

Child Out-of-Home Placement:
Assessment Process as Contributing Factor to Racial Disparities

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Introduction

The social work system, like many other organizations is bombarded with laws, rules, and guidelines. Weber's theory of formal rationalization warns of a system in which human judgments are wiped away and replaced by non-human technologies that carry out processes designed to create a profit by the most cost effective means possible. Although the social work system is a state agency organized to offer services to families and individuals in need rather than to create a profit, elements of a formally rational system are apparent. Substantive rationality, or the use of values to make decisions, is decreased by the implementation of assessment tools designed to take the error out of the human decision making process.

The assessment process used to determine whether a child should be placed in out-of-home care has created victims to the system, another element of a formally rational operation. According to data published by the Minnesota Department of Human Services (2010), there is a clear discrepancy between Native American, African American, and Caucasian American populations in regards to the rates of children that have been placed in out-of-home care. Through conducting my research I am attempting to explore certain factors that have led to these disparities in placement rates among different racial groups in Minnesota.

The current research will focus on the social workers' assessment process and how their tools and discretion affect placement rates. I chose to focus on the assessment process rather than on the possible reasons for increased reporting and therefore placement of minority racial groups. With higher reporting of minority groups to Child Protection Services it is assumed that the placement rates will be higher as well; however it will be interesting to determine what, if any, factors are built into the assessment process that mitigate higher reporting rates.

Reporting is based on the community, teachers, doctors and others in connection with children whom they may perceive to be in danger. The standards of what constitutes proper child treatment vary among different people, especially when it comes to different races and their differing practices (Brissett-Chapman 1997). I am interested in analyzing how the social work system helps, if at all, to alleviate the higher reporting of some races by taking into account differences in child treatment by different racial groups.

Specifically, I address the following research questions: With stricter guidelines and the use of standardized assessment tools, is it possible to include substantive rationality or the use of values in the social work system? What facets of the assessment tools are specifically designed for racial sensitivity? To what extent are social workers able to use their own judgments to determine whether children need to be removed from their homes and how do they take differing racial norms into consideration?

Literature Review

Social work has often been referred to as “the system.” Once you get in, it is difficult to get out. Classic movies such as *Annie* portray lives in orphanages and foster care homes with the hope of adoption and a stable family being the dream of those children who are “stuck.” Although the media may paint a bleak future for those unfortunate enough to get caught up in the system, reality may actually present an even more depressing situation for the system itself.

George Ritzer (2001) revisits Weber’s theory of rationalization when he examines how bureaucracies have become more formally rational by utilizing a strict, rule guided means to ends formula of functioning that he calls McDonaldization, based on the way McDonalds has exemplified formal rationality. Bureaucracy is seen as the epitome of formal rationality as everything becomes a top-down process. There are only a few decision makers at the top of the

organization who decide both the end goal and the means to achieve that goal. The decision makers at the top of the system have one primary concern--profitability. The bureaucracy is then set up so that the simplest means are used to reach the desired result. Each position below the top has less and less flexibility to make decisions. Since every process is guided by rules, the humans in the lower positions have little moral input regarding their work. In other words, they lack substantive rationality, another of Weber's four types of rationality (Ritzer 2001; Houston 2002). They become enslaved to a system where the need for human functionality lessens as simpler, more cost effective means are discovered.

Although the social work system is a state institution based on providing services to people in need rather than profitability, traces of the bureaucracy structure are apparent. In applying Weber's theory to the social work system, each state government acts as the primary decision maker who is interested in running processes as simply as possible. The state sets the guidelines for what cases should be accepted by Child Protection Services and also the standards that social workers must use to determine out-of-home care (Rubin 1992; Action for Child Protection, Inc 2009). Similar to a formally rational bureaucracy, each department has certain responsibilities and work on only those designated responsibilities (Ritzer 2001). For example, the intake department decides what reports will be accepted as child protection cases, investigations assesses family and child risk, and program workers decide which services will best benefit the family.

Control through replacing human judgment with non-human technology is one of the five elements achieved by a formally rational bureaucracy (Ritzer 2001). This element is apparent in social work as well, with the use of assessment tools. Standardized measurement tools that require the social worker to check boxes, similar to filling out a survey, spit out a risk rating for a

child's situation which determines whether a child should be kept in the home or removed. The workers are left with little ability to use substantive rationality and make a decision based on their own values as to the best course of action for the child.

Ritzer (2001) also discusses how it is not only workers in bureaucracies that are being enslaved to the system, but that consumers of the system are controlled as well. What does this mean for social work? An example of "consumers" (in this case clients) being negatively affected by the system is apparent in the disparity of placement rates for minority children in comparison to white children. According to data published by the Minnesota Department of Human Services (2010), there is a clear discrepancy between Native American, African American, and Caucasian American populations in regards to the rates of children that have been placed in out-of-home care. Carter (2010), utilizing data from the National Survey of Child and Adolescent Well-Being, noted Minnesota as being one of the two states with the highest disparity in placement rates. For example, in 2010 Native children were 12.2 percent of all children in out-of-home care while Natives Americans make up 2 percent of the entire population (Carter 2010).

Disparities occur not only in Minnesota, but nationwide. Native Americans make up only 1 percent of the entire population but 2 percent of all children in out-of-home placement are Native (Child Welfare Information Gateway 2011; Carter 2010). This means that 3 percent of the Native American child population is in foster care (Carter 2010). Utilizing the National Child Abuse and Neglect Data System, Knott and Donovan (2010) found that African-Americans have a 44 percent higher chance of being placed in out-of-home care than do Caucasian Americans even after controlling for child, caregiver, and household characteristics.

Reporting of maltreatment to Child Protective Services, the first step towards out-of-home placement, depends on the community, teachers, doctors and others in contact with children who may perceive them to be in danger. This initial step into the social work system is where the disparities begin. Based on a study that examined reports made by hospital personnel, African American and Latino families were more likely to be reported than were Caucasian families (Hampton and Newberger 1985). Other studies have supported this finding but maintain that the higher likelihood of African Americans reported to Child Protection Services may be due to lower socioeconomic status (Child Welfare Information Gateway 2011).

Once reports are received and screened in, meaning there is enough initial information to warrant a full investigation, children may immediately be placed in out-of-home care (Child Welfare Information Gateway 2008). There are many reasons social workers decide to place children in out-of-home care. Clinicians and law enforcement in contact with children after a violent event say that not only those who experience maltreatment are placed in out-of-home care, but also the children who have used mental health services, who have been exposed to the juvenile justice system, and who display psychiatric symptoms (Harpaz-Rotem et al. 2008). Socioeconomic status, type and severity of treatment, risk, and income may all contribute to the placement decision (Berger et al. 2009; Rivaux et al. 2009; Child Welfare Information Gateway 2011). The screening process is also a source of disparities as African Americans are more likely to be screened in and have their reports accepted as cases and continue on to investigations (Child Welfare Information Gateway 2011).

Berger (2005) found higher reporting and maltreatment rates not only for those having a low socioeconomic status but for racial minorities as well. Although some Caucasian American families were assessed with higher risk, African-American children were still placed in out-of-

home care more often (Rivaux et al. 2009). Some placement decisions can be based simply off the characteristics of the minority families and their communities. Mental health issues, alcohol consumption, and inability to pay for basic needs were predictors of placement for Native Americans (Carter 2009; Carter 2010). However, in comparison to non-Native families, Native Americans had a lower occurrence of alcohol consumption and inability to pay for basic needs but were still placed more often (Carter 2009). Higher placement for African-Americans may be due to fewer alternative services in those communities (Rivaux et al. 2009). Options other than out-of-home placement have proven successful for those reported to Child Protections Services. In instances where families received intensive preservation services, there were less disproportionate placement rates (Kirk and Griffith 2008). If proper time and services were available, perhaps the decision to place children in out-of-home care would be relied upon in fewer cases.

There are many possible determining factors of out-of-home placement including those discussed above. However, the standards of what constitutes proper child treatment vary greatly among different people. Different groups will display family and kinship ties differently and family functions vary depending on cultural history (Brissett-Chapman 1997). Some examples of normal family practices that are viewed as dangerous by others are female genital cutting, denying children medical care, and children living on farms driving large machinery at a young age (Action for Child Protection, Inc 2009). When assessing different races with different cultures, social workers bring their own ideas of what are acceptable parenting practices. A lack of exposure to other races and family structures may cause certain practices to seem abnormal in comparison to what they are accustomed to (Chibnall et al. 2003; Rubin 1992; Carter 2009).

There are multiple opportunities within the social work system for minorities to be negatively affected by the process. One area of importance is the assessment process. While Chibnall et al. (2003) argues that the use of standardized assessment tools takes the human error out of the assessment process, an aspect of the formally rational bureaucracy, it is also an area where workers could combat the disproportionate reporting rates. It is important for social workers to begin with a screening process before the full investigation so that if great risk is perceived, the children can be immediately removed from the home. Initial assessments allow social workers to combine multiple requirements into one process (Platt 2006). They allow the social worker not only to initially perceive risk, but to quickly examine the strengths and weaknesses of the family for further use during the investigation. In Minnesota, a standardized assessment tool called Structured Decision Making (SDM) is used to determine how Child Protective Services should immediately respond to a report including whether or not the child should be placed in out-of-home care (Shlonsky and Wagner 2005).

While some social workers take into consideration professional opinions, views of the community and family wishes, many social workers use standardized assessments to determine placement (Crea 2010). There has been a long controversy about which assessment process is most successful in predicting future risk. The consensus assessment model consists of assessments developed by experts in the field. These experts have used their own previous research and clinical experience to create assessment models. These models are not empirically tested and are used by others simply because they were designed by expert workers and have perceived face validity. The actuarial model, on which SDM is based, is developed by examining the characteristics that correlate with certain behaviors and then conducting validating studies to see which correlations are greatest (Shlonsky and Wagner 2005). This is a more standardized

type of assessment that simply matches observed behaviors with possible outcomes in order to predict the level of risk. The level of risk is then used to determine whether placement is necessary.

There has been a shift toward increased use of the actuarial model of assessment due to increasing case loads and the decreasing resources for child protection workers. Social work agencies benefit from its simplicity and higher accuracy (Shlonsky and Wagner 2005). The shift toward the actuarial model has been accompanied by greater organizational control and is a clear example of human judgment being replaced with non-human technology (Ritzer 2001). The decision making process is increasingly controlled by the guidelines of the social work agencies with the assessment process being the area demonstrating the most organizational control (Evans and Harris 2004; Usher, Gibbs and Wildfire 1995; Wastell et al. 2010). Although the SDM has simplified the assessment process by providing workers with a checklist type of assessment, often the guidelines can be unclear and difficult to follow even for expert social workers (Drury-Hudson 1999). This is an example of another element of a formally rational bureaucracy-irrationality of rationality (Ritzer 2001). Social workers have begun to question the SDM process as many of the checklist questions designed to simply assess the level of risk, merit multiple correct responses depending on the family. For example, one question asks about the number of previous substantiated reports. A worker may have in mind a specific incident involving the family where a report wasn't substantiated and followed up by an investigation, but it was an incident that the worker believes is important enough to be included in assessing the risk level. This control may be inhibiting the ability of social workers to use their discretion in cases that merit special attention.

Nowhere in the research does it describe race being a factor in the development of either assessment type. If standardized tools are to be used to take out the human error in assessing (Chibnall et al. 2003), it is important to take into consideration racial differences in family practices during the development of the assessment. Because social work is a formally rationalized system and assessment tools are such a large part of the process, it is important to analyze and keep the process in check so as not to negatively affect the consumers, or children and families receiving services.

Some have attempted to combat the issue of racial disparities by examining complimentary family assessments. Family risk assessments take a broader look at the family's situation, including communication and interaction with their surrounding community as well as the availability of kinship or other social networks (Johnson 2006). Houston (2002) also analyzes the social work system using Weberian theory in attempt to figure out how more substantive rationality can be brought in, allowing social workers to use value judgments when deciding on whether or not to place. Hyperrationality is a combination of all four types of rationality-formal, practical, substantive, and theoretical-and calls for an open dialogue between each to come to the best decision (Houston 2006). He proposes that hyperrationality will allow for the proper amount of formal processes as well as the ability to use substantive discretion. This creates a system that is not rigid but flexible, depending on each situation and what is determined to be best for the child based on the debate between each rational solution.

Previous research has shown that increasing guidelines are placed on social workers along with the use of standardized assessments (Evans and Harris 2004; Usher, Gibbs and Wildfire 1995; Shlonsky and Wagner 2005). With stricter guidelines and the use of standardized assessment tools, is it possible for a hyperrational social work system to exist? I am interested in

analyzing how the social work system takes into account differences in child treatment by different racial groups. What facets of the assessment tools are specifically designed for racial sensitivity? To what extent are social workers able to use their own judgments to determine whether children need to be removed from their homes and how do they take differing racial norms into consideration?

It is necessary to examine the assessment tools and other factors that perpetuate the disparity among placement rates due to the consequences of out-of-home placement for children and the unequal exposure that minority races experience. Previous research agrees on the negative effects of out-of-home placement (Calix 2010; DuGue and Widom 2009; Ryan, Hong, Herz, and Hernandez 2010). When matched to control for confounding variables, children in foster care scored on average one to two points less on standardized tests than did non-foster care children while African-American students scored three to four points less than white students (Calix 2010). African-American students who are already scoring lower on standardized tests would be put at an even greater disadvantage after being placed in out-of-home care.

While most research agrees on the negative effects of out-of-home placement, Berger et al. (2009) found that in the short term, there is little effect on the cognitive development and behavior of children. Perhaps consequences of out-of-home placement only appear later in life. It was discovered that children who displayed behavior problems before placement were at a higher risk for developing adult criminality (DeGue and Widom 2009), and Ryan et al. (2010) found in their longitudinal study that African-American males are at higher risk for juvenile delinquency after out-of-home care. Although there was no difference in adult criminality found between African-Americans and Caucasian Americans (DeGue and Widom 2009), with more

African-Americans being placed in out-of-home care, there is a possibility of those children being subjected at greater rates to a risk factor for juvenile delinquency.

The current research will utilize data collected from social worker interviews. Information from the social workers will be used to determine the extent to which the social workers feel their discretion is restricted by the organization and how that affects placement decisions. The interviews will also reveal how well the social workers feel the currently used assessment tool addresses minorities. I expect to uncover patterns in the beliefs of social workers regarding their views toward discretion and assessments tools in order to uncover some best practices that combat the formal rationality of the social work system and offer equal service to all families.

Methods

Data Sources and Recruitment

The main source of data for this research are interviews with practicing social workers in different areas of the assessment process—intake, programs, and on-going case management. I collected information from five social workers from five different Minnesota counties in order to hear first-hand their opinions of the assessment process and how much discretion they feel they are allowed. I also sat in on a pre-placement screening meeting to see the way a group of people used the social work system in order to make placement decisions. The pre-placement meeting is made up of a variety of people within the system. In attendance at the meeting were a counselor, social worker, supervisors, a probation officer, a psychologist, and a mental health worker. The parents in two different cases discussed in the meeting were also present during the designated time when their cases were being discussed.

In order to recruit practicing social workers, I used an existing contact within the School of Social Work at the University of Minnesota as an initial channel for communication with possible participants. I asked the contact within the School of Social Work to initially contact by e-mail her known colleagues to let them know of my research and the need for workers to interview (Appendix A). The e-mail included my contact information so that those social workers who were interested in participating could contact me directly. Due to lack of interest in participation, my contact in the Social Work department sent out a second email request with the same script. She also mentioned my research at a meeting with Minnesota county directors in hopes to gain more participation. Recruiting social workers for this study was difficult due to a lack of direct contact with the workers. There was no public list of child protection workers for me to contact directly so I had to rely on third party communication to try and gain interest in participation. Without direct initial contact it was difficult to follow up with the workers in order to schedule interviews. Those that agreed to participate were scheduled for an interview time and were given a consent form before the interview began (Appendix B).

Data Collection

The social worker interviews were recorded in order to maximize the information to be retained from the interview. Interviews ranged from 10 to 45 minutes in length and were conducted over a four week period. The interviews took place where it was most convenient for the workers, generally in unoccupied conference rooms at the offices where they worked. One interview was conducted over the phone. Data was gathered based on answers to a list of pre-determined questions (Appendix C). Interviews were conducted in a semi-structured format. If the response to a specific question warranted further inquiry I proceeded to clarify the response or ask for more information in order to fully understand the process social workers go through

when determining risk and need for out-of-home placement. Before beginning the interviews the workers were informed that their answers to interview questions would be confidential. If they chose to withdraw their answers, they would not have been used for the study; however all answers were kept via the audio recorder. Participants were also given the option to end the interview at any time and forego further questioning.

It was my original plan to also include a content analysis of three different assessment tools as part of my data. My goal was to find a data set where I could compare Minnesota to two of the other 49 states. I planned to find which two states had a significantly lower placement disparity by race and then gather the assessment tools those states used to determine out-of-home placement. I would then have done a content analysis of those assessment tools as well as one for the SDM tool, which is used in Minnesota. From there I would make a comparison of the results to determine how the assessment tools used in the states with lesser disparities differed from the SDM. I was not able to find a breakdown of the placement rates by race for each state, and therefore could not complete a comparison in order to determine which assessment tools to analyze. Due to the insufficient data resources I was not able to complete this portion of data collection and had to rely solely on the interview data.

Data Analysis

The audio-recorded interviews were transcribed for coding and analysis. There were two levels of coding, beginning with an open coding system in which interesting themes, patterns, and issues within each interview were highlighted. The second level of coding was based off of the themes from the open coding process, where codes were narrowed down to more focused topics based on the patterns from the first round of coding. From there, memos were created to combine the different codes to discover the most important findings from the interviews. The

same general approach was used to code the pre-placement screening meeting data, but I was not able to audio record the meeting due to confidentiality issues, so I coded my notes from the meeting rather than a verbatim transcription of the conversation.

Operationalized Terms

Discretion refers to the social workers' ability to make their own decisions; those that are not dictated by the assessment tool or organizational criteria. Racial minorities refer to groups other than Caucasian Americans. There are many factors that make people different; however I chose to focus broadly on race rather than on culture. Although culture, meaning traditions and beliefs of a group of people, is possibly the strongest contributor to diverse treatment of children, I am focusing on race due to available data. Without in-depth interviews with each family to learn their practices, it is difficult to assume their culture. Since the data published by states is broken down by race, that will be the concept analyzed.

The assessment process refers to the entire investigative process from the time social workers receive the report of possible maltreatment, to the time the child is placed in out-of-home care and continues receiving services from the welfare system. The assessment tool refers to the SDM and laws refer to state statutes surrounding out-of-home placement. Organizational guidelines refer to any aspects of the assessment process that are determined by the organization or supervisor.

Confidentiality

Direct quotes from the interviews are used, however no identifying information of the participants will be given. Interviewees are referred to using pseudonyms to maintain confidentiality. Analysis of the interviews, while focusing on the aforementioned concepts,

allowed for exploration of the inherent structural patterns in the assessment process that may lead to discrimination towards racial minorities and therefore higher placement rates.

Findings

My interviews with social workers from various counties produced a number of interesting findings. The workers discussed the entire process of determining out of home care and gave their opinions and descriptions of the assessment tools. Some areas where the most intriguing information was discovered dealt with the opinions of the standardized tool which is made mandatory by the state, the biases built into the tool, as well as the workers' discussion of their discretion.

To start the interviews, the workers described the entire process of determining out of home placement once a child protection report had been made. There are many different ways a case can be brought to the attention of child protection services. After receiving a call for any number of reasons, the police may determine that children may need to be removed from the situation. At that point the children are put on a 72 hour hold. If the police know of a relative available, that relative will be asked to take the child. If no relatives are available, the police will contact child protection to have them help find a relative or a county foster care. While the child is placed on the 72 hour hold, the social worker assesses the situation to determine whether further placement is necessary. Reports may also be called in to child protection by concerned community members or by mandated reporters such as teachers or doctors. From there, the reports are initially assessed by a screening team using state guidelines to see if they meet the criteria for maltreatment and if it is a case that warrants a full investigation.

After an overview of the assessment process, the workers discussed their opinions of the assessment tools. There was not a consistent opinion of the tools by the social workers. When

asked their opinion of the tools, three workers had positive views of assessments. Jon is a worker from Hennepin County who has been in the screening department for about six months. Before beginning to work as a screener for incoming reports, Jon worked in the field and used SDM to help determine whether out-of-home placement was necessary. When asked about the tools he commented, "I love assessment tools. I think they're necessary. I think they can always be improved...I think that with everything. I think they can be a wonderful guide if properly used." Another worker stated that she believes they give a well-rounded picture of what should be looked at within the family in order to assess and that it is good reassurance that the correct decision has been made.

The other two workers gave negative opinions of the standardized assessment tool known as the SDM. Although the outright opinion of the assessment tools leaned toward a positive view, the descriptions of the tool and how the workers actually put it to use painted a different picture. For example, many workers commented that it is only a tool and they do not let it drive their decisions. Jean is an experienced worker from a suburban county who has trained other social workers not only in other counties but also in other countries throughout the world. Jean has never filled out the assessment tool during the actual assessment but waits until after she has made her decision to complete it. Jean, along with two other workers commented that they only fill out the SDM tool because it is a state requirement. The workers described the tool as being too standardized, not allowing for discretion, and having gaps. Sarah, who has been working for about two years with on-going services in a rural county, commented that many times she has had the tools tell her to either remove or reunify when she knew it was not in the best interest of the child.

Throughout the interview, we reached a more in depth analysis of the standardized assessment tool. Although three of the five workers gave a positive opinion of tool, they all discussed the gaps and issues with it. The questions on the SDM deal strictly with the situation at hand. Because it asks only about the primary caregiver, other potentially important parties such as non-custodial parents, homosexual partners, presumed fathers, and other people living in the home are not taken into account although they could be presenting harm to the child. A common theme that many of the workers discussed was the discrimination against young parents. Jean commented, “Well it’s funny because we have talked about the fact that these tools are so like...young people and you know...yeah. Like half of our social workers with young children would be at a moderate risk just because.” Other workers discussed how the questions about age were not fair because older parents may be just as abusive or disinterested in their children as young parents. Amy has been working as social worker in Ramsey County for almost nine years and deals with family services and programs. She explained:

...It [the SDM] doesn't feel like it allows much for discretion. You know, just things you might know. One of the things that puts a kid at risk is if your mom is under 30 and it's pretty standardized. And you can have a 45 year old mom who is worse than a 20 year old. I don't find it that helpful.

Two of the social workers did comment on how the SDM does not include race in any of the questions. There is nothing in the SDM that refers to the race of the families being assessed and the way different cultures may define things differently. For example, Sarah explained a case where she was working with a Somali woman who described the issues her daughter was having. She ended up describing many of the symptoms of depression but the Somali woman would not necessarily have called it depression herself.

Further into the interviews, the social workers discussed more biases that are built into the entire process. The police decide who they are going to leave at home, who will be brought to

county foster care, and who will be dropped off a relative's down the street after a call where the child may be in danger. There is bias in reporting as mandated reporters, although required to report anyone they believe is in danger, may choose to only report certain cases. Concerned community member reports contain even more personal judgment as those calls are voluntarily placed. There is discrimination built into the court process as some families have private attorneys and others meet their public defenders minutes before walking into the court room.

When asked how well he thought the assessment guidelines address investigating minority families, Jon commented, "I think that things are getting better because we're social workers so people think about that kind of stuff." With all of the other areas where bias and discrimination occur within the assessment tool and throughout the process, the social workers' input is an important piece to help mitigate for those on the receiving end of the bias. Susan is a social worker of 20 years who used to work in an urban county but now works in a more rural area. She commented that it is the responsibility of the workers to bring in sensitivity to diversity because the SDM does not address it at all. When she worked in Ramsey County, they dealt with a large Hmong population, so many things were brought into the placement discussions that were not addressed in the SDM. One example is religion. Susan stated:

Religion is not brought in, I don't think into the SDM, I mean you run into a lot of issues. Where I'm at now, this is a huge thing is religion believe it or not, because it's a very conservative rural community. There are a lot of faith based services, a lot of faith based spankings and this kind of thing, and "it's my right." So do you include it as part of the discussion? Yes you do. However, the law is still the law. Even if a religion or cultural group believes in certain corporal punishment or religious or health...you know even using some type of physical act for health. I'm trying to remember there was one Hmong act, I just can't remember what it was called, I can't remember the term but there was something they would do when you were sick and it would make bruises. I can't remember what it was. You just have to address it. Is it abuse? No. It may be a cultural issue. But it still isn't legal and you have to address it.

Although it is the responsibility of the workers to bring in cultural sensitivity, according to the social workers I interviewed that may not always happen. Sarah explained that although she does not see it happen with workers in her own unit, she wonders if stereotyping is behind placement decisions in other counties where there is a larger population of minority groups. She also commented that since there is a human element, guidelines can be interpreted differently by different people. Jon agreed with this notion. He believes people bring their own biases into the assessment process and since assessment tools are created by humans, bias is inherent--there is no way to get around it. He stated, "I've seen biases in social work, you know what I mean because maybe this guy has long hair and rides a motorcycle....I've seen that too. So yeah, I think it plays a role, I think bias plays a role."

The social workers discussed how they believe that more freedom during the assessment process could encourage more bias. Amy described a new, more streamlined assessment process, and explained that now she sees less bias by workers because the guidelines are stricter. There are no longer disagreements between workers on what is the best decision for the child because the guidelines they use put everyone on the same page. She described this new assessment process and its stricter guidelines in a positive manner. Since everything is streamlined with stricter criteria, discretion is cut down. This has been a positive change as she says there are fewer children being placed in out-of-home care in her county. She still believes she has the proper freedom to make the best decision for the child due to the way the assessment tool is set up and the ability for supervisor overrides. Many of the other workers discussed their level of discretion in the same way. The SDM is strict but in communicating with a supervisor, overrides can be made and the risk level can go up one or down two levels.

Supervisor communication is an important part of the discretion piece for social workers. As discussed above, they felt they had the proper freedom and discretion to make the best decision for a child because of the ability to do overrides on the assessment tool. The overrides and level of discretion are tightly tied to supervisors. In some cases however, supervisors may be less flexible in which communication about the best interests of the child is cut short. Sarah, because she is in a smaller county described a more open communication process with her supervisor. Since it is a smaller unit, the supervisor generally knew most of the key issues in the case, meaning if an override was necessary a discussion about the reasoning was not. In participating in the pre-placement screening meeting, I witnessed a similar occurrence. Supervisors are some of the many people involved in the weekly meeting and sign off on placement decisions with the social worker during the meeting itself.

The pre-placement screening team meeting is an in-depth discussion of the placement options for the child. It not only includes the social worker on the case and supervisors but also a mental health worker, a psychologist, a probation officer, and in some cases the family whose case is being discussed. The main concerns that are discussed during the meeting are what the best options both behaviorally and emotionally are for the child, as well as the family's wishes and concerns. There is an assessment tool that is administered to everyone in the meeting that is filled out to update everyone on the case. The information on the assessment is broad and covers such things as child behaviors, parent behaviors, family dynamics and interactions, schooling, past interventions, placement recommendation and reasoning, involved agencies, past placements, past pre-placement team screenings, and the future placement plan.

It was great to see first-hand the actual placement discussions and I was surprised at how well the group seemed to cover every aspect of the family and its situation in trying to come up

with the best placement decision. Including the families' input was something common not only in the pre-placement screening meeting but also with two of the social workers who discussed the supplementary assessment process they are now using.

Jean discussed the Signs of Safety technique which is a solution focused assessment where safety is created in the home for the child by making the caregivers accountable for their actions. Relatives, neighbors, and friends are brought in and given the responsibility to check in on the family multiple times a day to ensure dangerous behaviors are not occurring. The family's input towards who they believe will support them is the largest component of this technique. Jean explained that since using this assessment style they had fewer out-of-home placements.

As mentioned earlier, Amy's county had fewer placements as well after beginning to use the Comprehensive Family Assessment. This assessment technique includes examining seven to eight areas of each family's life, which in Amy's opinion really encompasses every necessary aspect:

...I think the CFA model that we're using now really, there isn't an area of a family's life that we don't at least ask the question. Some families are more forthcoming than others but all of that information, and it's not just interviews with families. We go back and look at the case file, we talk to teachers, anybody who knows anything about the family, that information goes into the assessment.

The family is interviewed and answers questions about their perceived ability to provide a safe environment and then the social worker makes an assessment on those same aspects. For example, while addressing a parent's mental health the social workers asks if the caregiver has ever been diagnosed with a mental disorder and then within the notes gives an opinion of the caregiver's mental functioning and notes any actual known diagnoses.

Although exact statistics are not yet available for any of the counties that use the more detailed assessment processes, the opinion of the social workers is that there is less out-of-home

placement since the implementation of the supplementary assessments. The SDM is still used by all of the workers because it is state mandated but opinions vary as to the benefits of the tool. The overall opinion was positive but the descriptions of the tool and the actual use of it demonstrated that it was not highly regarded. It includes gaps, is too standardized, and therefore biases are built into it, which make receiving a different risk rating impossible for some families, especially young parents.

All of the social workers felt they had the right amount of discretion in their work to make the best decisions for children. However, the benefit of discretion is questionable. Jon showed concern that because the assessment tools are created and used by humans, bias is inherent. Sarah also questioned the use of stereotyping by workers in counties with a larger minority population. And as Amy described, with the implementation of a more streamlined process, discretion is cut along with the number of out-of-home placements.

Discussion

The social workers demonstrated a contradicting view of the required assessment tool known as the SDM. While the overall opinion of the tools' necessity and value was positive, the consensus among the workers was that they only use the tool because it is required by the state. The gaps and questions in the tool that create discrimination against young parents and the complete lack of reference to race are among some of the issues with the tool. The social workers did feel that they had the proper amount of discretion to make the best decision for children even with the limitations of the required SDM. The override feature built into the tool and communication with supervisors allows the social workers to change the risk levels that the SDM gives if they believe it is necessary.

Although the interviewees were happy with the level of discretion they were allowed, there still remains the question of whether that discretion benefits the families involved with the social work system. As the social workers described, it is their responsibility to bring in sensitivity to minority groups because the SDM does not include any racial factors. However, it is difficult to determine if all social workers are successfully accomplishing this task. As mentioned earlier, some of the workers felt that if more discretion and freedom were allowed, there would be more bias occurring in placement decisions. The implementation of a stricter, more streamlined process which cuts down on discretion in one of the counties has led to fewer out-of-home placements.

According to Rizter (2001), one of the costs of efficiency in a formally rational system -- streamlined with rules, guidelines, and limited human judgment -- is that people become victims of the system. Consumers or users of the system are forced to take on some of the work which is cut back on by the efficiently streamlined system (Rizter 2001). In a way, this is what occurs within the social work system as well. The streamlined process and stricter guidelines may drop the out-of-home placement rate, but rather than placement, the families deal with services in the home in the form of alcohol treatment, check-ins by friends and relatives, or other means of treatment. Although this situation may be preferred by most families, more work is required to keep the children in the home due to the streamlined system of assessment. Because recent data is not yet available for the placement rates in the counties that have implemented the stricter assessment guidelines, the effect that this process has on minorities is unknown. Further research may be able to examine whether a stricter process with less social worker discretion benefits minorities as well as Caucasian American families rather than victimizing the users of the social work system.

Houston (2002) specifically applies Weber's theory of rationality to the social work system. Trying to overcome the dim outlook of Weber's theory, and operations becoming increasingly based on formal rationality, Houston (2002) suggests the idea of hyperrationality in which all forms of rationality are used to run a system. In a hyperrational system a decision may be made based more heavily on any one of the rationalities after a thorough discussion between the actors who support that rationale. This is often times easier to aspire to than actually accomplish during the assessment process when one worker is attempting to determine the best option for the child. The state does require a meeting between supervisor and worker to occur before a placement decision is made, however this meeting looks different depending on the county.

The interviewees from larger counties only mentioned communication with supervisors when describing the override process or explaining their levels of discretion under certain supervisors who can be more or less flexible. They never described a meeting or thorough discussion of concerns for the children other than to get a decision approved. Needless to say, the hyperrational system of functioning was not apparent in most of the cases. A good example of hyperrationality did occur during the pre-placement screening team meeting that I attended in one of the more rural counties. Because of their small size and therefore fewer reports and placements in general, their pre-placement meeting is just that—an actual meeting. By including different people in the process who all hold different concerns for the child, a discussion including each of the rationalities exists. In my experience at the meeting, the supervisors used formal rationality to weigh the placement decisions. In one example, they were concerned about which option would create the best outcome for the child and were thinking about future decisions and how the child would be cared for after exiting treatment and returning home. They

were also more concerned with the procedural aspects of the placement decision such as signing off on the paperwork and setting up future check-ins for each case. The psychologist debated the theoretical view and discussed the different reasons for specific behaviors of the child in order to create an understanding of what could benefit the child most. The parents generally used substantive rationality as they discussed their values about what was important for their children and the best decision for them to become normally functioning adults. The social workers debated from a practically rational standpoint as they discussed what has worked in similar situations.

The broad viewpoints that were established during the pre-placement screening meeting are the best example of a hyperrational system in which each form of rationality could be articulated and weighed so that a thoroughly examined decision was made. Other instances where multiple rationalities were brought into the assessment process were with the supplemental assessment techniques, Signs of Safety and the Comprehensive Family Assessment, which were implemented in two counties. These processes also included more substantive family input within the Comprehensive Family Assessment and practical input from family and friends on what will work and what is possible for day to day assistance for the families within Signs of Safety.

Neither the SDM nor the supplemental tools included any factors specifically relating to racial sensitivity during the assessment process. As the social workers described, it is the responsibility of the workers to be aware of racial issues and possible biases. Although none of the tools specifically included racial factors, those tools in which the family and their support system were involved allowed for more information to be taken into consideration during the process. When more familial information and possible support networks are included in the

assessment process, this allows for a more well-rounded placement decision to be made and therefore may work against possible biases. Further research may be able to specifically examine if assessment processes in which a comprehensive view of the families' situations, rather than an assessment of only the primary caregiver, create fewer disparities among placement rates for minorities.

The immediate implications of the current research vary. While it is apparent that racial sensitivity is a necessity for social workers, according to the workers in this research, it is not always something that is taken into consideration. It is important that social workers continue to work with cultural sensitivity. While the SDM is the mandatory assessment tool in Minnesota, other counties have implemented additional assessment tools in order to include more information in the placement decision. Those counties that have done so believe to have fewer placements, although it is not known whether the gap between minority and Caucasian American rates has closed. Implementation of supplemental assessment techniques by other counties may result in fewer placements as well, allowing families to work on succeeding with their children in the home.

Conclusion

Now I would like to return to my research questions and reflect on how my findings answer these questions. First I asked whether it is possible for hyperrational social work to exist within a system of strict guidelines and standardized assessment tools. Based on my interviews it appears that assessment processes that include a broad discussion and more familial input such as the pre-placement screening meeting, Signs of Safety, and the Comprehensive Family Assessment make it possible to achieve a hyperrational system in which each of Weber's forms of rationality can be applied. This prevents a strict formally rational system and still allows for

the proper amount of human judgment. I also attempted to discover the extent that social workers are able to use their own judgments to determine whether children need to be removed from their homes. The social workers that were interviewed were satisfied with their level of discretion during the assessment process. The ability to use discretion is tightly tied to supervisors as they must approve all placement decisions and overrides. Finally I was determined to explore how the social work system takes into account differences in child treatment by different racial groups and what facets of the assessment tools are specifically designed for racial sensitivity. Although no assessment tool takes into account racial factors and all racial sensitivity needs to be brought in by individual workers, further research may be able to examine whether or not tools that incorporate a broader view of the family help to close the gap between minority and Caucasian American placement rates.

Appendix A

Recruiting Email

My name is Ashly Rieland and I am an undergraduate student at the University of Minnesota studying in the Sociology department. As part of my senior thesis I am conducting research on the process and assessment tools that social workers use while determining whether or not children should be placed in out-of-home care.

As part of my data I am conducting interviews with actively working social workers to gather information on how and if the assessment tools and processes of determining out-of-home placement contribute to the racial disparity in Minnesota placement rates. The interviews will be audio recorded and will take approximately 30-45 minutes. I am willing to meet in offices or wherever is most convenient for you, the participants. I am aware that your schedule is very busy and I appreciate willingness to take time to help me complete my research which is required to receive honors at graduation.

Please contact me by email at ashly.rieland@gmail.com or by cell at [320.237.3999](tel:320.237.3999) to set up an interview time and place. I thank you for your time and participation and look forward to hearing from you!

Appendix B

CONSENT FORM

Advanced Project Seminar

You are invited to be in a research study of child out-of-home placement rates. My name is Ashly Rieland. I am a senior at the University of Minnesota. I am conducting this research project to fulfill a requirement for graduation.

You were selected as a possible participant because your professional work is directly involved with the process that I am interested in studying. Please read this form and ask any questions you may have before agreeing to be in the study.

Background Information:

The purpose of this study is to determine what factors of social workers' assessments may contribute to the racial disparities among out-of-home placement rates as well as the discretion social workers are allowed to use when determining out-of-home placement.

Procedures:

If you agree to be in this study, we would ask you to do the following things. You will be participating in a 30-60 minute audio-recorded interview which will cover questions about the professional work you do regarding out-of-home placements for children.

Risks and Benefits of Being in the Study:

Although child protection is a sensitive topic for some, there are no extra anticipated risks due to participating in this study as the questions asked relate to the work you do on a daily basis.

There are no direct benefits to you for participation in the study.

Confidentiality:

The records of my study will be kept private. In my Senior Project report, I will not include any information that will make it possible to identify a particular subject. Research records will be kept in a secure place that only I will have access to. Your name will not be kept on any such records.

Voluntary Nature of Study:

Your decision about whether to participate will not affect your current or future relations with the University of Minnesota. If you decide to participate, you are free to withdraw at any time, or to refuse to answer particular questions.

Contacts and Questions:

My name is: Ashly Rieland (phone: 320.237.3999; email: ashly.rieland@gmail.com). My faculty advisor is: Kathleen Hull (phone: 612.624.4339; email: hull@umn.edu). If you have questions about this study, you may ask them now, or contact either of us in the future.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), contact the Research Subjects' Advocate line, D528 Mayo, 420 Delaware Street Southeast, Minneapolis, MN 55455; telephone (612) 625-1650.

This is your copy of this consent form to keep.

Appendix C

Social Worker Interview Questions

1. Could you briefly describe the entire process of determining out-of-home care once a child protection report has been made?
2. Are there specific guidelines other than state laws that you use to investigate and determine whether out-of-home placement is necessary?
3. What is your opinion of standardized assessment tools?
4. With the standardized assessment tool and the laws surrounding placement, do you feel you have proper freedom to make the best decision for the child?
5. How do you think the quality of decisions would change if each case were assessed on an individual basis without a standardized measurement of comparison?
6. How do you feel the assessment tool affects your freedom to include information you believe is important for the placement decision but does not have a specific place in the assessment?
7. Do you think there are any biases or assumptions built into the assessment tool that put certain groups of people at a disadvantage?
8. How well do you feel the assessment guidelines address investigating minority families?
9. What do you feel is the most difficult part in determining whether or not a child should be placed in out-of-home care?
10. Are there any final comments about the assessment process that you would like to share?
11. Do you have any questions for me?

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