

REPORT BRIEF

Examining the Impact of Differential Response on Racial Equity Outcomes

PURPOSE OF THE STUDY

The purpose of this study was to examine the impact of Differential Response (known as Family Assessment in Minnesota) on racial equity and child safety outcomes, focusing on over-represented groups in Minnesota's child welfare system, including African American, Native American and Multiracial children.

Family Assessment Response is a strengths-based, family engaging approach, which is an alternative to the traditional response in child welfare.

BACKGROUND & PURPOSE

The growth in child maltreatment reports over the last 5 decades, from 60,000 to 3 million (Waldfoegel, 1998), has not been proportional across all racial and ethnic groups, with families of color experiencing disproportionately higher rates of child maltreatment reports (Fluke, Harden, Jenkins, & Ruehrdanz, 2011; Hill, 2006).

In response to overwhelmed child welfare systems, almost half the states in the U.S. have implemented a differential response approach in child welfare with the goal of keeping children safer by better engaging and supporting families (QIC-DR, 2011). Differential response refers to a set of policies that establishes at least two distinct pathways or responses for families who are reported for child maltreatment.

One response is the traditional investigative pathway used for cases where there is a high level of risk for the children in the home. The differential response pathway engages low to moderate risk families by setting aside fault-finding (Kaplan & Merkel-Holguin, 2008).

Several evaluations have indicated that differential response increases family engagement, improves family and worker satisfaction and may improve child safety by reducing recidivism of child maltreatment (QIC-DR, 2011; Loman & Siegel, 2005; Loman, Filonow, & Siegel, 2010). However, closer examination was needed of the impact of differential response on racial equity in the child welfare system. This study sought to explore whether race was a predictor in the following decision points in Minnesota's approach, called Family Assessment Response:

- *Pathway assignment to either (traditional) Family Investigation (FI) or Family Assessment (FA) response; and*
- *Switching pathway assignment from FA to FI.*



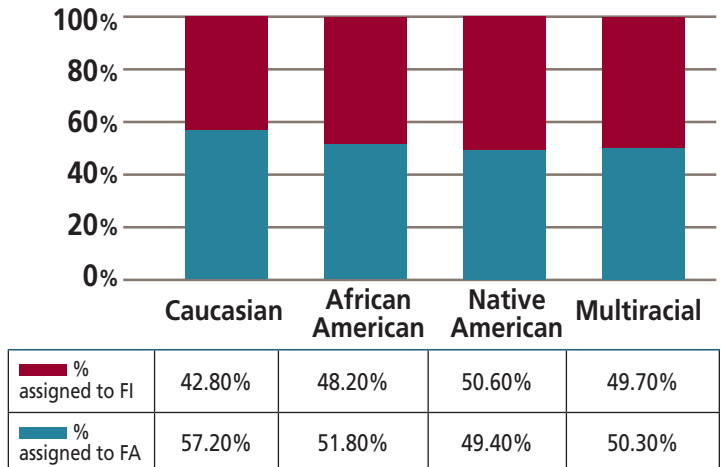
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METHODS

In order to examine racial disparity trends over time, separate analyses were conducted by year with a sample that included all cases reported to child protective services in Minnesota from January 1, 2003 through December 31, 2010. The analysis examined the effect of race on child protection decision-points while controlling for key risk and protective factors.

Through Minn-LInK, data were merged from Minnesota's Department of Human Services' Social Services Information System (SSIS) that included child welfare data, and the MAXIS system, which included data on income maintenance and food support. The sample included all cases reported to child protective services from 2003 through 2010 (N=122,095). The racial disparity questions focused on four over-represented groups in Minnesota's child welfare system – African American, Native American, Multiracial and Latino children (see Figure 1).

Figure 1: Pathway Assignment Percentages by Race



Separate analyses were conducted by year using a cross-sectional design in order to examine racial disparity trends over time. The analysis examined the effect of race on the following decision-points: pathway assignment to FA (vs. FI); pathway switch; out-of-home placement; and re-reporting of child maltreatment) while controlling for the following factors: poverty (food support), risk (SDM score), age of child, family structure, mandatory investigations, Hispanic ethnicity, county participation in the family assessment pilot, urban or rural location, and percentage of minority population in county. Using logistic regression analyses in SPSS version 20, odds ratios were examined for children in each of the four groups compared to the reference group (Caucasian children) for these decision points. Results for the pathway assignment and pathway switch decision points are outlined in this brief.

FINDINGS

*There is some indication that outcomes for children of color in FA have become more equitable over time, but racial disparities still existed in the later years of the study. Findings were mixed – African American, Native American and Multiracial children were less likely than Caucasian children to be assigned to FA for only **some** years of the study time frame while Hispanic children were more likely.*

PATHWAY ASSIGNMENT

The overall findings of the effect of race on pathway assignment were mixed. Figure 2 illustrates statistically significant trends over time for the odds of a child identified as African American, Native American, Multiracial or Hispanic being assigned to the FA pathway compared to Caucasian and non-Hispanic children. The graph illustrates that for the earliest year of the study time frame, 2003, all three racial groups in the study were less likely to be assigned to FA compared to Caucasian children, and in later years of the study these effects had diminished to some extent. To highlight some of these findings, results from 2003, 2009, and 2010 are presented in text. Results of the 2003 data analysis indicated that, overall, there was a significant relationship between pathway assignment and the predictor variables when holding all other variables constant ($\chi^2=1564.28$, $df=21$, $p<.001$). African American children were 13% less likely (OR=.872); Native American children were 17% less likely (OR=.829); and Multiracial children were 29% less likely (OR=.714) than Caucasian children to be assigned to the FA pathway. It should be noted, however, that the 95% confidence intervals for both African Americans (CI=.767 to .991) and Native Americans (CI=.7 to .982) were both very close to 1. This indicates that the odds of African American or Native American, compared to Caucasian children, being assigned to FA are almost equal. There was no effect of Hispanic ethnicity of the child in pathway assignment in 2003 statewide analysis.

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In 2009, Native American children were less likely to be assigned to FA, with no effect of race for the other two groups; by 2010, none of the groups were less likely, and in fact, African American children were more likely to be assigned FA compared to Caucasian children. Results of the analysis indicated that in 2009 there was a significant relationship between pathway assignment and the predictor variables ($\chi^2=8452.379$, $df=21$, $p<.001$). The one significant finding in 2009 for race or ethnicity on

pathway assignment indicated that Native American children were 23% less likely (OR=.767, CI=.62-.949) than Caucasian children to be assigned to the FA pathway. Results of the analysis indicated that in 2010, there was a significant relationship between pathway assignment and the predictor variables ($\chi^2=7599.921$, $df=21$, $p<.001$). In 2010, African American children were 21% more likely (OR=1.219, CI=1.03 – 1.441) than Caucasian children to be assigned to the FA pathway. There was no effect of race or ethnicity for Native American, Multiracial or Hispanic children in 2010.

Table 1: Overview of Odds Ratio of Pathway Assignment Compared to Caucasian Children throughout the entire sample time frame, 2003-2010.

	African American	Native American	Multiracial	Hispanic	Total
Lower Odds	3	4	4	0	11
No Difference	4	4	4	4	16
Higher Odds	1	0	0	4	5

The graph illustrates the trends only for those findings that showed a significant effect of race, and so a more comprehensive view of the mixed findings is further illustrated in Table 1. Overall, the results of the statewide data analysis indicate that African American children were less likely to be assigned to FA in three of the eight years and more likely in one of the years. American Indian and Multiracial children were less likely to be assigned to FA compared to Caucasian children for four of the eight years in

this study time frame. However, it is interesting to note for all four groups, a child's race or ethnicity was not a significant predictor of pathway assignment for half of the years in the study time frame. Hispanic children also are **more** likely to be assigned to FA compared to non-Hispanic children for four of the eight years.

PATHWAY SWITCH FROM FAMILY ASSESSMENT TO FAMILY INVESTIGATION

Statewide trends in pathway switch from FA to FI indicate that African American and Multiracial children were more likely to experience this switch compared to Caucasian children from 2003 to 2005, but there was no statistically significant effect of race in the later years of the study, as is illustrated in Figure 3.

For example, in the 2003 data analysis there was a significant relationship between pathway switch and the predictor variables ($\chi^2=1769.544$, $df=21$, $p<.001$). African American children were 33% more likely, (OR=1.329, CI=1.157 – 1.526) and Multiracial children were 60% more likely (OR=1.602, CI=1.334 – 1.923) than Caucasian children to be switched from the FA pathway to the FI pathway. There was no effect of race or ethnicity for Native American children or Hispanic children on pathway switch in 2003.

In 2006, African American children were slightly more likely to experience a pathway switch and Hispanic children slightly less likely. From 2007 to 2010, results of the statewide data analysis indicated no significant differences by race or Hispanic ethnicity for cases that were switched from FA to FI. This was at the same time that the overall numbers of cases of pathway switch also drastically declined with 2.7% of all screened in cases experiencing a pathway switch in 2010.

Figure 2: Odds Ratio Pathway Assignment to FA of Children of Color Compared to Caucasian Children

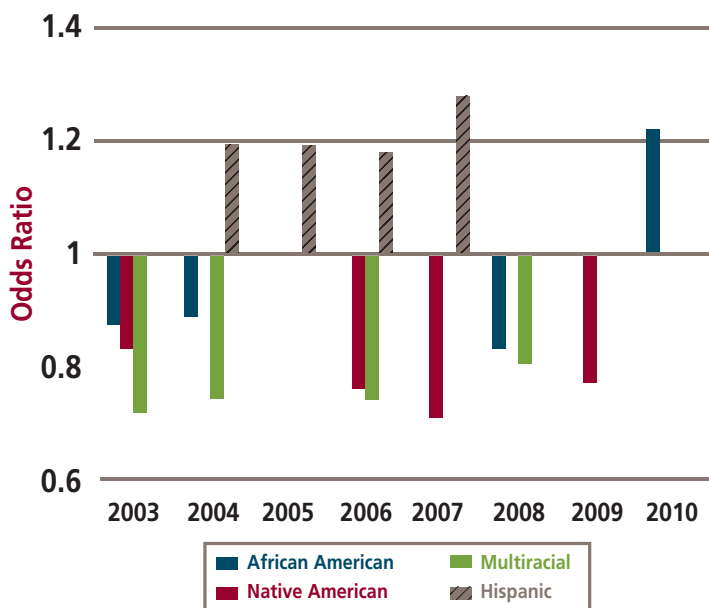
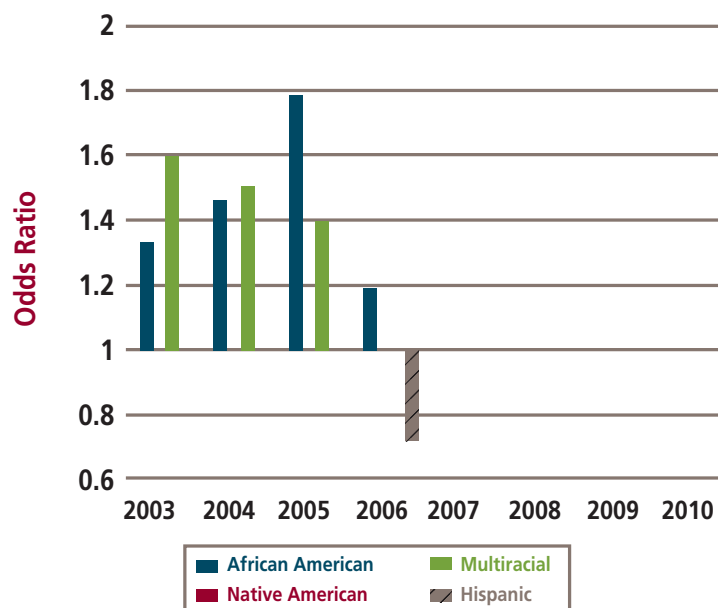


Figure 3: Odds Ratio of Switching from FA to FI Compared to Caucasian Children



Conclusion

This study adds to the understanding of Family Assessment Response and its implementation with diverse populations. In this study, a racial equity lens was used to examine outcomes for children in FA, with a specific focus on outcomes for African American, Native American and Multiracial and Hispanic children. Although the findings of this study indicate that some progress has been made in addressing disparities for African American children in Minnesota's child welfare system, benefits of the FA approach may not be shared equitably across all groups. In this study, multiracial children were at increased risk for poorer outcomes. Cultural and racial identity literature suggests that increased risk for multiracial families may link to unique stressors of discrimination and bias from the larger community, and social disapproval and social isolation from their own families (Fusco, Rauktis, McCrae, Cunningham, & Bradley-King, 2010). The findings in this study highlight the need for more research on the unique experience of multiracial and Native American children, two groups that are underrepresented in the current racial disparity literature.

This study found some effects of race in predicting outcomes, even after controlling for other "risk" factors. This underscores findings of other recent studies on disparities that suggest that at least part of the efforts to reduce disparities must also address other underlying factors, such as poverty, that also increase risk of involvement with the child welfare system (Drake et al., 2011; John D. Fluke et al., 2003; Myers, 2011).

Some studies have found that the use of standardized screening tools helped address disparities at key decision points (Derezotes et al., 2008; Osterling, D'Andrade & Austin, 2008). Using standardized screening and risk assessment tools, such as the Structured Decision Making (SDM) tool even earlier in the process may take more discretion out of the pathway assignment decision. Differential response may be one part of the solution along with other integrated and persistent efforts to achieve racial equity in child welfare.

LIMITATIONS

There is variation in data collection when using state-level data in a county administered system. Additionally, some of the risk indicator data had been purged and so was unavailable for this study. For multiracial children, race was identified as "more than one race," but specific races were not identified. Results should be interpreted with caution, as some of the findings were significant, but the effect was small, with odds ratios very close to 1. However, even "small" effects of race provide important information to work towards racial equity.

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