

Unveiling Disparities: Investigating Potential Causes and Remedies for Minority  
Overrepresentation in the Child Welfare System

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## Executive Summary

California's child welfare system is the foundation for protecting and safeguarding the well-being of children in our state, particularly by managing reports of child abuse and neglect. Although California decreased its child maltreatment allegation rates, investigation rates, substantiation rates, and foster care rates in the last five years, disproportionality amongst minority populations was persistent in all these areas. This problem raises the following questions: "Why do these disproportionalities persist, and what can we do about it?". To provide insight into this, this report uses document analysis to investigate possible reasons why disproportionalities so strongly persist in the child welfare system despite overall case decreases. This approach utilizes existing literature and studies in this area to draw meaning and potential causes.

Findings revealed that poverty is a major contributing factor to minority overrepresentation in the child welfare system due to oversurveillance and mistaking poverty for neglect, particularly at the reporting stage. To decrease this, this report recommends the state boost its efforts to support these families through a restructuring of mandated reporting practices to implement screenings for potential bias and mistaking poverty for neglect. I argue this recommendation can reduce the number of unnecessary Child Protective Service (CPS) investigations on low-income people of color and therefore decrease racial disproportionality in cases. Additionally, examinations of the Structured Decision-Making (SDM) model utilized by child welfare reveal there is little to no information provided to families on the nature of the assessments it requires, the results, and how it affects child welfare decisions. This demonstrates a lack of transparency for families in the system regarding how the outcome of their cases is

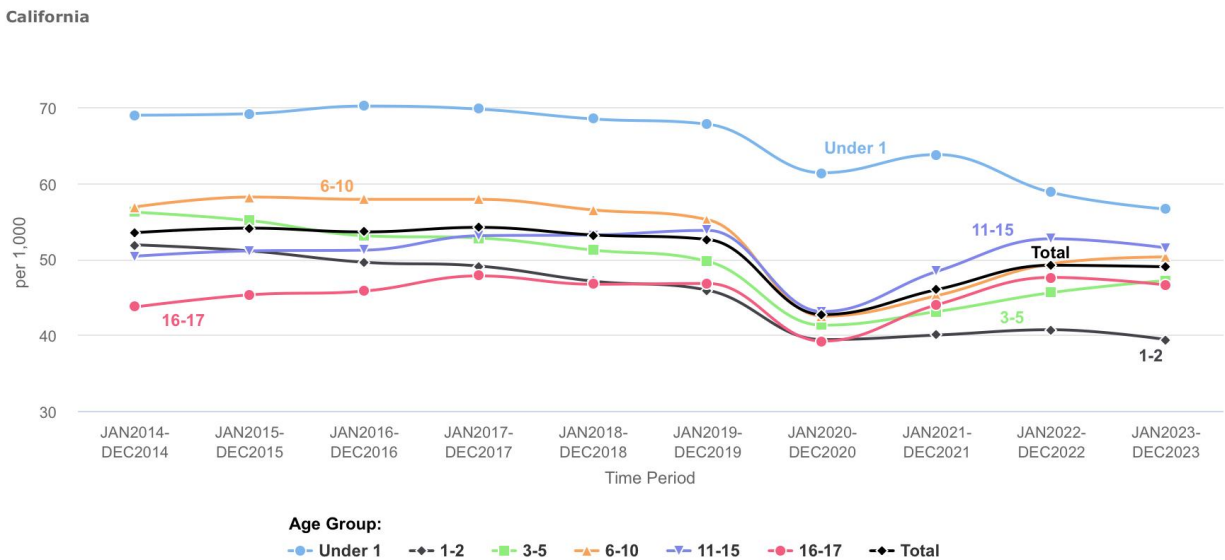
determined. Therefore, this report suggests promoting transparency of the SDM model results by requiring child welfare to share information in the assessments with families.

### Section I: Introduction

The Child Welfare System is the system of intervention in California for cases of child abuse or child neglect. As shown in Figures 1 through 5, California has experienced a decrease in child maltreatment allegation rates, investigation rates, substantiation rates, entry into foster care rates, and rates of children in foster care in the last five years. Although these numbers are promising, according to a report done by the Legislative Analyst’s Office in 2022, Black, Native American, Hispanic, and low-income families are disproportionately represented in all these areas, as seen in Figure 6, demonstrating that racial disproportionality and disparities persist in the system (CCWIP, 2024) (LAO, 2022).

**Figure 1**

*California Child Welfare Population (0-17) and Children with Child Maltreatment Allegations (CCWIP, 2024)*

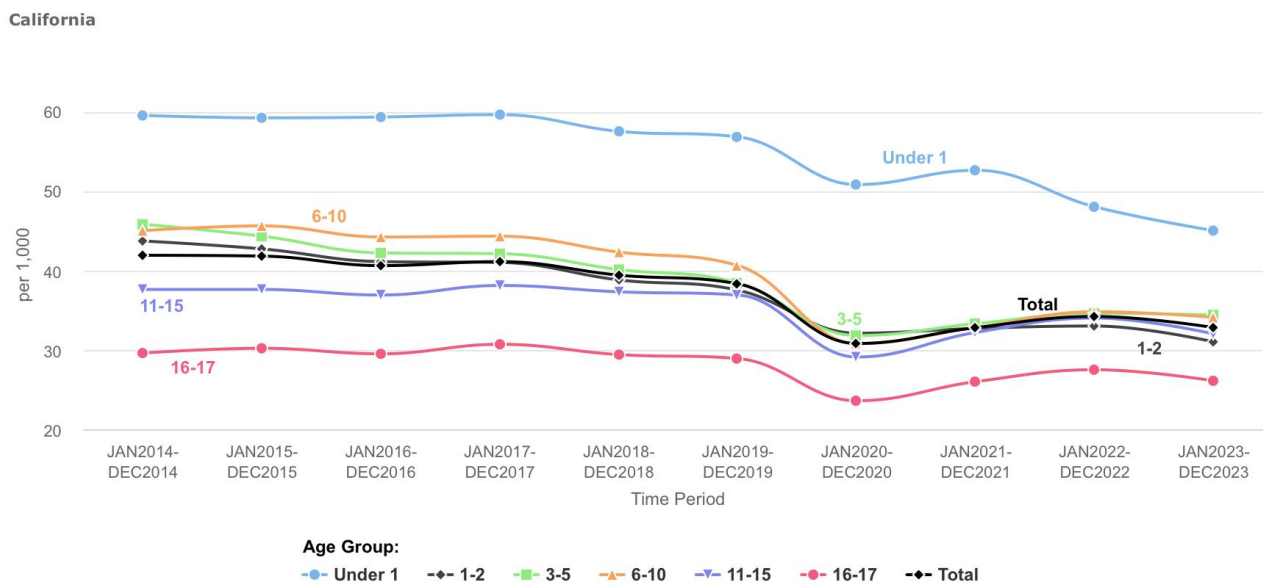


Allegation Rates for a given year are computed by dividing the unduplicated count of children with a child maltreatment allegation by the child population and then multiplying by 1,000.

**Figure 2**

*California Child Welfare Population (0-17) and Children with Child Maltreatment*

*Investigations. (CCWIP, 2024)*



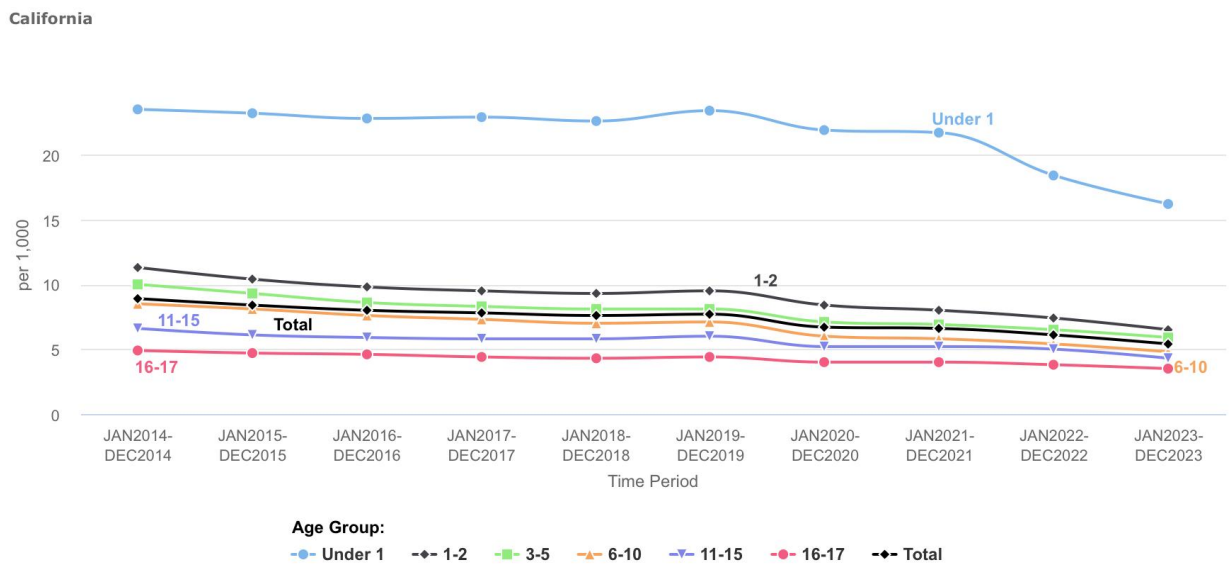
Investigation Rates for a given year are computed by dividing the unduplicated count of children with an investigated child maltreatment allegation by the child population and then multiplying by 1,000.



**Figure 3**

*California Child Welfare Population (0-17) and Children with Child Maltreatment*

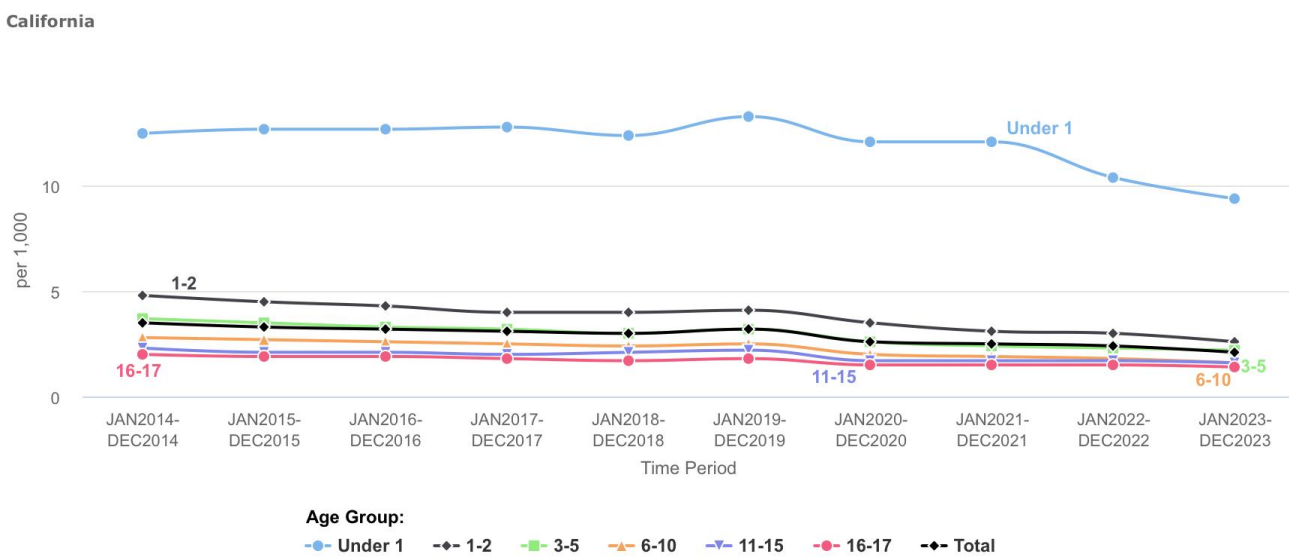
*Substantiations (CCWIP, 2024)*



Substantiation Rates for a given year are computed by dividing the unduplicated count of children with a substantiated child maltreatment allegation by the child population and then multiplying by 1,000.

**Figure 4**

*Children with Entries into Foster Care, Child Population (0-17) and, Incidence Rates(CCWIP, 2024)*

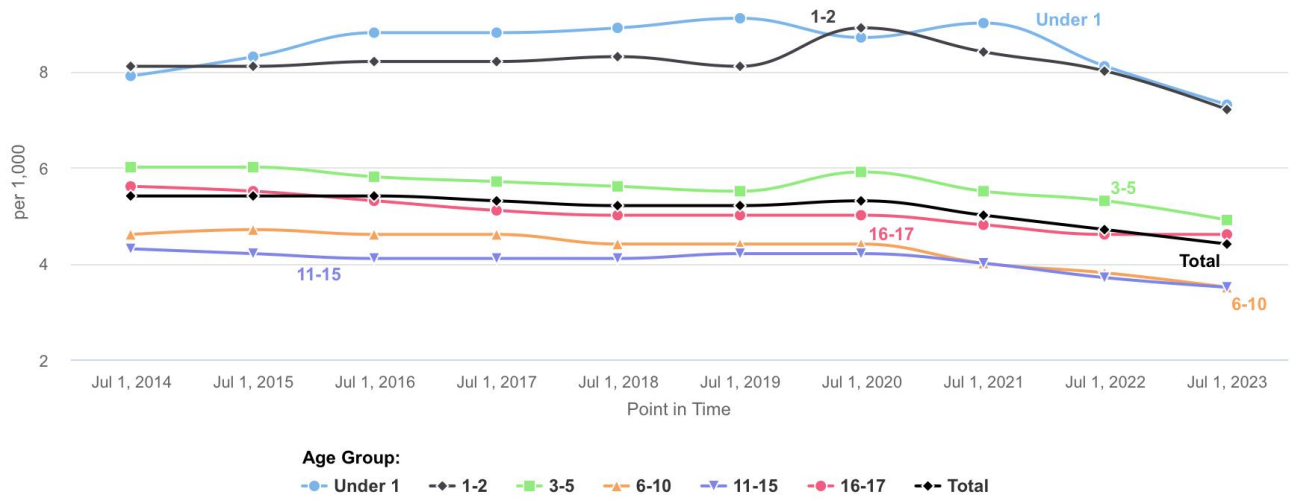


Entry Rates for a given year are computed by dividing the unduplicated count of children entering foster care by the child population and then multiplying by 1,000.

**Figure 5**

*Child Population (0-17), Number in Care, and Prevalence Rates (CCWIP, 2024)*

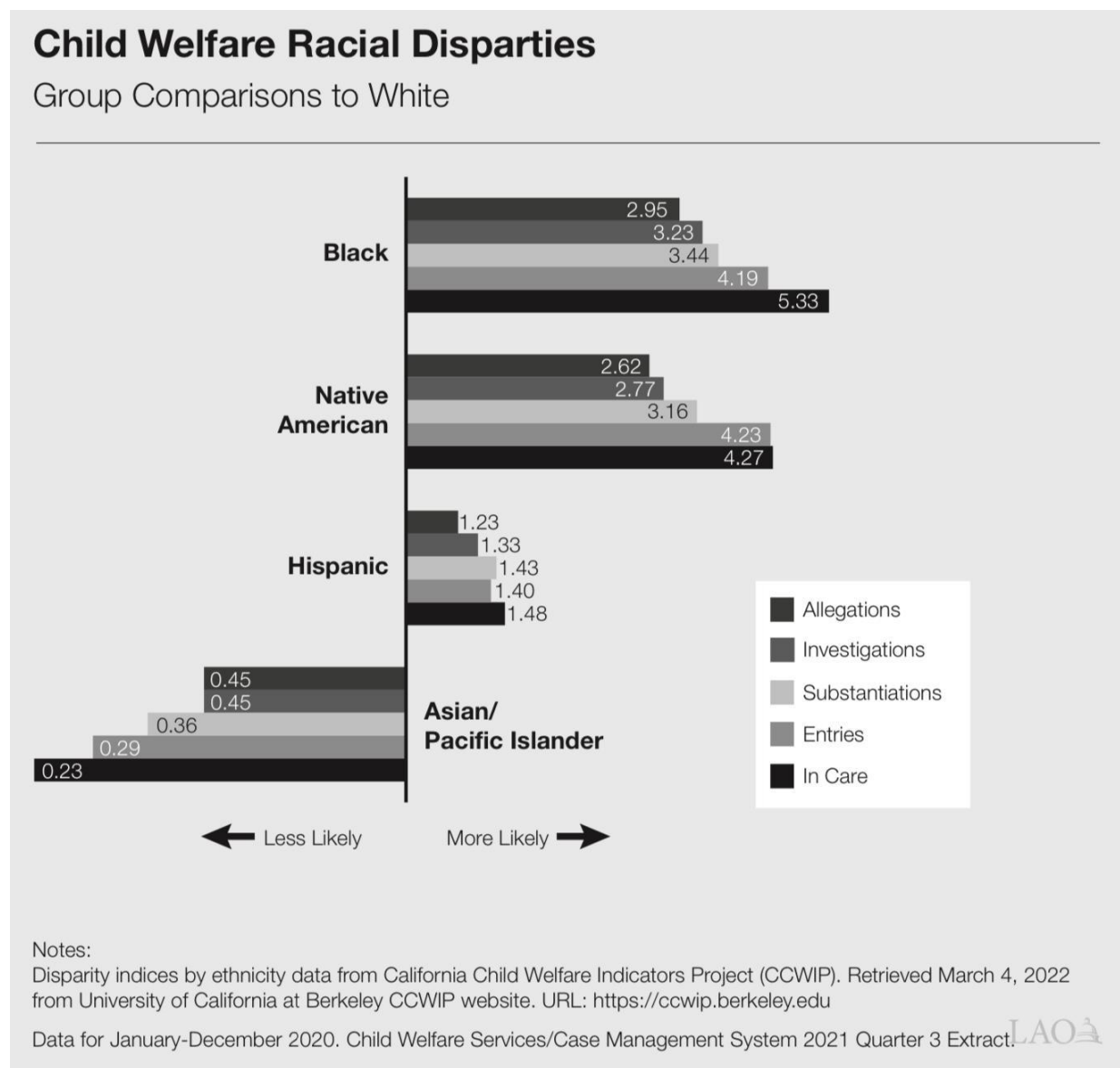
California



In Care Rates for a given year are computed by dividing the Point In Time count of children in child welfare supervised foster care by the child population and then multiplying by 1,000.

**Figure 6**

*Child Welfare Racial Disparities: Group Comparisons to White (LAO, 2022)*

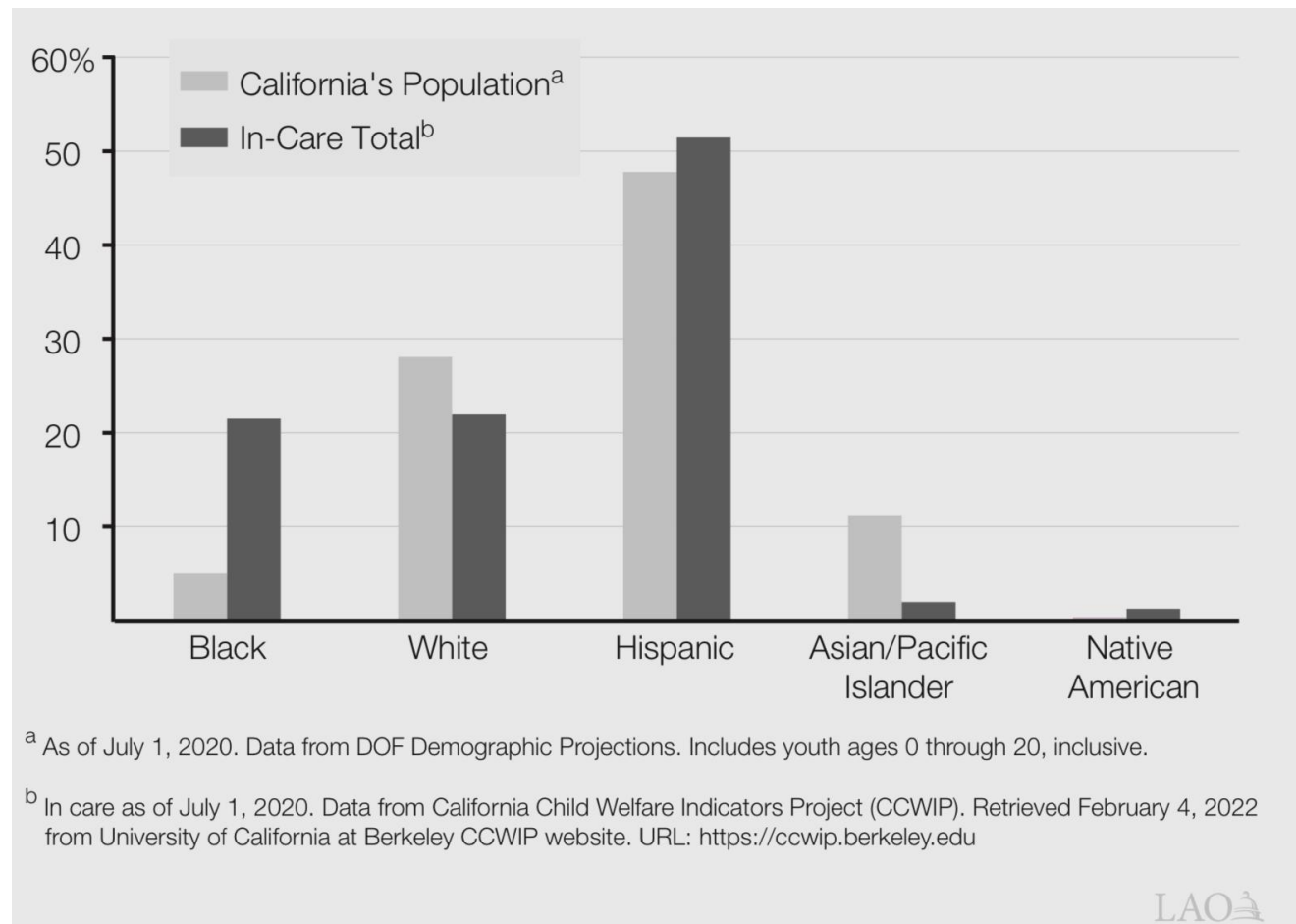


Recent research on child welfare involvement of California's 1999 birth cohort found nearly one in two Black and Native American children experienced some level of child welfare involvement by the time they turned 18, compared to around 29 percent of Hispanic children, 22 percent of White children, and 13 percent of Asian/Pacific Islander children (LAO, 2022).

According to Figure 7, the proportions of Black and Native American youth in foster care are around four times larger than the proportions of Black and Native American youth in California overall. Additionally, this same research found that California children with public insurance, such as Medi-Cal, experienced child welfare involvement at more than twice the rate of those with private insurance. These rates suggest several disparities still exist in the child welfare system that lead to disproportionate representation of some minority populations.

**Figure 7**

*Proportion of Youth in Population Compared to in Foster Care (LAO, 2022)*



## **Section II: Purpose**

This study highlights potential underlying factors that may contribute to the disparate representation of minority groups within the Child Welfare System. I argue that despite California's observed reduction in the volume of cases within its Child Welfare system, entrenched inequities persist, perpetuating disproportionality and inflicting considerable harm upon minority children and familial structures. I acknowledge that while there may have been notable advancements in Child Protective Services (CPS) reporting, case management, and service delivery over time, the glaring overrepresentation of minority families within this framework remains unaddressed. This study utilizes its findings to form a policy recommendation aimed at addressing this disproportionality and promoting avenues toward breaking the cycle of intergenerational trauma.

I will begin by providing background information on California's child welfare system and CPS. These terms will be used interchangeably, and I will provide information on the systems and how they generally operate. I will explain who mandated reporters are, current reporting practices, and what happens after child welfare receives a report. Then, I will provide information on how child welfare makes decisions regarding a family with the Structured Decision-Making (SDM) model. Next, I will examine California's child welfare landscape in case numbers. More particularly, I will discuss how although the state's overall CPS cases have gone down, disproportionality persists.

It is difficult to pinpoint the major contributing factor to the disproportionate involvement of CPS in minority families, therefore, I argue that it is crucial to scrutinize three pivotal areas where potential differential treatment of families might infiltrate, negatively dictating their case trajectory: the relationship between poverty and neglect, mandated reporting practices, and use of

the SDM model. I argue these three key areas are where the child welfare system may be most susceptible to disproportionality, particularly because they are key areas in the case where decisions and possible bias may come into play. First, I will explore the relationship between poverty and neglect and its dynamics. Second, I will examine the history of mandated reporting and explore the trends that could lead to disproportionate practices in this area. More specifically, I will explore how potential oversurveillance contributes to the disproportionate representation of low-income families who tend to have more interactions with mandated reporters in public service. Third, I will examine the SDM model, with a specific examination of its use and the access families have to this information. Lastly, I will use these findings to put forth two policy recommendations to address disproportionality in the child welfare system.

### **Section III: Background and Literature Review**

#### **The Child Welfare System**

The child welfare system serves as the statewide system for processing, investigating, and managing reports of suspected child abuse and neglect in California. California's counties oversee children and family program initiatives on behalf of the state, funded by federal and state governments alongside local contributions (CDSS, n.d.). When children experience abuse or neglect, child welfare workers use a wide range of services to protect children, which could include preventive measures like substance use disorder treatment and in-home parenting support for families facing the risk of child removal, aiming to keep families intact whenever possible. Current California legislation requires that services be provided to both abused and neglected children along with their families. The primary objective of these services is to maintain the child in their own home when conditions are deemed safe. However, in situations where the child's safety is deemed to be at risk, an alternative plan is established.

If children are unable to remain safely at home, the state will arrange temporary out-of-home placements via the foster care system or with family members (CDSS, n.d.). Additionally, child welfare workers can assist parents in reunifying with their children safely through referrals to mandated programs to address the concerns the state may have for up to two years. If children cannot ultimately be reunited with their parents, the state provides aid in establishing a permanent placement through avenues like adoption or guardianship.

#### **Mandated Reporting**

Families come into contact with the child welfare system following a report. Reporters are usually made by mandated reporters, including teachers, medical professionals, law enforcement, and others who regularly interact with children (LAO, n.d.). Highly publicized



cases of physical and sexual abuse have repeatedly spotlighted child maltreatment and led to public awareness and legislative reform of child welfare practices, including mandatory reporting (Itzkowitz, 2022).

Children often do not disclose instances of abuse or neglect with authorities due to their age, fears of retaliation from caregivers, disabilities, an inability to identify their abuse or neglect, a lack of trust, and a culmination of other reasons. For these reasons, mandated reporters play a significant part in protecting these children from further abuse by reporting it when it's suspected. Mandated reporters are trained on how to spot evidence of child abuse and neglect and how to report it. To file a report, individuals contact the county's CPS agency by phone to provide details of their concerns, followed by completing a suspected child abuse report form with information regarding the concerns within 36 hours of receiving information or witnessing an incident. Upon receiving a referral, social service personnel assess whether the report alleges abuse, neglect, or exploitation and will decide the appropriate response. Although mandated reporters are required by law to submit child abuse reports, reports can also come from the general public, such as neighbors. The threshold for reporting requires a "reasonable suspicion" of abuse or neglect, or if they think the family needs additional resources (LAO, 2022).

There is a complex relationship between reporting child abuse or neglect when it overlaps with poverty and race. Research on racial and socioeconomic bias in mandated reporters is quite limited, but studies have shown disproportionality in reporting is widespread based on race, culture, and ethnicity (Pulusci, et. al., 2021). Black children are reported at about twice the rate of white children. This has yet to be fully understood.

## Structured Decision Making

Following a report, child welfare workers must make decisions regarding children's safety. Emergency response staff assesses whether an in-person response is necessary if the report warrants a case to be opened, or if different services outside the child welfare system can address the concerns (CDSS, n.d.). In cases where protection is deemed necessary based on the report, Child Protective Services will do any of the following:

- Accept the case
- Intervene in the crisis
- Apply Family Preservation and Support Services
- Assess and identify problems, gather information, and clarify the issues
- Case plan and provide support services, set goals, identify resources and timeframes
- Document the case
- Terminate the case or transfer it to another program

This requires child welfare workers to make crucial decisions regarding questions such as: whether they should respond and refer the family to other services, if they should respond to the report in person, how quickly they should respond, if the child is in imminent danger, what's the probability the child will experience future maltreatment, what are the needs and strengths, what services does the family need, and when is it time to reunify the child or close family's case (CDSS, n.d.).

In order to make these assessments, the California Department of Social Services (CDSS) initiated the Structured Decision Making (SDM) Project in 1998 (CDSS, n.d.). The development of the SDM model included a streamlined method for assessing cases, structuring decisions, and managing cases in order to minimize the trauma of child maltreatment, and to prevent its

recurrence (CDSS, n.d.). As of July 2016, all 58 counties in California are using the SDM model to help assess the risk and safety of vulnerable children. The California SDM model includes the following tools (CDSS, n.d.):

- Hotline Tools, to screen referrals for in-person response and determine how quickly a response must be made.
- Safety Assessment, to determine if it is safe for a child to remain home or what actions need to be taken to assure safety.
- Risk Assessment, to support decisions about opening a case for court-ordered or voluntary supervision based upon the characteristics of the household associated with likelihood of future maltreatment.
- Family Strength and Needs Assessment, to determine the underlying caregiver needs, strengths and services that would benefit the family.
- Reunification Reassessment, to determine if children are able to return home after time spent in relative care or foster care.
- In-Home Family Risk Reassessment, to determine if a Family Maintenance case can be closed or if the children will continue to remain at home.

A 12-month follow-up evaluation in Michigan revealed that counties utilizing the SDM model had 27 percent fewer new referrals, 54 percent fewer new substantiated allegations, 40 percent fewer children removed to foster care, and 42 percent fewer child injuries that required medical assistance than did formerly treated cases in non-SDM model counties (CDSS, n.d.). California SDM model's 2015 Annual Report showed that recurrence of maltreatment was less likely to occur when caseworkers followed the SDM model risk assessment recommendation. On

the other hand, little to no research exists on whether the model has had any effects on decreasing the disproportionate representation of minority groups.

### **CPS Case Counts in California**

Overall, all California regions were able to decrease their CPS substantiation rates of child abuse over recent years (CDSS, n.d.). CPS case opening rates have gone down about 40% in the last ten years, from about 50,000 cases to 30,000 cases per year. Although plenty of research points to CPS cases decreasing overall in California and more significantly in some regions more than others, studies still show the disproportionate representation of Black populations, Native Americans, and low-income families. Little to no research has yet to be done on the relationship between disproportionality and decreasing cases. Moreover, little to no research has been done on what specific efforts or changes actually may have contributed to this decrease.

### **Reporting Protocols for Parent Drug Use**

It has been suggested that systemic inequities result in differential treatment and outcomes within the child welfare system. Current research attempts to understand what contributes to these disparities, the root causes, and suggests ways to mitigate the disparities. The most prominent literature on CPS reporting disparities spans from about 2011 to 2023, beginning with a study that examined racial disparities in CPS reporting at child delivery in a county with universal screening for alcohol/drug use in prenatal care (Roberts et al., 2011). This study explored two mechanisms through which universal screening could reduce reporting disparities: “Equitable Surveillance” and “Effective Treatment”.

Equitable Surveillance was defined as universal prenatal screening to address racial disparities in CPS reporting to mitigate disproportionate reporting of Black newborns (Roberts et

al., 2011). Implementing universal screening aimed to ensure that both Black and White women are screened to avoid any disparities. Authors also explored the concept of “Effective Treatment”, which suggested that identifying drug use through screening would result in prenatal treatment and lower CPS reporting. The goal was to increase treatment for Black women to reduce CPS reports for Black newborns and mitigate any disparities. This study found that despite Black women having alcohol/drug use identified by prenatal care providers at similar rates to White women and entering treatment more than expected, Black newborns were four times more likely than White newborns to be reported to CPS at delivery. Researchers concluded one cannot assume that universal screening in prenatal care reduces CPS reporting disparities.

Similarly, in a 2023 study focusing on mandated reporting policies in Massachusetts, researchers investigated the impact of automatic filing for child abuse and neglect for substance-exposed newborns, including those exposed to clinician-prescribed medications for opioid use disorder (MOUD) (Bell et. al., 2023). The study revealed that mothers who received MOUD during pregnancy found mandated reporting for prenatally prescribed medication to be unjust and stigmatizing. Additionally, the stress associated with impending CPS filing at delivery, along with the realities of CPS surveillance and involvement afterward, were perceived as harmful to family health and wellbeing. Pregnant and postpartum individuals undergoing MOUD felt pressured to navigate complex medical decisions in an environment where medical recommendations and CPS agency requirements often conflicted.

### **Race’s Relationship to Substantiating Reports**

There has also been evidence pointing to a relationship between child welfare workers substantiating reports and race. In a 2013 study examining racial disparities in CPS involvement, researchers examined individual and family-level risk factors. The results revealed that, before

the age of five, Black children were more likely than their White counterparts to be referred to CPS, substantiated as victims, and entered into foster care (King et. al., 2013). However, when socioeconomic and health factors associated with child maltreatment were taken into account, the risk for low socioeconomic Black children decreased compared to socioeconomically similar White children. Regarding Latinos, initial disparities were observed, with children of U.S.-born mothers having a higher likelihood of system contact than White children. Nevertheless, after adjusting for socioeconomic and health indicators, the risk of CPS involvement was found to be significantly lower for Latino children, regardless of maternal nativity, compared to their White counterparts.

A different study based on data from 2005 to 2019 used the National Child Abuse and Neglect Data System and Census data to examine Black–White and Hispanic–White disparities in reporting, substantiation, and out-of-home placement (Barth et. al., 2023). Black children had a lower likelihood of confirmed child abuse or neglect allegations or being placed in out-of-home care after a report compared to White children. While Hispanic children initially showed a slightly higher likelihood of substantiation or placement in out-of-home care than White children, this distinction disappeared in multivariate models. The data available does not indicate that Black children were reported in excess relative to the observed risks and harms evident in non-CPS data.

### **CPS Reporting and Neighborhood Initiatives**

Studies also examined the influence of race/ethnicity and community disadvantage in CPS reporting during infancy. Infants born in neighborhoods with the most concentrated disadvantage were reported to CPS at seven times the rate of children born in the most advantaged neighborhoods (Prindle et. al., 2022). The study found that both Black and Hispanic

infants born on public insurance were significantly less likely than White infants to be reported for maltreatment overall. Black and Hispanic infants had a statistically equivalent or lower likelihood of reporting at the two extremes of neighborhood disadvantage.

Similarly, another study gathered perspectives from thirty CPS workers and agency leaders in Southern California neighborhoods to identify perceptions of social and contextual neighborhood factors that might influence over or underreporting child abuse and neglect. The study highlighted the potential impact of neighborhood contexts and social dynamics on child abuse and neglect reporting practices, emphasizing the need for prevention and early intervention neighborhood-level initiatives that improve CPS relationships within their local community (Hurlburt et. al., 2023).

While the current findings may not be surprising, they offer crucial insights into mitigating CPS reporting disparities. These collective studies highlight issues at institutional, organizational, and individual levels, providing vital data and insights. This research equips us with essential information for developing new approaches to studying disparities in CPS reporting. I argued that any research on CPS reporting disparities while addressing only a fraction of a larger issue, contributes invaluable knowledge that can inform future laws and policies.

Current studies have delved into reporting protocols for newborns, the impact of parental drug use in hospitals, and the influence of race and ethnicity on reporting likelihood. Additionally, various investigations have focused on neighborhood effects, considering how living in certain areas and child welfare worker perceptions may contribute to over or under-reporting of child abuse and neglect.

While research has extensively examined the causes of CPS reporting disparities, a significant gap exists in understanding the CPS system itself, what is deemed reportable, and how cultural differences, lack of community education, and resource availability may disproportionately affect certain populations. Although researchers have diligently scrutinized mandated reporting policies for newborns of parents who use drugs, there remains a need to explore other mandating reporting policies beyond drug use such as general neglect, physical abuse, and emotional abuse.



## **Section IV: Methodology**

This study is based on a document analysis of various secondary sources such as pre-existing literature, California Department of Social Services websites, and manuals. Through document analysis, one can review and evaluate written material in order to elicit meaning, gain a better understanding, and ultimately develop empirical knowledge (Bowen, 2009). This approach involves locating meaning and relationships across sources and synthesizing information contained in documents. This approach provides a series of credible evidence by corroborating findings across different data sets and also protects against bias in results.

First, I will delve into the relationship between poverty and CPS involvement, focusing on how indicators of poverty can be misconstrued as signs of neglect. Additionally, I will investigate the initiatives taken by child welfare to address this bias. Furthermore, I will explore the potential impact of addressing poverty independently from the child welfare system on reducing the disproportionate representation of minority families within it. Lastly, I will examine strategies employed by other states in this regard and assess their effectiveness in reducing such disparities.

Second, I will explore the possible implications of mandated reporting on the well-being of overrepresented families in the child welfare system. More particularly, I will take the relationship between neglect and poverty a step further and examine how unintended consequences of mandated reporters in spaces low-income populations often frequent can be attributed to bias and overrepresentation. Lastly, I will examine SDM closely. I will explore how the model was developed and current practices. I will explore if bias was considered in the development of the questions used in the model. I will then examine how SDM is actually

utilized, the transparency of its results, and the accessibility to these results. I will then examine how discretion in the form of the SDM model can help or harm the child welfare system.

## Section V: Findings

### Poverty

#### *The Relationship Between Poverty and Neglect*

California has the highest poverty rate among all U.S. states, at 13.2% spanning 2020 to 2022 (End in Poverty California, n.d.). During this time, an average of 5,142,000 Californians experienced poverty, more than the total population of 27 individual states. Moreover, the racial and ethnic breakdown of poverty in California reveals disparities. In early 2023, 16.9% of Latinos, 13.6% of African Americans, 11.5% of Asian Americans/Pacific Islanders, and 10.2% of whites were impoverished. Additionally, 22% of individuals with disabilities in California were impoverished in 2021. These statistics highlight the nature of poverty in California, highlighting its relationship to factors of race, ethnicity, and those with disabilities.

Extensive research has observed that poor and disadvantaged children are overrepresented in the child welfare system, particularly Black, American Indian/Alaskan Native children (Pac et al., 2023). Past studies have not looked directly at the relationship and linkages between income and child maltreatment itself, but researchers identify there is a substantial association with poverty, maltreatment behaviors, and CPS involvement (Pac, et. al., 2023). Because Black families are more likely to be impoverished, they are more likely to face scrutiny from a biased system that questions their ability to care for their children (Barbarin, 2020).

Due to their limited financial and material resources, low-income and poor families often struggle with standards of adequate care to meet state standards. This places these families at a significant structural disadvantage and increases vulnerability for involvement with (CPS), more especially in cases of neglect. Moreover, the high frequency of interactions between mandated

reporters and low-income families when seeking social service programs further increases the likelihood of CPS involvement (Pac, et. al., 2023).

Studies have also found that limited financial resources indirectly contribute to both physical abuse and neglect through mental health factors like parental stress, cognitive load, and caregiving environment quality, which in turn, influence parenting (Pedersen et al. 2019; Smith and Mazure 2021). Low-income parents tend to experience higher rates of stress and untreated mental health issues compared to higher-income counterparts. The increased burden of these issues is not only due to economic factors, but also to other adverse experiences such as systemic racism, intimate partner violence, substance abuse, and involvement in the criminal justice system. Moreover, these factors are correlated with socioeconomic status, mental health issues, and parenting challenges (Pac and Waldfogel 2011; Fong 2017).

### ***Anti-Poverty Policies and CPS Involvement***

Recent studies point to plausible causal evidence that reducing poverty could directly reduce the risk of CPS involvement (Pac et. al., 2023). In a study by Casey Family Programs, Columbia University and the University of Wisconsin-Madison, researchers aimed to understand the degree to which large-scale anti-poverty policies, if implemented, might affect CPS involvement rates. Using information provided by the 2019 National Academy of Sciences (NAS) report, scholars replicated three of four proposed antipoverty policy packages and their anticipated effects on CPS investigations (Pac, et. al., 2023). The policies examined included the introduction of a child allowance and expansions to the earned income tax credit, the Supplemental Nutrition Assistance Program, and increases to the federal minimum wage.

Research suggested that the relationship between income and CPS involvement is most likely causal. With all else equal, increased household income should reduce risk of CPS

involvement (Pac, et. al., 2023). These packages, according to their estimates, could potentially reduce child poverty anywhere from 19% to 52% in the next 10 years. Moreover, researchers found that child poverty reductions anticipated under the NAS recommendations have the ability to reduce CPS investigations by 11.3 percent, totaling approximately 386,000 to 669,000 fewer children investigated per year (Pac et. al, 2020).

The results from this study indicate a substantial shift in the families involved in the CPS system as it would decrease racial disproportionality significantly. More particularly, the study found that poverty reducing policies would result in large reductions in CPS involvement for Black and Hispanic children, those living with single parents, and those whose caregivers have low levels of education. The study concluded investigations for black children would decrease 18.7-28.5 percent, and 13.3-24.4 percent for Hispanic children, compared to 6.7-13.0 percent for White children.

## **Mandated Reporting**

### ***Poverty and Increased Surveillance***

In California alone, roughly half a million children are reported to public child welfare agencies for child maltreatment each year (Conley et. al, 2010). Studies have found that child welfare disproportionately affects Black families, particularly at the reporting stage (Barbarin, 2020). This system often overlooks the difficult circumstances that make family life challenging and neglects the emotional toll of discrimination. Some families are unable to meet the middle-class standards of parenting due to overwhelming challenges, and families are often unfairly blamed and not empathized with regarding their material struggles, leading to them being labeled as neglectful by the system (Pac, et. al., 2023).

Effects of racism on the diagnosis and reporting of suspected child abuse and neglect to CPS can have serious consequences (Pulusci, et. al., 2021). Black children are investigated by CPS at higher rates than White children. Moreover, Black families are more likely to be reported for suspected maltreatment and their children are slightly more likely to be placed in foster care. Analyses of data gathered in 2017 reveal that Black children, who make up 13.8% of the population, accounted for 22.6% of reported victims of child abuse (Barabrin, 2020).

The effectiveness of the child welfare system comes with the challenge of addressing and mitigating disparities in child abuse reporting. A CPS investigation is known for making those being investigated feel victimized. Research has found that the investigation alone, regardless of if the accusations are substantiated, is an indicator of future victimization and social and developmental outcomes (Drake et. al, 2023). Disparities in reports to CPS are overarching and encompass a range of factors such as race, socioeconomic status, and geographic location. This can significantly impact CPS's responses to reports and whether the children will receive appropriate interventions. These factors could also increase reports and repercussions for some groups more than others. Some scholars have argued that Black children are not only more likely to be referred for maltreatment but also more likely to have their investigations substantiated and be placed in out-of-home care following an investigation (Maguire-Jack, et. al., 2020).

Although there are trainings for mandated reporters on their duties, little to no training exists to educate reporters on implicit bias and the harm it can cause to families. Additionally, trainings are online which can be insufficient in educating mandated reporters on the complexity of reporting. Mandated reporters are often expected to make quick subjective judgments with limited training to help them avoid ill-informed opinions about a family who may have different life circumstances (Education Healthcare Public Services, 2023).

The relationship between disparate representation in the child welfare system and mandated reporting can most likely be attributed to issues identifying indicators of poverty as neglect (Jonson-Reid, Drake & Zhou, 2013). Most reports and the resulting removals allege some form of neglect, which is often correlated with income inequality and poverty. Children of color who are reported come from poorer communities than their White counterparts, and when controlling for neglect subtypes, different investigative decisions are shown based on race. Additionally, most statutes prohibit professionals from considering cultural differences when deciding whether to report (Itzkowitz & Olsen, 2022). These statutory omissions force reporters to rely on their own biased beliefs and practices, and a White, middle-class definition of normative parenting, ultimately resulting in the unnecessary involvement and overrepresentation of families of color in the child welfare system (Itzkowitz, 2022).

In California, low-income families have access to public assistance programs such as Cash Aid or CalWorks, Supplemental Nutrition Assistance Programs (SNAP) benefits, and health insurance through Medi-Cal. The increased need for low-income families to interact with these services has contributed to the disproportionate involvement of CPS in these families. Even parents with similar parenting behaviors may be at disproportionate risk of CPS involvement because they experience greater surveillance and scrutiny by virtue of having more interactions with social services providers and other mandated reporters (Pac, et. al., 2023).

Mandated reporting by these professionals can have the undesirable effect of derailing family relationships with professionals providing services to support low-income families (Barbarin, 2020). Black families disproportionately utilize public services staffed by mandated reporters, and therefore are at heightened risk of coming under surveillance (Barbarin, 2020). Reporting from public service providers can feel like a betrayal to families, eroding the trust

necessary for supportive relationships (Barbarin, 2020). Professionals reporting suspicions of neglect can often have the unintended consequence of harming the very relationships crucial for preventing child maltreatment. Although these programs are meant to provide assistance, this obligation to report to the state undermines the trust that forms the basis of supportive relationships. Parents may hesitate to disclose personal details, fearing it could be used against them. As a result, parents can view the system as lacking cultural sensitivity, with the inevitable consequences of punishment rather than support (Barbarin, 2020).

This nuance in reporting leads to adverse outcomes for minority populations. This can lead to adverse effects on the quality of services and the willingness of low-income and ethnic minority families to access them (Barbarin, 2020). Mandatory reporting may often prevent families from accessing the support they require and could benefit from. In reality, it hinders their ability to receive assistance that could potentially decrease the possibility of their circumstances reaching neglect. Therefore, the excessive involvement of these helping professionals unintentionally can exacerbate the issue. Fearful families can promote patterns that often lead to more serious levels of intervention due to neglect later in a child's life.

### **Structured Decision-Making (SDM)**

#### ***When It's Used***

After a report is received, California mandates the use of the SDM model in the child welfare system to promote analytical thinking for child welfare workers when making decisions regarding a family. The state utilizes its own SDM model manual consisting of several tools aimed at evaluating long-term outcomes for children, reducing disproportionality, and assessing the multitude of needs children require to ensure their safety. The SDM model encompasses a system of tools for several decisions for child welfare workers.



As seen in Figure 8, the tool serves multiple functions within the child welfare system, encompassing various stages of assessment and decision-making. It aids in conducting preliminary screenings during initial calls, safety assessments during in-person responses, risk assessment, determining the necessity and level of intervention required, and family strengths and needs assessments for developing case plans for open cases. It also requires a mandatory reunification assessment to determine whether to return a child home, continue reunification services, or establish an alternate permanency plan. Lastly, a risk assessment and closing safety assessment are mandated to determine the closure of a case or, if necessary, the continuation of services for the family.

**Figure 8**

*SDM Overview, California Department of Social Services. (CDSS, 2023)*

SDM TOOL	DECISION	WHICH CASES	WHO	WHEN
Hotline tools	Should the referral be accepted for in-person response?  If yes, how quickly to respond.	All referrals created in CWS/CMS	Worker receiving referral	Immediately  Tool should be used <i>during</i> call with reporter to guide questions and screening assessment.
Safety assessment*	Can the child remain safely at home?	All in-person responses	Assigned worker	ALWAYS: Process completed during first face-to-face contact with at least one victim child in the household (record within 48 hours).
Risk assessment	Should intervention be provided? At what service level?	RECOMMENDED: All in-person responses.  REQUIRED: All substantiated and inconclusive in-person responses.	Assigned worker	Within 30 calendar days of first face-to-face contact
Family strengths and needs assessment**	Focus of case plan	All open cases	Worker responsible for case plan	INITIAL: Prior to initial case plan  REVIEW: Voluntary, within 30 days prior to case plan; court, within 65 days prior to case plan

SDM TOOL	DECISION	WHICH CASES	WHO	WHEN
Reunification assessment	Can child be returned home, should reunification efforts continue, or should the permanency goal be changed?	Cases with at least one child in out-of-home care with goal of return home	Assigned worker	At a minimum, every six months from point of removal. If adequate time has passed to demonstrate progress on the case plan, it is recommended to complete this assessment every 90 days.
Risk reassessment Closing safety assessment	Can this case be closed?  If not, what level of service?	All open cases where ALL children are in the home.	Assigned worker	Division 31 = review every six months.  Voluntary cases = No more than 30 calendar days prior to case plan completion or case closure recommendation.  Involuntary cases = No more than 65 calendar days prior to case plan completion or case closure recommendation.  All cases = Sooner if new circumstances or new information that affects risk.

### ***Disproportionate Outcomes and SDM***

Although research has been done to conclude the SDM model can reduce recurring maltreatment, it does not indicate any effects to mitigate bias in the Child Welfare System. Cases with Black children are more likely to be accepted for investigation, be confirmed, be brought to court, result in removal of the children from their families for longer periods of time, and take longer to be closed, possibly related to surveillance bias (Pulusci, et. al., 2021).

Despite the use of the SDM model to assist California's child welfare workers in making these critical assessments and decisions, disproportionate outcomes amongst minority families persist. The model could contribute to the decline in the overall number of families in the Child Welfare System, as indicated by the timing of its implementation. Despite this, differing outcomes for families at various stages of cases persist.

On the other hand, like many assessments or standardized forms, the information they offer is only as good as the information provided by the individual using it. Information used to complete the assessments could be incomplete for various reasons. Professionals have argued it could be due to a lack of information available, or due to poor practice in gathering the information. This could often contribute to skewed decision-making when child welfare workers are still tasked to make decisions promptly. Furthermore, the forms provide merely a recommendation for child welfare workers to proceed. They are not beholden to the results necessarily. Workers can consult supervisors to proceed contrary to the results.

State law requires that all child welfare workers utilize the SDM model throughout a family's case, but this information is rarely if at all, shared with families. Additionally, it is not common knowledge that families are subject to these specific assessments. Families could potentially ask their attorneys to request the assessments, assuming they would know they exist in the first place. Moreover, measurements of the progress of families are usually left unknown to those outside the child welfare system.

Families typically meet with their child welfare worker monthly one on one to gain insight on their case progress. On the other hand, at pivotal moments in the case, such as at six-month reviews or the end of their two-year deadline, families are usually not provided with the information used to come to the recommendation put forth by child welfare. Families are limited

to the information provided in written reports summarizing progress reports of the last six months of the case, but no information is provided on what guides child welfare workers to their decisions.

“Child Family Team” meetings take place as needed throughout a case to provide updates on parents’ and children’s progress in addressing safety concerns, but the information provided in these meetings is limited to what child welfare workers choose to disclose. Moreover, meetings in most cases are limited to one hour. Within that hour, service providers are expected to share updates on parents’ and children’s case plan completion, but no time is designated to discuss the family's assessments or progress from the child welfare worker’s perspective. A family must explicitly ask for discussion on this topic, should they know such assessments exist. Families can obtain advocates through other programs to advocate for this information, but those without support are left to navigate meetings blindly.

The information on the SDM is significant enough to guide child welfare workers in their decisions, but the lack of transparency in this area leads to possibilities for improper use. Although SDM attempts to mitigate disproportionality in the child welfare system, bias, like in any other field, can permeate its use. Without open access to the assessments, one cannot gauge if they are over-scrutinized.

## **Section VI: Policy Recommendation and Analysis**

### **Recommendation 1: Mandated Reporting Practices**

This report presents a restructuring of the reporting process for child abuse as one means to address disproportionalities for minorities in the child welfare system. I argue offices should include bias screenings in the initial call to CPS, such as curated questions to gauge whether concerns may overlap with socioeconomic, cultural, or racial bias. Requiring this information can provide crucial insight into understanding the dynamics of a family with children more intentionally. Additionally, I argue providing information about bias to the reporter during the reporter's call is an effective way to inform them how it could manifest in a report. I argue this is an effective way to gather additional information at the reporting stage without deterring any reports, but rather gather additional information in the early stages of the system.

### **Recommendation 2: SDM Assessment Distribution**

Second. I propose a requirement that all child welfare workers distribute SDM assessment results to families when requested and at the end of each reporting period of a family (every six months). I argue this should include all details such as the assessments themselves, an overall explanation of how the assessments work, weighing scales, all information used to fill out assessments, and the results from each assessment. I argue this solution would increase transparency in child welfare worker decision-making and provide crucial insight to families who want to address child welfare concerns.

## Section VII: Discussion

Despite observing a decline in California's child welfare system cases, deeply entrenched operational disparities persist, perpetuating disproportionate outcomes and inducing significant harm on minority children and their families. The overrepresentation of minority families within this system remains unaddressed. Consequently, the study aimed to leverage its findings to formulate policy recommendations aimed at addressing this disproportionality and promoting pathways to break the cycle of intergenerational trauma. I argue low-income and poverty status, racial and socioeconomic bias in reporting, and case decision-making are thought to contribute to racial disproportionality.

Discretion is a crucial part in making informed decisions, especially because each child and family comes with unique and complicated circumstances, but I argue discretion comes into question when looking at persistent disproportionality. The SDM was created to decrease disproportionality and streamline decision making, but like many assessments or standardized forms, the information they offer is only as good as the information provided by the individual using it. Professionals have argued it could be due to a lack of information available, or due poor practice gathering the information. Information used to complete the assessments could be incomplete for various reasons, a possible avenue for bias to infiltrate the process. This could often contribute to justified yet skewed decision-making. I argue that the little access families have to the results of their assessments presently is problematic, and transparency in this area is one avenue to begin examining ways to further mitigate disparities and bias in the system.

Nuanced issues and complexities in the relationship between neglect and poverty complicates reporting. Moreover, low-income families often rely on support from service providers to provide adequate care for children, but they can often be criminalized for seeking

this support. This instills fear in families and prolongs their access to services, increasing the likelihood more high levels of intervention are needed for a family in the long run, and therefore, more trauma. I argue more research needs to be done on the relationship between oversurveillance and expanding low-income assistance. Despite the knowledge that families are often overscrutinized with increased interactions with service providers and inherently mandated reporters, I suggest further investigation on ways to expand services to families to reduce child poverty, while also mitigating the unintended consequence of over-surveilling them. Additionally, potential challenges could arise if the first policy recommendation is implemented, particularly agreeing on what questions would be appropriate and effective for bias screenings.

This study aims to highlight the underlying factors contributing to the disparate representation of minority groups within the child welfare system. Although it is difficult to pinpoint what underlying issues contribute most significantly to disparate representation and the extent, this research highlights a culmination of issues and policy areas that may decrease the overrepresentation of minority populations in the system. With the research and the policy recommendations put forward from its findings, we can find ourselves closer to more informed and equitable practices to safeguard children and support all families.



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