



The Office of Innovation, Alignment, and Accountability

EXAMINATION OF THE RACIAL DISPARITIES PRESENT IN CHILD WELFARE ASSESSMENT OF SAFETY



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Washington State Department of
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Executive Summary and Recommendations for Practice

Ongoing evaluation of policies, procedures, and practices is essential to ensure the continued improvement, implementation, and development of best practices consistent with DCYF's legislative mandate to be an innovative organization. Along with prevention, and in light of the racial and ethnic disparities known to characterize families' involvement with the child welfare system, evaluation of the agency's assessment system is a core element of this ongoing evaluation. This report provides key findings associated with racial disparity found on the safety assessment tool used by child welfare.

While the vast majority of the racial disparities in foster care placement in Washington derive from disparities in Intakes received (estimated at 80-90%), there remain concerning disparities in foster care placement for American Indian/Alaska Native (AI/AN) children and Black children in Washington. The research highlighted in this brief finds that these observed remaining disparities in placement are driven in part by caregiver needs (including problems with alcohol and drugs) that create safety threats associated with out-of-control behavior that endanger children. This, in conjunction with chaotic home situations, often undercut the possibility of those threats being controlled by safety plans. In Washington's child welfare system, these needs are identified using DCYF's Safety Assessment System.

AI/AN families are most affected by disparity of the Safety Assessment results, Black families are most affected by disparity of the Safety Plan Analysis results, and both of these groups were disparately assessed as lacking home situations calm enough to allow safety providers to function dependably there. One caveat is that Safety Assessment and Safety Plan Analysis items, other than those on which we have focused, also exhibit racial disparities. We are unable to determine from the data whether or not any of these disparities accurately reflect differences in the home situations. Nonetheless we are able to offer several important recommendations:

- That DCYF systematically incorporate an array of integrated assessment tools to produce results in which all concerned can have a high degree of confidence in their accuracy and their ability to indicate family needs in racially unbiased ways.
- That DCYF develop clear standards for administration of these assessment tools, and train staff to adhere to those standards.
- That there be an increased emphasis in training on the cultural competence and cultural intelligence needed to ensure that safety assessments are applied in a racially unbiased manner.
- That there also be an emphasis in training caseworkers to characterize the sequence of family events pertaining to an assessment in the behaviorally-specific terms associated with the decision-making process as detailed in the Safety Threshold Guide.
- That effective treatment programs for substance use disorder (SUD) be made universally available for AI/AN caregivers in particular.
- That SUD treatment programs offer culturally appropriate treatments.
- That DCYF provide its caseworkers with SUD treatment support resources.
- That DCYF caseworkers consistently consider kin as natural supports to help keep children safe, especially within AI/AN and Black families, and that they consistently explore including kin in safety plans in order to make the plans more dependable.

Preface

Racial disparities (unequal outcomes of one group as compared to another group), and disproportionalities (differences in representation according to the presence of racial groups in the population), are present in nearly every aspect of society, from education and employment to health, housing, and policing. DCYF has prioritized eliminating racial disproportionality and advancing racial equity as one of its six Strategic Priorities.ⁱ One of the commitments to achieve this objective is to change the use of assessments in child welfare where they are known to contribute to

disproportionate outcomes, and to stop using biased assessments that contribute to racial disproportionalities. A key strategy to achieve the goal of reducing biased assessment is to evaluate the agency's current assessment tools. Assessments provide the rational basis of caseworker decision-making that determines the route of a case, key decisions (such as the possibility of placing children in out-of-home care), referrals to services, and sets the stage for child, youth, and family outcomes. At the family level, it is through the process of assessment that the agency has the possibility of providing protection to minors and transformative help to children, youth, and families.

The DCYF Safety Assessment System is the tool used by caseworkers in the course of an investigation to identify safety threats in the home, as a basis of developing a safety plan, and as a basis of judging whether or not (using the Safety Plan Analysis) the safety plan can be depended upon to keep children safe. If not, removal of the child (or children, or youth) and placement into out-of-home care may be warranted for their protection. Yet, as a result of analysis of an annual data set (2016), we have found that AI/AN families more often have safety threats identified and Black families more often have elements of the Safety Plan Analysis that are of concern, reflecting caseworkers' judgements that children cannot be kept safe short of removal. These differences are such that racial disparities of placements into foster care are a logical result. Though we regard these results as preliminary, and though we cannot without additional research confirm that the disparities are driven by characteristics of the families rather than use of the assessment tool, we feel that it is not too soon to begin a conversation on the findings and recommendations of this research.

Summary of Findings

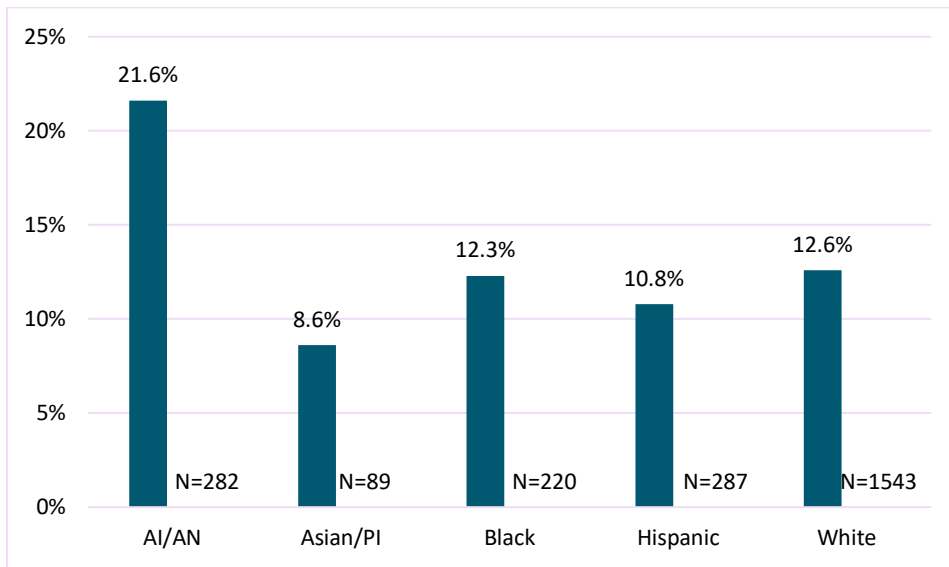
Within DCYF, racial disparity of placements of children into foster care continues to be a matter of great concern; it is especially pronounced for AI/AN and for Multiracial Black families. Safety assessment is pivotal in determining whether or not a child or youth will be placed into foster care.

The purpose of the Safety Assessment System is to identify threats to child safety, to consider how the safety threats operate in the family, and to determine if the threats can be controlled by a safety plan. If one or more threats to safety are identified in response to an initial part of the Safety Assessment (comprising 17 items),¹ then a Safety Plan Analysis is conducted to assess whether or not all of the threats identified can be controlled to the extent that the child's safety is assured. If so, the analysis provides the basis for development of a formal Safety Plan, which is a written agreement between the family and DCYF that identifies how safety threats to a child will be immediately controlled and managed in the child's home.

We found that concern was "indicated" on one or more of the initial 17 Safety Assessment items for 22% of AI/AN families (Figure 1), twice the rate for Hispanic families (11%) and 71% higher than the rate for White families (13%).

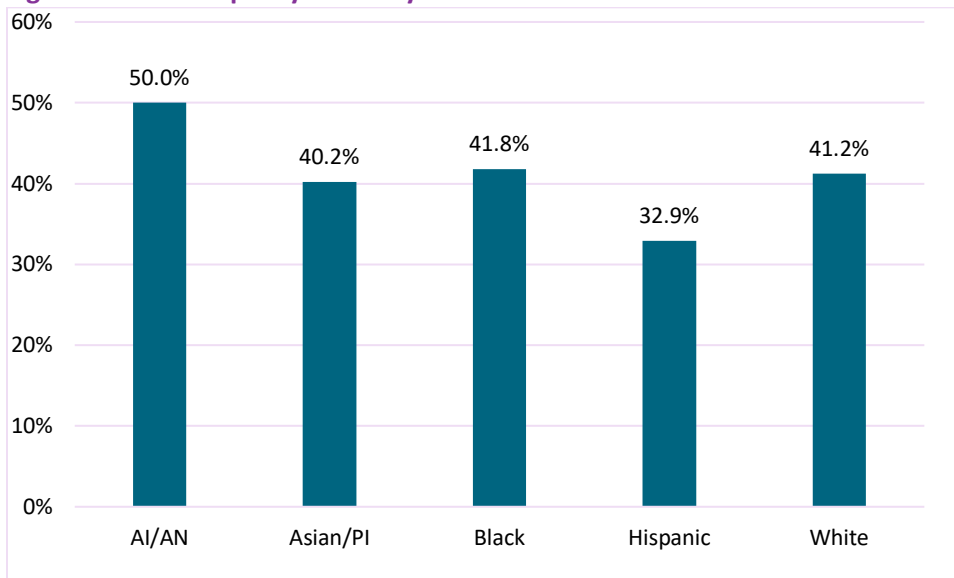
¹ See Appendix 1 for a list of the 17 items on the Safety Assessment

Figure 1. Caregiver(s) having Concern “indicated” on any of 17 Safety Assessment items, by race²



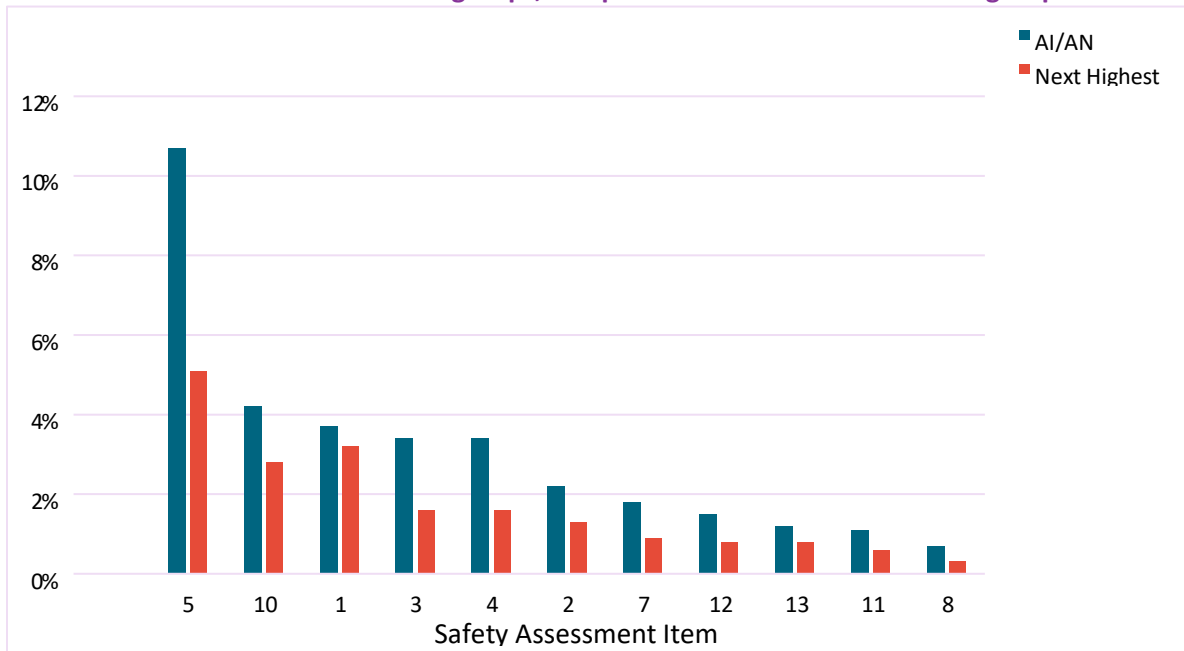
One driver of this disparity within the assessment itself is that AI/AN families were “indicated” more often (11%) on the most common safety threat identified, a parent being out of control and possibly intoxicated (item 5), than were parents of other races (it was 5% each for White and Black families). As a consequence, some placed AI/AN children would not have been removed from their families if this safety threat had been a concern only to the same degree that it was for families of other races. In fact, a majority of the placed AI/AN children in this cohort (55%) were removed from their families at least in part because of item 5; the next highest percentage was that of White children (47%) (Figure 2). Although the most striking disparity between AI/AN caregivers and other caregivers was seen on item 5, a number of other items also showed an increased likelihood of AI/AN families being indicated (Figure 3).

Figure 2. Racial disparity of Safety Assessments with Concern “indicated” that have only item 5 “indicated”



² Although the WSRDAC/M race reporting standard is seen as best practice in Washington, the BRAAM race categories are used in this report due to dataset limitations (See Appendix 2 and Endnoteⁱⁱ).

Figure 3. Comparisons of Safety Assessment items on which AI/AN families more often had a Concern “indicated” than did families of the Other Racial groups, compared to next most “indicated” group



After completing the Safety Assessment, the caseworker must then answer four Safety Plan Analysis questions (Table 1).

Table 1. Safety Plan Analysis Items

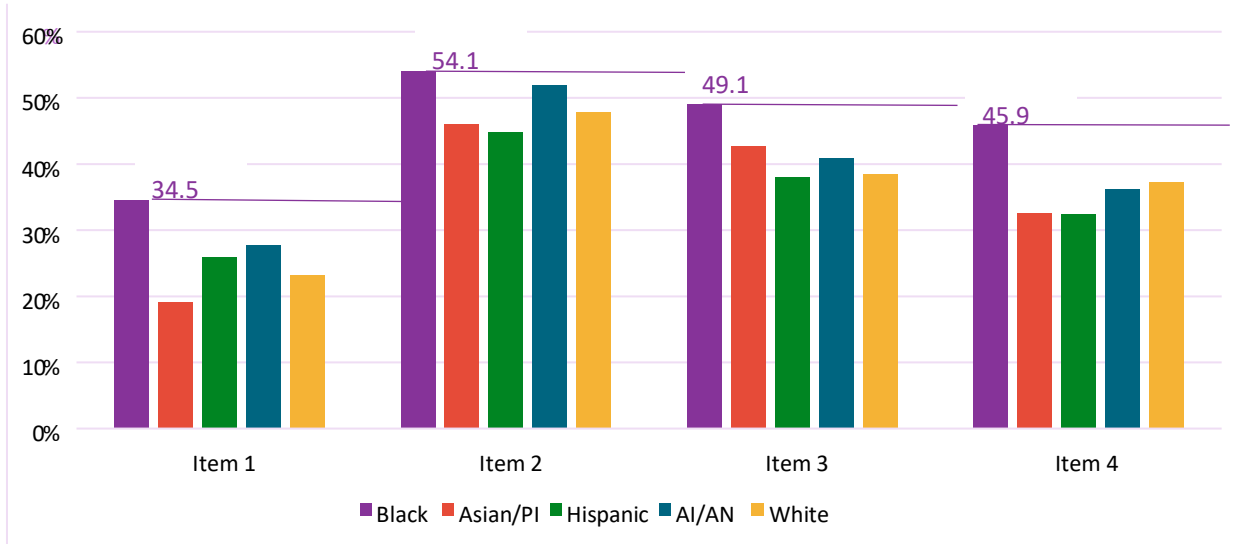
1.	There is a parent/caregiver or adult in the home.
2.	The home is calm enough to allow safety providers to function in the home.
3.	The adults in the home agree to cooperate with and allow an In-Home Safety Plan.
4.	Sufficient, appropriate, reliable resources are available and willing to provide safety services/tasks.
If “Yes” is selected for all four above statements, an In-Home Safety Plan (DCYF 15-259) must be created.	
If “No” is selected on any of the four above statements, an Out-of-Home Safety Plan must be created.	

The overarching purpose of the Safety Plan Analysis Section of the Safety Assessment System is “to determine whether an In-Home Safety Plan will control all of the identified safety threats.” Observed racial disparity is pronounced with respect to Black families.

Of families who had threats identified by one or more of the Safety Assessment questions, 72% of Black families also had concern expressed on the Safety Plan Analysis, a higher percentage than any other racial group (the next highest being 63% of Asian/PI families).

Furthermore, on each of the four Safety Plan Analysis items, Black families were “indicated” as having an uncontrollable safety threat at rates higher than those of families of other races (Figure 4).

Figure 4. Caregiver “indicated” with Uncontrolled Safety Threat on Safety Plan Analysis items 1 – 4 (of families with Safety Assessment)³

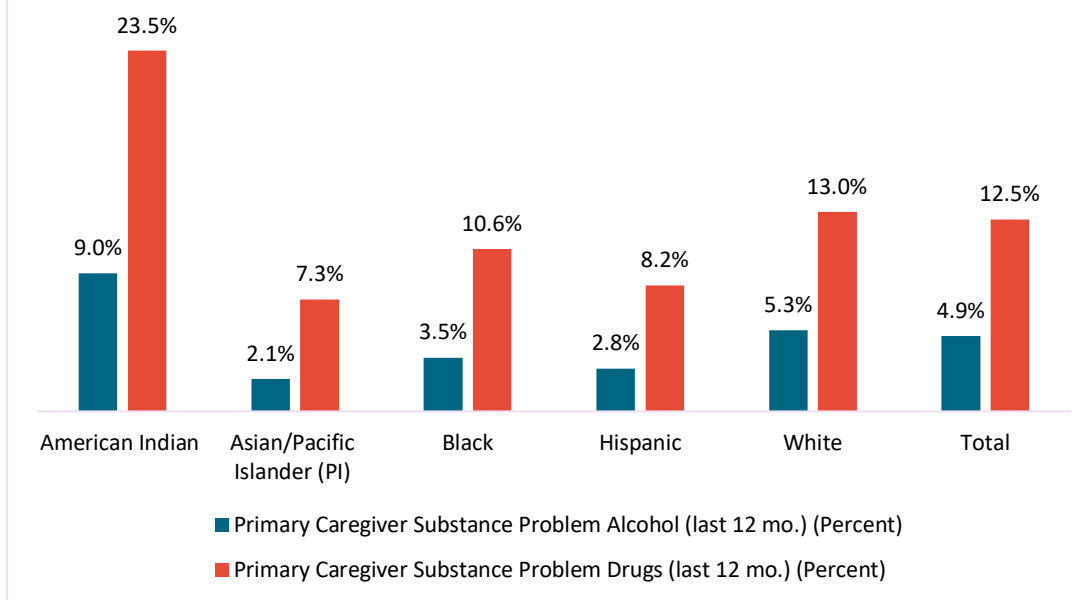


Item 2 of the Safety Plan Analysis (“The home is calm enough to allow safety providers to function in the home”) was the item with concern most frequently “indicated” (48.5%) among all families with a Safety Plan Analysis completed. Both Black (54%) and AI/AN (52%) families more frequently had concern “indicated” on this item than did families of other races, which contributed to disparate rates of placement.

We also found that primary caregiver problems with alcohol and drugs during the last 12 months were identified on the Structured Decision Making® Risk Assessment (SDM) at a higher rate for AI/AN caregivers compared to the other racial groups, for alcohol (9% compared to 5% for White caregivers), and especially drugs (23%, compared to 13% for White caregivers) (Figure 5). Furthermore, there were significant associations between substance problems and concern being “indicated” on the Safety Assessment regarding multiple forms of behavior potentially endangering children (Assessment item 3 (violent or dangerous behavior); Assessment item 4 (domestic violence); Assessment item 5 (parent out of control)).

³ Percentage is of those with the Safety Analyses items completed (N=2,410).

Figure 5. Percent of families with Primary Caregiver Substance Problems “indicated” (last 12 months) on the SDM, by race (Braam Classification)



Limitations⁴

Though we cannot determine based upon the present study whether the disparities observed with results from the Safety Assessment and Safety Plan Analysis are due to the instrument’s constructions, their administration, and/or whether they accurately reflected differences in the underlying realities of these families, the racial disparities observed are both clear and strong enough to provide an empirical basis for consideration of the mechanisms of racial disparity in the placement of children into foster care and how best to correct them, including serious consideration of how to implement the above recommendations.

Appendix 1. Safety Assessment Items (Stem Items Only)

1. The family/facility situation results in no adults in the home/facility performing parenting/child care duties and responsibilities that assure the child’s safety.
2. The family/facility situation is that the living/child care arrangement(s) seriously endanger the child’s physical health.
3. Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety.
4. There has been an incident of domestic violence that impacts child safety.
5. Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety.
6. Caregiver(s) perceive the child in extremely negative terms.
7. Caregiver(s) do not have or do not use resources necessary to meet the child’s immediate basic needs, which present an immediate threat of serious harm to a child.
8. Caregiver’s attitudes, emotions, and behavior threaten severe harm to a child, or caregivers(s) fear they will maltreat the child and are requesting placement.

⁴ See Appendix 2 for a more detailed description of the limitations

9. Caregiver(s) intend(ed) to seriously hurt the child.
10. Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety.
11. Caregiver(s) overtly rejects DCYF intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee.
12. Caregiver(s) are not meeting, cannot meet, or will not meet the child's exceptional physical, emotional, medical, or behavioral needs.
13. Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts.
14. A child has serious physical injuries or serious physical conditions resulting from maltreatment.
15. A child demonstrates serious emotional symptoms, self-destructive behavior, and/or lack of behavioral control that results in provoking dangerous reactions in caregivers.
16. A child is extremely fearful of the home/facility situation or people within the home/facility.
17. Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely to occur.

Appendix 2. Limitations

We highlight in this section three areas of limitation. First, though the study is based upon a large cohort of cases, nonetheless it comprises only assessed cases with intakes that occurred within a single year (CY2016). Second, for practical reasons unrelated to this brief, the Braam race/ethnicity reporting standardⁱ was used in the research upon which this brief is based, but that categorization no longer is considered the best for examining possible racial/ethnic disparities within DCYF. Third, this study was limited in terms of the psychometrics of the measures upon which it is based. This final acknowledgement of the study's limitations deserves elaboration.

There are concerns with both intra-rater and inter-rater reliability and with the validity of the assessment instrument that provided the basis for the analyses. We can point out here that the significant and substantial associations described herein were observed in spite of whatever psychometric shortcomings the instrument have, but, as elaborated below, unfortunately this does not resolve all of the issues. It is a challenge that the assessments which DCYF currently is using were not designed to fit together, do not build on each other, and have reliability issues. Therefore, it is a struggle to understand one assessment from the results of another.

For example, in exploring the associations between Safety Assessment item 5 and the substance problem items of the SDM, for AI/AN families in particular, it should be understood that not only do the two instruments in part measure similar domains, but also that it's possible that similar underlying measurement error contributes to the relatively high number of AI/AN caregivers "indicated" on both item 5 and the substance abuse items. The low (not much better than chance) relationship between the SDM substance abuse items and new placement within a year that Klinman observed in the Evaluation of the North Carolina Family Assessment Tool (2020), as well as future reports of child maltreatment,⁵ may reflect inaccuracy of caseworker assessment using this type of item. This is not to say that the correlations between SDM "indicated" substance problems and item 5 are not meaningful, but we would be remiss not to acknowledge the possibility that similar underlying error and/or bias may be driving the results of both instruments.

In general, based on previous research,ⁱⁱ Safety Assessment items like item 5 that are *not* closely linked to clearly definable/observable behavior may have relatively low interrater reliability. This warrants a closer examination of the response criteria caseworker are using when indicating Safety Assessment item 5.

⁵ Klinman (2020), personal communication.

Further, it is unknown if the racial disparities we observed in responses to the Safety Assessment and Safety Plan Analysis items indicate racial bias of the items or actual differences in the functioning of the groups. In either case, however, the disparities observed warrant further examination.

Endnotes

ⁱ DCYF Strategic Priorities 2021-2026.

https://www.dcyf.wa.gov/sites/default/files/pubs/COMM_0058%20DCYF_Strategic_Priorities_2021-2026.pdf

ⁱⁱ The Braam race/ethnicity classification assigns categories according to the following rules: American Indian. If any of the six racial codes “indicated” American Indian background, the child was coded Indian. Black. If a child had no American Indian or Alaska Native heritage, but any of the codes “indicated” Black or African American, the child was coded as Black. Asian/Pacific Islander. If a child was coded as Asian or one of the codes for Pacific Islander, with no Black or American Indian heritage, the child’s race was coded as Asian/PI. Hispanic. Any child with Hispanic heritage, but not in the first three categories, was coded as Hispanic. White. Any child with no indication of American Indian, Black, Asian, or Hispanic race/ethnicity was coded as White

ⁱⁱⁱ Vial, A., Assink, M., Stams, G.J.J.M. et al. Safety and Risk Assessment in Child Welfare: A Reliability Study Using Multiple Measures. *Journal of Child and Family Studies*, 28, 3533–3544 (2019). <https://doi.org/10.1007/s10826-019-01536-z>