

Black/White Racial Disparities in Child Welfare: Findings from Linkages to Birth Record Data

Barbara Needell, PhD, MSW

Emily Putnam-Hornstein, PhD, MSW

Center for Social Services Research, University of California at Berkeley

This presentation was a brief summary of a work in progress---linking birth records for 530,843 children born in California in 2002 with their possible California child welfare records in the first 5 years of life. Fourteen percent (74,182) were reported for maltreatment, six percent (27,805) found to be victims, and under one percent (4,388) entered foster care. We examined Black/White disparities in reporting, victimization, and foster care entry, adjusting for sociodemographic and biomedical risk factors gleaned from the birth records (i.e., child sex, birthweight, birth abnormalities, prenatal care, maternal birthplace, maternal race/ethnicity, birth payment method, maternal age, maternal education, abortion history, paternity information, and birth order). We found significant interactions between a number of the covariates and birth payment method, which led us to stratify multivariate models into an indicator that separated Medicaid recipients from others (who mostly had health insurance). This payment indicator can be viewed as a crude SES indicator, with the Medicaid group presumed to be of lower SES. Forty eight percent of the Black children were born to mothers in the Medicaid group, compared to nineteen percent of the White children. Our analyses demonstrated how important it is to look below summary indicators of disparity. While overall Black children were more than twice as likely to be reported (Risk Ratio 2.25), victimized (Risk Ratio 2.48), and/or enter foster care (Risk Ratio 2.55) as White children, stratification by birth payment clarified that disparities were virtually non-existent, or even reversed, for the Medicaid (lower SES) group.

Important questions remain that are not answered by this analysis:

Why are Black mothers and children more likely to be in the Medicaid group?

Are the service needs of Black and White lower SES mothers and children the same, and are they being addressed?

Are we using the same “threshold” for intervention for Black and White mothers and children?

What are the appropriate rates for Black and White children for child welfare events?

Birth records are a valuable source of data that may be useful in the targeting of resources for mothers and children at risk of child welfare intervention. For example, we saw that 15 percent of the children in the birth sample accounted for about 50 percent of children who were reported for maltreatment. We are continuing to work on this analysis of key front end decision points.