an asset and an impediment in service children of color. As intended, this measure serves to expedite placement of children into adoptive homes. As a result, many children are placed cross-racially. According to many interviewees, some provisions including the short time period allowed to identify a potential foster/adoptive home, the option for emergency foster homes to keep a child after 120 days, and requirements to include county and foster family homes in the pool of prospective placements results in “random placement with not matching on culture.” Even in the context of the law, many interviewees described making efforts to find a cultural match for children and encouraging adopting families from different cultures to consider how they would respect their adoptive child’s heritage.

Interviewees also mentioned the California Safety Assessment Tool and Risk Assessment. Several noted that these instruments are useful in “getting workers on the same page.” At the same time, they noted that different workers frequently have substantially different results using the same tool. One interviewee noted that many assessment decisions are made on “spur of the moment” and do not adequately examine the “whole picture.” As a case in point, a worker may decide a “dirty” drug test is adequate reason to remove a child without assessing whether the parent attended to the safety needs of the child (“What if when they used, they dropped the child off at the grandparents?”) or even has a serious problem (“What if they are a recreational user?”)

Policies related to eligibility for benefits may conflict with the best interests of families. If a family is eligible for Temporary Assistance for Needy Families (TANF), they lose their benefits when they lose their child/ren. Section 8 housing eligibility is also jeopardized by removal of children. Loss of income and housing poses a substantial barrier to reunification for low-income families.

Interviewee Recommendations

Interviewees acknowledged systemic changes that have improved services to families of color. “We’ve come a long way since 73 in having staff representative of clients,” stated one informant. *Family resource centers, inclusion of extended family in decision-making, emerging models for sharing resources and decision making with communities were all lauded as important improvements.* At the same time, several interviewees noted that “it’s still a problem that needs to be addressed” and that issues and data related to overrepresentation of children of color in child welfare continue to be championed by concerned staff. Interviewees suggested that efforts should be continued and evaluation. Key informants outlined potential responses, building on current programs and procedures.

Approaches to Working with Families

- Continue approaches that “work” including family case conferencing, intensive family maintenance, and use of psychoeducational groups.
- Expand outreach for the Family Resource Centers.

- Explore the adoption or adaptation of vertical case management in other areas of the county (which appears to be associated with fewer bypass decisions and higher rates of family reunification in shorter time periods).
- Support development of peer counseling for birth parents (e.g., pay mentors who have successfully reunified to serve as counselors).
- Continue development of “family to family,” a new program that includes community members in decision making.

Training for Social Workers

- Train social workers that make first line decisions to be able to reflect on their own practice. Educate social workers about different cultural groups and mandate that workers continue to get training.
- Provide training that operationalizes “minimal standards” and minimizes staff imposition of their own personal experience, frameworks, and values.

Training Outside of the Child Welfare System

- Reach Latino families through Latino media; disseminate information about services and the fact that Social Services does not report to immigration.
- Educate adoptive families about importance of supporting their child’s sense of heritage.

Investment in Prevention and Early Intervention

- Seek allocation of federal and state funds for diversion and prevention services (that are currently not covered and are at risk because of current economic conditions). “Prevention should be funded equally with out of home funding,” specified one interviewee.
- Explore avenues to claim funds for social workers in school for prevention.
- Expand use of mentorship (e.g., holding groups with parents newly involved in CPS to tutor them about the about system and the court process.
- Explore ways to provide education for recent immigrants on legal issues related to families and child welfare.
- Expand voluntary services (so that families at risk receive needed services and are not “raked over the system.”)

Agency Policy

- Provide mechanisms for supervisors to track data that may reflect bias on the individual worker level and increase worker accountability for meeting definitions in structured decision-making.
- Develop and implement guidelines that provide debt relief. “Once families are in the system, it is costly to get out, for example, they are charged for foster care. Legislation was passed to address this, but guidelines are not yet developed.

- Structure worker time to account for the fact that Spanish-speaking cases (and other immigrant cases) require more time.

Facilitation of Collaboration Between Systems

- Enhance collaboration between child welfare, substance abuse, and other fields impacted by conflicting “timelines.”
- Facilitate greater collaboration between family court and child welfare; allocate resources for services through family court that may reduce “spiraling” into the dependency system.
- Facilitate an increase in multilingual services in substance abuse, DV, family service agencies, and youth services (such as big brothers/big sisters).
- Work to institute a 6-month moratorium on loss of section 8 housing for families that appear to be on a reunification track.

IX. Summary and Conclusions

Pathways Through the Child Welfare System: Summary Descriptions by Ethnic Group and Implications for the Child Welfare System

The significant case differences related to ethnicity described in parts VII of this report, as well as the analysis of the closed case sample enabled us to identify key variables related to each ethnic group involved with the CWS. The following presents summary descriptions of pathways through the CWS for each of the four racial/ethnic groups that we focused on in Phase 2. Individual and family-related characteristics, as well as system-related factors and services are also included in the descriptions. In a few instances variables are included that failed to reach significance in our analyses of the case record review sample, but were significant in the larger analysis of the overall closed case sample.

Figure 2 provides a summary chart of differences in pathways across the four racial/ethnic groups and related individual, family and system characteristics.

African American

Child and Family Characteristics

At 14.7%, African American children represent the second smallest group in the county's CWS, but are overrepresented given that they represent only 4% of the general child population on Santa Clara county. According to our case review sample, *at entry into the CWS African American children appear to be younger than children in other ethnic groups. African American children are less likely than either White or Latino children to have mental health or behavioral problems* and almost all do not require a translator in court proceedings.

African American mothers tend to be younger than mothers in any of the other ethnic groups, they also tend to be single or never married, and almost none are living with a spouse. African American mothers' relatively young age, and their likelihood of being a single parent may increase their risk of experiencing parenting problems--possibly due to less maturity and experience in everyday life matters. This theory is corroborated by the finding that mothers alone represent the largest proportion of perpetrators within this ethnic group. More African American mothers are welfare eligible, and have more children in the household, as well as more children involved in the CWS than average—all of these factors have been shown in the research literature to increase the likelihood of CWS involvement. Despite these stressors, African American mothers tend to have a lower than average rate of reported mental health problems. Yet, African American mothers do tend to have a higher than average rate of substance abuse, and higher than average rates of criminal justice system involvement at the time their child(ren) enter the CWS. African American mothers also are likely to have a high rate of past criminal history, and previous incarceration, as well as a relatively high rate of criminal episodes. Domestic violence involvement is relatively high among this group, as well.

System-Related Factors

CWS cases from this group also appear likely to be *initially reported by law enforcement and legal professionals, as well as personnel at medical sites*. For African American children in this sample, the most frequently occurring initial reason for removal from the home was “other maltreatment,” although *general or severe neglect and physical abuse also appear to be somewhat common*.

Once in the CWS, *African American children have a higher than average rate of being assigned to family reunification services after the jurisdictional/dispositional hearing, and they most often experience their initial out-of-home placement with a relative*. Regarding services, *African American children appear less likely than other ethnic groups to be ordered to attend counseling services (both individual and other), and they also appear less likely to have a psychological evaluation ordered as part of their initial service plan*—this result appears consistent with the finding that African American children tend to have lower rates of mental health and behavioral problems.

Like other ethnic groups, *African American mothers are often ordered to attend parent education services*. It is notable that *African American mothers appear to have a relatively low rate of being ordered to complete random drug testing, and 12-Step services—although they do tend to be frequently ordered alcohol treatment*. African American mothers also seem to not be ordered individual or other counseling services. *African American fathers in the CWS tend to receive fewer ordered services than other ethnic groups*—possibly because fewer African American fathers are involved in their children’s life at the time of entrance into the CWS, thus making services to the father possibly less important to the resolution of the case.

In general, *African American children have more court hearings over the course of their case than other ethnic groups—perhaps due to the fact that their cases tend to be lengthier than other ethnic groups*. African American children also appear to have a *higher than average rate of being removed from their family within their current CWS episode*—possibly indicating that family instability and risk factors associated with their entrance into the CWS persist throughout their case history. *African American children appear to have longer than average stays in each out-of-home placement than other ethnic groups*—a result that is consistent with the finding that *African American children have a longer than average total amount of time in out-of-home placement, a longer than average total case duration, and the finding that they have more court hearing than any other ethnic group*. The most frequently occurring last out-of-home placement for African American children tends to be a relative home or a foster family home. At case closure, *African American children have a higher than average rate of being in permanent placement services*. It is notable that *African American children tend to have a very low rate of family reunification services at case closure, perhaps indicating that once removed from their family, African American children tend not to return to their family* – a finding corroborated by comments of focus group participants during Phase 1 of this study.

Implications for Intervention with African American Children and Families in the Child Welfare System

Programs targeting this group should consider these factors, and perhaps, especially the psychosocial background of the mother. There are several factors related to being a young, single parent in a household with many children that can make effective child rearing especially difficult. In addition, African American mothers appear to be especially isolated. The lack of psychosocial support coupled with financial difficulties can jeopardize healthy parenting behavior. Additionally, the comparatively high rates of substance abuse and criminal justice system involvement among African American mothers may also interfere with their ability to parent effectively.

Given the multitude of stressors facing African American mothers, the finding that they have a lower than average rate of mental health problems appears somewhat contradictory. This finding may be interpreted in many ways. Perhaps the relatively low rate of mental health problems among African American mothers suggests that criminal justice system involvement and/or substance abuse may mask mental health problems in this population. Alternatively, African American mothers in the CWS may be viewed as closer to a stereotypical view of African American families held by officials and professionals—and thus they may be viewed as less deviant and dysfunctional. Still another view is that African American mothers actually do have fewer mental health problems, and if this is the case, it represents an important protective factor that may increase the effectiveness of services.

Of concern are the relatively low rates of random drug testing and 12-step services ordered for African American mothers--especially in light of their increased likelihood of having a substance abuse problem. Of even greater concern is the relative lack of services provided to African American families and their children. Given that African American children have the lengthiest stays in out-of-home placement and in the CWS in general, more services that are targeted toward substance abuse, as well as the social isolation and financial hardship of African American mothers are clearly warranted. Parenting education, alone may not be sufficient to meet the needs of these highly vulnerable and isolated families. Indeed, parenting education that fails to address the cultural and psychosocial needs of this population may actually be counterproductive (Repetti et al., 2002).

Research has indicated that programs of home visitation that promote positive health-related behaviors in mothers of young children, competent care of their children and linkage with needed health care and human services, reduce rates of criminality, problems related to substance abuse and child abuse and neglect among young, unmarried, isolated poor mothers (Olds et al., 1997, 1998). Studies that follow children of mothers involved in such home visitation programs, into adolescence have found these youth have fewer serious behavioral and adjustment problems than youth whose mothers did not participate in home visitation programs. Such programs may be a more effective way than parenting education to address the needs of these vulnerable African American families.

White

Child and Family Characteristics

While White children comprise the largest segment of Santa Clara county's child population (45%), at 25.8%, White children constitute the second largest group in the county's child welfare population. According to our case review sample, they appear to be *older than average. They also seem more likely than children in other ethnic groups to have a mental illness or behavioral problem* and they have little need for a translator in court proceedings.

White mothers tend to be older than average; they are often single due to divorce, separation, or death of a spouse. High proportions of White mothers are suffering from mental health problems, corroborated by a relatively high proportion of them being involved in the mental health system. White mothers appear likely to have a high school level education or above, and they generally have a lower than average number of children in their household. They also appear more financially secure than other ethnic groups and have a comparatively low frequency of welfare eligibility. White mothers tend to have a lower than average rate of involvement in the criminal justice system, as well as fewer criminal episodes, and a lower than average rate of incarceration. However, *this group had the highest rate of involvement in domestic violence.*

System-Related Factors

Law enforcement and legal professionals commonly report the maltreatment of White children. *White children tend to be initially removed from their home for "other maltreatment," although physical abuse is also somewhat common.*

Once in the CWS, *White children are often assigned to family reunification services as a result of the jurisdictional/dispositional hearing, and their initial out-of-home placement is most likely to be with a relative. White children are more likely than any other ethnic group to be ordered to attend individual counseling, and they also tend to be ordered to participate in other counseling services. Additionally, White children are more likely than any other ethnic group to be ordered to complete a psychological evaluation.* These findings, in conjunction with the relatively high rates of maternal mental illness, suggest that *White families in the CWS may experience an increased likelihood of mental health problems.*

Like other ethnic groups, White mothers are often ordered to attend parent education services. They appear to be ordered substance abuse services at a rate consistent with the average. *White mothers seem to have a higher than average rate of being ordered to attend individual counseling—a finding that is consistent with their higher than average mental health problems. White fathers tend to have a slightly higher than average rate of being ordered both substance abuse and counseling services.*

In general, *White children have a slightly lower than average number of times they are removed from their family within their current CWS episode. They tend to have a shorter than average stay in each out-of-home placement—a result that is consistent with the finding that White children have a lower than average total length of time in out-of-home placement, and a lower than average total case length. The most frequently occurring last out-of-home placement for White children tends to be a relative home. At case closure, White children are most likely to be in family maintenance services; they have a lower than average rate of being in permanent placement services.*

Implications for Intervention with White Children and Families in the Child Welfare System

Programs targeting this group should consider these factors, especially the vulnerability of the child and mother to mental or behavior problems. Mental illness and single parenting may make effective child rearing difficult for White families and children with mental health and behavioral problems may be difficult to parent. It is especially important to note that this group had the highest rate of domestic violence involvement. Parent education programs might consider these factors in their service approach.

Additionally, a comparatively low proportion of White mothers are eligible for welfare—and their relative financial stability may be viewed as an important protective factor in their short duration of time in the CWS. Also, a relatively high proportion of White mothers appear to have at least a high school education, indicating their ability to benefit from intervention approaches designed for the mainstream population. *These findings suggest that White mothers may be in a better position than other ethnic groups to benefit from available child welfare services, that the available services are targeted towards a more mainstream population, or that White families are simply offered more services—again corroborating the finding that White children have comparatively short stays in the CWS.*

Hispanic/Latino

Child and Family Characteristics

Latino children constitute 30% of the general child population in Santa Clara county and at 53.5% are vastly overrepresented in the county's CWS. *Latino children tend to have a higher than average rate of being non-English speaking, and to need a translator in court proceedings. Latino children in the CWS are more likely to be female and have a low occurrence of behavioral problems.*

Approximately 18% of Latina mothers need translation services in court proceedings, 25.5% were born outside of the United State and this group also appears to be relatively undereducated. Many Latina mothers also have more children than average, and they often appear to be in a living situation without a spouse. Additionally, financial difficulties are reflected in Latina mothers' tendency to be welfare eligible. For Latina mothers, there is also indication of substance abuse problems, as well as criminality, as indicated by the high

percentage that are involved with the criminal justice system. Similar to other ethnic minority mothers, there are factors related to single parenting in a household with many children, making effective child rearing especially difficult. Compounding this situation is their status as immigrants and their need for translators in court proceedings. Like African Americans and Whites, Latinos have high rates of domestic violence involvement.

System-Related Factors

CWS cases from this group appear likely to be reported by school personnel. For Latino children, the most frequently occurring reason for removal from the home was “other maltreatment,” although they also seem to have higher than average rates of general neglect and physical abuse.

Once in the CWS, Latino families tend to be assigned to family reunification services, and their initial-out-of-home placement is most often with a relative. Latino children appear to be ordered to attend individual and other counseling at a rate consistent with the average.

Like other ethnic groups, Latina mothers are frequently ordered to attend parent education services. They are also ordered to attend substance abuse services, including random testing, alcohol treatment and 12-Step at slightly higher than average rates—a result that is consistent with their relatively high rate of substance abuse. Latino fathers also seem to be ordered random testing and alcohol treatment at slightly higher than average rates—perhaps indicating Latino families’ stressors may be compounded by parental substance abuse by both mothers and fathers.

Latino children appear to have shorter average stays in each out-of-home placement than African Americans or Asian American/Pacific Islanders—this is consistent with their shorter total length of time in out-of-home placement and total length of their case. Data from our overall sample analysis indicated that Latino children also experienced a relatively high number of unique placement homes—although they had lower than average stays per placement, suggesting that these children have multiple placements and relatively short stays in each placement. The most frequently occurring last out-of-home placement for Latino children tends to be a relative home or the Children’s Shelter. They also seem to have a higher than average rate of having their case closed with permanent placement services, and a lower than average rate of ending their case with family maintenance services, perhaps suggesting that like African American children, once they are removed from their home, Latino children are not likely to return.

Implications for Intervention with Latino Children and Families in the Child Welfare System

Programs targeted to Latino families in the CWS should consider these factors-- especially acculturation issues, differences in cultural values and the language barriers often experienced by Latino families. Effective services for Latino families should be culturally sensitive and conducted in the participants' primary language. Yet, the problem of offering effective services may be compounded by the fact that a relatively high proportion of Latina mothers have less than a high school education, and they also have a slightly higher than average rate of welfare eligibility. Indeed, low educational attainment and financial difficulties may make effective access and utilization of services far less likely.

Substance abuse and criminal justice system involvement also impact Latina mothers, and Latino fathers have a comparatively high rate of being ordered to attend substance abuse services. These trends suggest that Latino families not only have cultural, financial and educational barriers to services, but that they also have additional psychosocial stressors that should be considered. Effective services with Latino families should consider all of the myriad stressors affecting this population.

Additionally, like African American families, the relatively low rate of mental health problems and involvement in the mental health system appear contradictory to the multitude of stressors facing Latina mothers. In addition to the possible reasons listed above, Latina mothers may be under-diagnosed by mental health professionals due to cultural and language barriers. CWS services might consider the possibility of undiagnosed mental illness in this population.

Asian American/Pacific Islander

Child and Family Characteristics

At 5.1%, Asian American /Pacific Islander children represent the smallest group in the county's CWS (not including children of "Other" ethnicities), and as they constitute 21% of the general child population in Santa Clara county are underrepresented in the CWS. Our analysis of the overall sample indicated that Asian American/Pacific Islander children are more likely than the other three groups to be assigned to voluntary family maintenance services (VFM). *The description that follows, focuses on Asian American /Pacific Islander families that receive involuntary services from the CWS.*

Similar to Latinos, Asian American/Pacific Islander children are often non-English speakers who require translation services in court proceedings. However, compared to Latinos, Asian American/Pacific Islander children have a much higher rate of being non-English speakers. Asian American/Pacific Islander children also appear to be slightly younger than the average and they have a relatively low rate of mental health problems.

Like their children, Asian American/Pacific Islander mothers tend to be non-English speaking and also have a very high rate of immigrant status. A relatively high proportion of Asian American/Pacific Islander mothers appear to be married and/or in a living situation with a spouse. These mothers also tend to be older than the average; they have fewer children in

their household and tend to have a low education level. The mothers are also less likely than African American and Latino mothers, but more likely than White to be welfare eligible. Asian American/Pacific Islander *mothers seem to have relatively few substance abuse and criminal problems, although they do tend to have higher than average rates of mental health problems, and involvement in the mental health system.* Issues surrounding mental health may be related to acculturation and the challenges of adjusting to mainstream American society. Asian American/Pacific Islander *fathers are comparatively more often reported as perpetrators,* possibly indicating that although Asian/PI families are relatively intact, fathers, as well as mothers, have difficulty with parenting behaviors that are acceptable in mainstream American society. *Domestic violence involvement is high, but lower than the three other groups.*

System-Related Factors

CWS cases from this group are reported by personnel at a school site at a higher than average rate. Asian American/Pacific Islander children *appear to be most frequently removed from their home due to physical abuse, and comparatively, Asian American/Pacific Islander children have the highest rate of physical abuse than any other ethnic group.*

Once in the CWS, Asian American/Pacific Islander children tend to *receive family reunification services as a result of the jurisdictional/dispositional hearing—although they do receive family maintenance services at a higher rate than any other ethnic group—*possibly suggesting that family maintenance services may be viewed by the CWS as more effective in two-parent households, or more effective with this ethnic group. Asian American/Pacific Islander *children often experience their initial out-of-home placement at a foster family home. Asian American/Pacific Islander children tend to be ordered other counseling at a higher rate than other ethnic groups.*

Like other ethnic groups, Asian American/Pacific Islander *mothers are often ordered to attend parent education services.* Asian American/Pacific Islander mothers appear to have low rates of being ordered to attend substance abuse services, such as random testing, alcohol treatment and 12-Step—a result that is consistent with the finding that these mothers appear to have a relatively low rate of substance abuse problems. Asian American/Pacific Islander mothers are ordered to receive individual counseling at a rate higher than that of other groups. Asian American/Pacific Islander fathers appear to have comparatively *high rates of being ordered to attend both individual and other counseling* These result are consistent with the finding that Asian American/Pacific Islander mothers have higher rates of mental health problems and Asian American/Pacific Islander fathers are often the perpetrators of the initial maltreatment, thus possibility suggesting a higher incidence of actual or perceived behavioral dysfunction.

In general, Asian American/Pacific Islander *children have a lower than average number of times they are removed from their families in their current episode.* Asian American/Pacific Islander children in the case record review sample of non-VFM cases, *appear to have lengthier than average stays in each out-of-home placement—a result that is consistent with the finding that these children have longer than average total time in out-of-home placement, as well as a*

longer than average total case. The most frequently occurring final out-of-home placement for Asian American/Pacific Islander children tends to be a foster family home, and they tend to have their case closed with permanent placement services.

Implications for Intervention with Asian American/Pacific Islander Children and Families in the Child Welfare System

Prevention and intervention services for Asian American/Pacific Islander families should not only be culturally appropriate, taking into account acculturation and differences in cultural values, but they also need to be conducted in the family's native language. Additionally, given the comparatively high rate of married parents in this group, and the finding that Asian American/Pacific Islander fathers tend to be the perpetrators of physical abuse, programs for this group also need to target the whole family. However, the problem of offering effective services may be compounded by the fact that a relatively high proportion of Asian American/Pacific Islander mothers have less than a high school education.

Although Asian American/Pacific Islander mothers are less likely to have a substance abuse problem, their comparatively high rate of mental health problems and involvement in the mental health system should be taken into account when targeting services to this group. Stressors related to acculturation may increase the risk of mental health problems in this population—again underscoring the need to culturally appropriate and specific services for Asian American/Pacific Islander families.

Asian American/Pacific Islander families also appear to have certain protective factors that may make culturally appropriate services with this group more effective. For instance, Asian American/Pacific Islander mothers tend to have low rates of substance abuse, criminal justice system involvement, incarceration and welfare eligibility, and these families in general have fewer children and fewer siblings involved in the CWS. These protective factors may be utilized to increase the effectiveness of services with this population. At the same time the usual array of child welfare services may not meet the needs of this population.

Figure 2. Chart of Characteristics by Ethnic Group

Latino	White	Black	Asian/Pacific Islander
<u>Child</u> <ul style="list-style-type: none"> • 53.5% of SC CWS (April 2002) • 46.4% closed case sample • 35.0% case record review sample ↑ Females ↑ Need for translator in court ↑ Immigrant status ↓ Behavioral problems	<u>Child</u> <ul style="list-style-type: none"> • 25.8% of SC CWS (April 2002) • 29.5% closed case sample • 33.7% case record review sample ↑ Age ↓ Need for translator in court ↑ Mental health problems ↑ Behavioral problems	<u>Child</u> <ul style="list-style-type: none"> • 14.7% SC CWS (April 2002) • 11.1% closed case sample • 12.4% case record review sample ↓ Age ↓ Need for translator in court ↓ Mental health problems ↓ Behavioral problems	<u>Child</u> <ul style="list-style-type: none"> • 5.1% SC CWS (April 2002) • 9.3% closed case sample • 7.7% case record review sample ↓ Age ↑ Need for translator in court ↑ immigrant status ↓ Mental health problems
<u>Mother</u> <ul style="list-style-type: none"> ↓ Age ↑ Not living with spouse ↑ Need for translator in court ↑ Number of children in the household ↓ Education level ↑ Welfare eligibility ↑ Domestic Violence ↑ Substance abuse problems ↑ Criminal justice system involvement ↓ Mental health problems 	<u>Mother</u> <ul style="list-style-type: none"> ↑ Age ↑ Single, divorced ↓ Need for translator in court ↓ Number of children in the household ↑ Education level ↓ Welfare eligibility ↑ Domestic Violence ↑ Substance abuse problems ↓ Criminal justice system involvement ↑ Mental health problems 	<u>Mother</u> <ul style="list-style-type: none"> ↓ Age ↑ Single, never married ↓ Need for translator in court ↑ Number of children involved in the CWS ↑ Education level ↑ Welfare eligibility ↑ Domestic Violence ↑ Substance abuse problems ↑ Criminal justice system involvement ↓ Mental health problems 	<u>Mother</u> <ul style="list-style-type: none"> ↑ Age ↑ Married, living with spouse ↑ Need for translator in court ↓ Number of children in the household ↓ Education level ↑ Welfare eligibility ↑ Domestic Violence ↓ Substance abuse ↓ Criminal justice system involvement ↑ Mental health problems

Figure 2. Chart of Characteristics by Ethnic Group (Continued)

Latino	White	Black	Asian/Pacific Islander
<u>System-Related Factors</u>	<u>System-Related Factors</u>	<u>System-Related Factors</u>	<u>System-Related Factors</u>
↑ General neglect by mother and others, also physical abuse, and other	↑ “Other” maltreatment or physical abuse by mother, father and/or others	↑ General or severe neglect by mother only, and physical abuse, and other	↑ Physical abuse by fathers
↑ Initial reporter law enforcement or legal professional, also school site personnel	↑ Initial reporter law enforcement or legal professional	↑ Initial reporter law enforcement or legal professional, also medical site personnel	↑ Initial reporter law enforcement or legal professional, also school site personnel
↑ Assignment to family reunification services	↑ Assignment to family reunification services	↑ Assignment to family reunification services	↑ Assignment to family reunification and family maintenance services
↑ Initial out-of-home placement with relative, or at Children’s Shelter	↑ Initial out-of-home placement with relative, or Children’s Shelter	↑ Initial out-of-home placement Children’s Shelter or with relative	↑ Initial out-of-home placement at Children’s Shelter or foster family home
↑ Mothers ordered to complete parent education services	↑ Mothers ordered to complete parent education services	↑ Mothers ordered to complete parent education services	↑ Mothers ordered to complete parent education services
↑ Mothers ordered to complete substance abuse services	↑ Mothers ordered to complete counseling services	↓ Mothers ordered to complete counseling services	↓ Mothers ordered to complete counseling services
↓ Child ordered to attend counseling	↑ Child ordered to attend counseling	↓ Child ordered to attend counseling	↑ Child ordered to attend counseling
↑ Last out-of-home placement relative home, or Children’s Shelter	↑ Last out-of-home placement relative home	↑ Last out-of-home placement relative home—or foster family home	↑ Last out-of-home placement a foster family home
↓ Average stay in each out-of-home placement	↓ Average stay in each out-of-home placement	↑ Average stay in each out-of-home placement (longest)	↑ Average stay in each out-of-home placement
↓ Length of time in out-of-home placement in general	↓ Length of time in out-of-home placement in general (shortest)	↑ Length of time in out-of-home placement in general	↑ Length of time in out-of-home placement in general (longest)
↑ Case being closed with permanent placement services	↑ Case being closed with family maintenance services	↑ Case being closed with permanent placement services	↑ Case being closed with permanent placement services
↓ Total length of case	↓ Total length of case	↑ Total length of case	↑ Total length of case

Overall Conclusions

Combining results from our overall sample of 1720 closed cases, the in-depth record review of 403 child welfare cases and interviews with 8 key informants in managerial positions in DFCS, the following overall conclusions can be drawn:

1. *Descriptive narratives presented in Section IX of this report indicate that the families belonging to each of the four racial/ethnic groups present unique and diverse profiles.*
 - African American families are largely headed by young, single, isolated, poor mothers who suffer from substance abuse and have experienced criminal involvement and domestic violence. At the same time, their reported rate of mental health problems is low.
 - White families are made up of mothers who are also single, but who are better educated than average and who are less likely to be on welfare. While substance abuse, mental health problems and domestic violence are prevalent within this group, white mothers tend to have a lower than average rate of involvement in the criminal justice system.
 - Latino families are predominantly poor, with a higher than average number of children. Many Latina mothers (18.4%) are non-English speaking and approximately 26% are foreign born. Latina mothers are more often living without a spouse, have low levels of education and experience problems including substance abuse, and criminal activity, as well as domestic violence. Like African American mothers, their reported rates of mental health problems are low. For the immigrant Latino families, issues related to immigration, legal status and the ability to secure employment may also have an impact on their welfare, but were undetectable with the available data.
 - Asian/Pacific Islander families who are assigned to involuntary child welfare services, are also often non-English speaking and most likely to be foreign born. Most Asian/Pacific Islander mothers in this group are older, have fewer children than average, have less education than average and are married and living with a spouse. Mental health problems and involvement in the mental health system rather than substance abuse or criminality characterize this group. This finding is notable as available research indicates that elevated rates of mental health problems are uncharacteristic of immigrant populations. In addition, rates of physical abuse are higher than average for this group and Asian American/Pacific Islander fathers are comparatively more often reported as the perpetrators of abuse.
2. *Families within each of the four racial/ethnic groups are extremely vulnerable.*
 - The characteristics that emerged in our narrative descriptions as key characteristics of each of the four racial/ethnic groups have been associated in the research literature as

risk factors for child abuse and neglect. These characteristics have also been associated with increased serious behavioral and adjustment problems in children and adolescents.

- Comments by key informants underscored the relationship between characteristics including poverty, lack of education, insufficient job skills, as well as involvement with drugs and violence, and bias on the part of workers, as contributing to the overrepresentation of African American and Latino children in the CWS.
- While Asian American/Pacific Islander families have traditionally been underrepresented in the CWS, our results suggest that Asian American/Pacific Islander families with certain characteristics are emerging as a high-risk group. More information and careful monitoring of this group is clearly warranted.
- Identifying vulnerable families is an important piece of the puzzle in explaining involvement and retention in the CWS. Understanding family characteristics that represent risk factors can help systems design interventions that offset the potential for CWS involvement and prolonged involvement.

3. *Once in the Child Welfare System, children in each of the four racial/ethnic groups follow different pathways and experience different outcomes.*

- African American children are younger than average when they enter the system, have higher than average rates of being assigned to family reunification services and are initially placed with a relative. African American children experience more court hearings, have a higher than average rate of being removed from their families, longer than average stays in each out-of-home placement and a longer average total case duration than children in other groups. At case closure, African American children are less likely to be reunified with their families and most frequently in permanent placement.
- White children are older than average on entry to the CWS and though they are also most often assigned to family reunification services and placed with a relative, they tend to have a shorter than average stay in each out of home placement and a lower than average total case length. At case closure, White children are most likely to be in family maintenance services.
- Likewise, Latino children are also most often assigned to family reunification services and placed with a relative at initial placement. They experience shorter than average stays in each out-of-home placement, have a shorter total length of time in out-of-home placement and a shorter total case length. Results also indicate that Latino children experience a relatively high number of unique placement homes, suggesting that they experience multiple transitions as they wend their way through the system. For Latino children, their most common status at case closure is permanent placement, suggesting

that many Latino children are not reunified with their family of origin. Similar to African American families, they experience a lower than average rate of family maintenance services.

- Asian American/Pacific Islander children also tend to be assigned to family reunification services, but receive family maintenance services at a higher rate than other groups. Rather than being placed with relatives, their initial placement is likely to be in a family foster home. Asian American/Pacific Islander children appear to have lengthier than average stays in each out-of-home placement and longer than average total time in out-of-home placement, as well as a longer than average total case length. The most frequently occurring final out-of-home placement for Asian American/Pacific Islander children tends to be a family foster home, and they are more likely to have their case closed with permanent placement services.
 - Once in the CWS, African American and Latino children tend not to return to their families. This finding was underscored by focus group results in Phase 1 of our study, as well as by comments from key informants during the current phase. Key informants stated that worker bias, poverty, as well as immigration status were key barriers to exiting the system. In addition, key informants suggested that individual bias on the part of workers might be instrumental at both the front end of the system and in decisions that are made once the child enters the system, in prolonging stays of children of color.
4. *The services ordered for families of color are generally limited to a one-size-fits-all approach and to a small array of available services. The reliance on traditional formal services does not appear to meet the needs of these highly diverse ethnic/racial family groups.*
- Parenting education, substance abuse treatment and counseling (both individual and group) were the most commonly ordered services at the jurisdictional/dispositional hearing. These results suggest that workers are offering the same services for all families, regardless of their needs and rely heavily on traditional, formal services.
 - Results also indicate that services are not distributed uniformly across racial/ethnic groups and do not necessarily match their specific needs. In spite of high rates of substance abuse problems and criminal involvement, African American parents were most often ordered to receive parent education only. White families appear to receive more of the available services including parenting education services, individual and group counseling and substance abuse treatment services. In addition to parenting education services, Latino families receive slightly higher than average rates of substance abuse services. However, it is not clear whether these provided services are culturally and linguistically appropriate. Neither African American nor Latino families appear to receive mental health services. Asian American families appear to receive mental health services at a higher rate than other groups, but again it is not clear whether they are meeting the unique needs of this culturally distinct group.

- The paucity of services ordered indicates that children and families of color are not provided with sufficient preventive and supportive services and that traditional CWS may not meet the particular needs of these unique and diverse groups. These findings also corroborate those of a national forum on children and families of color in the CWS (CWLA, 2002). In addition, research has indicated that individual, group and couples counseling, as well as parenting training have shown only minimal success in teaching parents better skills and reducing the likelihood of further abuse in families marked by serious and chronic abuse (Albee & Gullota, 1997; McLoyd, 1998).
- There is a need for preventive and early intervention services for vulnerable families of color. For example, home visitation services may be exceptionally helpful in addressing the needs of vulnerable, at-risk families from diverse racial/ethnic groups. Research has indicated that programs of home visitation that promote positive health-related behaviors in mothers of young children, competent care of their children and linkage with needed health care and human services, reduce rates of criminality, problems related to substance abuse and child abuse and neglect among young, unmarried, isolated poor mothers (Olds et al., 1997, 1998). Studies that follow children of mothers involved in such home visitation programs, into adolescence have found these youth have fewer serious behavioral and adjustment problems than youth whose mothers did not participate in home visitation programs. Indeed, the U.S. Advisory Board on Child Abuse and Neglect has recommended that home-visitation services be made available to all parents of young children as a means of preventing child abuse and neglect (U.S. Department of Health and Human Services, Administration for Children and Families, 1991).
- The use of more non-traditional, culturally sensitive services that are conducted in the client's primary language are clearly -warranted. Key informants underscored this point. A paucity of social services, particularly multi-lingual services, was cited as a significant barrier for many families of color. Interviewees discussed the shortage of substance abuse treatment programs, particularly those geared for women with children and people whose primary language is not English. Multi-lingual and culturally appropriate domestic violence services, parenting classes, and other social services were considered in need of development.
- The form of mandated services is also an important issue. As one key informant noted, "if a Latino parent is court ordered to therapy, this may be seen as 'being crazy, while attending a psychoeducational group is (viewed as) less of a problem."
- The scarcity of accessible services was perceived as "discrimination against the poor who have to rely on free treatment" by more than one informant.
- In addition, key informants noted that recognition of the extended family system is critical, particularly in relation to working with many communities of color. "Thinking of family as a mother-father-child configuration is common but problematic...it is just not how children are really raised."

- More research and evaluation of interventions and programs targeted to children and families of color is necessary. Rather than implementing untested interventions, it would be more efficacious to begin with programs that have been tested, replicated and found to work with families from unique and diverse racial/ethnic groups.
5. *There is a need to involve multiple social service systems in a comprehensive and coordinated effort to meet the needs of children and families of color.*
- Results from Phase 2 indicate that the problems experienced by families across the different racial/ethnic groups span multiple systems including: mental health, juvenile justice, adult criminal justice, substance abuse, and welfare.
 - Statistics presented in the literature review section of this report also indicate that families of color are involved in systems other than child welfare in high numbers. Prevention and intervention efforts should involve a deliberate and organized coordination of these multiple systems.

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ATTACHMENT 1:
Sampling Procedures

Sampling Procedures

We sought a representative sample from the 1753 closed cases making up the population of concern. In achieving representativeness, we were mindful of a need to include a sufficient numbers of children and youth in our sample of certain types to permit us to address powerfully, from a statistical point of view, questions central to the study. Factors where we considered it important to guarantee the presence of large numbers of children and youth were ethnicity, age, and service type.

Stratification. To insure that enough children and youth were included from each minority group, across the age spectrum, and from each service type, we adopted stratified random sampling. We grouped the 1753 closed cases on the basis of child ethnicity (Black, White, Latino, Asian), age, (0—6, 7-12, >13), and service type (emergency response vs. family maintenance vs. family reunification vs. permanent placement).

Regarding categories of service type, we wished to accurately reflect the fact that among the closed cases, more children would appear in permanent placement and family reunification than in family maintenance and that concern was great to understand the experience of children in all groups. Accordingly, we initially devised our sampling strategy such that approximately 25% of children in the sample would come from the family maintenance group.

Ultimately, our choice of stratification variables reflected a trade-off often faced by researchers as they devise sampling plans. In choosing strata (e.g. age) and groups within strata (e.g. 0-6, 7-12, 13 or more), we sought a balance between preserving important distinctions on the one hand, and creating a practical and workable scheme on

the other. The resulting system of forty-eight individual categories (four ethnic groups x three age groups x four service categories) was considered to reflect as many strata and categories as were feasible to include under the circumstances.

We understood also that, from subsequent dialogue with advisors to the study, groups of special concern might be identified later. If such groups were underrepresented, the final sample could be supplemented readily by random selection or, if necessary, by including all available group members.

Sample size. In keeping with the original plan for the study, our goal was to have 400 records for our final sample. We recognized, however, that not all closed cases drawn for the sample would be available for coding to case record reviewers when they sought access. We therefore targeted 500 cases for inclusions in our sample. From 500 cases, our final sample would include 400 cases or more if up to 100 cases were not available when access to records ultimately was sought.

Projecting a sample size of 500, we allocated a specific number of cases—that is, a quota-- for selection from each of the forty eight categories formed by combining ethnicity, age, and service type as described above. We then randomly chose from each category a number of cases matching the quota. For each category, if fewer cases were available than the quota, we took all cases in the group. The shortfall in cases—the number of cases that were not available in a category with too few cases to meet the quote—was reassigned proportionally to other categories.

Following this stratified random sampling procedure, we chose 504 cases for our sample. There were 4.4% (n=22) emergency response cases, 37.7% (n=190) family maintenance, 8.5% (n=43) family reunification, and 49.4% (n=249) permanent

placement. Considering age, there were 44.4% (n=224) ages 0-6, 31% (n=156) ages 7-12, and 24.6% (n=124) ages 13 and above. The ethnic composition of the sample was 19.4% (n=98) African American, 31.9% (n=161) Latino, 14.9% (n=75) Asian/Pacific Islander, and 27.8% (n=140) white.

Supplemental sampling. Initial attempts to draw cases for our sample indicated that initial estimates of the number of missing cases and cases in Voluntary Family Maintenance were too low. Fearing having fewer than 400 cases, the desired, final sample size, we chose to supplement our sample with 200 additional cases. We randomly chose 200 cases from our previously constructed strata, following procedures outlined above. These cases will be added if we exhaust our initial selection of 504 cases before meeting our target of a final sample of size 400.

ATTACHMENT 2:

**Data Collection Process
and Procedures**

Data Collection Process and Procedures

Case record reviews are currently taking place at the Social Services Record Retention Center. Ten masters-level social work students are each reviewing four cases a week. Kathy Lemon MSW, research associate, is supervising students and overseeing the data collection process. She is also working with the retention center manager, Maria Gonzalez to insure that 40 cases are pulled and set aside in a designated area for students to review each week. Cases are pulled from the main sample list of 400 cases. Students have been randomly assigned to review 40 cases each.

If a case is missing or not on the shelf, retention center staff move to the next case on the list. A separate list of the missing cases has been generated and retention center staff will put out inquiries regarding these cases to see if they can be called back to the retention center to be reviewed. If a case cannot be called back, we are working to find out the reasons why a case is missing in order to insure that missing cases do not bias the overall sample. Maria and all of the staff at the retention center have been extremely helpful in pulling cases on an as needed basis and accommodating the students who are reviewing cases at the retention center.

Once cases have been pulled, Kathy then inventories the cases and verifies that they are a part of the sample and removes any voluntary family maintenance cases. Voluntary family maintenance cases are being removed from the main sample because they do not contain the court records from which students are gathering data. As such, in order to maintain the reliability of the data collection, these cases are being pulled from

the main sample and kept in a designated area. A separate analysis of these cases is being considered.

Students review cases at the retention center. When they are finished with a case, they leave the case in box to be re-shelved and they leave the data extraction form in a designated box for Kathy to pick up. Kathy then inventories the cases that are completed and keeps track of the students' progress in data collection.

ATTACHMENT 3:

**Child Welfare System Case Record Data
Extraction Form**

Santa Clara County / SJSU College of Social Work
CWS Case Record Data Extraction Form

Child Characteristics (at time of incident)

Item #	Child Characteristics (at time of incident)	SPSS	
C1.	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	c.sex	
C2.	Ethnicity	c.eth	
C2a.	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> N/A - too young to speak <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.eng	
C2b.	Translator needed? (only if non-English speaking) Indicate language <input type="checkbox"/> Yes <input type="checkbox"/> Not Indicated <input type="checkbox"/> No <input type="checkbox"/> N/A - too young to speak Language _____	c.plang	
C3.	Type of abuse/neglect, Sustained by court in minute order (W&I 300 codes a-j) <input type="checkbox"/> a - Serious physical harm <input type="checkbox"/> b - General neglect <input type="checkbox"/> c - Emotional abuse <input type="checkbox"/> d - Sexual abuse <input type="checkbox"/> e - Serious physical harm of child < 5 <input type="checkbox"/> f - Death of sibling through abuse/neglect by parent or guardian <input type="checkbox"/> g - Caretaker absence/incapacity <input type="checkbox"/> h - Relinquished <input type="checkbox"/> i - Cruelty <input type="checkbox"/> j - Child's sibling has been abused or neglected as defined in a, b, d, or i	c.abng	
C4.	Number of prior referrals	c.pr#ref	
C5.	Previous # times in CWS (recipient of CWS services)	c.pr#cws	
C6.	Initial Reporter of Incident (police report: reporting party, redacted)	c.reptr	
C6a.	Date of incident	c.datei	
C7.	Date of birth	c.bday	
C8.	Place of Birth (city, state, country) <input type="checkbox"/> Not Indicated	c.pob	
C9.	Born in US? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.brnsa	
C10.	IF NOT BORN IN US - Length of time in US (specify # days, months or years) <input type="checkbox"/> Not Indicated	c.tmeusa	
C11.	Length of time in California (specify # days, months or years) <input type="checkbox"/> Not Indicated	c.tmea	

Item #	Child Characteristics (at time of incident)	SPSS	
C12.	Last grade completed in school Indicate Grade: <input type="checkbox"/> Not old enough for school <input type="checkbox"/> Not Indicated	c.educ	
C13.	Academic problems (including truancy and dropped out) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.acpb	
C13a.	If yes, specify type	c.acpbt	
C14.	Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.sbhx	
C14a.	If yes, what substance	c.sbhxt	
C15.	Disability? (physical, learning, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.dis	
C15a.	If yes, specify type	c.dist	
C15b.	If yes, what assistance was provided? (e.g., signer for hearing impaired) <input type="checkbox"/> No Assistance <input type="checkbox"/> Not Indicated	c.disas	
C16.	Developmental delays? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.dvdl	
C16a.	If yes, specify type	c.dvdlit	
C17.	Mental Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.ment	
C17a.	If yes, specify diagnosis	c.mentt	
C18.	Emotional problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.emot	
C18a.	If yes, specify	c.emott	
C19.	Behavior problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.bhv	
C19a.	If yes, specify	c.bhvt	
C20.	Gender identity issue? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.geni	
C20a.	If yes, specify	c.genit	
C21	Criminal History (outstanding warrants, arrests, or convictions)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.crhx	

Item #	Child Characteristics (at time of incident)	SPSS	
C21a.	If yes, specify crime(s)	c.crhxt	
C22.	Current health status <input type="checkbox"/> Healthy / No health problems <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other evaluation _____ <input type="checkbox"/> Not Indicated	c.hths	
C23.	Participation in other service <u>systems</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.ptsv	
C23a.	If yes, specify <u>ALL</u> service systems <input type="checkbox"/> Mental Health <input type="checkbox"/> Health <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Other (specify) _____	c.ptsvt	
Item #	Child Characteristics (at time of incident)	SPSS	
C24.	Participation in other <u>services</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	c.posv	

C24a.	If yes, specify <u>ALL</u> services, (e.g. child advocacy, mentorship, counseling...)	c.posvt	
C25.	<p>Child's current living situation (check all that apply)</p> <div> <input type="checkbox"/> alone <input type="checkbox"/> with mother <input type="checkbox"/> with father <input type="checkbox"/> with both mother and father <input type="checkbox"/> with alternate caretaker specify who _____ <input type="checkbox"/> with other(s), specify person(s): </div> <div> <input type="checkbox"/> not indicated </div>	c.crls	

Mother Characteristics (at time of incident)

Item #	Mother Characteristics (at time of incident)	SPSS	
M1.	Ethnicity	m.eth	
M2.	Date of Birth	m.bday	
M3.	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.eng	
M4.	Translator needed? (only if non-English speaking) Indicate language <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated Language _____	m.plang	
M5.	Place of Birth (city, state, country) <input type="checkbox"/> Not Indicated	m.pob	
M6.	Born in US? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.brnusa	
M7.	IF NOT BORN IN US - Length of time in US (specify # days, months or years) <input type="checkbox"/> Not Indicated	m.tmeusa	
M8.	Length of time in California (specify # days, months or years) <input type="checkbox"/> Not Indicated	m.tmecla	
M9.	Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.cremp	
M10.	Last Occupation <input type="checkbox"/> Not Indicated	m.lstjob	
M11.	Last grade completed in school <input type="checkbox"/> Not Indicated	m.educ	
M12.	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Remarried, if so what # _____ <input type="checkbox"/> Single, never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Indicated	m.mstat	
M13.	Family Household Income (state as specifically as possible) <input type="checkbox"/> Not Indicated	m.inc	
M14.	Welfare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.wfe	
M15.	Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.sbhx	
M15a.	If yes, what substance	m.sbhxt	
M16.	Disability? (physical, learning, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.dis	
M16a.	If yes, specify type	m.dist	
M16b.	If yes, what assistance was provided? (e.g., signer for hearing impaired) <input type="checkbox"/> No Assistance <input type="checkbox"/> Not Indicated	m.disas	
M17.	Developmental delays? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.dvdl	

Item #	Mother Characteristics (at time of incident)	SPSS	
M17a.	If yes, specify type	m.dvdl	
M18.	Mental Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.ment	
M18a.	If yes, specify diagnosis	m.mentt	
M19.	Emotional problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.emot	
M19a.	If yes, specify	m.emott	
M20.	Behavior problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.bhv	
M21a.	If yes, specify	m.bhvt	
M22.	Gender identity issue? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.geni	
M22a.	If yes, specify	m.genit	
M23.	Criminal History (outstanding warrants, arrests, or convictions)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.crhx	
M23a.	If yes, specify crime(s)	m.crhxt	
Item #	Mother Characteristics (at time of incident)	SPSS	
M24.	Currently Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.carc	

M24a.	If yes, specify location		m.carcl	
M25.	Current health status	<input type="checkbox"/> Healthy / No health problems <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other evaluation _____ <input type="checkbox"/> Not Indicated	m.hths	
M26.	Participation in other service <u>systems</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.ptsv	
M26a.	If yes, specify <u>ALL</u> service systems	<input type="checkbox"/> Mental Health <input type="checkbox"/> Health <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Other (specify) _____	m.ptsvt	
M27.	Participation in other <u>services</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.posv	
M27a.	If yes, specify <u>ALL</u> services, (e.g. Counseling, anger management, Parenting class...)		m.posvt	
Item #	Mother Characteristics (at time of incident)		SPSS	

M28.	Mother's current living situation (check all that apply)	<input type="checkbox"/> alone <input type="checkbox"/> with spouse <input type="checkbox"/> with children (specify how many _____) <input type="checkbox"/> with extended family <input type="checkbox"/> with other(s), specify person(s):	m.crls	
		<input type="checkbox"/> not indicated		
M29.	Is mother the child's primary caretaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.prctk	
M30.	Does mother currently (do we mean at time of referral?) have legal custody of child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	m.cust	

Father Characteristics (at time of incident)

Item #	Father Characteristics (at time of incident)	SPSS	
F1.	Ethnicity	f.eth	
F2.	Date of Birth	f.bday	
F3.	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.eng	
F4.	Translator needed? (only if non-English speaking) Indicate language <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated Language _____	f.plang	
F5.	Place of Birth (city, state, country) <input type="checkbox"/> Not Indicated	f.pob	
F6.	Born in US? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.brnusa	
F7.	IF NOT BORN IN US - Length of time in US (specify # days, months or years) <input type="checkbox"/> Not Indicated	f.tmeusa	
F8.	Length of time in California (specify # days, months or years) <input type="checkbox"/> Not Indicated	f.tmecla	
F9.	Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.cremp	
F10.	Last Occupation <input type="checkbox"/> Not Indicated	f.lstjob	
F11.	Last grade completed in school <input type="checkbox"/> Not Indicated	f.educ	
F12.	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Remarried, if so what # _____ <input type="checkbox"/> Single, never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Indicated	f.mstat	
F13.	Family Household Income (state as specifically as possible)	f.inc	
F14.	Welfare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.wfe	
F15.	Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.sbhx	
F15a.	If yes, what substance	f.sbhxt	
F16.	Disability? (physical, learning, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.dis	
F16a.	If yes, specify type	f.dist	
F16b.	If yes, what assistance was provided? (e.g., signer for hearing impaired) <input type="checkbox"/> No Assistance <input type="checkbox"/> Not Indicated	f.disas	

Item #	Father Characteristics (at time of incident)			SPSS		
F17.	Developmental delays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	f.dvdl	
F17a.	If yes, specify type				f.dvdlit	
F18.	Mental Illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	f.ment	
F18a.	If yes, specify diagnosis				f.mentt	
F19.	Emotional problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	f.emot	
F19a.	If yes, specify				f.emott	
F20.	Behavior problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	f.bhv	
F21a.	If yes, specify				f.bhvt	
F22.	Gender identity issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	f.geni	
F22a.	If yes, specify				f.genit	
F23.	Criminal History (arrest <u>or</u> conviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	f.crhx	
F23a.	If yes, specify crime(s)				f.crhxt	
Item #	Father Characteristics (at time of incident)			SPSS		
F24.	Currently Incarcerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	f.carc	

F24a.	If yes, specify location		f.carcl	
F25.	Current health status	<input type="checkbox"/> Healthy / No health problems <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other evaluation _____ <input type="checkbox"/> Not Indicated	f.hths	
F26.	Participation in other service <u>systems</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.ptsv	
F26a.	If yes, specify <u>ALL</u> service systems	<input type="checkbox"/> Mental Health <input type="checkbox"/> Health <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Other (specify) _____	f.ptsvt	
F27.	Participation in other <u>services</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	f.posv	
F27a.	If yes, specify <u>ALL</u> services, (e.g. Counseling, anger management, Parenting class...)		f.posvt	
Item #	Father Characteristics (at time of incident)		SPSS	

[illegible]

Alternate Caretaker Characteristics (at time of incident)
(Assess if neither mother or father is the primary caretaker)

Item #	Alternate Caretaker Characteristics (at time of incident)	SPSS	
A1.	Relationship to child	a.rel2ch	
A2.	Length of time as caretaker (specify # days, months or years)	a.tmasct	
A3.	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	a.sex	
A4.	Ethnicity	a.eth	
A5.	Date of Birth	a.bday	
A6.	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.eng	
A7.	Translator needed? (only if non-English speaking) Indicate language <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated Language _____	a.plang	
A8.	Place of Birth (city, state, country) <input type="checkbox"/> Not Indicated	a.pob	
A9.	Born in US? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.brusa	
A10.	IN NOT BORN IN US - Length of time in US (specify # days, months or years) <input type="checkbox"/> Not Indicated	a.tmeusa	
A11.	Length of time in California (specify # days, months or years) <input type="checkbox"/> Not Indicated	a.tmecca	
A12.	Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.cremp	
A13.	Last Occupation <input type="checkbox"/> Not Indicated	a.lstjob	
A14.	Last grade completed in school <input type="checkbox"/> Not Indicated	a.educ	
A15.	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Remarried, if so what # _____ <input type="checkbox"/> Single, never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Indicated	a.mstat	
A16.	Family Household Income (state as specifically as possible) <input type="checkbox"/> Not Indicated	a.inc	
A17.	Welfare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.wfe	
A18.	Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.sbhx	
A18a.	If yes, what substance	a.sbhxt	

Item #	Alternate Caretaker Characteristics (at time of incident)			SPSS		
A19.	Disability? (physical, learning, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.dis	
A19a.	If yes, specify type				a.dist	
A19b.	If yes, what assistance was provided? (e.g., signer for hearing impaired)			<input type="checkbox"/> No Assistance <input type="checkbox"/> Not Indicated	a.disas	
A20.	Developmental delays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.dvdl	
A20a.	If yes, specify type				a.dvdlit	
A21.	Mental Illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.ment	
A21a.	If yes, specify diagnosis				a.mentt	
A22.	Emotional problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.emot	
A22a.	If yes, specify				a.emott	
A23.	Behavior problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.bhv	
A23a.	If yes, specify				a.bhvt	
A24.	Gender identity issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.geni	
A24a.	If yes, specify				a.genit	
A25.	Criminal History (outstanding warrants, arrests, <u>or</u> conviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.crhx	
A25a.	If yes, specify crime(s)				a.crhxt	
Item #	Alternate Caretaker Characteristics (at time of incident)			SPSS		
A26.	Currently Incarcerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	a.carc	

A26a.	If yes, specify location		a.carcl	
A27.	Current health status	<input type="checkbox"/> Healthy / No health problems <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other evaluation _____ <input type="checkbox"/> Not Indicated	a.hths	
A28.	Participation in other service <u>systems</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.ptsv	
A28a.	If yes, specify <u>ALL</u> service systems	<input type="checkbox"/> Mental Health <input type="checkbox"/> Health <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Other (specify) _____	a.ptsvt	
A29.	Participation in other <u>services</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.posv	
A29a.	If yes, specify <u>ALL</u> services, (e.g. Counseling, anger management, Parenting class...)		a.posvt	
A30.	Alternate caretaker's current living situation	<input type="checkbox"/> alone <input type="checkbox"/> with spouse <input type="checkbox"/> with children (specify how many ____) <input type="checkbox"/> with extended family <input type="checkbox"/> with other(s), specify person(s): <input type="checkbox"/> not indicated	a.crls	
A31.	Is alternate caretaker the child's primary caretaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	a.prctk	

Perpetrator Information (at time of incident)

Item #	Perpetrator Characteristics (at time of incident)	SPSS	
P1.	Perpetrator (relationship to child)	p.rel2ch	
P2.	Is the perpetrator someone other than the mother, father, or alternate caretaker? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, finish section, if NO, skip perpetrator information and go to page 11.	p.other	
P3.	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	p.sex	
P4.	Ethnicity	p.eth	
P5.	Date of Birth	p.bday	
P6.	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	p.eng	
P7.	Translator needed? (only if non-English speaking) Indicate language <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated Language _____	p.plang	
P8.	Place of Birth (city, state, country) <input type="checkbox"/> Not Indicated	p.pob	
P9.	Born in US? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	p.brnusa	
P10.	IF NOT BORN IN US - Length of time in US (specify # days, months or years) <input type="checkbox"/> Not Indicated	p.tmeusa	
P11.	Length of time in California (specify # days, months or years) <input type="checkbox"/> Not Indicated	p.tmeuca	
P12.	Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	p.cremp	
P13.	Last Occupation <input type="checkbox"/> Not Indicated	p.lstjob	
P14.	Last grade completed in school <input type="checkbox"/> Not Indicated	p.educ	
P15.	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Remarried, if so what # _____ <input type="checkbox"/> Single, never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Indicated	p.mstat	
P16.	Family Household Income (state as specifically as possible) <input type="checkbox"/> Not Indicated	p.inc	
P17.	Welfare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	p.wfe	
P18.	Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	p.sbhx	
P18a.	If yes, what substance	p.sbhxt	

Item #	Perpetrator Characteristics (at time of incident)			SPSS		
P19.	Disability? (physical, learning, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.dis	
P19a.	If yes, specify type				p.dist	
P19b.	If yes, what assistance was provided? (e.g., signer for hearing impaired)	<input type="checkbox"/> No Assistance <input type="checkbox"/> Not Indicated			p.disas	
P20.	Developmental delays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.dvdl	
P20a.	If yes, specify type				p.dvdlit	
P21.	Mental Illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.ment	
P21a.	If yes, specify diagnosis				p.mentt	
P22.	Emotional problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.emot	
P22a.	If yes, specify				p.emott	
P23.	Behavior problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.bhv	
P23a.	If yes, specify				p.bhvt	
P24.	Gender identity issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.geni	
P24a.	If yes, specify				p.genit	
P25.	Criminal History (outstanding warrants, arrests, <u>or</u> convictions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.crhx	
P25a.	If yes, specify crime(s)				p.crhxt	
Item #	Perpetrator Characteristics (at time of incident)			SPSS		
P26.	Currently Incarcerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	p.carc	

P26a.	If yes, specify location	p.carcl	
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Item #	General Family/Caretaker Characteristics (at time of incident)	SPSS	
Z1.	Family Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	z.fmprb	
Z1a.	If yes, describe: (issues related to divorce, separation, child custody, marital discord...)	z.prbd	
Z2.	Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	z.dv	
Z2a	If yes, describe (specify?) (in how much detail?)	z.dvd	
Item #	General Family/Caretaker Characteristics (at time of incident)	SPSS	

Z3.	Parenting Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	z.par	
Z3a.	If yes, describe (specify?) (in how much detail?)				z.pard	
Z4.	Income Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	z.inc	
Z4a.	If yes, describe (specify?) (in how much detail?)				z.incd	
Z5.	Number siblings (# of brothers and sisters, including steps and halves)				z.#sibs	
Z5a.	Number of associated (?) siblings in placement/system				z.#sys	
Z6.	Generational involvement in CWS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Indicated	z.gnr	
Z6a.	Specify which generations and how				z.gnrd	

Outcomes of Jurisdictional/Dispositional Hearing
(Attach copy of the case plan if available)

Item #	Outcomes of Jurisdictional/Dispositional Hearing	SPSS	
Y1.	Date(s) of the Jurisdictional / Dispositional Hearing	y.jddte	
Y1a.	Case has been assigned to <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> Family Maintenance (child remains with family) <input type="checkbox"/> Family Reunification (child is removed from home) <input type="checkbox"/> Case has been denied services (bypassed) <input type="checkbox"/> Other, please describe: </div>	y.csasg	
Y2.	Child's placement will be <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> with mother <input type="checkbox"/> with father <input type="checkbox"/> with mother and father <input type="checkbox"/> with alternate caretaker specify _____ <input type="checkbox"/> Family Foster Home (FFH) <input type="checkbox"/> Family Foster Agency (FFA) <input type="checkbox"/> group home <input type="checkbox"/> relative foster home (kincare) <input type="checkbox"/> other _____ </div>	y.plmt	
Y3.	Services ordered for the child (if any)	y.sordc	
Item #	Outcomes of Jurisdictional/Dispositional Hearing	SPSS	

Y4.	Services ordered for the mother (if any)	y.sordm	
Y5.	Services ordered for the father (if any)	y.sordf	
Y6.	Services ordered for the alternate caretaker (if any)	y.sorda	
Y7.	Case under provisions of the Indian Child Welfare Act? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated	y.iwa	
Item #	Outcomes of Jurisdictional/Dispositional Hearing	SPSS	

Y8.	Changes that occurred between detention and jurisdictional / dispositional hearing	y.chg	
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Changes or Major Events in Case Characteristics at Subsequent Hearings

Item #	Changes in Case Characteristics	SPSS	
	<p>For each change, please note in the appropriate sections:</p> <p>I. Date of Hearing II. Type of Hearing III Person(s) Affected IV Change or Major Event</p> <p>Specify change/event and describe condition</p> <div> <div> <p>Service Related</p> <ul style="list-style-type: none"> • Placement • Living Situation • Court Mandate • Adherence to participation in services • New services rendered • Participation in other service systems • Other? </div> <div> <p>Psychosocial (improvement, decline, unchanged?)</p> <ul style="list-style-type: none"> • Academic • Substance abuse (relapse, improvement?) • Disability • Developmental • Mental Illness • Emotional • Behavioral • Gender Identity • Criminal • Health Status • Other? </div> </div>		
H1a.	Date of Hearing		
H1b.	Type of Hearing		
H1c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>		
H1d.	Change or Major Event <div>Specify change/event and describe condition</div>		

H2a.	Date of Hearing			
H2b.	Type of Hearing			
H2c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>			
H2d.	Change or Major Event <div>Specify change/event and describe condition</div>			
H3a.	Date of Hearing			
H3b.	Type of Hearing			
H3c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>			
H3d.	Change or Major Event <div>Specify change/event and describe condition</div>			
H4a.	Date of Hearing			

H4b.	Type of Hearing		
H4c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family </div> <div> <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker </div> <div> <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>		
H4d.	Change or Major Event <div>Specify change/event and describe condition</div>		
H5a.	Date of Hearing		
H5b.	Type of Hearing		
H5c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family </div> <div> <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker </div> <div> <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>		
H5d.	Change or Major Event <div>Specify change/event and describe condition</div>		

H6a.	Date of Hearing			
H6b.	Type of Hearing			
H6c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>			
H6d.	Change or Major Event <div>Specify change/event and describe condition</div>			
H7a.	Date of Hearing			
H7b.	Type of Hearing			
H7c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>			
H7d.	Change or Major Event <div>Specify change/event and describe condition</div>			
H8a.	Date of Hearing			

H8b.	Type of Hearing			
H8c.	Person(s) Affected	<input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
H8d.	Change or Major Event	Specify change/event and describe condition		
H9a.	Date of Hearing			
H9b.	Type of Hearing			
H9c.	Person(s) Affected	<input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
H9d.	Change or Major Event	Specify change/event and describe condition		

H10a.	Date of Hearing			
H10b.	Type of Hearing			
H10c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>			
H10d.	Change or Major Event <div>Specify change/event and describe condition</div>			
H11a.	Date of Hearing			
H11b.	Type of Hearing			
H11c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>			
H11d.	Change or Major Event <div>Specify change/event and describe condition</div>			
H12a.	Date of Hearing			

H12b.	Type of Hearing		
H12c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family </div> <div> <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker </div> <div> <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>		
H12d.	Change or Major Event <div>Specify change/event and describe condition</div>		
H13a.	Date of Hearing		
H13b.	Type of Hearing		
H13c.	Person(s) Affected <div> <input type="checkbox"/> Child <input type="checkbox"/> Family </div> <div> <input type="checkbox"/> Mother <input type="checkbox"/> Alternate Caretaker </div> <div> <input type="checkbox"/> Father <input type="checkbox"/> Other _____ </div>		
H13d.	Change or Major Event <div>Specify change/event and describe condition</div>		

Notes:

Case Notes (other pertinent information...):

Coder Notes (impressions, problems, reactions...):

ATTACHMENT 4:

Reliability Study

Reliability Study

In the course of case-record review, ten different people each will be recording information from forty cases. As each person reads a case and makes decisions about characteristics of that case, it is important to know how similar that person's decisions are to decisions that would have been made if another person had read the case. Put another way, it is important to establish whether case reviewers are consistent in the judgments they make.

Consistency among case record reviewers establishes confidence in the information that is being obtained. Subsequent analyses of the data and interpretation are strengthened by assurances that the underlying information is reliable.

Method. We assessed the consistency, or reliability, of case record review in the following manner. We selected four cases for review and asked that all case record reviewers, ten people, review each case. The reviewers were instructed to record information gathered from each case on our standard case record review extraction form (Attachment 4). This procedure resulted in forty completed protocols—resulting from ten reviewers each reading and responding to four cases.

Interest centers on the level of agreement between case record reviewers as they recorded individual items of information asked about on the case-record review protocol. We therefore calculated, for items where it was appropriate to do so, the proportion of agreement among raters. This translates into the following indicator: Considering the ten reviewers, in what proportion of instances did they agree?

The scope of our calculations included Client and Family Characteristics, Perpetrator Information, and Outcomes of Jurisdictional/Dispositional Hearing. It

included demographics and social history, characteristics of the precipitating event, and psychosocial problems recorded as “yes”, “no”, or “not indicated”.

Other items require open-ended or narrative recording on the part of case-record reviewers. Information of this kind describes, in detail, criminal history and criminal justice involvement, services provided, and changes and major events over the course of child welfare participation. The format does not lend itself, at least at the present time, to calculations of the kind described above. We are devising additional procedures, described below, to categorize these responses.

Agreement was calculated as the number of times the most frequently recorded response was recorded, divided by the number of case record reviewers--that is, ten. For example, when judging the presence of a mental health problems, if eight reviewers checked “yes”, one checked “no” and one “not indicated”, the assessed level of agreement would be 8/10, or 80%.

In some instances, additional questions had to be answered before calculation could proceed. Issues to be resolved include those where discrete alternatives have not been provided—birth date, for example, or place of birth. The issue was what kind of similarity would constitute agreement? Another issue was handling of blank spaces on the case review protocol where the reviewer chose to write nothing. Finally, how many case record reviewers must agree? What percentage of agreement was to be considered acceptable?

In order to avoid overstating levels of agreement, we proceeded from a conservative stance in answering these questions. We insisted on perfect agreement where information was not recorded in previously provided, structured categories. For

example, we required that the match be perfect among recorded birth dates and places; any deviation was considered a mismatch. We instituted on perfect agreement among responses to structured item. Thus, we did not discard protocols where no information was recorded but counted them and matched them with other protocols, if any, where no information was recorded. To determine an acceptable level of interrater agreement, we adopted a threshold of 80%; we required that eight out of ten case record reviewers exactly agree to count the question as reaching a good level of reliability.

Results. For the four cases considered in the reliability study, 64% of case record review items were found to have a good level of inter-rater reliability. Thus, 80% of ten reviewers recorded with perfect agreement on almost two-thirds of items assessed included on the case record review protocol.

Discussion. Without further modification almost two thirds of questions on the case record review protocol form can be considered, by our stringent standards, to provide a reliable basis for recording. Items not meeting this standard have been identified and can be improved by simple modification of procedure. In an initial step, we fed back results from our reliability analysis to case-record reviewers and distributed guidelines for improvement (see attached).

We supplemented our procedures for data collection in order to screen protocols and resolve ambiguities. For example, blank items—which suppressed levels of assessed reliability in several instances—will be followed up and needed information ascertained and recorded. By this procedure, we expect to further strengthen levels of agreement achieved by case record reviewers in the course of their work.

We are now at work to develop procedures for coding criminal history and criminal justice involvement, services provided, and changes that occur over the course of child welfare involvement. The result of our efforts, a standardized grid for categorizing some events that take place and indicators for summarizing others, will permit us to understand our cases at even a higher level of detail.

In addition, we will assess the reliability of case record review during the course of the study. We will chose a sample of forty cases such that reviewers are unaware of which cases have been selected. We will then perform a second case record review on those cases, without consulting the protocol from the original review. Using methods described above, we will then assess levels of agreement between the first and second reviews. We will thereby know levels of reliability of recorded information at the heart of our study.

ATTACHMENT 5:
Variable Checklist

Santa Clara County / SJSU College of Social Work
Variable Checklist (Working List)
CWS-CMS & Case Record Data Extraction Form

Family Characteristics (at time of incident)
Child

Item #	Family Characteristics (at time of incident) – Child	CWS-CMS	Case Review	SPSS
C1.	Sex	X	X	c.sex
C2.	Ethnicity		X	c.eth
	Primary Ethnicity	X		
	Secondary Ethnicity	X		
C2.	Speaks English?		X	c.eng
C2.	Translator needed? Indicate language		X	c.plang
	Primary Language	X		
	Secondary Language	X		
C3.	Type(s) of abuse/neglect, Sustained by court in minute order		X	c.rsn4rf
	Reason for opening case	X		
C4.	Number of prior referrals	X	X	c.pr#ref
C5.	Previous # times in CWS (recipient of CWS services)		X	c.pr#cws
C6.	Initial Reporter of Incident (police report: reporting party, redacted)		X	c.reptr
	Reporter of Incident	X		
C6a.	Date of incident		X	c.datei
	Date of case opening	X		
	Date of case closing	X		
C7.	Date of birth	X	X	c.bday
C8.	Born in US?		X	c.brnusa
C9.	Place of Birth (city, state, country)	X	X	c.pob
C10.	Length of time in US (specify # days, months or years)		X	c.tmeusa
C11.	Length of time in California (specify # days, months or years)		X	c.tmeuca
C12.	Last grade completed in school	X	X	c.educ
C13.	Academic problems (including truancy and dropped out)		X	c.acpb
C13a.	If yes, specify type		X	c.acpb

C14.	Substance Abuse?		X	c.sbhx
C14a.	If yes, what substance		X	c.sbhxt
C15.	Disability? (physical, learning, etc.)		X	c.dis
C15a.	If yes, specify type		X	c.dist
C16.	Developmental delays?		X	c.dvdl
C16a.	If yes, specify type		X	c.dvdlt
C17.	Mental Illness?		X	c.ment
C17a.	If yes, specify diagnosis		X	c.mentt
C18.	Emotional problems?		X	c.emot
C18a.	If yes, specify		X	c.emott
C19.	Behavior problems?		X	c.bhv
C19a.	If yes, specify		X	c.bhvt
C20.	Gender identity issue?		X	c.geni
C20a.	If yes, specify		X	c.genit
C21.	Criminal History (arrest <u>or</u> conviction)?		X	c.crhx
C21a.	If yes, specify crime(s)		X	c.crhxt
C22.	Current health status		X	c.hths
C23.	Participation in other service <u>systems</u> ?		X	c.ptsv
C23a.	If yes, specify <u>ALL</u> service systems		X	c.ptsvt
C24.	Participation in other <u>services</u> ?		X	c.posv
C24a.	If yes, specify <u>ALL</u> services, (e.g. child advocacy, mentorship, counseling...)		X	c.posvt
C25.	Child's current living situation		X	c.crls

Family Characteristics (at time of incident)

Mother

Item #	Family Characteristics (at time of incident) - Mother	CWS-CMS	Case Review	SPSS
M1.	Ethnicity		X	m.eth
	Primary Ethnicity	X		
	Secondary Ethnicity	X		
M2.	Date of Birth	X	X	m.bday
M3.	Speaks English?		X	m.eng
M4.	Translator needed? Indicate language		X	m.plang
	Primary Language	X		
	Secondary Language	X		
M5.	Place of Birth (city, state, country)		X	m.pob
M6.	Born in US?		X	m.brnusa
M7.	Length of time in US (specify # days, months or years)		X	m.tmeusa
M8.	Length of time in California (specify # days, months or years)		X	m.tmecla
M9.	Currently Employed?		X	m.cremp
M10.	Last Occupation		X	m.lstjob
M11.	Last grade completed in school		X	m.educ
M12.	Marital Status		X	m.mstat
M13.	Family Household Income (state as specifically as possible)		X	m.inc
M14.	Welfare Eligible?		X	m.wfe
M15.	Substance Abuse?		X	m.sbhx
M15a.	If yes, what substance		X	m.sbhxt
M16.	Disability? (physical, learning, etc.)		X	m.dis
M16a.	If yes, specify type		X	m.dist
M17.	Developmental delays?		X	m.dvdl
M17a.	If yes, specify type		X	m.dvdlit
M18.	Mental Illness?		X	m.ment
M18a.	If yes, specify diagnosis		X	m.mentt
M19.	Emotional problems?		X	m.emot
M19a.	If yes, specify		X	m.emott
M20.	Behavior problems?		X	m.bhv
M21a.	If yes, specify		X	m.bhvt

M22.	Gender identity issue?		X	m.geni
M22a.	If yes, specify		X	m.genit
M23.	Criminal History (arrest <u>or</u> conviction)?		X	m.crhx
M23a.	If yes, specify crime(s)		X	m.crhxt
M24.	Currently Incarcerated?		X	m.carc
M24a.	If yes, specify location		X	m.carcl
M25.	Current health status		X	m.hths
M26.	Participation in other service <u>systems</u> ?		X	m.ptsv
M26a.	If yes, specify <u>ALL</u> service systems		X	m.ptsvt
M27.	Participation in other <u>services</u> ?		X	m.posv
M27a.	If yes, specify <u>ALL</u> services, (e.g. Counseling, anger management, Parenting class...)		X	m.posvt
M28.	Mother's current living situation (check all that apply)		X	m.crls
M29.	Is mother the child's primary caretaker?		X	m.prctk
M30.	Does mother currently (do we mean at time of referral?) have legal custody of child?		X	m.cust

Family Characteristics (at time of incident)

Father

Item #	Family Characteristics (at time of incident) - Father	CWS-CMS	Case Review	SPSS
F1.	Ethnicity		X	f.eth
	Primary Ethnicity	X		
	Secondary Ethnicity	X		
F2.	Date of Birth		X	f.bday
F3.	Speaks English?		X	f.eng
F4.	Translator needed? Indicate language		X	f.plang
	Primary Language	X		
	Secondary Language	X		
F5.	Place of Birth (city, state, country)		X	f.pob
F6.	Born in US?		X	f.brnusa
F7.	Length of time in US (specify # days, months or years)		X	f.tmeusa
F8.	Length of time in California (specify # days, months or years)		X	f.tmecca
F9.	Currently Employed?		X	f.cremp
F10.	Last Occupation		X	f.lstjob
F11.	Last grade completed in school		X	f.educ
F12.	Marital Status		X	f.mstat
F13.	Family Household Income (state as specifically as possible)		X	f.inc
F14.	Welfare Eligible?		X	f.wfe
F15.	Substance Abuse?		X	f.sbhx
F15a.	If yes, what substance		X	f.sbhxt
F16.	Disability? (physical, learning, etc.)		X	f.dis
F16a.	If yes, specify type		X	f.dist
F17.	Developmental delays?		X	f.dvdl
F17a.	If yes, specify type		X	f.dvdlf
F18.	Mental Illness?		X	f.ment
F18a.	If yes, specify diagnosis		X	f.mentt
F19.	Emotional problems?		X	f.emot
F19a.	If yes, specify		X	f.emott
F20.	Behavior problems?		X	f.bhv
F21a.	If yes, specify		X	f.bhvt

F22.	Gender identity issue?		X	f.geni
F22a.	If yes, specify		X	f.genit
F23.	Criminal History (arrest <u>or</u> conviction)?		X	f.crhx
F23a.	If yes, specify crime(s)		X	f.crhxt
F24.	Currently Incarcerated?		X	f.carc
F24a.	If yes, specify location		X	f.carcl
F25.	Current health status		X	f.hths
F26.	Participation in other service <u>systems</u> ?		X	f.ptsv
F26a.	If yes, specify <u>ALL</u> service systems		X	f.ptsvt
F27.	Participation in other <u>services</u> ?		X	f.posv
F27a.	If yes, specify <u>ALL</u> services, (e.g. Counseling, anger management, Parenting class...)		X	f.posvt
F28.	Father's current living situation		X	f.crls
F29.	Is father the child's primary caretaker?		X	f.prctk
F30.	Does father currently (do we mean at time of referral?) have legal custody of child?		X	f.cust

Family Characteristics (at time of incident)**Alternate Caretaker (Assess if neither mother or father is the primary caretaker)**

Item #	Family Characteristics (at time of incident) – Alternate Caretaker	CWS-CMS	Case Review	SPSS
A1.	Relationship to child		X	a.rel2ch
A2.	Length of time as caretaker (specify # days, months or years)		X	a.tmasct
A3.	Sex		X	a.sex
A4.	Ethnicity		X	a.eth
	Primary Ethnicity	?		
	Secondary Ethnicity	?		
A5.	Date of Birth	?	X	a.bday
A6.	Speaks English?		X	a.eng
A7.	Translator needed? Indicate language		X	a.plang
	Primary Language	?		
	Secondary Language	?		
A8.	Place of Birth (city, state, country)		X	a.pob
A9.	Born in US?		X	a.brnusa
A10.	Length of time in US (specify # days, months or years)		X	a.tmeusa
A11.	Length of time in California (specify # days, months or years)		X	a.tmecla
A12.	Currently Employed?		X	a.cremp
A13.	Last Occupation		X	a.lstjob
A14.	Last grade completed in school		X	a.educ
A15.	Marital Status		X	a.mstat
A16.	Family Household Income (state as specifically as possible)		X	a.inc
A17.	Welfare Eligible?		X	a.wfe
A18.	Substance Abuse?		X	a.sbhx
A18a.	If yes, what substance		X	a.sbhxt
A19.	Disability? (physical, learning, etc.)		X	a.dis
A19a.	If yes, specify type		X	a.dist
A20.	Developmental delays?		X	a.dvdl
A20a.	If yes, specify type		X	a.dvdlit
A21.	Mental Illness?		X	a.ment
A21a.	If yes, specify diagnosis		X	a.mentt

A22.	Emotional problems?		X	a.emot
A22a.	If yes, specify		X	a.emott
A23.	Behavior problems?		X	a.bhv
A23a.	If yes, specify		X	a.bhvt
A24.	Gender identity issue?		X	a.geni
A24a.	If yes, specify		X	a.genit
A25.	Criminal History (arrest <u>or</u> conviction)?		X	a.crhx
A25a.	If yes, specify crime(s)		X	a.crhxt
A26.	Currently Incarcerated?		X	a.carc
A26a.	If yes, specify location		X	a.carcl
A27.	Current health status		X	a.hths
A28.	Participation in other service <u>systems</u> ?		X	a.ptsv
A28a.	If yes, specify <u>ALL</u> service systems		X	a.ptsvt
A29.	Participation in other <u>services</u> ?		X	a.posv
A29a.	If yes, specify <u>ALL</u> services, (e.g. Counseling, anger management, Parenting class...)		X	a.posvt
A30.	Alternate caretaker's current living situation		X	a.crls
A31.	Is alternate caretaker the child's primary caretaker?		X	a.prctk

Perpetrator Information (at time of incident)

Item #	Perpetrator Characteristics (at time of incident)	CWS-CMS	Case Review	SPSS
P1.	Perpetrator (relationship to child)		X	p.rel2ch
P2.	Is the perpetrator someone other than the mother, father, or alternate caretaker?		X	p.other
P3.	Sex		X	p.sex
P4.	Ethnicity		X	p.eth
	Primary Ethnicity			
	Secondary Ethnicity			
P5.	Date of Birth		X	p.bday
P6.	Speaks English?		X	p.eng
P7.	Translator needed? Indicate language		X	p.plang
	Primary Language			
	Secondary Language			
P8.	Place of Birth (city, state, country)		X	p.pob
P9.	Born in US?		X	p.brnusa
P10.	Length of time in US (specify # days, months or years)		X	p.tmeusa
P11.	Length of time in California (specify # days, months or years)		X	p.tmeca
P12.	Currently Employed?		X	p.cremp
P13.	Last Occupation		X	p.lstjob
P14.	Last grade completed in school		X	p.educ
P15.	Marital Status		X	p.mstat
P16.	Family Household Income (state as specifically as possible)		X	p.inc
P17.	Welfare Eligible?		X	p.wfe
P18.	Substance Abuse?		X	p.sbhx
P18a.	If yes, what substance		X	p.sbhxt
P19.	Disability? (physical, learning, etc.)		X	p.dis
P19a.	If yes, specify type		X	p.dist
P20.	Developmental delays?		X	p.dvdl
P20a.	If yes, specify type		X	p.dvdlit
P21.	Mental Illness?		X	p.ment
P21a.	If yes, specify diagnosis		X	p.mentt
P22.	Emotional problems?		X	p.emot

P22a.	If yes, specify		X	p.emott
P23.	Behavior problems?		X	p.bhv
P23a.	If yes, specify		X	p.bhvt
P24.	Gender identity issue?		X	p.geni
P24a.	If yes, specify		X	p.genit
P25.	Criminal History (arrest <u>or</u> conviction)?		X	p.crhx
P25a.	If yes, specify crime(s)		X	p.crhxt
P26.	Currently Incarcerated?		X	p.carc
P26a.	If yes, specify location		X	p.carcl

Item #	General Family/Caretaker Characteristics (at time of incident)	CWS-CMS	Case Review	SPSS
Z1.	Family Structure Problems?		X	z.fmprb
Z1a.	If yes, describe: (issues related to divorce, separation, child custody, marital discord...)		X	z.prbd
Z2.	Domestic Violence?		X	z.dv
Z2a.	If yes, describe (specify?) (in how much detail?)		X	z.dvd
Z3.	Parenting Problems		X	z.par
Z3a.	If yes, describe (specify?) (in how much detail?)		X	z.pard
Z4.	Income Problems		X	z.inc
Z4a.	If yes, describe (specify?) (in how much detail?)		X	z.incd
Z5.	Number siblings		X	z.#sibs
Z5a.	Number of associated (?) siblings in placement/system		X	z.#sys
Z6.	Generational involvement in CWS?		X	z.gnr
Z6a.	Specify which generations and how		X	z.gnrd

Outcomes of Jurisdictional/Dispositional Hearing
(Attach copy of the case plan if available)

Item #	Outcomes of Jurisdictional/Dispositional Hearing	CWS-CMS	Case Review	SPSS
Y1.	Case has been assigned to (FM, FR, Bypass, Other)	?	X	y.csasg
Y2.	Child's placement will be (with whom or service type)		X	y.plmt
Y3.	Services ordered for the child (if any)		X	y.sordc
Y4.	Services ordered for the mother (if any)		X	y.sordm
Y5.	Services ordered for the father (if any)		X	y.sordf
Y6.	Services ordered for the alternate caretaker (if any)		X	y.sorda
Y7.	Case under provisions of the Indian Child Welfare Act?		X	y.iwa

Changes or Major Events in Case Characteristics at Subsequent Hearings
Child

Item #	Changes/Major Events in Case Characteristics – Child	CWS-CMS	Case Review	SPSS
	For each change, please note in the appropriate sections: I. Date of Hearing II. Type of Hearing III. Change or Major Event		X	

Changes or Major Events in Case Characteristics at Subsequent Hearings
Mother

Item #	Changes/Major Events in Case Characteristics – Mother	CWS-CMS	Case Review	SPSS
	For each change, please note in the appropriate sections: I. Date of Hearing II. Type of Hearing III. Change or Major Event		X	

Changes or Major Events in Case Characteristics at Subsequent Hearings
Father

Item #	Changes/Major Events in Case Characteristics – Father	CWS-CMS	Case Review	SPSS
	For each change, please note in the appropriate sections: I. Date of Hearing II. Type of Hearing III. Change or Major Event		X	

Changes in or Major Events Case Characteristics at Subsequent Hearings
Alternate Caretaker

Item #	Changes/Major Events in Case Characteristics – Father	CWS-CMS	Case Review	SPSS
	For each change, please note in the appropriate sections: I. Date of Hearing II. Type of Hearing III. Change or Major Event		X	

Changes in or Major Events Case Characteristics at Subsequent Hearings
General Family/Caretaker Characteristics

Item #	Changes or Major Events in General Family/Caretaker Characteristics	CWS-CMS	Case Review	SPSS
	For each change, please note in the appropriate sections: I. Date of Hearing II. Type of Hearing III. Change or Major Event		X	

Emergency Response Screening

	CWS-CMS	Case Review	SPSS
Reason for case closure	X		
Voluntary placement (type)	X		
Reason for case dismissal (2 nd phase only examining cases substantiated by the court)			
Reason case opened for services (same as abuse/neglect substantiated variable)			

Supervisor Characteristics

	CWS-CMS	Case Review	SPSS
Ethnicity	From personnel records?		
Training			
# years in position			

Caseworker Characteristics

	CWS-CMS	Case Review	SPSS
Ethnicity	From personnel records?		
Training			
# years in position			
Language ability			

Caseworker characteristics (changes over case)		X	
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Foster care Characteristics (some available in CMS)

	CWS-CMS	Case Review	SPSS
Type of placement (covered above)	X	X	
Length of time in placement	X	X	
Provider Characteristics	X		
Type of funding			

Hearings and Timelines (6 month intervals)

	CWS-CMS	Case Review	SPSS
Hearings and case changes/major events are covered above		X	

Other case characteristics

	CWS-CMS	Case Review	SPSS
Actual time to closure (calculated from CMS)	X		
# of case openings	X		
# of placement changes	X	X	
Placement sequences by date	X	X	
# of caseworker changes	X	X	

Notes:

	CWS-CMS	Case Review	SPSS
Researcher's Case Notes (other pertinent information...):		X	
Coder Notes (impressions, problems, reactions...):		X	

ATTACHMENT 6:

**Sampling Summary:
Case Availability Status Analysis**

Sampling Summary: Case Availability Status Analysis

The following steps were used to create the minimum sample of 400 cases for the purposes of in-depth case record review. First, all the CWS cases closed between January 1, 2000 and June 30, 2001 were included in the initial sampling frame. Second, given that siblings within a family of a CWS involved child could be in this list, a single member within each distinct household (determined by the same identified mother) was randomly sampled so that only one representative from each household was left in the sampling frame. The resulting general sample size was 1753 cases. Third, random stratified sampling was initially used to select a set of 403 cases from this set of CWS cases. The criteria for stratification were ethnicity (recoded into 5 subgroups: Black, Latino, White, Asian, and Other), service type identified at the close of the case (either ER, PP, or FR versus FM), and age group (0 to 6 years, 7 to 13 years, and older than 13 years old). These strata were created in order to obtain as representative a sample as possible reflecting the cases managed by Santa Clara County's CWS. Fourth, since we were unable to meet the target sample size through true random stratification due to a large number of missing case files across strata and the number of VFM cases excluded, we had to use purposive sampling in addition to random stratification to meet our minimum sample size. Thus, approximately two-thirds of the way through the sampling and data extraction phases, cases within strata with few children (i.e., Asians and Blacks) had to be selected purposefully in order to reach the minimum 400 caseload sample and improve representation.

The availability status of the cases originally within the sampling frame (missing case file, voluntary family maintenance, or includable and coded) was related to the child's ethnicity. A total of 1298 cases had to be requested from Santa Clara County's Social Services Agency in order to obtain 403 codable cases for the case record review. Of these 1298 cases, 529 (40.8%) were missing and/or unavailable for coding, 366 (28.2%) were identified as voluntary family maintenance, and 403 (31.0%) available and coded for the case record review component. A comparatively higher proportion of Latino cases requested for review were missing (47.5%). A comparatively higher proportion of Asian/PI cases requested for review were assigned to voluntary family maintenance (52.2%). Please see Table 1.

Table 1: Case Availability Status By Ethnicity^a

	Frequencies and % within Ethnic Subgroup					
	Total	Black	White	Latino	Asian/PI	Other
Missing/Unavailable	529 (40.8% of requested)	77 (40.7%)	161 (39.1%)	242 (47.5%)	40 (25.2%)	9 (32.1%)
Voluntary Family Maintenance	366 (28.2% of requested)	53 (28.0%)	103 (25.0%)	120 (23.5%)	83 (52.2%)	7 (25.0%)
Available and Coded ^b	403 (31.0% of requested)	59 (14.6%)	148 (35.9%)	148 (29.0%)	36 (22.6%)	12 (42.9%)

^a Based on 1298 cases requested from SCC-SSA and CWS-CMS ethnicity codes

^b These proportions by ethnicity may differ from that reported in the detailed summaries of the 403 case record reviews due to re-clarification of ethnic identity found during the case review

ATTACHMENT 7:

***Table 1:* Demographic and System Characteristics of Children,
Santa Clara County Open Cases, December 2000**

***Table 2:* Demographic Characteristics for Children in Out of Home
Placement (OHP), Santa Clara County Open Cases,
December 2000**

***Table 3:* Case Characteristics for Children in Out of Home
Placement (OHP), Santa Clara County Open Cases,
December 2000**

***Table 4:* Demographic and System Characteristics by Race/Ethnicity
in Out of Home Placement (OHP), Santa Clara County
Open Cases, December 2000**

Table 1: Demographic and System Characteristics of Children, Santa Clara County Open Cases, December 2000

Characteristic	N = 4399	Valid % (% based on available data)
Race/Ethnicity		
African American	531	12.1%
White	1178	26.9%
Hispanic / Latino	2288	52.2%
Asian American / Pacific Islander	318	7.2%
Other	70	1.6%
Missing / Not Recorded	14	not included
Gender		
Females	2237	50.9
Males	2155	49.1
Missing/Not Recorded	7	not included
Primary Language		
English	3786	86.3%
Asian/Pacific Islander Language	120	2.7%
Spanish	465	10.6%
Other	15	0.3%
Missing/Not Recorded	13	not included
Born in California		
In State	1296	94.7%
Out of State	72	5.3%
Missing/Not Recorded	3031	not included
Age (in years)	$\bar{X} = 9.22$ $sd = 5.16$	Not Applicable
Service Component		
[ER] Emergency Response	250	5.7%
[FM] Family Maintenance	1328	30.2%
[FR] Family Reunification	868	19.7%
[PP] Permanent Placement	1953	44.4%

**Table 2: Demographic Characteristics for Children in Out of Home Placement [OHP],
Santa Clara County Open Cases, December 2000**

Characteristic	N = 2721	Valid % (% based on available data)
Race/Ethnicity		
African American	399	14.7%
White	739	27.2%
Hispanic / Latino	1381	50.8%
Asian American / Pacific Islander	159	5.8%
Other	41	1.5%
Missing / Not Recorded	2	0.1%
Gender		
Females	1356	49.8%
Males	1365	50.2%
Primary Language		
English	2443	89.8%
Asian / Pacific Islander Language	54	2.0%
Spanish	213	7.8%
Other	11	0.4%
Born in California		
In State	1040	94.6%
Out of State	59	5.4%
Missing/Not Recorded	1622	not included
Age (in years)	$\bar{X} = 9.27$ sd = 5.18	Not Applicable
Service Component		
[ER] Emergency Response	146	5.4%
[FM] Family Maintenance	112	4.1%
[FR] Family Reunification	700	25.7%
[PP] Permanent Placement	1763	64.8%

**Table 3: Case Characteristics for Children in Out of Home Placement [OHP],
Santa Clara County Open Cases, December 2000**

Characteristic	N = 2721	Valid % (% based on available data)
Reason for Removal		
Caretaker Absence / Incapacity	1025	37.7%
Emotional Abuse	91	3.3%
General Neglect	472	17.3%
Physical Abuse	444	16.3%
Severe Neglect	501	18.4%
Sexual Abuse	143	5.3%
Voluntary Placement	17	0.6%
Other	28	1.0%
Placement Home Facility Type		
Small Family/Court Specified/Tribe Specified/ Guardian Home	109	4.0%
Foster Family Home	456	16.8%
Group Home	189	6.9%
County Shelter	290	10.7%
Relative Home	1050	38.6%
Foster Family Agency	627	23.0%
Number of Placements	$\bar{X} = 3.83$ sd = 3.25	Not Applicable
Number of Months in Placement	$\bar{X} = 39.97$ sd = 39.57	Not Applicable

**Table 4a: Demographic and System Characteristics by Race/Ethnicity of Children in Out of Home Placement [OHP],
Santa Clara County Open Cases, December 2000**

	African American n = 399	White n = 739	Hispanic/ Latino n = 1381	Asian Am. / Pacific Is. n = 159	Other n = 41
Age in years, mean (sd)	9.86 (4.84)	9.73 (5.16)	8.93 (5.24)	8.68 (5.17)	9.07 (5.17)
Service Component					
Emergency Response	13 (3.3%)	52 (7.0%)	67 (4.9%)	9 (5.7%)	5 (12.2%)
Family Maintenance	7 (1.8%)	24 (3.2%)	69 (5.0%)	11 (6.9%)	1 (2.4%)
Family Reunification	68 (17.0%)	196 (26.5%)	383 (27.7%)	38 (23.9%)	13 (31.7%)
Permanent Placement	311 (77.9%)	467 (63.2%)	862 (62.4%)	101 (63.5%)	22 (53.7%)
Number of Placements, mean (sd)	3.93 (3.66)	4.11 (3.55)	3.74 (3.02)	2.92 (1.84)	4.76 (4.49)
Months in Placement, mean (sd)	55.32 (45.26)	38.15 (35.59)	37.87 (39.98)	29.63 (29.03)	35.55 (34.13)

**Table 4b: Demographic and System Characteristics by Race/Ethnicity of Children in Out of Home Placement [OHP],
Santa Clara County Open Cases, December 2000 (continued)**

	African American n = 399	White n = 739	Hispanic/ Latino n = 1381	Asian Am. / Pacific Is. n = 159	Other n = 41
Placement Facility Type					
Small Family/ Court Spec./ Tribe Spec./ Guardian Home	19 (4.8%)	31 (4.2%)	47 (3.4%)	7 (4.4%)	40 (9.8%)
Foster Family Home	66 (16.5%)	134 (18.1%)	213 (15.4%)	34 (21.4%)	9 (22.0%)
Group Home	25 (6.3%)	92 (12.4%)	65 (4.7%)	5 (3.1%)	2 (4.9%)
County Shelter	27 (6.8%)	84 (11.4%)	159 (11.5%)	15 (9.4%)	5 (12.2%)
Relative Home	172 (43.1%)	222 (30.0%)	583 (42.2%)	60 (37.7%)	13 (31.7%)
Foster Family Agency	90 (22.6%)	176 (23.8%)	314 (22.7%)	38 (23.9%)	8 (19.5%)

Table 4c: Demographic and System Characteristics by Race/Ethnicity of Children in Out of Home Placement [OHP], Santa Clara County Open Cases, December 2000 (continued)

	African American n = 399	White n = 739	Hispanic/ Latino n = 1381	Asian Am. / Pacific Is. n = 159	Other n = 41
Reason for Removal					
Caretaker Absence/ Incapacity	177 (44.4%)	276 (37.3%)	511 (37.0%)	50 (31.4%)	11 (26.8%)
Emotional Abuse	12 (3.0%)	27 (3.6%)	42 (3.0%)	9 (5.7%)	0 (0.0%)
General Neglect	63 (15.8%)	143 (19.3%)	235 (17.0%)	24 (15.1%)	7 (17.1%)
Physical Abuse	56 (14.0%)	124 (16.8%)	218 (15.8%)	37 (23.3%)	9 (22.0%)
Severe Neglect	68 (17.0%)	110 (14.9%)	286 (20.7%)	27 (17.0%)	5 (12.2%)
Sexual Abuse	19 (4.8%)	40 (5.4%)	68 (4.9%)	11 (6.9%)	0 (0.0%)
Voluntary Placement	1 (0.3%)	8 (1.1%)	8 (0.3%)	1 (0.6%)	0 (0.0%)
Other	3 (0.8%)	12 (1.6%)	13 (0.9%)	0 (0.0%)	0 (0.0%)