



# Addressing disproportionality and disparity in child welfare: Evaluation of an anti-racism training for community service providers<sup>☆</sup>

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## ABSTRACT

Concerns persist about the overrepresentation and differential treatment of children and families of color within the child welfare system. Although many researchers and practitioners have considered ways to combat these problems, there continues to be a shortage of empirical support for proposed interventions. This article describes the evaluation of an anti-racism training designed to address disproportionality and disparity by educating members of the child welfare community about issues of race, power, and oppression. Pre- and post-training evaluation questionnaires were completed by 462 training participants between June 2007 and June 2008. Questionnaires measured changes in participants' attitudes toward race and knowledge of key concepts regarding race and racism, as well as their satisfaction with the training, and expected practice changes. Preliminary findings indicate that participants were very satisfied with the training, increased their knowledge of issues pertaining to race and racism, and became more aware of racial dynamics.

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## 1. Introduction

Within the child welfare system, there exists an issue that has been identified as a social problem for over thirty years (see Billingsley & Giovannoni, 1972), differences in treatment among children and families of different races (Hill, 2006). Terms commonly used in the literature to describe such differences are *disproportionality* and *disparity*. Disproportionality refers to the difference in the percentage of a group of children in the child welfare system as compared to that group's percentage in the general population (Hill, 2006). This is illustrated by the fact that in 2006, 15% of children in this country were Black, while 32% of the children in foster care were Black (United States Government Accountability Office [U.S. GAO], 2008). Disparity means that one group of children experiences inequitable treatment or outcomes as compared to another group of children (Hill, 2006). Such disparity is present throughout the child welfare system, including key decision points (reporting, investigation, substantiation, out-of-home placement, and exit), treatment, services, and resources. Research in this area indicates that children of color and their families who are involved with the child welfare system often experience different treatment and more negative trajectories than White children and families (for example, Garland & Besinger, 1997; Derezotes, 2002; Harris & Courtney, 2003; Rodenborg, 2004).

## 2. Bias as a cause of disproportionality

The key issues discussed in the literature regarding disproportionality and disparate outcomes in child welfare are race/ethnicity, cultural awareness/competence, inherent systemic bias, and bias that impacts individuals who make decisions about families and children (see Smith & Devore, 2004; Derezotes, Poertner, & Testa, 2005; Elliott & Urquiza, 2006). Decision-makers in child welfare include social workers, teachers, healthcare staff, law enforcement, judges, mental health providers, and even community members who report suspected maltreatment to child protective services. This plethora of decision-makers from a variety of fields supports the idea that the child welfare system, which is often envisioned as child protective services, actually encompasses many other fields serving children and families such as healthcare, mental health, education, law enforcement, and the courts.

In 2003, the top three reporters to child protective services (CPS) hotlines were law enforcement officials, educators, and social service personnel (Hill, 2006). The understandings of race and culture on which these professionals base their decisions are very important. In a review of research in the area of disproportionality, Hill (2006) found that race was a significant factor in decisions made by professionals at all points of transition in the child welfare system. Therefore, in decisions to report, investigate, substantiate, place in foster care, and reunify with biological family, race was the only common factor.

The dual effects of Black parents' distrust of the child welfare system and racial bias or cultural misunderstanding among decision makers, such as mandated reporters, child welfare caseworkers,

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and family court judges, may both contribute to disproportionality and disparity (U.S. GAO, 2007). Although, as Hill (2006) pointed out, there is very little empirical evidence indicating that disproportionality and disparity are caused by bias, the U.S. GAO (2007) found that nearly half of the state child welfare directors surveyed reported that they considered racial bias or cultural misunderstanding among those reporting abuse or neglect to have at least a moderate influence on disproportionality. For example, in a retrospective chart file review, Lane, Rubin, Monteith, and Christian (2002) found a significant difference in evaluation of skull and long-bone fractures for abusive injury between children of color and White children, even after adjustment for likelihood of abuse. When the researchers controlled for socioeconomic status, there remained a statistically significant difference in ordering skeletal surveys and reporting to CPS among children of color and White children with accidental or indeterminate injuries. Specifically, more than 65% of children of color had skeletal surveys performed, while only 31% of White children underwent this same test. Furthermore, CPS reports were filed for 22.5% of White children versus 52.9% of children of color.

Berger, McDaniel, and Paxon (2006) explored the presence of racial bias in judgments about parenting. In observations of home visits by professional human service providers, the researchers found that Black parents were judged more harshly by the professionals on subjective measures of parenting such as annoyance, criticism, and hostility. There was no racial bias found, however, in judgments of more objective measures such as spanking. These authors concluded that in this study, the professionals' judgments were likely biased due to negative characteristics attributed to low-income parents. As Berger and colleagues explain, in the absence of information, professionals rely on stereotypes and biases to make judgments about clients. In this study, the professionals were not aware of the class status of the parents, so race was used as a proxy measure, as people of color are usually assumed to be poor.

Research has shown that professional judgments may also be biased in the opposite direction. For example, in a study of the influence of case and professional variables on the identification and reporting of child maltreatment, Hansen, Bumby, Lundquist, Chandler, Le, and Futa (1997) found that race had the most impact on psychologists' and social workers' ratings of severity of maltreatment and the need to report. These professionals were more likely to rate vignettes describing possible maltreatment among African American families as less severe and less likely to be reported than similar vignettes including White families. Interestingly, Hansen and colleagues found in the literature evidence of similar response patterns for race among law enforcement officials, day care providers, and teachers. The authors postulated that these differences in reporting by race could be due to views of maltreatment among African American families as more normative and less extreme than maltreatment among White families.

Green, Kiernan-Stern, and Baskind (2005) studied agency-based social workers' attitudes about ethnic and cultural diversity. Although most of the social workers included in the study had positive attitudes toward people of color and the concept of cultural diversity, these social workers expressed some ambivalence regarding a desire for more interaction with people of color. Furthermore, 12% of those surveyed believed that racism is no longer a major problem in the U.S., indicating a lack of racial awareness.

As shown, the literature provides useful information about the issues of cultural awareness and racial attitudes among social workers and other professionals. However, with specific regard to the child welfare system, research on disproportionality points to a need for further examination of the link between professionals' cultural attitudes and awareness and possible resolutions to the problem of overrepresentation of children of color in the child welfare system (Hill, 2006).

### 3. Training as an intervention to address bias

Cultural competence/anti-racism training may be utilized to respond to the problems of disproportionality and disparity in the child welfare system. Researchers and practitioners have posited that increased cultural awareness and sensitivity will serve to address the issue of disproportionality by dealing directly with workers' racial attitudes and biases that affect their decision-making regarding families of color (Chibnall, Dutch, Jones-Harden, Brown, & Gourdine, 2003). This type of cultural competency training has been identified as a "promising strategy" to address disproportionate contact with children of color in the juvenile justice system, which is a part of the child welfare community, through increased awareness of biases, which serves to transform practice (Cabaniss, Frabutt, Kendrick, & Arbuckle, 2007).

Cultural competence is defined as "an evolving process that depends on self reflection, self awareness, and acceptance of differences, and is based on improved understanding as opposed to an increase in cultural knowledge" (Webb & Sergison, 2003, p. 291). Such a definition highlights the attention that a professional must give to himself or herself when considering issues of race and culture. Too often, diversity education focuses our attention outwardly and asks us to adopt a survey approach to cultural awareness, in which the special features of various cultures are explored and rigid notions of culture do little to challenge oppressive stereotypes. Such an approach allows professionals to overlook their own biases and engage (knowingly or unknowingly) in pigeonholing, stereotyping, and victim blaming (Webb & Sergison, 2003). This emphasizes the importance of anti-racism or cultural competence trainings that deal with issues of power, privilege, and oppression. Such interventions promote active self assessment and exploration of biases that may affect practice.

### 4. Training for child welfare professionals

There is some empirical support for cultural competence/anti-racism education resulting in increased awareness of racism and less racial bias. In a study of undergraduate students, Kernahan and Davis (2007) found that those students who were enrolled in a semester-long prejudice and racism course increased their awareness of racism, showed clear emotional changes, and felt more responsible for helping to correct problems of racism and for taking action. Similarly, Probst (2003) found that over the course of a semester, undergraduate students participating in a workplace diversity course developed more positive attitudes toward people of color and demonstrated a greater increase in levels of intercultural tolerance than their counterparts in a statistics course.

Very little research exists that addresses the evaluation of cultural competency, diversity, or anti-racism training in human services and healthcare in general, and training's relationship with addressing disproportionality specifically. Webb and Sergison (2003) evaluated a one-day cultural competence/anti-racism training designed for professionals serving ill or disabled children. Results of a post-training satisfaction questionnaire indicated that the vast majority of participants were satisfied with the training and felt it improved their cultural understanding. A retrospective evaluation was also completed, which explored participants' views two to seven years after they attended the training. Findings indicated that participants continued to regard the training as highly relevant. Nearly half of the participants felt more confident in providing services to minority clients. Furthermore, three-quarters of participants indicated some positive behavior change as a result of attending the training.

Casey Family Programs, a national non-profit foundation with a long history of serving children, has put forth some promising practices to address disproportionality and disparate outcomes. These practices include requiring workers to attend anti-racism and cultural competence trainings and participate in ongoing education in

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