

UCLA

Pritzker Center

For Strengthening Children and Families

BEYOND BLIND REMOVAL

Color Consciousness and Anti-Racism in
Los Angeles County Child Welfare





ABOUT THE UCLA PRITZKER CENTER

The UCLA Pritzker Center for Strengthening Children and Families unites a multidisciplinary network across campus and throughout LA County to identify prevention strategies that safely reduce the need for foster care, while supporting equitable reform across child and family serving systems.



Collaboration is at the heart of the UCLA Pritzker Center. Our work comes to life through research, education, and partnership. As a bridge from UCLA and into neighborhoods across the region, we team with researchers and community leaders to boldly challenge and resolve the systemic issues that result in family separation and foster care, which have made Los Angeles County's child welfare system the largest in the nation.



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TERMINOLOGY

DCFS TERMINOLOGY

LA County Department of Children and Family Services (DCFS)

County child welfare organization comprised of 20 regional offices, including the Compton-Carson and West Los Angeles (WLA) offices.

Emergency Response (ER) Unit

Unit responsible for investigating referrals of alleged child abuse or neglect received from the Child Protection Hotline.

Children's Social Worker (CSW)

The representative who works with the family being investigated by, or receiving services from DCFS.

Supervising Children's Social Worker (SCSW)

The person who oversees and guides casework services provided by CSWs.

Assistant Regional Administrator (ARA)

Supervisor of SCSWs. Responsible for multiple units, such as the Emergency Response units.

Regional Administrator (RA)

Supervises all department units within a DCFS regional office.

TERMINOLOGY USED IN THIS REPORT

Black Families, Children, and Communities

The terms Black families, Black children, and Black communities are used throughout this report for purposes of consistency. The exception is when interview participants are directly quoted and use the term African American. Black communities may comprise people from across the African Diaspora, such as Black Africans, Black Americans or African Americans, Black Caribbeans, Black Latin or South Americans, as examples.

Town Hall Participants

Individuals who attended the blind removal townhall hosted by DCFS and UCLA Pritzker Center on March 2, 2022.

Study Participants

Interview participants and survey respondents.

Interview Participants/Interviewees

DCFS employees from the West LA and Compton-Carson offices who were interviewed about the blind removal pilot for this study.

Case Reviewers

Interviewees without access to information about race and ethnicity and responsible for discussing the results of investigations during the blind removal reviews. In West LA, this included representatives from County Counsel, Continuous Quality Improvement, Core Practice Model, and Risk Management. In Compton-Carson, this included the ER ARAs.

Administrators

Interviewees with access to race information and responsible for designing and implementing the blind removal pilot in each office.

Survey Respondents

ER CSWs and SCSWs from West LA and Compton-Carson who were responsible for conducting and supervising investigations during the blind removal pilot, had at least one case reviewed through blind removal, and participated in the post-pilot surveys.

A NOTE TO THE READER



“ WE HAVE TO DO WHAT WE’VE NEVER DONE BEFORE TO ACHIEVE RESULTS WE’VE NEVER EXPERIENCED. ”

— Los Angeles County Supervisor Holly J. Mitchell

On July 13, 2021, the Los Angeles County Board of Supervisors passed a motion authored by Supervisor Holly J. Mitchell to pilot blind removal. Supervisor Mitchell stated, “This pilot and this whole conversation may be uncomfortable for some. However, from my perspective, the data compels us to seek out every practice that will help us guard against bias and, ultimately, the overrepresentation of children of color in our child welfare system. In achieving fundamental change, we have to do what we’ve never done before to achieve results we’ve never experienced.”

As readers digest the report that follows, the content may cause significant discomfort stemming from painful, lived personal experiences and perspectives shaped by social constructs made implicit through centuries of white supremacy and structural oppression. Readers are invited to practice self-care while navigating this content and to consider reading the findings with a group to engage in collective reflection.

Readers are also invited to consider the history, context, and intersectionality of the child welfare system and its impact on communities and families of color. This system and its professionals are often acting in response to the persistent consequences of racial injustice and structural inequality. These factors provide important background on how we arrived at the current state of child welfare and require us to acknowledge the unconscious bias informing our responses toward families in need.

Contrasted with the enduring impact of institutional racism, readers are further invited to consider the novelty of blind removal in Los Angeles County. Though other efforts concerning racial equity have been and continue to be made by the Department of Children and Family Services (DCFS), no other publicly available evaluation has assessed those efforts within the Los Angeles County child welfare system. This report puts forward an analysis of some issues stakeholders are likely to encounter on the long path toward healing a racialized system. Thus, while we examine blind removal, we aim to move beyond it through the lessons learned. Doing so will advance the march toward a color-conscious child welfare system where Black families thrive.



EXECUTIVE SUMMARY

Racism in the United States is historically tied to colonialism and the institution of slavery. This history is critical for understanding the context in which today's child welfare systems operate and respond to allegations of child abuse and neglect and the institution's racial socialization. In the United States, there is a long history of separating Black children from their families. Child removal dates back to the extensive period of slavery, from 1619 to 1865. Many Black families continue to feel the threat of separation today vis-a-vis the child welfare system. This threat and the reforms necessary to eliminate or reduce it were magnified by the 2020 murder of George Floyd and the subsequent uprisings against racial injustice.

**BLIND REMOVAL
AIMS TO REDUCE RACIAL
DISPROPORTIONALITY BY
REMOVING RACIAL
DEMOGRAPHICS FROM THE
REMOVAL DECISION-MAKING
PROCESS AFTER AN
INVESTIGATION OF ALLEGED
CHILD ABUSE OR NEGLECT.**

In the summer of 2020, the UCLA Pritzker Center hosted a three-part series with Dr. Jessica Pryce to explore solutions to reduce and eliminate racial bias in child welfare systems, which included a discussion of a concept called blind removal. On July 13, 2021, the Los Angeles County Board of Supervisors passed a motion authored by Supervisor Holly J. Mitchell to pilot blind removal. Blind removal is one intervention among many leveraged by DCFS to address racial disproportionality. In October 2021, DCFS began meetings with the UCLA Pritzker Center to plan the blind removal pilot and evaluation. In August 2022, West LA began the pilot and ended it in July 2023. Compton-Carson began the pilot in September 2022 and ended in August 2023.

EXECUTIVE SUMMARY

The blind removal pilot has been subject to several criticisms and concerns. Supervisor Mitchell spoke to several of these concerns in her July 13, 2021, remarks at the LA County Board of Supervisors meeting. First and most importantly, the concept of color blindness perpetuates existing racial inequities. Colorblind approaches are widely considered harmful to Black people and people of color because they seek to negate race and all the experiences that come with being a racial minority in this country. However, in practice, although the strategy itself involved a color-blind protocol, the day-to-day experience of blind removal involved significant and insightful discussion about the role of race in child removal. Second, many town hall participants suggested that blind removal was unnecessary, given LA County's diverse workforce. However, racial representation among social workers does not dismiss the data that continues to demonstrate disproportionality and disparities among Black children and families involved with LA County's child welfare system. Third, child safety was repeatedly mentioned as a concern for stakeholders at the town hall meeting and, thus, as a reason to forego blind removal. However, significant steps were taken to uphold and address this concern by ensuring that children experiencing immediate safety risks did not have their cases routed for blind removal review. Risk of harm was held out as the highest priority in this study and, to some extent, limited its reach. Fourth, advocates for tribal families expressed concern that in the absence of collecting certain demographics, social workers risked violating the Indian Child Welfare Act (ICWA). This concern was also cited in Governor Newsom's veto of the California Assembly Bill 2665 (proposing funding for a state blind removal pilot) in September 2022. Notably, no tribal families were involved in the blind removal pilot. Finally, some interview participants were concerned that the existing ERDD work would be compromised by blind removal.

Quantitative and qualitative data were collected to better understand the blind removal pilot implementation in each DCFS office. Three administrative datasets provided by DCFS were also used to evaluate the pilot. There are several limitations to this evaluation study. First, DCFS previously implemented ERDD and SAFE Reductions (4DX) in several offices to address racial disproportionality. Therefore, blind removal was implemented adjacent to these existing practices, thus confounding the attribution of any recent changes in racial disproportionality or the number of children removed from their families to any one intervention. Second, DCFS could not provide case IDs to match data across the three datasets. Third, the blind removal reviews were not conducted for all cases deemed appropriate for the intervention, limiting the scope of analysis.

Study findings describe blind removal implementation in two DCFS regional offices, West Los Angeles (West LA) and Compton-Carson. The blind removal intervention was implemented differently in each office. West LA convened a panel of diverse staff and County Counsel to serve as blind removal case reviewers. Compton-Carson relied on their usual case consultation process but drew on an administrator outside the supervisory line of the staff presenting cases for blind removal review. The benefits of each approach highlight the merits of automatic blind removal review of all cases potentially necessitating child removal, the efficiency of timely case review with a single reviewer, and the diverse panel supporting varied views on safety versus risk assessment. The drawbacks suggest administrative staff experienced increased workloads upon blind removal implementation, bias may be introduced when staff with access to race information may selectively refer cases for blind removal review, and convening a panel to conduct blind removal reviews may not be feasible.

Descriptive analyses of administrative data document that Child Protection Hotline referrals to both offices declined over a five-year three-month period but racial disproportionality persisted, particularly for Black children and their families. This means that Emergency Response units charged with investigating hotline referrals inherited racial disproportionality from the hotline. Parallel analyses showed that fewer children were removed from their families by each office over the same period, yet racial disproportionality persisted with Black children overrepresented in removals in both offices and Latinx children overrepresented in the West LA office during most quarters. Given the limitations previously delineated, this evaluation could not link the ongoing problem of racial disproportionality with either the disproportionality inherited from the hotline or bias in the investigative process. However, these quantitative findings suggest the importance of learning more about how child welfare staff perceive the role of race in decision making.

Findings from the qualitative interviews delineated how the structure and contained practice of blind removal amplified consciousness of the role of race in decision making for case reviewers, in particular. Engaging in safety versus risk assessment without access to information about the race or ethnicity of the family whose case was under review forced case reviewers to think and reflect differently about their usual ways of working. Heightened awareness of how race influenced their decision making before the blind removal pilot served as a catalyst for changes in practice. Interviewees changed the questions they asked about families, used different sources of information, and evaluated safety versus risk differently.

The motion directing DCFS to complete a blind removal pilot called for an academic report on the pilot's findings, recommendations for future

implementation, and policy and practice reform. At the outset, future utility of blind removal in Los Angeles County may be limited unless significant efforts are made to provide appropriate staffing and time to scale the strategy, coupled with consistent and enhanced data management. However, for other jurisdictions considering blind removal, it may be a worthwhile effort given the possibilities it holds when implemented with proper support and the insights it can afford concerning race and racism within the agency. Recommendations concerning future implementation involve providing advance notice before implementing the pilot, standardizing the blind removal process and data collection, and implementing a diverse consultation panel.

As to policy and practice recommendations, upstream enhancements and assessments targeting the root cause of disproportionality are advised. Specifically, mandatory supporting offers excellent opportunities for reform. Pairing this new strategy with ongoing evaluation is advised. Concurrently, DCFS must invest in the necessary resources for cultural transformation, from leadership to the line. The shift required is systemic and scalable, and while it may be achieved office-to-office, it must be uniformly applied and accounted for across all regional offices. Efforts must go beyond simply informing staff about racial injustice and bias. Cultural transformation must facilitate opportunities for staff at every level to gain a deeper understanding of systemic racism and personal biases, and then apply what staff members learn to practice. Likewise, instructive recommendations for reform contained in the [2021 Path to Racial Equity report](#) authored by Alliance for Children's Rights are again offered for reconsideration.

DCFS has implemented various efforts (ERDD, 4DX) to address racial injustices in child welfare.

EXECUTIVE SUMMARY

We know little about these efforts and why they do or do not work. Deeper analysis of these efforts is recommended, especially where other reforms around mandatory reporting and child safety are concerned. Given the scope of issues concerning racial equity, external support for the ongoing development and evaluation of the Office of Equity's impact is advised. Evaluation of the foregoing efforts should engage members from impacted communities in defining outcomes and developing meaningful measures of change.

In summary, various limitations presented challenges throughout the course of this study. Nevertheless, disproportionality remains a prominent feature of the Los Angeles County child welfare system. This reality is exacerbated by the countless disproportionate harms impacting Black individuals, families, and communities across this country due to systemic racism and intersectional harms. By implementing the Los Angeles County Board of Supervisors' directive to pilot blind removal, DCFS took novel and bold steps to document its internal processes and chart a new course for Black families involved with the child welfare system. These efforts build on past and present efforts, such as ERDD and SAFE Reductions (4DX), in addition to mandatory supporting and the Anti-Racism, Diversity, and Inclusion (ARDI) Initiative in LA County. For these reasons, the following report articulates a vision that thoroughly documents the pilot, but necessarily urges readers and stakeholders to imagine a color-conscious future for Black families that goes well beyond blind removal.





INTRODUCTION

Racism in the United States is historically tied to colonialism and the institution of slavery. Various laws perpetuated racial hierarchies, and both reinforced and strengthened harmful narratives about Black individuals, families, and communities. Lies supposedly based on science proclaimed biological differences among races, thus falsely justifying slavery and discrimination. These inaccurate claims gave rise to redlining and other forms of segregation, causing lasting trauma, economic inequity, and disparities in areas such as education, housing, criminal justice, employment, healthcare, and, specifically, the child welfare system. This history is critical for understanding the context in which today's child welfare systems operate and respond to allegations of child abuse and neglect and the institution's racial socialization.

In the United States, there is a long history of separating Black children from their families. Child removal dates back to the extensive period of slavery, from 1619 to 1865. Black families developed strong bonds to survive such horrific circumstances, but children and their parents remained under constant threat of being sold at auction and separated. Black family members notoriously posted "last seen" ads, searching for information about their siblings, children, or parents long separated from one another by white slaveholders. Many Black families continue to feel the threat of separation today vis-a-vis the child welfare system. This threat and the reforms necessary to eliminate or reduce it were magnified by the 2020 murder of George Floyd and the subsequent uprisings against racial injustice. In the days that followed, child welfare systems and their stakeholders began having deeper and more honest conversations about addressing the longstanding connections between racism and the child welfare system.

In the summer of 2020, the UCLA Pritzker Center hosted a three-part series with Dr. Jessica Pryce to explore solutions to reduce and

eliminate racial bias in child welfare systems, which included a discussion of a concept called blind removal, which aims to reduce racial disproportionality by removing racial demographics from the decision-making process. In the following months, DCFS took steps to implement various strategies of blind removal to address racial disproportionality. This report details the events that followed, including the report on the findings of the pilot, as well as recommendations for future implementation and policy and practice reform.

Timeline and Related Events

In September 2020, then DCFS Director Bobby Cagle expressed interest in additional training from Dr. Pryce about the blind removal process. After a series of discussions with DCFS leadership, steps toward developing a pilot and evaluation were taken by DCFS and the UCLA Pritzker Center. Around the same time, Casey Family Programs staff notified the UCLA Pritzker Center that DCFS also wanted to implement the Four Disciplines of Execution, also known as "4DX," to reduce racial disproportionality by 10%. The leadership and goal setting concept of 4DX is based on the principles of focus, leverage, engagement, and accountability. In February 2021, the UCLA Pritzker Center had conversations with DCFS and Casey Family Programs staff, warning against the challenges of doing 4DX and blind removals simultaneously and in the same offices. The reason for this concern was that any findings around removals would be difficult to identify the source of change, given the implementation of two different programs. Concurrently, in February 2021, on behalf of the UCLA Pritzker Center, DCFS submitted a letter to the Doris Duke Foundation in support of a grant for the UCLA Pritzker Center to evaluate blind removal. In March 2021, DCFS withdrew its initial plan to pilot blind removal. Meanwhile, 4DX moved forward and was implemented in regional offices throughout Los Angeles County. In July 2021, the

UCLA Pritzker Center met with DCFS to discuss an evaluation of 4DX, but DCFS made no subsequent plans with the UCLA Pritzker Center. Concurrently, in July 2021, the LA County Board of Supervisors passed Supervisor Holly Mitchell's motion to pilot blind removal and selected the UCLA Pritzker Center as the evaluator, with an expected start date of December 2021. In October 2021, DCFS began meetings with the UCLA Pritzker Center to plan the blind removal pilot and evaluation. By then, several offices were trained and had implemented 4DX. Two offices were chosen for the pilot, both in the second supervisorial district that Supervisor Mitchell oversees. Compton-Carson had previously implemented 4DX and Eliminating Racial Disparities and Disproportionality (ERDD), whereas West LA had not implemented either practice. In March 2022, a virtual town hall open to the public was co-hosted by DCFS and the UCLA Pritzker Center. In July 2022, Brandon Nichols was named DCFS Director. In August 2022, West LA began the pilot and ended it in July 2023. Compton-Carson began the pilot in September 2022 and ended in August 2023.

DCFS used 4DX leadership and goal setting to apply a business model to complex DCFS service delivery. DCFS named this Strong Assessments from Engagement (SAFE) Reductions. SAFE Reductions leverages multiple strategies – ERDD roundtables, cultural brokers, and father engagement – to safely reduce the number of Black children removed from their families. ERDD and cultural brokers identify and engage members of and organizations within the Black community in partnership with DCFS in the service of several goals: increasing cultural competency around Black families, parenting, and historical contexts among DCFS Emergency Response (ER) unit staff as they assess safety versus risk for children in the context of their current family dynamics during investigations, problem-solving

collectively to identify community-based supports and resources that may serve children and their families mitigating risk factors, and offering direct support to Black families from members of their communities increasing protective factors. Further, father engagement aims to ensure that children's fathers and paternal relatives are located, engaged, and considered as potential resources, thus increasing the support available to their children, and diverting children in many families from removal and placement in the foster system. Drawing from data collected before the blind removal pilot, focus group participants from the Compton-Carson office where ERDD was well-established shared that ERDD helped staff to reframe the meaning they assigned to patterns of communication or behavior within Black families, increased community engagement and resources for Black families, and reduced child removals from Black families.

Critique and Concern

The blind removal pilot has been subject to several criticisms and concerns. Supervisor Mitchell spoke to several of these concerns in her July 13, 2021, remarks at the LA County Board of Supervisors meeting. To further address concerns, DCFS and the UCLA Pritzker Center hosted a public town hall concerning blind removal in March 2022. The criticisms and concerns that follow were articulated and addressed as outlined next.

First and most importantly, the concept of color blindness perpetuates existing racial inequities. Colorblind approaches are widely considered harmful to Black people and people of color because they seek to negate race and all the experiences that come with being a racial minority in this country. Stakeholders widely questioned why, at a time of the racial uprising, blind removal would be offered as a solution to racial bias. In response, blind removal was offered as a single tool in a much larger effort to

INTRODUCTION

learn about the role of racism in child welfare. Blind removal was never posited as a panacea. However, in the absence of other evaluations critically assessing the role of race in child welfare decision making, the blind removal pilot was viewed as an opportunity to assess the attitudes and perspectives of DCFS staff and social workers toward race, racism, and racial bias. Thus, whereas the strategy itself involved a color-blind protocol, the day-to-day experience of blind removal involved significant and insightful discussion about the role of race in child removal. These findings are articulated below.

Second, many town hall participants suggested that blind removal was unnecessary, given LA County's diverse workforce. Stakeholders posited that unlike Nassau County, where Dr. Pryce conducted her research on blind removal, LA County's social workers are largely from minoritized backgrounds themselves and that racial bias in removal decisions was, therefore, implausible. However, racial representation among social workers does not dismiss the data that continues to demonstrate disproportionality and disparities among Black children and families involved with LA County's child welfare system. It should also be stated explicitly that people of color can and do hold negative attitudes and beliefs towards other people of color and that such beliefs can inform stereotypes that contribute to racial bias in child welfare. Some town hall participants echoed this understanding, stating that the data demonstrates a problem and that novel attempts toward resolving it are necessary. Town hall participants also offered that accountability can be heightened by claiming there is an issue because research can lend itself to additional solutions. Further analysis of this issue is below.

Third, child safety was repeatedly mentioned as a concern for stakeholders at the town hall meeting and, thus, as a reason to forego blind removal. Stakeholders suggested that child fatalities could occur because the blind removal process could delay safety decision-making. However, significant

delay safety decision-making. However, significant steps were taken to uphold and address this concern by ensuring that children experiencing immediate safety risks did not have their cases routed for blind removal review. Specifically, cases involving exigency were excluded. Risk of harm was held out as the highest priority in this study and, to some extent, limited its reach.

Fourth, advocates for tribal families expressed concern that in the absence of collecting certain demographics, social workers risked violating the Indian Child Welfare Act (ICWA). This is because the inquiry into the family's Indian status and ICWA eligibility may not be conducted under state and federal law, thus delaying essential tribal collaboration. This concern was also cited in Governor Newsom's veto of the California Assembly Bill 2665 (proposing funding for a state blind removal pilot) in September 2022. Tribal stakeholders reached out to DCFS and recommended modifications to the pilot to ensure ICWA compliance. However, after further review, DCFS determined that modifications were unnecessary given the small number of tribal families potentially affected and that the blind removal consultation would not prohibit ICWA inquiry. Notably, no tribal families were involved in the blind removal pilot.

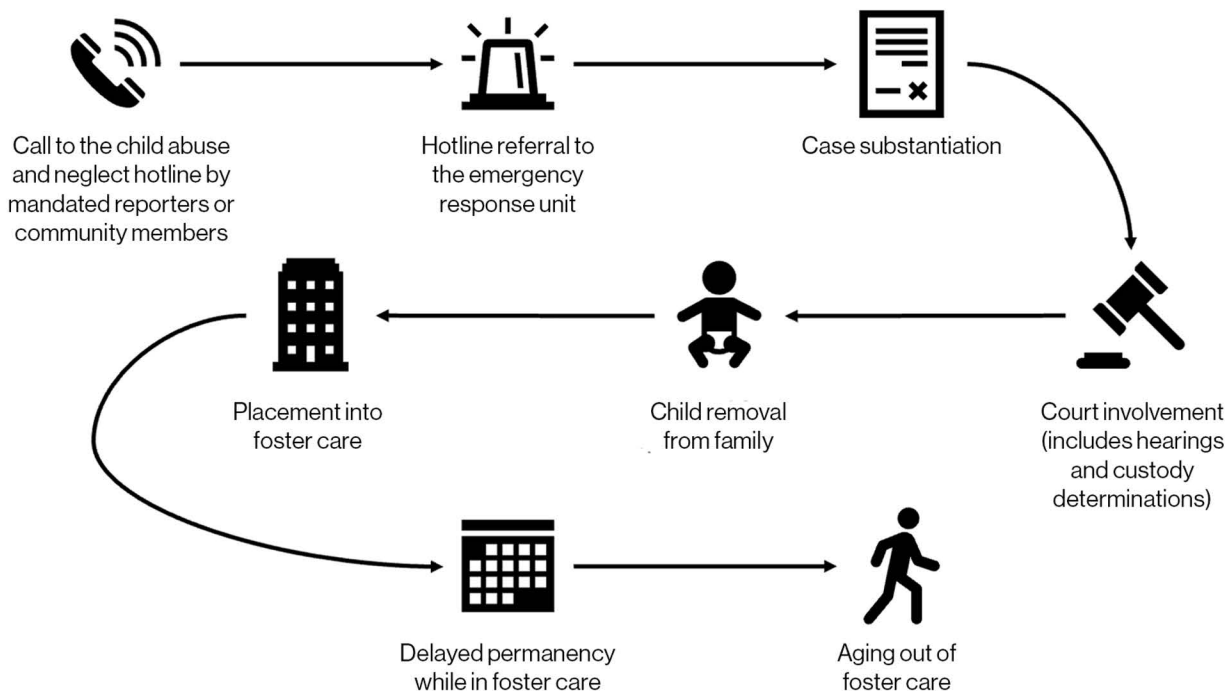
Finally, some interview participants were concerned that the existing ERDD work would be compromised by blind removal. Indeed, town hall participants and study interviewees alike questioned why DCFS would abandon ERDD in favor of a novel approach. These concerns were warranted. Once implemented, blind removal interrupted the ERDD referral process in Compton-Carson because administrators consulting on cases no longer knew a family's race. Referrals to ERDD were mobilized once race became available – after Black children had been removed. Thus, problem-solving and resource identification focused on safely returning children to their parents or other family members rather than preventing removals during the pilot period.



BACKGROUND ON RACIAL DISPROPORTIONALITY AND DISPARITIES IN THE CHILD WELFARE SYSTEM

Racial disproportionality is the over- or under-representation of a specific racial or ethnic group compared to that group's proportion in the population. In contrast, racial disparity compares the outcomes of one racial or ethnic group to another (Dettlaff, 2021). Both racial disproportionality and disparities are common in child welfare systems throughout the United States (Dettlaff, 2021; Garcia et al., 2016; Howard et al., 2021; Legislative Analyst's Office California, 2022; Miller et al., 2014). Racial inequities (disproportionality and disparities) exist throughout various intercepts along the continuum of contact with the child welfare system (see Figure 1).

Figure 1.
Stages in the Child Welfare Process



Note: Figure 1 was developed by the UCLA Pritzker Center to identify decision-making points. This figure is simplified. It does not convey the complexity of each stage for families or DCFS.

Racial disproportionality, which compares the proportion of Black children in one stage of the child welfare system to their proportion within the general population (comparison within race), can be seen in California as Black children are involved with the child welfare system at nearly four times their rate in the state population. (Legislative Analyst's Office California, 2022). On the other hand, racial disparities, which encompass disparate outcomes between children of one race and children of another race, can be seen as Black children experience higher rates of abuse or neglect allegations,

investigations, and substantiations compared to Asian/Pacific Islander, Hispanic, and white children (Dettlaff et al., 2011; Legislative Analyst's Office California, 2022). Moreover, in terms of racial disparities, Black children enter the foster system at a higher rate (11%) compared to their Latinx (4%), white (2%), Native American (2%), and Asian/Pacific Islander (1%) counterparts (Howard et al., 2021). Black children also spend more time in the system than other children from diverse backgrounds (Miller et al., 2014) and experience greater placement instability than white and Latino youth (Garcia et al., 2016). Black

youth are overrepresented in the foster system, with 29.4% aging out of care (as of October 1st, 2023; Webster et al., 2023), a figure significantly higher than their proportion in the general population (Howard et al., 2021). Additionally, compared to Hispanic and white children, Black children have a lower likelihood of permanency, meaning reunification with a parent or caregiver or adoption (Miller et al., 2014).

Racial disproportionality within the child welfare system is linked to systemic inequality and racial bias in society. Higher poverty rates within predominantly Black communities contribute to the overrepresentation of Black children in the child welfare system (Kim & Drake, 2018; Feely, 2021). Furthermore, government and corporate disinvestment in key resources, such as schools, medical centers, grocery stores, and parks in Black neighborhoods, has contributed to greater poverty in these communities (Eisenberg, 2017; Gomez, 2013; Loughran, 2017; Mayorga et al., 2022; Orfield, 2013; Zenk et al., 2005). Disinvestment reduces opportunities within neighborhoods where many Black families live, thereby perpetuating poverty and its related harms. Moreover, families experiencing higher rates of poverty are more likely to interact with multiple child- and family-serving public systems and inherent surveillance (Baughman et al., 2021; Fong, 2020).

The racial disproportionality observed in the child welfare system can also be explained by racial bias in broader society, among mandated reporters across multiple child- and family-serving systems, and among child welfare caseworkers.

Even before children become involved in the child welfare system, Black parents face increased surveillance (Fong, 2020). Black parents are more frequently reported for suspected abuse or neglect than their white counterparts (Krase, 2013; Luken et al., 2021). In addition, Black children and families are roughly two times more likely to be investigated for child maltreatment than white children and their families (Baron et al., 2022). However, these referral rates do not demonstrate that Black parents actually abuse or neglect their children at higher rates than white parents (Thomas et al., 2023). There is no inherent relationship between race and child maltreatment. Although Black children make up 7.6% of the population, they make up 19.3%¹ of allegations made to the Child Protection Hotline in LA County (CCWIP, 2022). Additionally, racial biases of caseworkers influence their decision making, and these biases are magnified by job-related stress, safety concerns, and a lack of community-based resources (Dettlaff et al., 2011; Copeland, 2021). Systemic inequality and racial bias are intertwined and cyclical, inevitably leaving Black children more vulnerable before, during, and after they enter the child welfare system.

Blind removal was piloted to mitigate racial bias in child removal decisions. In the context of blind removal, the child welfare investigation proceeds as usual²; however, in cases where evidence suggests that a child's safety is compromised and removal from a parent/caregiver may be necessary, the case undergoes removal of all demographic information about a family and an additional review by a panel of child welfare professionals (henceforth, case reviewers).

¹ CCWIP data for October 2020 to September 2021 shows that of the total 74,979 children reported (excluding the 13,397 cases with missing race/ethnicity data) to the child protection hotline for allegations of child maltreatment, 14,524 of the children were Black (14524/74979 = 19.37%).

² Child welfare investigations are preceded by an allegation of abuse or neglect made by a mandated reporter or community member and proceed with a caseworker who investigates the allegations made against a parent/caregiver, a supervisor who guides the investigation, and an administrator who, with input from the caseworker and supervisor, approves the outcome of the investigation, i.e., close the case as unfounded, open a voluntary case based on the family's request, or petition the court for removal order after determining a child's safety is at risk.



Blind removal entails redacting any details that might disclose the family's race or ethnicity, including race/ethnicity, names, zip codes, income, school district, and the names of relevant public safety departments. Information such as the child's sex, age, and prior interactions with child welfare services remains unredacted (Baron et al., 2022). The timing of the blind removal meeting depends on the assessed level of risk to the child, with cases requiring immediate action calling for an emergency blind removal meeting. During the blind removal meeting, case reviewers and the initial investigator, supervisor, and administrator deliberate on the safety concerns of the child and explore potential programs to avert family separation or facilitate swift reunification. Following the discussion, a consensus is reached among the blind removal case reviewers and investigative team about providing services in the community or filing a court petition for removal. It is hypothesized that racial disproportionality will be reduced because the investigative team's implicit biases will be mitigated by the case reviewers' input on the case's merits for removal (Baron et al., 2022). The blind removal process enables staff to assess each case based on its unique circumstances, preventing bias from coming into play during decision-making (Pryce et al., 2019).

To date, three studies of blind removal have been published. In Nassau County, New York, Child Protective Services instituted a blind removal process in 2010, along with other efforts to reduce racial bias and disproportionality. Following the implementation of blind removal, removals of Black children from their families decreased from 55% to 29% over five years, however; due to the study design, this drop cannot be causally linked to the blind removal intervention (Loudenback, 2021; Pryce et al., 2021). In Michigan, a quantitative study found that the removal rates for children from both Black and white families decreased similarly following a period of blind removal intervention (Baron et al., 2022). Again, due to this study's design, a causal relationship could not be established between the intervention and the reduction in children removed from their homes (Baron et al., 2022). Finally, Pryce and colleagues (2019) conducted a focus group study with county child welfare staff (e.g., caseworkers to commissioners) in two New York State counties, one implementing blind removal. Findings revealed that staff felt the blind removal process mitigated racial biases in the removal decisions and increased staff awareness of racism and implicit bias. One participant shared that even a family's address could trigger a certain gut reaction about a family's neighborhood and, ultimately, the family's race. In addition to the blind removal process, this county promoted a racially and culturally diverse

Race-Blind Practices in Criminal Legal Systems

In addition to blind removal, race-blind initiatives have been implemented in other settings to reduce the influence of racial bias on decision making, while teaching decision makers about racial bias. In Yolo County, California, the District Attorney's Office implemented the Race-Blind Charging program in May 2021 to eliminate racial bias from charging decisions (Yolo County District Attorney, 2022; Tribune News Service, 2021).

In May 2022, California Assembly Bill 2778 was passed, largely modeled after the Race-Blind Charging program in Yolo County. As codified in § 741 of the California Penal Code, effective January 1, 2024, the California Department of Justice was required to create a 'Race-Blind Charging' system that all prosecutors must then implement by January 2025 (Yolo County District Attorney, 2022). Under the Race-Blind Charging system, the initial case review will be based on information that has been redacted for any facts that could allow the prosecutor to identify the race of the suspect, victim, or witness(es) from the police report. By way of analogy, these examples are illustrative of novel strategies to address racial bias within systems that traditionally impact Black individuals disproportionately.



METHODS

Quantitative and qualitative data were collected to better understand the blind removal pilot implementation in each of the two DCFS regional offices: West Los Angeles (henceforth, West LA) and Compton-Carson. Administrative data provided by DCFS was also used to evaluate the pilot. The North Campus Institutional Review Board at UCLA reviewed and approved the research design and protocols.

Interview and Survey Data

Purposive sampling was used to select participants with direct experience of the blind removal pilot for the post-pilot interviews and surveys (Patton 2002; 2015). All study participants were DCFS employees and functioned as administrators, case reviewers, Children's Social Workers (CSWs), or Supervising CSWs (SCSWs) in each office where the blind removal pilot was implemented. The research team invited administrators to interview and all three (100%) participated. Administrators from each DCFS pilot office invited case reviewers to sign up for interviews. Seven of 11 (64%) case reviewers from West LA and three (100%) case reviewers from Compton-Carson were interviewed. Thirteen people total were interviewed. A West LA administrator invited CSWs and SCSWs who were involved with the blind removal pilot to complete a survey. A Compton-Carson administrator invited SCSWs involved in the pilot to complete a survey and asked SCSWs to invite CSWs who had at least one case reviewed through the pilot to complete a survey. In the West LA office, 7 of 12 (58%) invited CSWs and 6 of 7 (86%) invited SCSWs completed the survey. The response rate for Compton-Carson CSWs is unavailable because the administrator did not know how many CSWs were invited, but 12 CSWs completed the survey, and all 10 (100%) of the SCSWs from Compton-Carson participated. In total, 35 surveys were completed.

Administrative Data

Following the blind removal pilot, DCFS provided three de-identified administrative datasets each for the Compton-Carson and West LA regional offices for analysis. The first dataset documented children referred to each office, excluding evaluated out referrals. The referrals dataset included demographic information and allegations made to the Child Protection Hotline. The second dataset documented the children for whom court petitions were filed in exigent and non-exigent circumstances. The petitions dataset contained demographic information, detention, petition filing, hearing dates, and if the child was placed with their other parent or removed and placed in the foster system. This dataset is described in this report as the removal dataset. The referral and removal datasets spanned five years and three months from April 1, 2018, through June 30, 2023. The third dataset recorded all cases (family and child counts) reviewed through the blind removal pilot. The blind removal dataset included demographic information, allegations made and substantiated, blind removal review date, whether the case reviewer(s) agreed with the decision to remove, and the referral decision outcome. The blind removal datasets encompassed one year from August 1, 2022, through July 31, 2023, for West LA and September 1, 2022, through August 31, 2023, for Compton-Carson.

Data Analyses

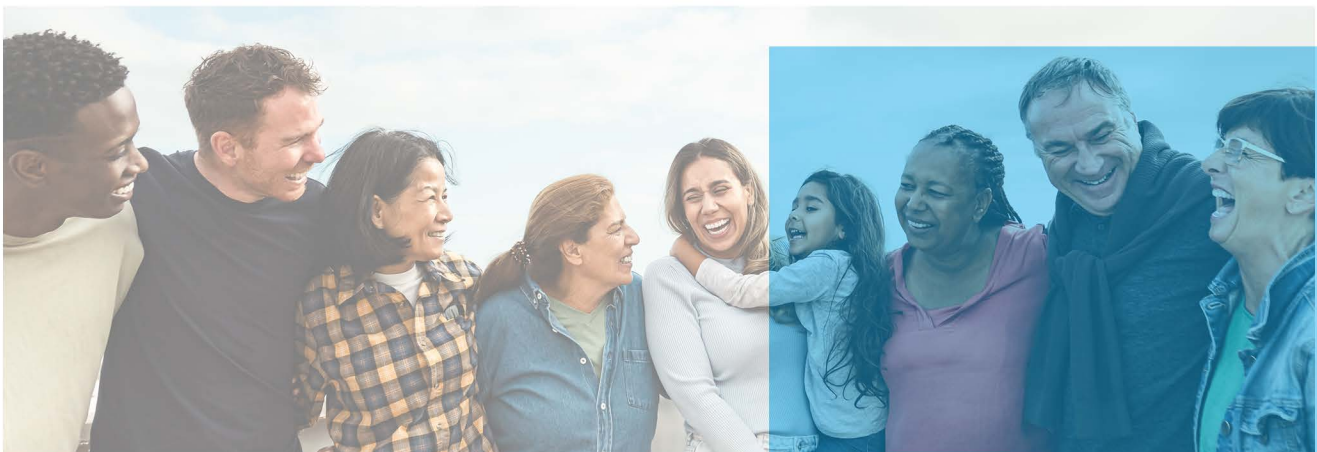
Both quantitative and qualitative data analyses were conducted. To generate descriptive statistics for quantitative data, including information about hotline referrals, child removals, and survey responses, Excel and STATA were used. In addition, racial and ethnic disproportionality indices for each quarter (21 quarters total) were calculated for referrals and removals for both offices.

Interview data were analyzed using a rapid qualitative data analysis approach (Beebe, 1995; 2014). Domains were identified based on interview topics, data matrices were created for case reviewers and administrators, and matrices were populated with data summaries and quotes. Data within and between domains were analyzed, focusing on similarities and differences within and between case reviewers and administrators in each office. Also, findings were compared between participant groups and offices.

A vital aspect of the analysis involved triangulating data from different sources, including qualitative interviews, quantitative surveys, and administrative data (Beebe, 1995; 2014). Triangulation enhanced the rigor and confirmability of the findings (Patton, 1999) and allowed for the integration of quantitative and qualitative findings.

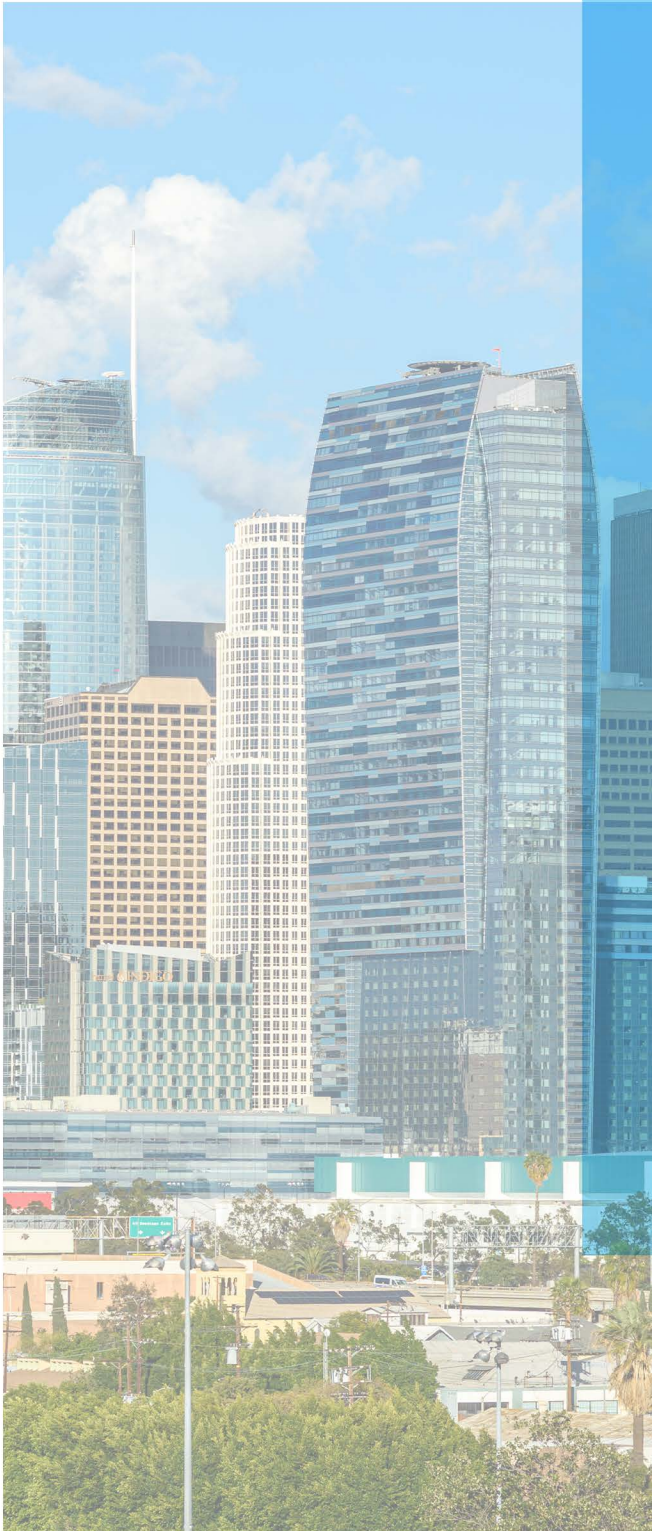
Study Limitations

There are several limitations to this evaluation study. First, DCFS previously implemented ERDD and SAFE Reductions (4DX) in several offices to address racial disproportionality. Therefore, blind removal was implemented adjacent to these existing practices. This confounded the attribution of any recent changes in the number of children removed from their families or racial disproportionality to any one intervention – a legitimate challenge in any applied research setting. Second, DCFS could not provide case IDs to match data across the three datasets, therefore analyses could not be conducted following children’s cases from referral through the blind removal review to an outcome (i.e., referral closed, child remained with parent/caregiver with voluntary or mandated services, child was placed with their other parent, or child was removed from parent and placed in the foster system). Finally, attempting to implement any intervention faithfully presents challenges. Thus, the third limitation: the blind removal reviews were not conducted for all cases deemed appropriate for the intervention (with fidelity to inclusion/exclusion criteria) in the West LA office, thereby limiting the scope of analysis. With these limitations identified, the findings are presented.





FINDINGS



This section presents the key findings of the blind removal pilot conducted in two DCFS regional offices, West LA and Compton-Carson. An overview of the implementation process in each office provides insight into the contexts that influenced the pilot's execution. Second, descriptive results of administrative data analyses for referrals to and child removals from each office, including racial disproportionality indices and trends, provide further contextual considerations. Third, the perspectives of interview participants (N=13; henceforth, interviewees), who played pivotal roles in the pilot's implementation, explored the identified benefits and limitations of blind removal, offering valuable insights for future implementation consideration. Interviewees were comprised of two groups: first, administrators (N=3) who were charged with developing and carrying out the blind removal pilot in each office and had access to race and ethnicity throughout case discussions, and second, blind removal case reviewers (N=10) who did not have access to the race or ethnicity of the family members in the cases they reviewed during the pilot. Survey findings from line staff (N=19) and supervisors (N=16) who conducted investigations reviewed through blind removal augment the interview findings. The findings aim to provide an understanding of the blind removal pilot's contributions and the lessons it affords for ongoing efforts to reduce racial disproportionality within the child welfare system.

Description of the Blind Removal Pilot Implementation

The West LA and Compton-Carson offices were chosen based on their locations serving constituents in the second supervisory district. Each office adapted the intervention's implementation pursuant to factors such as previous work to reduce racial disproportionality, office size, staffing, the volume of referrals received from the Child Protection Hotline, and administrators' preferences. For example, the West LA office underwent repeated leadership changes from 2015 through 2022. Turnover and promotions disrupted practices centering collaboration with families and the community established by stable leadership before 2015 (Point of Engagement; Marts et al., 2008). As noted in this report's introduction, SAFE Reductions (4DX) and ERDD had not been implemented in West LA before the blind removal pilot began; however, staff had participated in implicit bias and cultural humility training. In contrast, leadership in the Compton-Carson office was and continues to be stable. Trusted members of the office supported a leadership transition in 2019, maintaining and strengthening long-established community engagement practices and core values around racial equity and reducing disproportionality. Since 2016, ERDD roundtables routinely involved an array of community leaders, which was bolstered by SAFE Reduction (4DX; 06/01/21-05/30/22) and implicit bias training. These differences between the offices and their differences in size (the Compton-Carson office is three times the size by staffing and case volume than the West LA office) and service area populations (U.S. Census data documents the Compton-Carson service area population as primarily Latinx (81%) and Black (17%) and the West LA service area as primarily white (58%), Latinx (23%), and Asian/Pacific Islander (13%)) undergird how administrators decided to implement blind removal.

Despite variations in how blind removal was implemented, both offices employed a case consultation framework (Appendix B) to guide their investigations of referrals during the pilot. This framework ensured a uniform approach to organizing the findings from each investigation. Additionally, according to administrators in both offices, administrative personnel were tasked with completing the case consultation forms to avoid increasing the workload or altering the contractual duties of unionized frontline staff — thus addressing potential union concerns.



This section describes the blind removal implementation plan in each office. Implementation approaches in each office highlight aspects of the blind removal intervention that proved effective and demonstrated implementation challenges.

Blind Removal Implementation in the West Los Angeles Office

West Los Angeles Implementation Plan

Administrators in the West LA office designed the blind removal implementation with key steps envisioned as follows.

Preparatory steps:

1. Assemble a diverse panel for blind removal reviews. Administrators in West LA prioritized a broad range of viewpoints and selected members outside the routine operations of the Emergency Response (ER) unit. This strategy was intended to create a panel of case reviewers who could assess and, if necessary, challenge the team's decisions regarding child removals. Case reviewers were drawn from County Counsel, the Core Practice Model, Continuous Quality Improvement, and Risk Management and were individuals familiar with but not involved in investigating referrals.
2. Assign the meeting facilitator role to Coach Developers.
3. Provide orientation on the case consultation framework and form to Children's Social Workers (CSWs) and their supervisors (SCSWs), who conducted referral investigations. This orientation would equip them for cases referred to the blind removal panel for review. The Coach Developer would provide orientation.

Usual practice to conduct investigations:

4. Per usual practice, CSWs would conduct investigations into referrals with guidance from the SCSWs and in consultation with the Assistant Regional Administrator (ARA), aiming to preserve family unity safely.

Referral to blind removal panel for case review:

5. When administrators assess that all viable options were exhausted and significant concerns for the child's safety persisted, they would decide to remove the child from the family. Subsequently, these cases would be forwarded to the Coach Developer to organize a blind removal panel review. Thus, cases meeting the criteria for blind removal review included all non-exigent cases with investigations resulting in the decision to remove a child from their family.
6. The Coach Developer would then email the blind removal case reviewers about the review meeting. Initially, meetings were pre-scheduled once weekly at 9 a.m.

The blind removal panel meeting:

7. Before the meeting, the Coach Developer was to prepare the written case consultation form by discussing the investigation with the CSW and SCSW and removing all information that could signal race or ethnicity.
8. During the meeting, the Coach Developer was to present the case to the blind removal case reviewers with the CSW and SCSW present. Case reviewers would ask the Coach Developer questions and discuss the case further. The ARAs would not attend the blind removal meetings and have access to race-related case information throughout the case.
9. After the case discussion concluded and before leaving the meeting, the case reviewers would publicly vote to communicate their agreement or disagreement with the decision to remove. As non-DCFS employees, County Counsel would not vote.
10. After the meeting, the Coach Developer was to enter the data about the blind removal review into a special projects section of the DCFS electronic data system.

West Los Angeles Implementation in Practice

The actual practice of blind removal deviated from the plan as follows.

First, few non-exigent cases identified for child removal were reviewed using blind removal (step 5). The WLA office filed petitions with the court pertaining to 79 children during the blind removal pilot. Among these, 33 children (33/79 or 42%) were placed with their other parent and not reviewed through blind removal. The remaining petitions (46/79 or 58%) were for child removal from their family and foster placement. A blind removal review was conducted for less than half of the children removed (21/46 or 46%). The reasons for excluding the remaining 25 children's cases (25/46 or 54%) from the blind removal review were not documented. This discrepancy was noted by several case reviewers, with one commenting, "My understanding was that it's assumed that every case goes through [blind removal]. If you are going to remove children, every case goes through, didn't matter what your ethnicity, background, whatever was. But we didn't see that many [cases]." Excluding over half the cases involving child removal from blind removal intervention and without documented reasons hindered the evaluation of the pilot.

Second, case reviewers held assumptions about the demographic makeup of these cases (step 5). One reviewer assumed that the cases selected for blind removal were primarily those of Black families, sharing, "I guess, in the West LA [office], [...] you don't bring a case to blind removal unless they're African American. So, I guess it kind of beats the purpose." This perception was substantiated by the administrative data analysis for cases reviewed using blind removal and all removals during the pilot period (08/01/22-07/31/23). Blind removal

review of Black children's cases was nearly double their proportion of all children removed (52% versus 27%). Representation of Latinx children was the same in both datasets (43% versus 43%), while white children reviewed through blind removal comprised one-fifth of their proportion of all children removed (5% versus 25%). This approach to referring cases for blind removal review deviated from the implementation plan.

Third, the initial schedule for blind removal meetings set for once and then twice weekly at 9 a.m. did not work, according to West LA case reviewers (step 6). They noted the need for reviews later in the day and on an as-needed basis to accommodate timely decision making. Additionally, preset meetings were canceled frequently, as one case reviewer observed, "... [the flow of cases] was not consistent, and there were long gaps where we actually thought maybe the pilot wasn't happening anymore." No documentation was kept about the reasons for the cancellations or irregularity of blind removal meetings; however, fluctuations in the number of cases requiring removal each week or challenges in convening panel members may have contributed.

Finally, the blind removal panel agreed with the decision to remove children from their families for nearly all cases reviewed using blind removal (i.e., 19/21 or 90%³; step 9). Per DCFS, the two children who were not removed (from two different families) had their referrals closed due to their "situations stabilizing"; however, they had siblings who were removed. Blind removal reviewers expressed an interest in reviewing more cases that were not a sure removal. One reviewer noted, "It would have been nice to get different types of families that were presented

³ For two children in two families with multiple children named in the referral, the family situation stabilized and referrals for the two children were closed. No documentation exists about the blind removal case reviewers' role in these outcomes.

[...] that were a little more on the fence.” Case reviewers felt the blind removal intervention aimed to do more than confirm removal decisions. However, West LA administrators designed blind removal to be confirmatory.

In general, the West LA staff strongly believed that the slightest concern about safety trumped involvement in the pilot. Though well-intentioned, these safety concerns may be informed by bias and thus impede the widespread application of blind removal to families in the West LA office. Across child welfare systems, safety concerns are often prioritized over diverting families from system involvement. This issue is illustrative of the concerns and critiques above and of an area needing further study.

Blind Removal Implementation in the Compton-Carson Office

Compton-Carson Implementation Plan

To streamline pilot implementation, Compton-Carson administrators designed the intervention using the usual decision-making process. Per usual practice, consultations among CSWs, SCSWs, and an ARA involved discussing safety versus risk and weighing the evidence for each, incorporating an assessment of family strengths, resources, and needs. During the blind removal pilot, CSWs and SCSWs would have information about race and ethnicity throughout the case, while ARAs (henceforth, case reviewers) would not have information about race and ethnicity and would provide the blind removal reviews. The case reviewers would not be the direct supervisors of the SCSWs but rather outside the supervisory line of the CSWs and SCSWs. Decisions would be made to remove or not during these blind removal consultations. Feasibility was the primary consideration for blind removal reviews in the Compton-Carson office. During or after the blind removal consultation meetings, the case reviewers would complete the case consultation forms and enter the data into a special projects database.

Compton-Carson Implementation in Practice

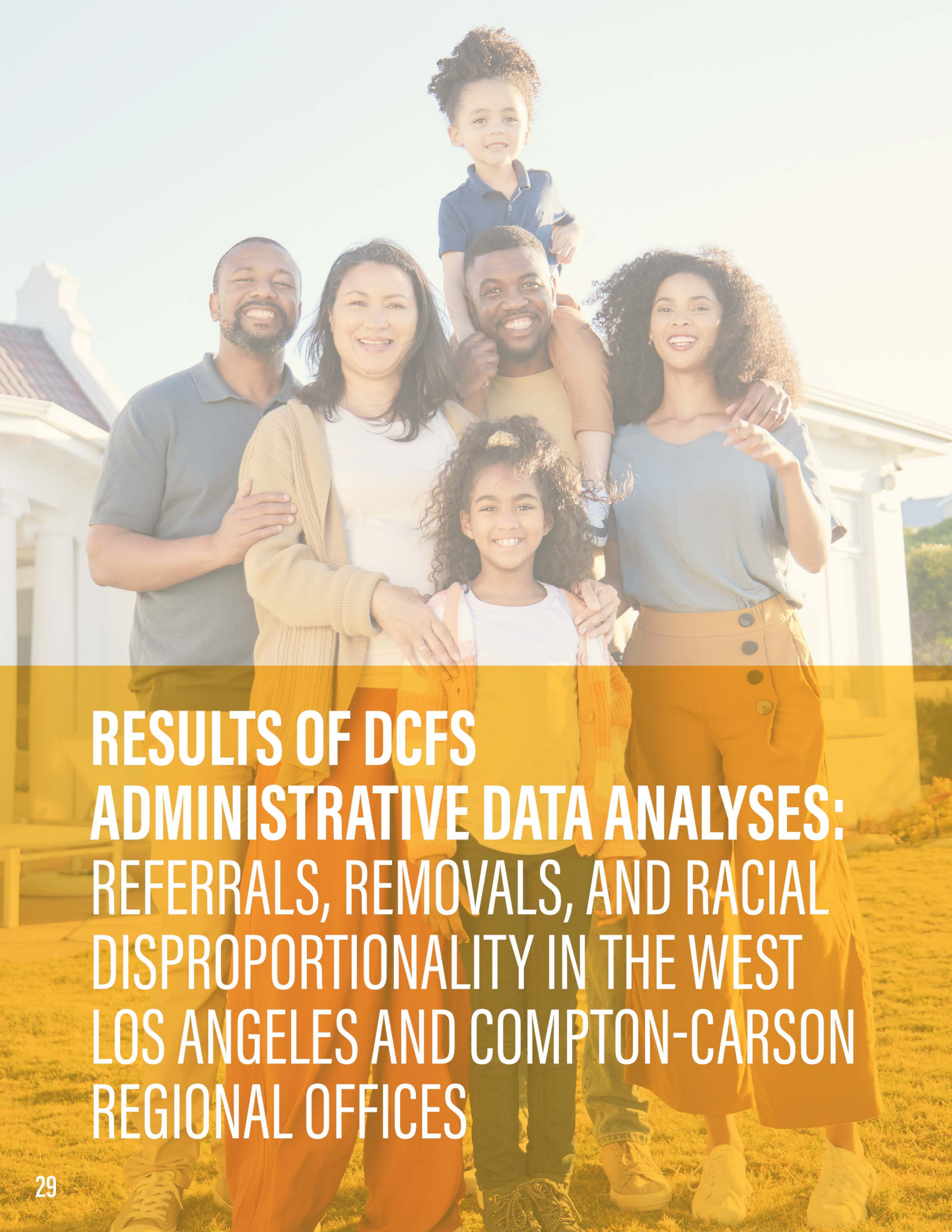
Blind removal implementation in Compton-Carson proceeded as planned with fidelity. Blind removal was used to review more children's cases (195 children's cases) than the number of children for whom court petitions were filed (146 children). Among the latter group, 65 children were placed with their other parent (65/146 or 45%), and 81 children experienced removal from a parent and then foster system placement (81/146 or 55%). The blind removal dataset documented the outcomes of the 195 cases reviewed through blind removal as follows: 171 children (171/195 or 88%) were referred for family reunification services, two (2/195 or 1%) had removal warrants issued, 20 children (20/195 or 10%) remained with their parent (13 were referred for either mandated or voluntary family maintenance services and 7 had their referrals closed), and two (2/195 or 1%) were missing outcomes. The 171 children referred for family reunification services may include children placed with their other parent and/or children moved into foster placement. This information was unavailable in the blind removal dataset, and the datasets could not be linked – a notable study limitation.

Table 1.
Blind Removal Implementation Process for Each Office

Components of the Blind Removal Process	West Los Angeles Implementation	Compton-Carson Implementation	Benefits	Drawbacks
Criteria for blind removal review	<ul style="list-style-type: none"> • Non-exigent⁴ cases • A team of CSW, SCSW, and an administrator decided to remove. 	<ul style="list-style-type: none"> • Non-exigent cases • Removal may be necessary based on CSW and SCSW assessment. 	<ul style="list-style-type: none"> • Non-exigent cases can be reviewed in a timely manner using blind removal. 	<ul style="list-style-type: none"> • Team members with access to race information may make biased decisions about which cases to bring for blind removal panel review.
Staff who referred cases for blind removal review	<ul style="list-style-type: none"> • Administrators 	<ul style="list-style-type: none"> • N/A: All non-exigent caess with a potential removal were reviewed. 	<ul style="list-style-type: none"> • Automatic blind removal review of all cases with potential child removal is best practice. 	<ul style="list-style-type: none"> • Relying on administrators to refer cases for blind removal review allows for discretion, which may introduce bias.
Blind removal case reviewer(s)	<ul style="list-style-type: none"> • Representatives from County Counsel, Core Practice Model, Continuing Quality Improvement, and Risk Management 	<ul style="list-style-type: none"> • ARA (outside the supervisory line of the CSWs and SCSWs bringing the case for blind removal review) 	<ul style="list-style-type: none"> • A diverse group of case reviewers may allow for varied views on safety versus risk assessment. • A single case reviewer may ensure more cases are reviewed and the feasibility of blind removal review. 	<ul style="list-style-type: none"> • The feasibility of consistently convening a larger panel of case reviewers is less likely. • A single reviewer would not have the benefit of the group discussion during the blind removal review.
Case consultation form completed by and timing of form completion	<ul style="list-style-type: none"> • The Coach Developers completed the form in conversation with CSW and SCSW before the blind removal meeting. 	<ul style="list-style-type: none"> • ARAs completed the form during and after the blind removal meeting. 	<ul style="list-style-type: none"> • Preparing the form in advance often allowed for efficiency during the blind removal panel discussion. • Completing the form during and after meetings reduced prep time and facilitating hosting the meetings more quickly. 	<ul style="list-style-type: none"> • Different facilitators within one office may lead to variation in meeting preparation. • Increased workload for Coach Developers before the blind removal review and for ARAs after the review.
Blind removal meeting facilitator	<ul style="list-style-type: none"> • Coach Developer 	<ul style="list-style-type: none"> • ARA 	<ul style="list-style-type: none"> • Coach Developers used experiences completing the form and facilitating the meeting to enhance the coaching of CSWs and SCSWs. 	<ul style="list-style-type: none"> • Increased workload for meeting facilitator detracts from other position-specific responsibilities.
Timing of case reviewer(s) sharing blind removal decisions	<ul style="list-style-type: none"> • Sent by email to an administrator after the blind removal meeting, then shared by the administrator with the panelists, CSW, SCSW, and the other administrator. 	<ul style="list-style-type: none"> • Made in conversation with the CSW and SCSW during the blind removal consultation. 	<ul style="list-style-type: none"> • Emailing the decision adds anonymity to the decision-making process and may reduce bias or undue influence of any reviewer on others. • Decision making with a single reviewer is efficient. 	<ul style="list-style-type: none"> • Emailing the decision adds another step to the time-sensitive decision-making process • A single reviewer must be in a decision-making role.

⁴ "Exigent circumstances exist where there is reasonable cause to believe that the child is in imminent danger of serious bodily injury (which includes sexual abuse)" (Los Angeles County DCFS Policy Institute, 2020). In exigent cases a child can be removed from their family without a court order. In contrast, non-exigent circumstances exist when imminent danger of serious bodily injury is not present.

Note: The acronym CSWs refers to Children's Social Workers, SCSWs to Supervising Children's Social Workers, and ARAs to Assistant Regional Administrators.



**RESULTS OF DCFS
ADMINISTRATIVE DATA ANALYSES:
REFERRALS, REMOVALS, AND RACIAL
DISPROPORTIONALITY IN THE WEST
LOS ANGELES AND COMPTON-CARSON
REGIONAL OFFICES**

Two DCFS administrative datasets, hotline referrals to and child removals from each office were analyzed pooling data for each quarter. First, the number of children referred by the Child Protection Hotline to each office by race and ethnicity and the racial disproportionality index⁵ (DI) were determined. This information is important because the number of hotline referrals and the level of racial over- or underrepresentation for each group directly affects the racial makeup of the cases that each DCFS regional office must consider for investigation in their Emergency Response units. Next, the number of children of each race and ethnicity who were removed from their families by each office and the racial DI of children removed, along with the DI trends, were established. The results are organized by office, with West LA followed by Compton-Carson.

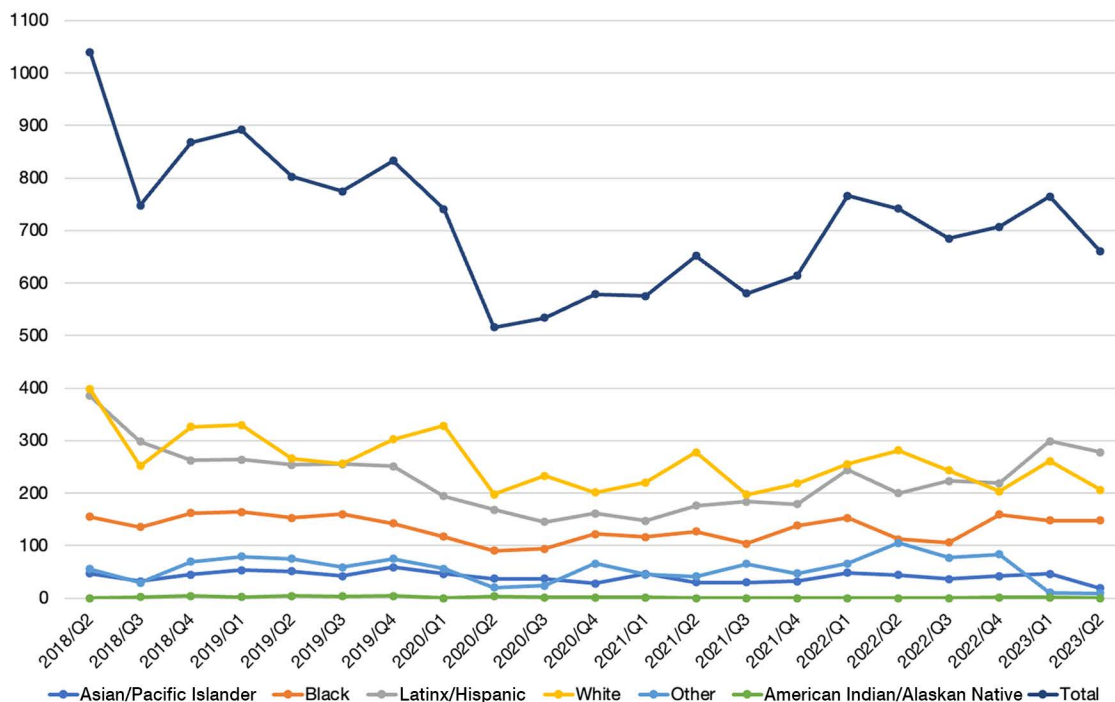
West Los Angeles Regional Office Results

Referrals from the Child Protection Hotline to the West Los Angeles Office

The total number of referrals from the Child Protection Hotline to the West Los Angeles office trended downward overall (Figure 2, dark blue line at the top). The fewest referrals were made during the height of the COVID-19 pandemic when stay-at-home orders were in place (2020/Q2). Referrals for American Indian/Alaskan Native (green line) and Asian/Pacific Islander (medium blue line) children were relatively flat and represented the fewest children referred. The number of Black children (orange line) referred dropped slightly over time. Latinx child (gray line) referrals trended downward from the beginning of the data period to the midpoint (2021/Q1) and upward from the mid- to endpoint. Finally, the referral of white children trended downward over the data period.

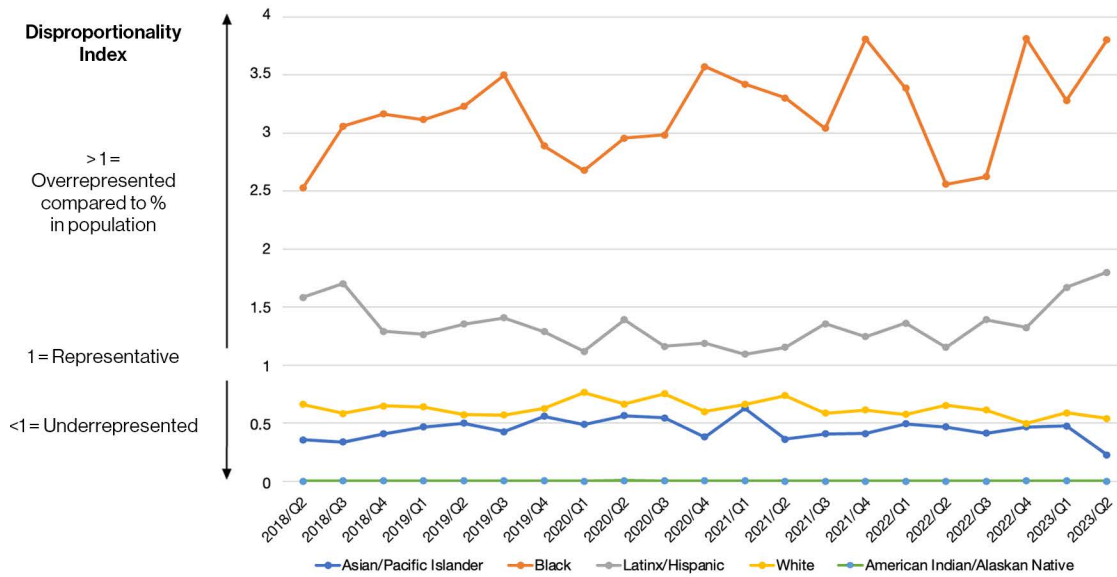
Figure 2.

West Los Angeles: Number of Children Referred for Investigation Quarterly by Race/Ethnicity



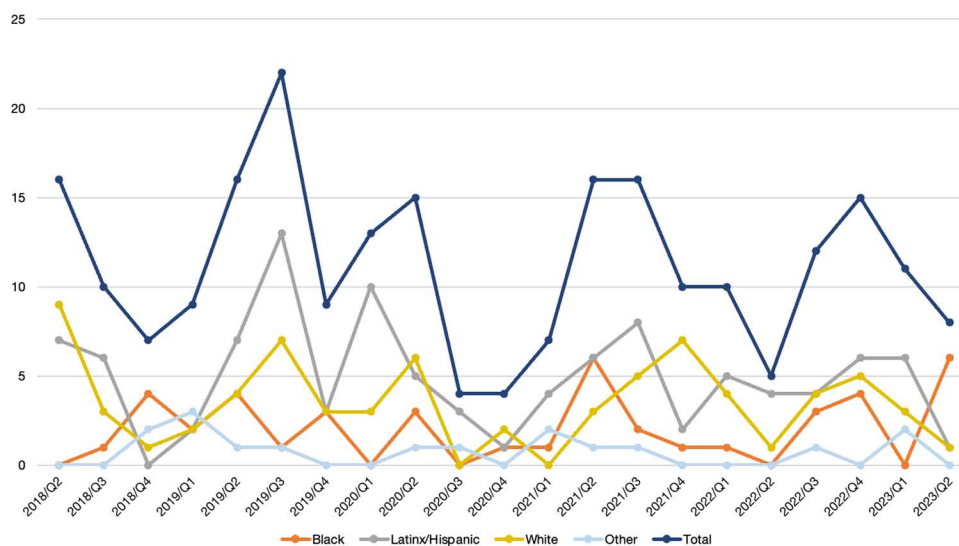
⁵ The disproportionality index (DI) was calculated by determining the percentage of children in each race and ethnicity who were referred (or removed) quarterly divided by that group's percentage of the under age 18 service area population for each office.

Figure 3.
West Los Angeles: Disproportionality Index (DI) in Quarterly Child Referrals



The number of children of each race and ethnicity referred by the Child Protection Hotline to each DCFS regional office plays a role in racial disproportionality. Figure 3. depicts the racial disproportionality index (DI) for children referred each quarter to the West LA office. The racial DI depicts racial overrepresentation when greater than 1, equal representation at 1, and underrepresentation when less than 1. Racial disproportionality is highest for Black children, such that they were referred at a rate two and a half times their proportion in the West LA service area population (DI 2.53) at the beginning of the data period, with referrals trending upward to 3.80 times their rate in the service area population at the end of the data period. While Latinx children were also overrepresented in hotline referrals (DI over 1), their rate of overrepresentation was lower than for Black children, and the Latinx DI trend was consistent over time. In contrast, white, Asian/Pacific Islander, and American Indian/Alaskan Native children were underrepresented in hotline referrals to the West LA office (DI under 1), with slight downward DI trends for white and Asian/Pacific Islander children.

Figure 4.
West Los Angeles: Number of Children Removed Quarterly by Race/Ethnicity



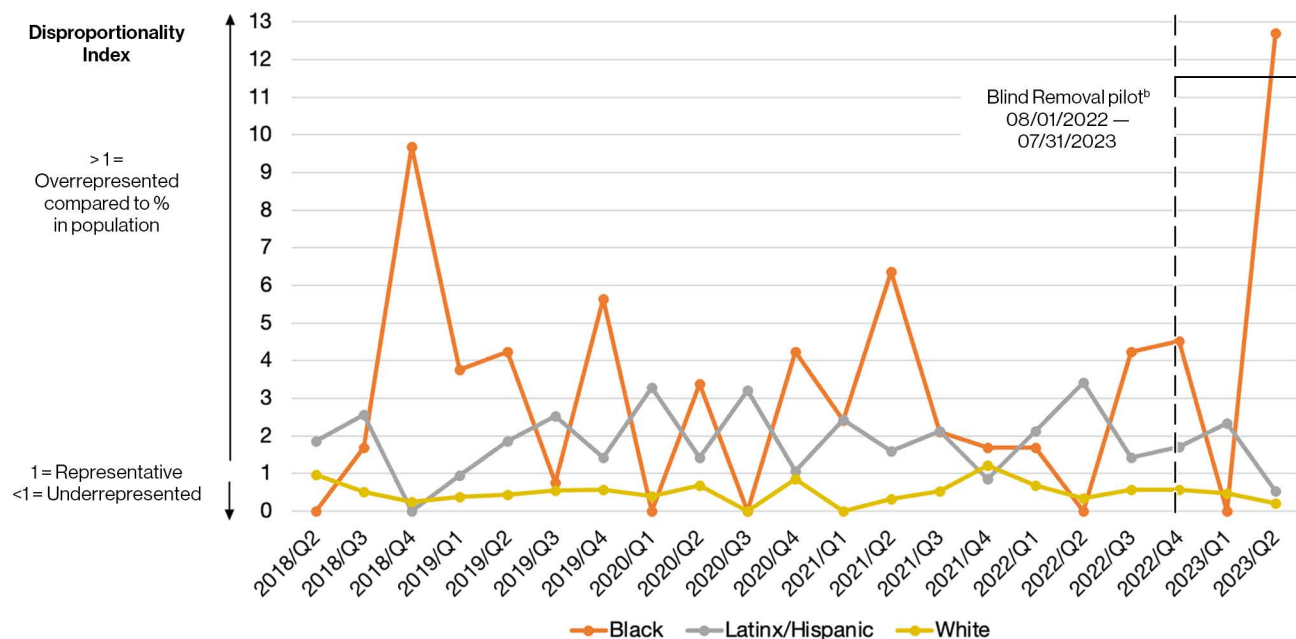
Note: Other includes AIAN, API, other, missing

Child Removals by the West Los Angeles Office

Overall, the number of child removals fluctuated (Figure 4, dark blue line). Despite the fluctuations, total removals trended downward. Child removals by race and ethnicity also fluctuated, especially for Latinx, white, and Black children. The downward trend in total child removals was driven primarily by the decrease in removals of Latinx children, followed by white and other race children. In contrast, the number of Black children removed from their parents trended slightly upward over time. Very few American Indian/Alaskan Native children and Asian/Pacific Islander children were removed from their families by the West LA office during this data period. Their numbers were combined with the other race category to protect their identities. This prohibits tracking their removals.

Figure 5.

West Los Angeles: Racial Disproportionality Index (DI)^a in Quarterly Child Removals



Notes:

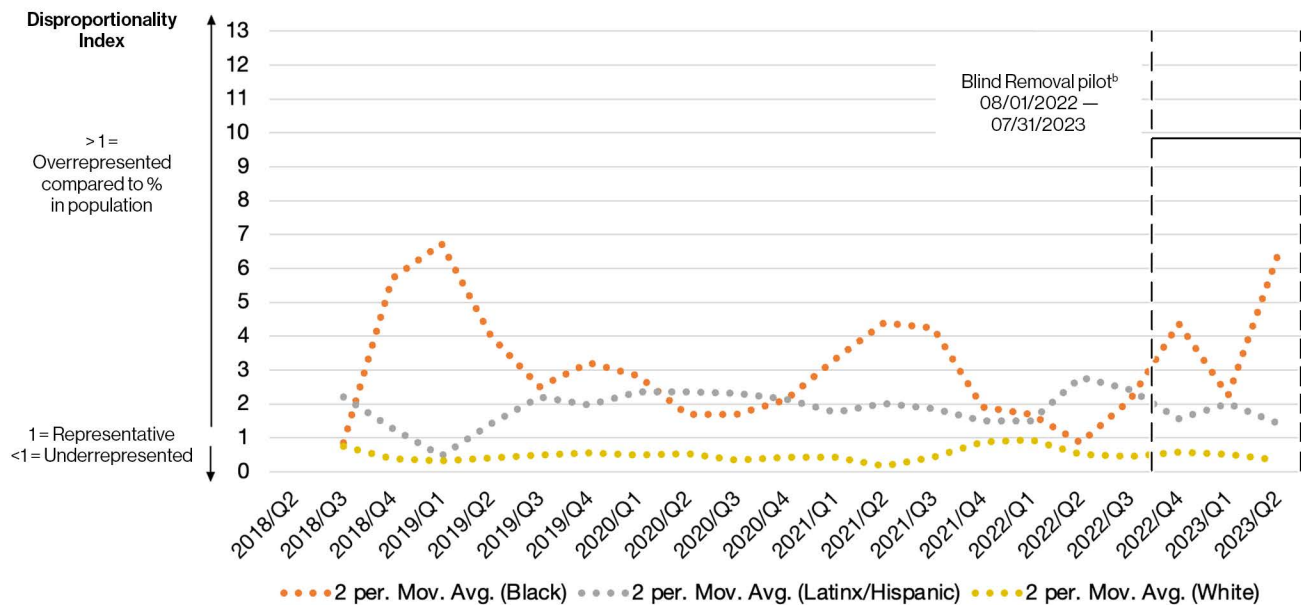
^a DI calculation: (Child removals by race/ethnicity quarterly divided by Total children removed quarterly)% divided by under 18 Census population by race/ethnicity% in the WLA service area.

^b The West LA blind removal pilot began on 08/01/22, the second month of 2022/Q3 and concluded on 07/31/2023, the first month of 2023/Q3. July 2023 data was excluded from this graph.

The racial disproportionality index (DI) for children removed from their families by the West LA office each quarter (Figure 5) shows the highest overrepresentation among Black children (orange line) followed by Latinx children (gray line). The large fluctuations in the DI for Black children were due to the proportion of Black children removed each quarter and their small proportion of the under age 18 child population in the West LA service area (5.9%), whereas the larger proportion of Latinx children under age 18 in the service area reduced the DI fluctuations for this group. The DI for white children removed was 1 or less for all but one quarter (2021/Q4). The DI for American Indian/Alaskan Native children and Asian/Pacific Islander children removed from their families was not shown here to protect their identities given their very small portion of children removed quarterly and of the under age 18 population (0.1% and 12.7%, respectively) in the West LA service area. This hinders assessment of racial disproportionality for both American Indian/Alaskan Native and Asian/Pacific Islander children. Other race children were omitted from this analysis because this category is not included in the U.S. Census data.

Figure 6 used data from Figure 5 to depict a two-quarter moving average in the racial DI for children removed from their families each quarter⁶. Figure 6 shows DI trends across the quarters with disproportionality among Black (orange line) children trending slightly upward, while among Latinx (gray line) and white (yellow line) children, disproportionality was nearly flat over time.

Figure 6.
West Los Angeles: Racial Disproportionality Index (DI)^a Trends in Quarterly Child Removals



Notes:

^a DI trends are based on the 2-quarter (period) moving average, thus there is no moving average for the first quarter (2018/Q2) of the data period.

^b The West LA blind removal pilot began on 08/01/22, the second month of 2022/Q3 and concluded on 07/31/2023, the first month of 2023/Q3. 2023/Q3 data was omitted because data was available for July 2023 only.

Summary of DCFS Administrative Data Analyses Results for West Los Angeles

In summary, overall Child Protection Hotline referrals to and child removals by the West LA office trended downward over the data period. Importantly, reducing the number of families experiencing separation spares children from disrupted attachment to parents/caregivers and potential exposure to further trauma from removal and experiences in the foster system even when stays are brief. Emergency Response (ER) unit staff in the West LA office inherited substantial and increasing overrepresentation of Black children from the hotline referral process over the past five plus years. The responsibility for reducing racial disproportionality for Black children and families from hotline referrals then fell to ER unit staff. Racial disproportionality carried over to removals in most quarters for both Black and Latinx children. This highlights the need for ongoing investment and development of evidence-based interventions to mitigate racial bias and differential decision making targeted to child welfare investigations of alleged abuse and neglect. Blind removal is one strategy that purports to do this, yet implementation and evaluation prove challenging as documented in the above section (i.e., West Los Angeles Implementation in Practice) and in the remainder of this report.

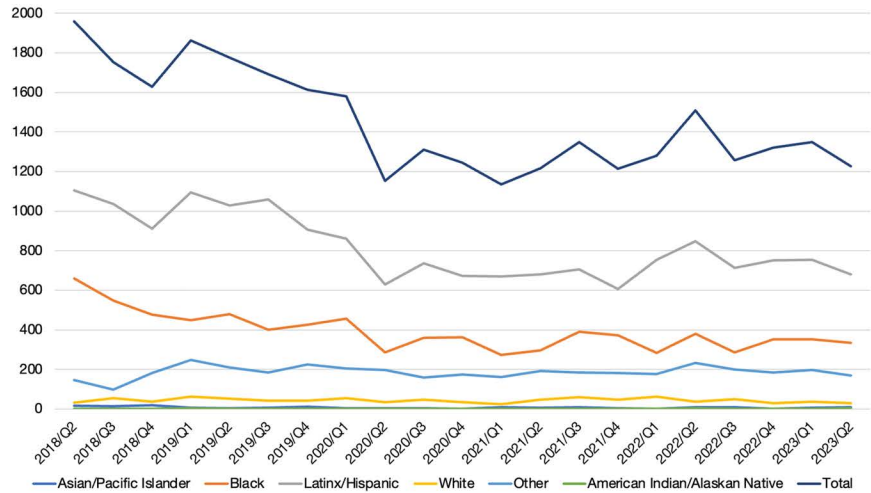
⁶ The goal of providing the two-month running average is to smooth the lines in the figure, thereby making the figure easier to read.

Compton-Carson Regional Office Results

Referrals from the Child Protection Hotline to the Compton-Carson Office

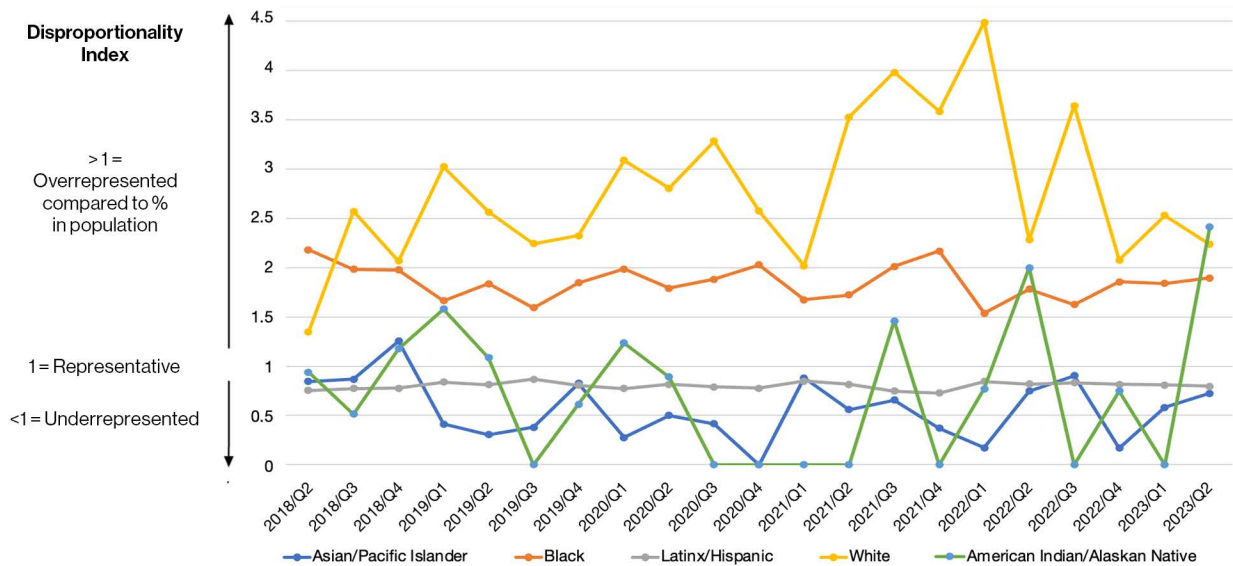
The Compton-Carson regional office also experienced decreases in Child Protection Hotline referrals across the five-year three-month data period (Figure 7, dark blue line at the top). Further, referrals of Latinx (gray line), Black (orange line), and Asian/Pacific Islander (medium blue line) children declined over this period, while referrals for other races (light blue line), white (yellow line), and American Indian/ Alaskan Native (green line) children remained relatively consistent over time.

Figure 7.
Compton-Carson: Number of Children Referred for Investigation Quarterly by Race/Ethnicity



Next, this data, along with population data for children under age 18 in the Compton-Carson service area were used to calculate the racial disproportionality index (DI; Figure 8) for children referred to the Compton-Carson regional office. Calculating the DI for referrals was important because racial disproportionality in hotline referrals means regional office staff inherits the over- or underrepresentation of families in different racial and ethnic groups whom staff must consider for investigation. White (yellow line) and Black (orange line) children were overrepresented in referrals to the Compton-Carson office (DIs over 1), while Latinx (gray line) and Asian/Pacific Islander (blue line; except for one quarter, 2018/Q4) children were underrepresented (DIs under 1). American Indian/Alaskan Native children (green line) were underrepresented in referrals in two-thirds and overrepresented in one-third of the quarters.

Figure 8.
Compton-Carson: Racial Disproportionality Index (DI) for Quarterly Child Referrals

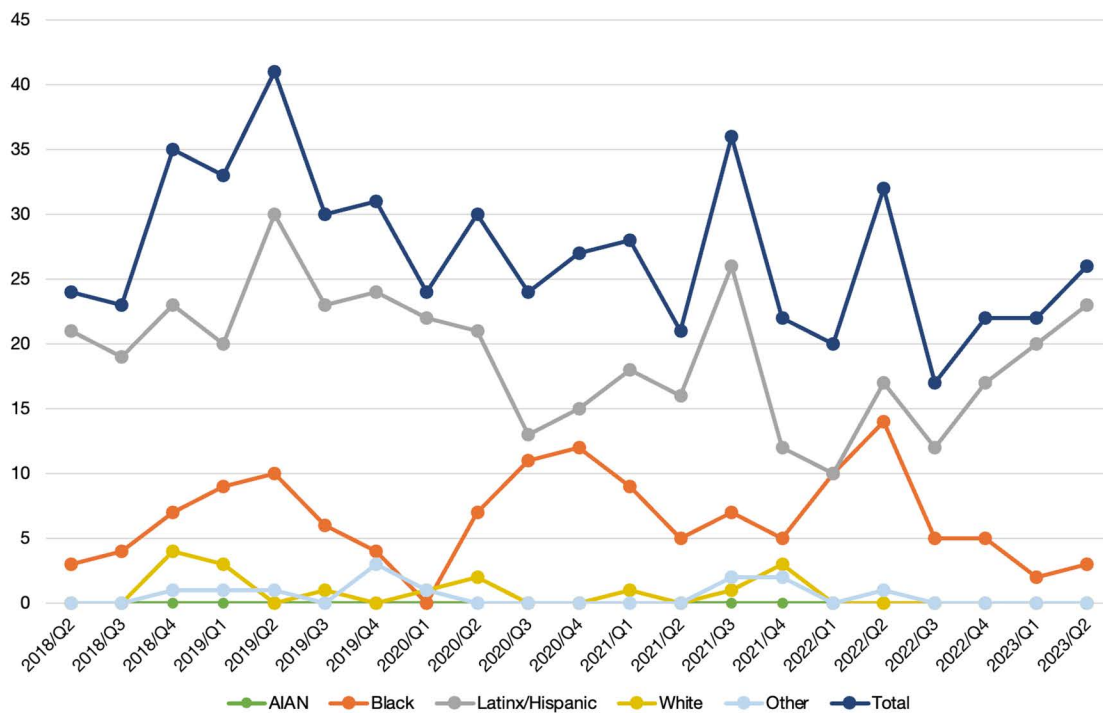


Child Removals by the Compton-Carson Office

The overall number of children removed from their families declined over the data period (Figure 9; dark blue line at the top) in the Compton-Carson office. The most children (41) were removed in 2019/Q2 and the fewest (17) were removed in 2022/Q3. The largest decline in removals was among Latinx children (gray line), the largest group of children under age 18 (80.9%) in the Compton-Carson service area population, which drove the overall decline in child removals. Removals declined slightly for white children (yellow line) and remained steady for Black children (orange line) over the data period. Very few Asian/Pacific Islander children were removed from their families during this period, so their numbers were added to the other (light blue line) category to protect their identities. Further, the Compton-Carson office did not remove any American Indian/Alaskan Native children from their families into foster system placement during this data period.

Figure 9.

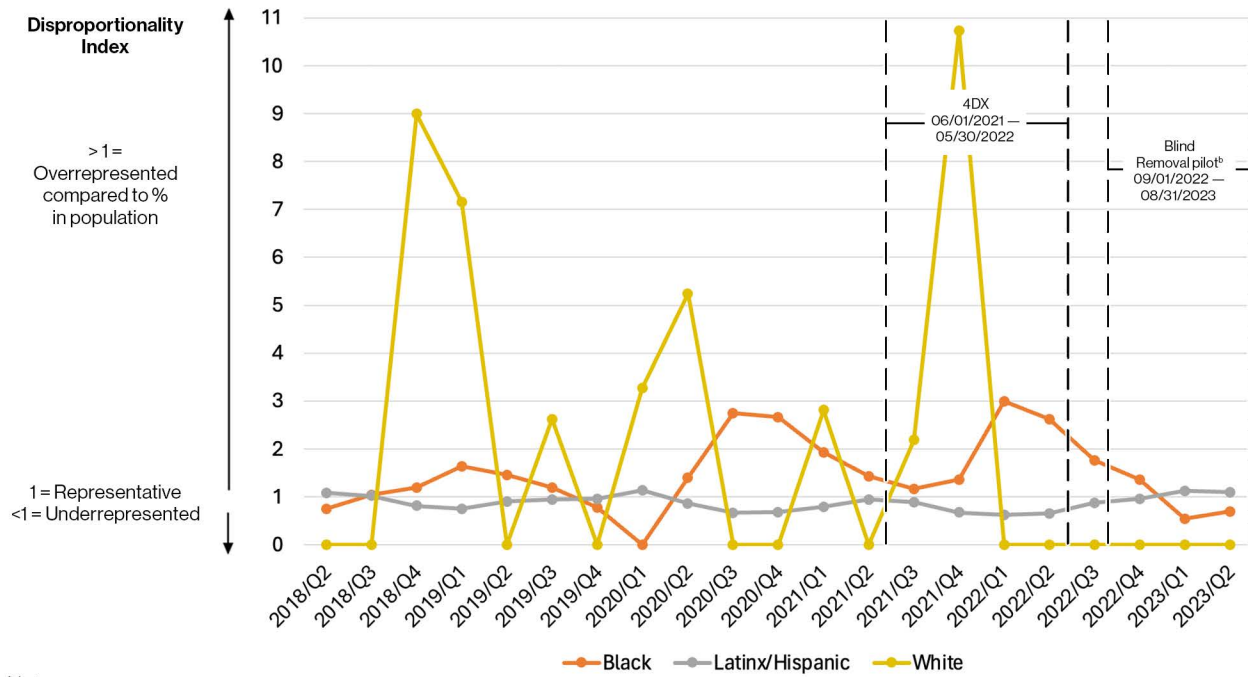
Compton-Carson: Number of Children Removed Quarterly by Race/Ethnicity



The quarterly racial disproportionality index (DI) for children removed from their families by the Compton-Carson office (Figure 10) shows sharp DI variations for white children (yellow line) due to their proportion removed quarterly and small proportion of the under age 18 child population in the Compton-Carson service area (1.3%).⁷ The DI for Black children (orange line) who were removed indicated overrepresentation (DI over 1) in all but five quarters. DI peaked in the middle of the 4DX intervention (2022/Q1). The DI 3.0 means Black children were removed at 3 times their population percentage in the Compton-Carson service area. Then DI decreased for the next four quarters (through 2023/Q1), part way through the blind removal pilot, when Black children were underrepresented in child removals by nearly half (DI 0.55) their percentage of the service area population. Finally, the proportion of Latinx children (gray line) removed from their families was relatively consistent over the data period.

⁷ For example, in 2018/Q4, 12.7% (9/71) of all children removed were white, resulting in a DI of 9.8.

Figure 10.
Compton-Carson: Racial Disproportionality Index (DI)^a in Quarterly Child Removals

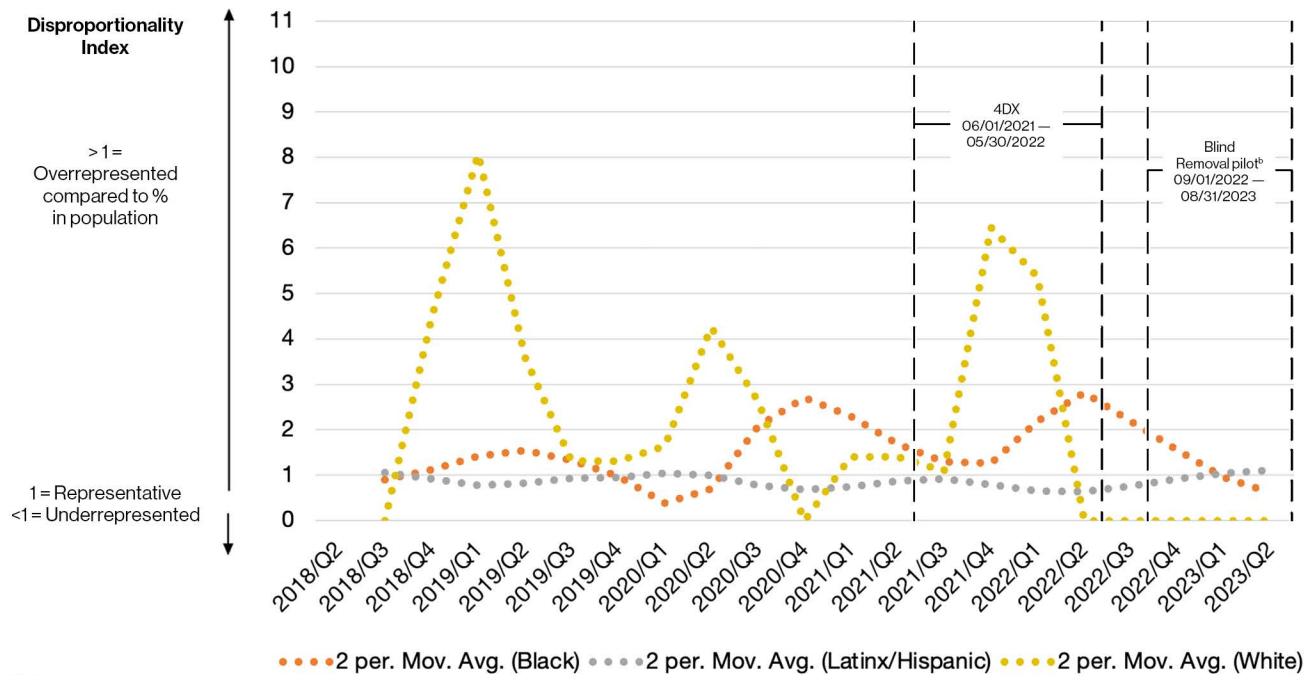


Notes:

^a DI calculation: (Child removals by race/ethnicity quarterly divided by Total children removed quarterly)% divided by under 18 Census population by race/ethnicity% in the CC Service Area.

^b The Compton-Carson blind removal pilot began on 09/01/22, the final month of 2022/Q3 and concluded on 08/31/2023, the second month of 2023/Q3. 2023/Q3 data was omitted because data was available for July and August 2023.

Figure 11.
Compton-Carson: Racial Disproportionality Index Trends^a in Quarterly Child Removals



Notes:

^a DI trends are based on the 2-quarter (period) moving average, thus there is no moving average for the first quarter (2018/Q2) of the data period.

^b The Compton-Carson blind removal pilot began on 09/01/22, the final month of 2022/Q3 and concluded on 08/31/2023, the second month of 2023/Q3. 2023/Q3 data was omitted because data was available for July and August 2023 only.

DI trends are depicted in Figure 11 (see previous page) using data from Figure 10 to calculate the two-quarter moving average in the racial DI for children removed from their families each quarter. This figure shows the trends in DI across the quarters with disproportionality among Black children (orange line) trending slightly upward over time, while DI trended downward among white children (yellow line) and remained steady for Latinx children (gray line) over time.

Summary of DCFS Administrative Data Analyses Results for Compton-Carson

The descriptive administrative data analyses for the Compton-Carson office show that overall, Child Protection Hotline referrals to and child removals by this office trended downward, like they did in the West LA analyses. The declines in overall referrals and removals were driven primarily by declines in Latinx children referred and removed, though fewer Black children were also referred over time. The importance of fewer families facing allegations of abuse or neglect and being referred for investigation and fewer families experiencing separation after investigation cannot be overstated, especially when no documented increase in harm to children exists. However, the problem of racial disproportionality remains.





Despite the decrease in hotline referrals, the DI findings document the consistent overrepresentation of Black children referred to the Compton-Carson office for investigation of alleged abuse and neglect. This leaves the Emergency Response unit staff in Compton-Carson, like their colleagues in West LA, faced with conducting their investigations with a disproportionate number of Black children and families and the increased challenge of addressing overrepresentation that compounds at each stage of the child welfare system. Further, while overall child removals decreased in the Compton-Carson office, Black children were disproportionately represented in removals by the office during most quarters for which data were analyzed with a very slight upward trend collectively. From the peak of DI for Black children during the 4DX intervention, a steady decrease in DI is visible at the end of 4DX through the first two quarters of the blind removal pilot period. The decline cannot be attributed to 4DX because the intervention was not evaluated, nor can it be attributed to blind removal because this intervention was confounded by 4DX and other interventions meant to serve Black families more effectively, such as the Eliminating Racial Disparities and Disproportionality (ERDD) roundtables, and interventions designed to improve assessment of safety versus risk. These confounders point to the challenges of developing the evidence for potentially promising practices in real-world child welfare settings where acting now to reduce racial disproportionality for Black families supersedes more rigorous evaluation of any one intervention. Despite the confounders, the findings and recommendations in the remainder of this report offer guidance on moving forward.



FINDINGS

THE BENEFITS AND LESSONS LEARNED FROM THE BLIND REMOVAL PILOT

In this section, findings from survey respondents and the insights gained from interview participants, all involved in the blind removal pilot conducted in the West LA and Compton-Carson offices, are explored. The goal is to elucidate the pros and cons of blind removal, shedding light on its potential benefits and drawbacks when considering future implementation. The section starts with exploring the benefits of implementing the blind removal pilot, particularly in shaping interviewees' perceptions of race within decision-making processes and contributing to improvements in practice. Subsequently, the focus shifts to the limitations, challenges, and lessons learned from blind removal as described by interview participants, shedding light on the intricacies of this intervention's execution.

Table 2.

Qualitative Findings from the Interviews with the Case Reviewers and Administrators

Qualitative Findings

The Benefits and Prospects of Blind Removal

- Shaping Perspectives on Race in Decision Making
 - Catalyzing Practice Improvements
-

Limitations, Challenges, and Lessons Learned from Blind Removal Implementation

- Limitations and Challenges Common to Both Offices
 - Blind Removal Disrupted Practices Valued by DCFS Interviewees
 - Increased Workload for DCFS Administrative Staff
 - Learning to Talk about Families without Reference to Race
 - Data Not Available to Assess Blind Removal Impact on Racial Disproportionality
 - Unique Challenges: West Los Angeles Office
 - Time Constraints before Pilot Implementation
 - No Clear Guidelines for Referring Cases for Blind Removal Review
 - Referral Dispositions Exceeded the 30-day Federal Mandate
 - Perceived Power Imbalances among Case Reviewers
-

“ I THINK
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” — Case Reviewer

The Benefits and Prospects of Blind Removal

The implementation of the blind removal pilot revealed that race and ethnicity remained salient to study participants both enhancing how they understood race in decision making and catalyzing practice changes.

Shaping Perspectives on Race in Decision Making

Survey findings confirmed that CSW and SCSW respondents from both offices, who continued their work throughout the pilot with access to race-related information, continued to talk about race and ethnicity and received support for doing so in their work. Survey respondents largely perceived no change in (a) how much they talked about race and ethnicity in their work or (b) the amount of support they received from colleagues, supervisors, and administrators for (c) talking about race and ethnicity and (d) managing their racial and ethnic biases in their work (see surveys in Appendix A3). Some respondents perceived more support in each area, while few perceived less support. Interview findings offer depth into how the blind removal pilot shaped some interviewees' perspectives on race and catalyzed practice changes.

Recognizing the Role of Racial Bias in Investigations and Safety Assessments. Some interviewees came to understand that racial biases and stereotypes might unconsciously affect how decisions are made in the child welfare system. The pilot highlighted human judgment and discretion related to their own decision making. For instance, a West LA case reviewer observed, “Even when we made an attempt to remove race, I believe that there are still some decision points that still fell along the lines of race, even when the intent was to solely focus on the safety aspects.” Despite their best efforts to remove race, another reviewer noted that “you could sometimes infer [race] based on... the way things are written in a report.” Consequently, case reviewers shared that “bias toward Black parents” became evident during the pilot.

This shift in mindset represented a movement toward a more race-aware approach to their roles as decision makers. For example, a Compton-Carson reviewer reflected on how blind removal “told me something about me and my thought process and [...] checking myself and trying to create [...] an

equal framework [...] for analysis irrespective of what your nationality was.” Awareness of racial bias in their practice also increased openness among some interviewees toward continued growth, as represented by a case reviewer from the Compton-Carson office. This reviewer felt more comfortable being called out by colleagues and supervisees if they believed the reviewer displayed bias when making decisions and shared, “I want to have that conversation. [...] Inviting that dialogue, you’re modeling that for your staff.” These interviewees saw opportunities to discuss perceived bias and encourage inter-group dialogue among staff members. Change expanded beyond awareness toward improving practice.

Catalyzing Practice Improvements

CSW survey respondents mostly perceived no changes in how they conducted their daily work, and the same was true for SCSWs in how they supported CSWs in carrying out their work. However, 20% of both groups in West LA perceived greater engagement and support across key aspects of their work as defined in the Core Practice Model (for example, engaging with families, helping families build support networks, assessing families’ strengths and needs, etc.; see Appendix A3 surveys for complete list). Even more, Compton-Carson survey respondents endorsed the perceived change. Nearly 40% of CSWs perceived increased engagement in Core Practice Model areas during the pilot, and half of SCSWs perceived providing more support to CSWs in their daily work responsibilities. Further, about one-third of all respondents perceived having more control in conducting investigations during the pilot, with two-fifths of CSWs from both offices perceiving more control in removal decisions. Fewer SCSWs perceived having more control over removal decisions, less than one-fifth in West LA and one-third in Compton-Carson. Almost no one perceived having less control over removal decisions. Findings from interviewees suggest ways the pilot contributed to improved practice.

Improving Practice by Seeking Alternative Viewpoints.

The blind removal pilot brought about a notable shift in how decision making was approached. Some case reviewers reported an increased willingness to explore alternative viewpoints in child safety and risk assessment during the pilot. This willingness was facilitated, in part, because case

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ALREADY.”

— Case Reviewer

“WE’VE MADE GREAT STRIDES, BUT WE STILL HAVE A LOT OF WORK TO DO.”
— Case Reviewer

reviewers entered blind removal reviews without race-related information, which required them to ask different questions and seek different sources of information. The thoroughness of the blind removal reviews was highlighted, with another reviewer observing “there was no stone left unturned.” A few case reviewers also reflected on how the new questions asked during blind removal reviews may have made reviews harder for CSWs and SCSWs “because they had to justify to all of us on different terms. [...] They had to really dig deep and go to issues that didn't have to do with [...] gang affiliation, neighborhood, schools, etc. [...] They had to explain it [...] without all of those assumptions.” Blind removal required new approaches to case consultation, revealing how assumptions based on race influenced consultations before the pilot. Through the blind removal intervention, case reviewers learned how consultations could support child safety and risk assessment without or with fewer assumptions about race.

Pursuing Fairness and Equity in Decision Making.

Heightened awareness of how race influenced decision making catalyzed a stronger commitment to fair and equitable decision making. Some interviewees felt a profound responsibility to ensure equity, as described by this administrator: “I felt a responsibility, both morally and professionally, to look at the ethnicity, and to ensure that there was equity [...] occurring across the board for those families, as has often not been the case.” Commitment to equity was driven by recognizing historical disproportionality and disparities that persist today. Additionally, some reviewers acknowledged the role of institutions, including DCFS, in perpetuating the racial disproportionality of Black families in child welfare. As one reviewer stated, “There's a disproportionate number of [...] African American children coming into care, and we [DCFS] are part of the problem because we are the institution that has done that.” This shift towards a more equitable and conscientious approach to decision making was spurred for some study participants by their roles in the blind removal pilot.

Changes in perspective in tandem with tools specific to each office seemed to instigate practice change during the blind removal pilot, facilitating more comprehensive and deliberate approaches to investigations and safety assessments. Several West LA interviewees shared how the

case consultation framework facilitated consistency across investigations, the organization of information gathered during investigations, and the focus of panel discussions about removals. A West LA administrator noted, “the most influential thing that came about with the blind removal process for me [...] was the process of slowing down the team.” The case consultation framework inherently slowed the pace and increased the thoroughness of safety assessments. West LA case reviewers also noticed the shift in pace, as one reviewer described how staff in this office are “really being thoughtful and intentional about how we do business. And even just being able to like look at [...] the way that we practice, and [...] making sure the policies align with equity.” West LA interviewees valued the slower pace, allowing the team to engage in comprehensive discussions and ensuring that families received the needed support and interventions.

In contrast, Compton-Carson interviewees noted how the blind removal pilot reinforced the need to distinguish safety from risk, as one case reviewer emphasized, “now, the focus is really child safety and risk and what are the issues that are implicated in this referral. And how to best address it [...] without really focusing on [race].” Administrators prioritized safety versus risk assessment over several years. Staff in the Emergency Response unit were trained and focused on honing their skills to differentiate current threats to children’s safety from perceived future risks to children’s safety, the latter being subject to more bias. The blind removal pilot supported this ongoing work.

These findings suggest the benefits of the blind removal intervention, yet findings also revealed challenges and lessons learned.

Challenges, Limitations, and Lessons Learned from Blind Removal Implementation

This section delves into the challenges of blind removal implementation in both the West LA and Compton-Carson DCFS offices and the lessons learned. Four challenges common to both offices were: first, the pilot disrupted practices interviewees considered important. Second, blind removal imposed an increased workload on administrative staff. Third, blind removal required interviewees to learn how to discuss families without referencing race. Fourth, there was an absence of comprehensive before-and-after data that hindered the assessment of blind removal’s impact on reducing racial disproportionality. Some challenges were unique to the West LA office: first, insufficient time to educate line staff about blind removal; second, an absence of clear guidelines for referring cases for blind removal review. Third, reaching referral dispositions initially exceeded the 30 days mandated in Federal law, and last,

perceived power imbalances arose among case reviewers, requiring procedural adjustments. The lessons learned from these challenges provided insights that may inform future blind removal or similar endeavors within the child welfare system.

Challenges Common to Both Offices: West Los Angeles and Compton-Carson

Blind Removal Disrupted Practices Valued by Interviewees. Blind removal posed challenges to existing practices that interviewees in the West LA and Compton-Carson offices considered important. The blind removal pilot was perceived as contradicting concerted efforts to address racial disproportionality in child removals by explicitly talking about race and increasingly building bridges with individuals and organizations in Black communities to support Black families more comprehensively and competently through cultural brokers and Eliminating Racial Disparities and Disproportionality (ERDD) roundtables.

“WHAT WE LOST WITH BLIND REMOVALS; I WANT BACK. SO, THAT WAS REALLY THE ERDD ROUNDTABLE MEETINGS [...] IT'S BEEN HARD.”
— Case Reviewer

The blind removal pilot generated concern and skepticism among interviewees. Some case reviewers grappled with the timing of blind removal's introduction, which coincided with different efforts to address racial bias and promote cultural humility. One West LA case reviewer noted that this timing created a perceived disconnect between approaches: "So we're talking about bias and cultural humility. And then, there's [the blind removal pilot] that comes that almost sounds the opposite of that, right? Because we're removing that [race] as a factor. So, I don't think that it was necessarily the messaging. I think it was the timing." The contrasting approaches, some of which centered on race and blind removal, which explicitly excluded it, created a sense of discord among some interviewees in both offices. An administrator from Compton-Carson expressed concerns, citing, "There was some backlash from [blind removal] just because of 4DX work, and [ERDD] roundtable work that we had been doing." This concern was rooted in a strong sense of responsibility to ensure equity for all families, particularly Black families, given historical disparities, as previously noted.

Additionally, some Compton-Carson interviewees observed a pattern during the blind removal pilot where fewer cases involving Black families were referred to ERDD roundtables for race-specific conferencing and problem-solving with community partners at the table before a child removal occurred. Instead, they had to turn to ERDD after a removal, limiting the proactive use of resources from the roundtable to prevent removals, as noted by a case reviewer who said, "We couldn't really refer to ERDD because [...] it was blind. [...] So the way we were trying to utilize it is after the fact [...] to try to put in place services so they can [...] go back home. Because at that point [...] it wasn't blind anymore. [...] That was like the biggest challenge for me." Compton-Carson interviewees expressed frustration with the disruption to ERDD roundtables, which had been well integrated into practice in the Emergency Response unit.

Increased Workload for Administrative Staff. Blind removal introduced additional administrative tasks, such as filling out new forms and entering data into a special projects database. This shift in procedures added to some interviewees' workload and required adjustments to their routines. Several West LA case reviewers described the

process of removing race-related case data and presenting cases to the blind removal panel as “onerous” and “time intensive” for the Coach Developers. As one reviewer noted, “I am sure they [Coach Developers] were working nights and weekends to get these [cases] ready.” In Compton-Carson, case reviewers also identified “...the workload impact [...] for the managers.” One reviewer clarified that the impact was “... not necessarily on [...] the supervisors or the workers ‘cause it didn’t entail any additional steps on their end. But for us, it did.” This increased workload was a source of frustration.

Learning to Talk about Families without Reference to Race. Some participants shared how, initially, the Emergency Response staff in both offices expressed apprehension about discussing cases in blind removal reviews due to worries about inadvertently revealing a family’s race or ethnicity. For example, one reviewer shared, “I felt [the] staff was [...] not relaxed in presenting. [...] They were really more concerned about not revealing the identity.” The blind removal process underscored the difficulty of redacting race and any information that could signal race during the blind removal reviews.

Data Not Available to Assess Blind Removal Impact on Racial Disproportionality. Another barrier for both offices, though identified by some Compton-Carson office interviewees, was that before the blind removal pilot began, there was no data collection plan in place that would allow for assessing the impact of blind removal on reducing racial disproportionality. A Compton-Carson administrator noted, “You need to have a baseline and capture the data. So, you can’t just say, ‘Yeah, we’re doing it,’ without showing proof that it’s working or not working.” Compton-Carson interviewees mentioned that from the onset, there was no clear way to match cases they reviewed through blind removal to hotline referrals or the cases their units were investigating. The inability to match cases across

the three datasets (i.e., hotline referrals, cases involving child removals, and the cases reviewed for the blind removal pilot) proved a significant limitation of this study.

Challenges Unique to the West Los Angeles Office

Time Constraints before Pilot Implementation. In the West LA office, some participants mentioned there was not enough time to ensure that staff in the Emergency Response (ER) unit understood the objectives of the pilot program. Many interviewees observed that ER staff viewed blind removal as “...a task to get done because they didn’t really understand the process” given that “they weren’t a part of building the process out.” In the West LA office, administrators reported reaffirming to ER staff that the pilot “was not an audit” to ease concerns and gain their buy-in over time. Specifically, administrators suggested at least 30-45 days for preparing staff for a blind removal pilot. Without the lead time, one administrator shared that “...no matter how much I share what this was about, I wouldn’t doubt that the staff still doesn’t fully comprehend what this was.” West LA administrators emphasized how critical preparatory time and inclusion of line staff in planning are to projects like blind removal.

No Clear Guidelines for Referring Cases for Blind Removal Review. A second implementation challenge specific to the West LA office, identified by several case reviewers, was the absence of clear guidelines for referring or excluding cases from blind removal review. Despite administrators’ stated intention to use blind removal to review all non-exigent cases where a decision to remove a child from their family was made, in practice, this did not happen. Some case reviewers felt that choosing cases to review was “...a little too lax. [...] It felt like it was too frequent that cases could opt out of the process.” They indicated a need for greater specificity from DCFS about which cases must undergo blind removal review.

Referral Dispositions Exceeded the 30-day Federal Mandate. During the initial months of the blind removal pilot, cases exceeded the 30-day timeframe stipulated in Federal law to reach a disposition on cases referred for investigation. Staying within this mandate while implementing new procedures for case reviews was challenging. Consequently, some interviewees found themselves at a crossroads, with one administrator asking, "Do we meet the Federal mandates? Or do we just slow down the practice and, you know, really do the work, have the time to do the work?" West LA administrators opted for the latter, and ultimately, CSWs and SCSWs adjusted their practices and met the 30-day mandate.

Perceived Power Imbalances among Case Reviewers. Finally, all case reviewers, except County Counsel, initially voted on whether they agreed with the removal decision during blind removal meetings. However, some reviewers expressed discomfort in voicing their opinions, citing a "power imbalance" between County Counsel attorneys and other case reviewers. The procedure was modified where case reviewers (excluding County Counsel) privately emailed their vote to an administrator after the meeting. This administrator then compiled and communicated the collective decision to the panel, Coach Developer, CSW, SCSW, and the other administrator. Then, removals proceeded.

In the next section of the report, recommendations on how to approach these challenges to implement the blind removal intervention and recommendations for addressing racial biases are discussed.



RECOMMENDATIONS



The motion directing DCFS to complete a blind removal pilot called for an academic report on the pilot's findings, recommendations for future implementation, and policy and practice reform.

In considering these recommendations, readers are reminded that the challenges faced by the child welfare system are systemic and intersectional and relate to centuries of white supremacy in the United States. Understanding this, any actions or recommendations to address race and racism within the child welfare system must also be systemic and intersectional, with the added lens of being trauma informed. This work is uncomfortable; it often brings up significant emotion at a personal and organizational level. Yet, without it, change will not transpire for the Black families who need it the most.

Blind Removal Implementation Recommendations

At the outset, future utility of blind removal in Los Angeles County may be limited unless significant efforts are made to provide appropriate staffing and time to scale the strategy, coupled with consistent and enhanced data management. However, for other jurisdictions considering blind removal, it may be a worthwhile effort given the possibilities it holds when implemented with proper support and the insights it can afford concerning race and racism within the agency.

The following recommendations concern areas of improvement where blind removal is contemplated for future use.

Provide Advance Notice Before Implementing the Blind Removal Pilot

A recurring theme among some participants in the West LA office was the need for preparation. The interviewees felt they needed more time to prepare for the pilot. The limited planning time meant that front line staff could not be effectively engaged in developing how the pilot would be implemented, ultimately limiting their understanding of the pilot's purpose. Administrators from this office recommended 30-45 days to include and prepare front line staff for implementation of blind removal.

Standardize the Blind Removal Process and Data Collection

Clear, specific, and feasible processes are required for successful implementation. To ensure the blind removal pilot's deliverables are met, all staff members participating in the pilot must understand the purpose of the pilot and receive clear objectives to gain staff buy-in. Additionally, processes for including children subject to the Indian Child Welfare Act in blind removal must be developed, even if tribal children are unlikely to be involved. Tribal communities and stakeholders should be consulted and included in the development of this process. Finally, drawing from the lessons of this blind removal pilot, recommendations for data collection are offered. A common case ID must be available across anonymized administrative datasets to ensure data can be linked. Then, cases may be tracked from hotline referral through blind removal review to court petition, including specification of children removed from parents/caregivers and placed in the foster system. The blind removal dataset must include at minimum a case ID, date of review, race and ethnicity of all children, if the blind removal review changed the removal decision, and, if yes, what decision was made instead of removal.

Implement a Diverse Blind Removal Panel and Promote Panel Discussions

Inviting a broader group of experts, such as supervisors, office leadership, cultural brokers, tribal leaders, union representatives, public health nurses, and community-based organizations to participate in the blind removal panel is essential. Though this array of professionals may raise concerns about confidentiality, the panel's diversity ensures a holistic consideration of family interests and access to resources. Panel members with the same professional background may result in unintended bias; thus, rotating panel members can promote different perspectives when reviewing a case.

AMONG THE REFORMS NEEDED, THE UPSTREAM NATURE OF CHANGE IS EMPHASIZED.

RACIAL EQUITY FOR FAMILIES DEMANDS A CULTURAL TRANSFORMATION ACROSS EVERY LEVEL OF DCFS.

Policy and Practice: Recommendations for Reducing and Eliminating Racism in Child Welfare

Additional recommendations are considered in accordance with the progression of a referral within the child welfare system.

Promote Upstream Enhancements Targeting the Root Cause

Stakeholders and commentators alike have addressed the reforms needed to bring about racial equity in child welfare. Among the reforms needed, the upstream nature of change is emphasized. Indeed, the existing child welfare system acts in response to systemic racism and significant breakdowns in social safety nets across healthcare, mental health, public health, childcare, education, and the economy. LA County may consider where ongoing enhancements and connections to the safety net are required across its many departments serving children and families, such as the Departments of Public Health, Health Services, Mental Health, and Social Services.

Mandatory supporting presents significant opportunities for reform. Evaluation of the effort across Los Angeles County and throughout California is therefore recommended, specifically as to whether the strategy can reduce or eliminate disproportionality and change harmful narratives.

The results of this pilot raise many questions. Specifically, stakeholders may consider whether disproportionality persists because of the disproportionate number of referrals involving Black families. Stakeholders may also consider whether the bias involved in the subsequent investigation upholds or compounds disproportionality. Future evaluation should further **assess the root cause of disproportionality**. Moreover, assessment of these issues would be enhanced by improved data collection, organization, and utilization within DCFS.

Dedicate Resources to Cultural Transformation

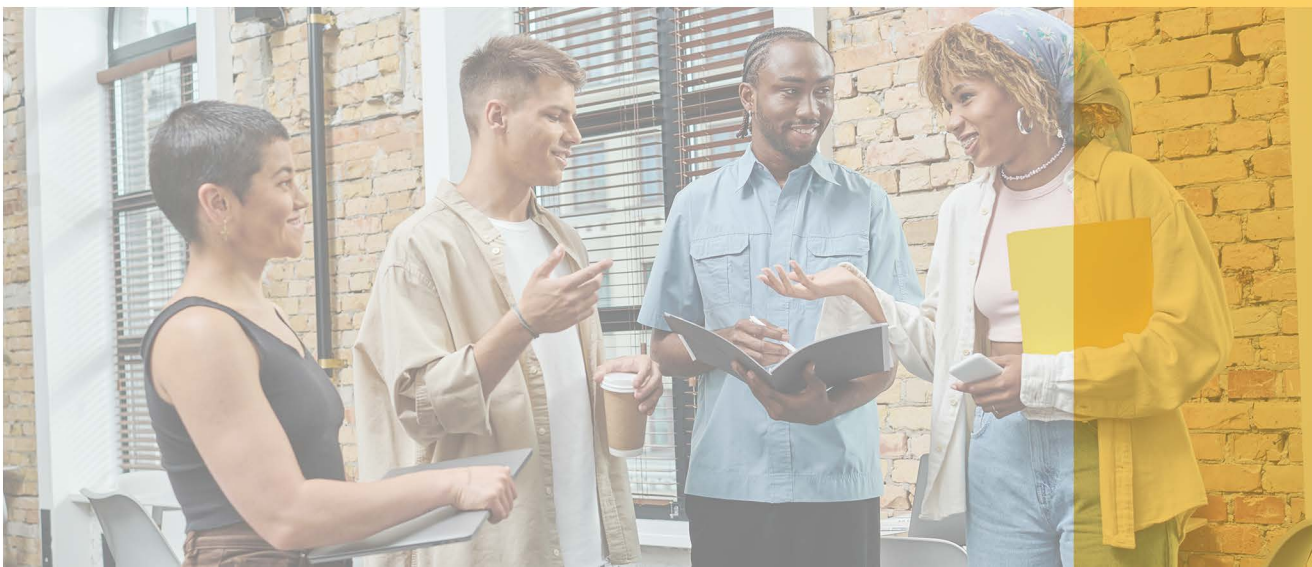
Participants demonstrated a strong preference for additional instruction on the following topics: cultural competency, implicit bias, and safety versus risk training, which can promote an open and collaborative environment among staff members. While some of these issues may be addressed in training, racial equity for families demands a cultural transformation across every level of DCFS. Union representatives are similarly encouraged to consider their role and relationship to advancing and eliminating barriers to racial justice.

The shift required is systemic and scalable, and while it may be achieved office-to-office, it must be uniformly applied and accounted for across all regional offices. This type of training must go beyond simply informing staff about racial injustice and bias; it must facilitate opportunities for staff at every level, from leadership to the line, to gain a deeper understanding of systemic racism and personal biases, and then apply what staff members learn to practice. The application of knowledge to practice requires trauma-informed coaching to support ongoing reflexive practice and a climate of mutual accountability for change. Combining the aforementioned components should bring about cultural change. Some examples of this type of training include immersive experiences offered by the [Groundwater Institute](#) or [Social Justice Partners LA](#). By analogy, other examples of similar efforts include those made by the [National League of Cities](#) or the [Metropolitan Mayors Caucus](#).

These efforts and others must **normalize discussions about race**. Participants expressed interest in having more office discussions about race and racism. Encouraging these meaningful conversations can help staff members identify biases, understand their impact on decision making, and take action to confront these biases. Well-equipped facilitators should be able to manage conflict in group dialogue, resulting in valuable learning experiences that support professional development toward culture change.

We reiterate many of the recommended and overdue reforms outlined in the [2021 Path to Racial Equity report](#) authored by Alliance for Children's Rights. We also emphasize the findings in the [2023 State of Black Los Angeles County report](#) and thus support the goals of the [Los Angeles County Racial Equity Strategic Plan](#).

**ENCOURAGING
THESE MEANINGFUL
CONVERSATIONS
ABOUT RACE AND
RACISM CAN HELP
STAFF MEMBERS
IDENTIFY BIASES,
UNDERSTAND
THEIR IMPACT ON
DECISION-MAKING,
AND TAKE ACTION
TO CONFRONT
THESE BIASES.**



RECOMMENDATIONS

Implement Widespread Evaluation of Existing and Prospective Racial Equity Efforts

DCFS has implemented various efforts (ERDD, 4DX) to address racial injustices in child welfare. We know little about these efforts and why they do or do not work. Moreover, removals are not the only measure of racial equity, particularly where disproportionality persists and where disparities continue to plague Black children and youth in foster care. For the most part, these efforts have not been evaluated beyond their direct impact on removals. **Deeper analysis of these efforts is recommended**, especially where other reforms around mandatory reporting and child safety are concerned.

Furthermore, in 2019, the Los Angeles County Board of Supervisors passed a [motion](#) authored by Supervisor Hilda L. Solis, resulting in the formation of the DCFS Office of Equity. Given the scope of issues concerning racial equity, **external support for the ongoing development and evaluation of the Office of Equity's impact is advised.**

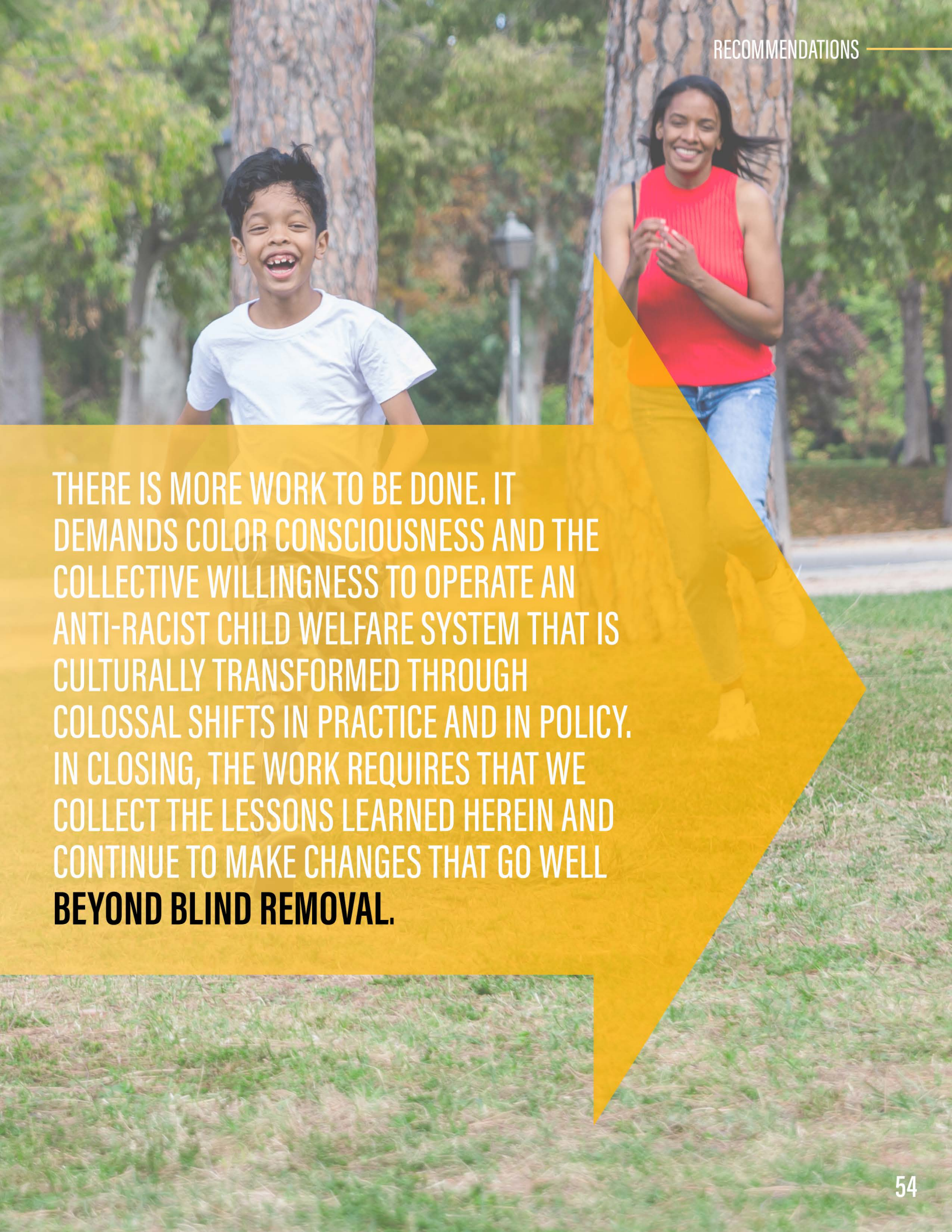
Going forward, evaluation of the foregoing efforts should engage members from impacted communities in defining outcomes and developing meaningful measures of change. For example, community engaged research, in partnership with a university, may involve a research council, which fosters bidirectional understanding of the issues, while also enhancing public trust in findings. Another example of community engaged research involves collaborative efforts to democratize research and engage diverse voices to make sense of data. Any evaluation of this nature must yield significant insight toward the practice tools necessary to activate change with and for Black families.

In summary, various limitations presented challenges throughout the course of this study. Nevertheless, disproportionality remains a prominent feature of the Los Angeles County child welfare system. This reality is exacerbated by the countless disproportionate harms impacting Black individuals, families and communities across this country due to systemic

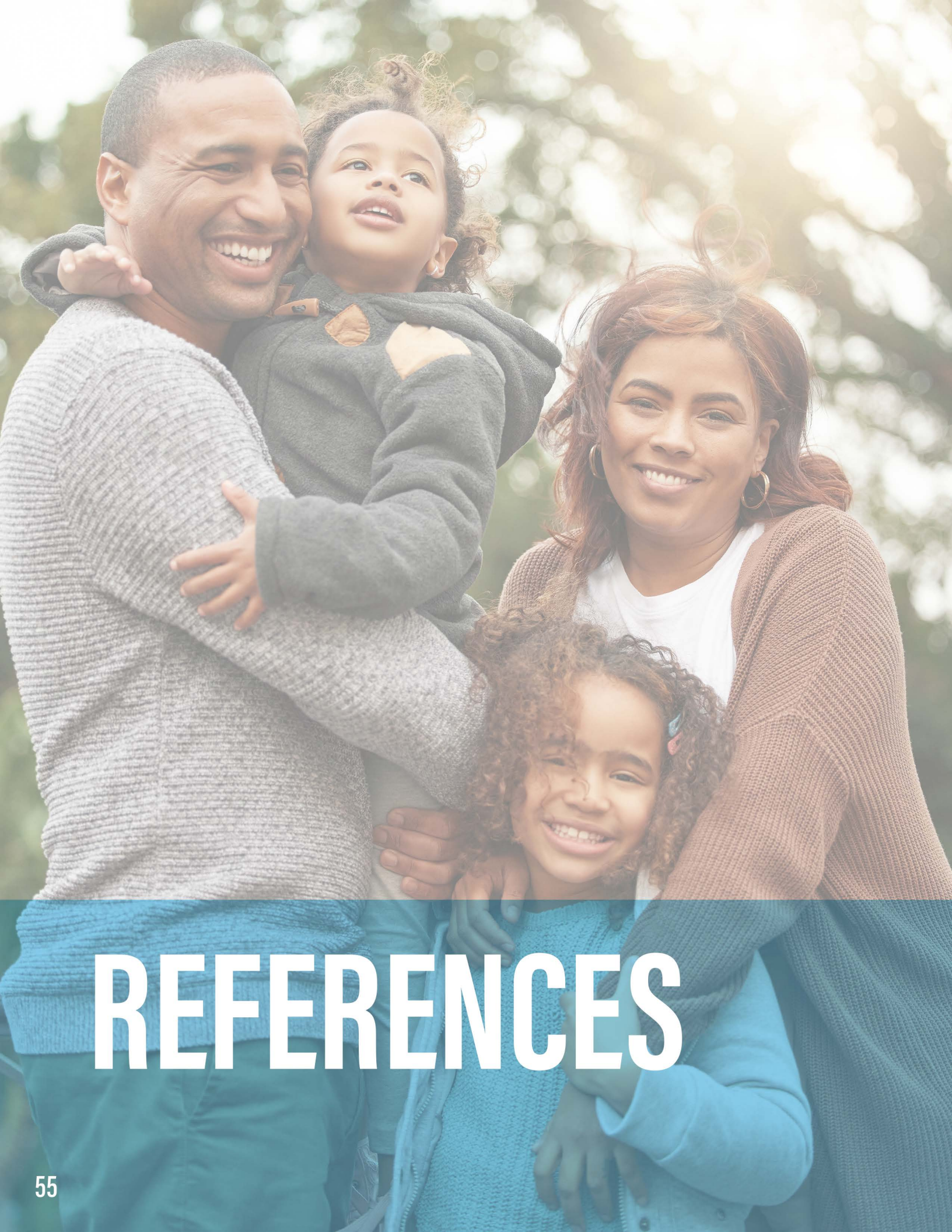


racism and intersectional harms. By implementing the Los Angeles County Board of Supervisors' directive to pilot blind removal, DCFS took novel and bold steps to document its internal processes and chart a new course for Black families involved with the child welfare system.

These efforts build on past and present efforts, such as ERDD and SAFE Reductions (4DX), in addition to mandatory supporting and the Anti-Racism, Diversity, and Inclusion (ARDI) Initiative in LA County.



THERE IS MORE WORK TO BE DONE. IT DEMANDS COLOR CONSCIOUSNESS AND THE COLLECTIVE WILLINGNESS TO OPERATE AN ANTI-RACIST CHILD WELFARE SYSTEM THAT IS CULTURALLY TRANSFORMED THROUGH COLOSSAL SHIFTS IN PRACTICE AND IN POLICY. IN CLOSING, THE WORK REQUIRES THAT WE COLLECT THE LESSONS LEARNED HEREIN AND CONTINUE TO MAKE CHANGES THAT GO WELL **BEYOND BLIND REMOVAL.**



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