

Disproportionality: Developing a Public Agency Strategy

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For many years, the disproportionate representation of children of color in the child welfare system has been a major concern across this country. These children enter foster care at a higher rate compared to their representation in the general population and stay in care longer than Caucasian children (ACYF, 2005; Wulczyn, Barth, Yuan, Jones-Harden, & Landsverk, 2005). Of equal concern are the disparate outcomes these children experience as they come in contact with the system. Prevention, placement stability, family reunification, and adoption outcomes are also far better for Caucasian children than Black children (Hill, 2006).

Among others (Cross, et al., 1989), the National Association of Public Child Welfare Administrators (NAPCWA) has long been engaged in activities to provide a greater understanding of this issue, including working with a foundation to sponsor a forum, develop a position statement, and an FAQ (APHSA, 2004); conducting a survey on emerging promising practices that affect disproportionality (APHSA, 2006); and establishing a workgroup of public child welfare administrators to address this issue. Over the past two years, the NAPCWA workgroup developed a Disproportionality Diagnostic Tool (Diagnostic Tool) designed to assess current conditions that affect the organization's ability to achieve positive outcomes for children. This tool enables organizations to more fully understand the underlying issues of disproportionality, and subsequently, further engage the organization as it explores the contributing factors of this issue. For NAPCWA, the ability to properly assess the influences of the community, the structure and culture of the organization, and the cultural competence of the frontline

staff as they deliver services is the most comprehensive and effective way to intervene on behalf of vulnerable children and families. These fundamental concepts were used in developing the Diagnostic Tool.

Context of Organizational Assessment

Addressing and reducing disproportionality needs to be understood in the context of large scale reform that requires specific techniques and tools for organizational cultural competence change (McPhatter and Ganaway, 2003). Published research to date has documented disparities throughout the United States; however, traditional research has focused on individual levels of analyses and has failed to provide organizational analyses or to identify tools for organizational change necessary to remedy the problem of racial disparities in child welfare systems. APHSA uses an organizational effectiveness framework to capture the array of work that must be addressed during this process. The framework is a systematic and systemic approach to improving a service delivery system's capacity, customer service, and customer outcomes. The organizational effectiveness approach is systematic in that it emphasizes the importance of assessing, planning, and executing in a rigorous, disciplined, and structured way. It is systemic in that it takes into account a comprehensive array of factors and considers them both individually and in relation to one another and to the environment.

The systematic approach is based on DAPIM, an acronym APHSA uses for approaching its work. It stands for:

Define what the issue is in a way that can be observed and assessed

Assess its current and desired state

Plan both rapid and long-term improvements

Implement those plans in detailed ways

Monitor plan progress as well as impact, and make adjustments over time.

While this approach is simple in its explanation, it is APHSA's experience that it is not simple in its execution. Organizations can often skip to remedies without a robust understanding of the causes of an issue. Using the Diagnostic Tool is the critical first step to defining disproportionality in observable terms and to generating findings and possible root causes of this issue. It recognizes that disproportionality is complex and worth a serious assessment as a starting point.

The systemic part of the approach is knowing what drives improved outcomes and how an organization does that work. The organizational effectiveness framework argues that outcomes are first and foremost driven by well-defined and delivered customer services and practices. Knowing what customers need and designing and delivering services accordingly are critical to any organization's ability to make its case for existence and to actually make a difference for those it serves. The Diagnostic Tool enables an organization to assess whether, and to what extent, these services and practices are in place.

You will see in the explanation of the Diagnostic Tool that it asks the user to consider the issue of disproportionality from three Spheres of Influence: the society, the system, and the individual. You will see questions that assess capacity at varying levels within these spheres. The framework of the Diagnostic Tool honors the need for a systematic and systemic approach to assessing disproportionality and positions the organization to take the next steps of understanding the contributing factors of the issue, planning for change, implementing the plan, and then monitoring the plan's execution.

Description of the Tool

When an agency is faced with the reality of disproportionality and disparity in their system, it can be difficult to know where to even start interventions. There is an obvious need for data—specific, accurate data about ethnic and racial minority children involved in the system at all decision points and over time. Beyond these data, agencies need to consider their strengths and weaknesses across the system. Disproportionality does not just belong to the child welfare system (cf. Richardson, 2005; Richardson & McFall-Jean, 2005; Tuell, 2003), though child welfare cannot simply deem it a larger problem over which it has no control. It is important to be able to identify what is clearly within the child welfare system’s sphere of influence and where the society at large, and the individual within, each play a role.

As mentioned previously, the Diagnostic Tool is based on the concept of Spheres of Influence. The tool addresses factors that affect disproportionality that are within the agency’s control as well as factors that the child welfare agency does not control, but can influence. They are defined as follows:

- **Society**—this includes community agencies; local, state and federal governments; educational, religious, and financial institutions; and our culture and values. It is important to recognize that disproportionality in child welfare is a reflection of institutional and systemic racism at the societal level.
- **System**—this is the child welfare agency itself. Though policies and practices in child welfare are unlikely to be explicitly biased, it is important to examine and review long-standing approaches within the agency. Child welfare agencies have

the ability to strongly or solely influence the development and implementation of new or improved standards, policies, regulations, training, and supervision.

- **Individual**—this pertains to individual social workers, supervisors, and administrators in their respective roles and the potential impact that their own outlooks, life experiences, and biases can have on disproportionality.

The tool also addresses eleven topics within each sphere that best describe what must be influenced to comprehensively and effectively address disproportionality in public child welfare. These topic areas include Strategy, Culture, Policy, Legal System, Training and Education, Communications, Resources, Practice, Economic Issues, Technology, and People. A description of each topic areas is located prior to a set of questions.

The following are examples of topic areas (Resources, Legal System, and Practice) and a question within each sphere that is associated with the topic area.

Topic Area—Resources. Resources are the facilities, services, and supports available to clients. In addition to general availability, there are many factors that can limit families’ access to important resources crucial to their success.		
<i>Society</i>	<i>System</i>	<i>Individual</i>
Do you know if and where adequate emergency services, hospitals, schools, faith-based institutions, and other necessary or beneficial services exist?	Can workers reasonably expect that parents of all races and ethnicities can complete treatment plans because they have access (including physical location, foreign language services, and assistance with reading comprehension, when necessary) to the appropriate resource?	Are workers generally aware of and using community supports, for example, mentoring programs?

Topic Area—Legal System. The legal system includes courts, law enforcement, attorneys, and other people associated directly with enforcing the law. This includes child welfare workers’ interaction with and understanding of the legal system.		
<i>Society</i>	<i>System</i>	<i>Individual</i>
Have law enforcement or the courts made any public effort to address potential disproportionality in their system?	Do families of all ethnicities and races generally have adequate representation?	Can social workers articulate the legal process to their families in a culturally competent manner?

Topic Area—Practice. Practices are any of the deliberate ways of interacting with families involved with the child welfare agency.		
<i>Society</i>	<i>System</i>	<i>Individual</i>
Are there patterns of disproportionate referrals based on profession or location?	Do agency data show any areas of obvious bias in practice (for example, lack of kinship care funding leading to more foster care placements?)	Are social workers aware that their decisions have the potential to positively or negatively affect disproportionality?

There are four response categories: “yes,” “no,” “sometimes,” or “don’t know.” Some questions seek open-ended, follow-up responses. For example, on the first topic area (Resources), the question asks, “Do you know if and where adequate emergency services, hospitals, schools, faith-based institutions and other necessary or beneficial services exist?” If the answer is “yes,” then the question is “How do their absences or presence, and their levels of adequate or inadequate service reflect the values of the community?” This allows a more in-depth look into that particular area and forces the respondent to think more critically about the issue. Respondents are given the opportunity to capture the data source for the answer to each question or identify the need for specific data in order to answer the question. Finally, the respondent is given an opportunity to identify practices, programs, or other initiatives that are currently being used or are being considered for addressing disproportionality.

After completing the Diagnostic Tool, a determination is made about where efforts are taking place within a sphere of influence, what topic area within each sphere is being adequately addressed, what strengths should be built on in these spheres and topic areas, as well as where interventions still need to be made. Agencies should consider work across several topic areas and across spheres of influence as they develop their strategic plan.

Pilot Demographics

The Diagnostic Tool was tested in three sites using different administrative procedures. Changes were made to the tool as a result of the pilot's experiences and resulted in a clarification of the tool's format and use. For example, the instructions for using the Diagnostic Tool were revised to include more options to answer each question. The original tool only allowed a "yes" or "no" response. The Diagnostic Tool now allows for "yes," "no," "sometimes," or "don't know" responses. Information was also added on recommendations for use, which helps the organization determine where this assessment is most likely to fit into a strategic plan.

The first pilot site was a California county with a population of approximately 650,000 residents. The primary racial groups are 58% Caucasian, 30% Hispanic, and 7% Black. Thirty-one percent of the county's population is under the age of 18. There are approximately 1,700 children in the county's foster care system with a racial breakdown of 46% Caucasian, 40% Hispanic, and 24% Black. The county child welfare agency had been working on disproportionality issues for over a year.

The second pilot site was in a Virginia county. The county has a population of more than 1 million people. Approximately 60% are Caucasian, 16% are Asian, 13% are

Hispanic, and 9% are Black. However, more than 40% of the roughly 450 children in foster care in the county are Black. More than 10 years ago, staff formed a team that began facilitating dialogues with human service professionals on issues such as Black culture and parenting. In 2004, county staff and community members launched a community collaborative with a group of Black community leaders dedicated to reducing disproportionality of Black children in foster care and the juvenile justice system and to improving school achievement.

The third pilot site was in an Iowa county. This county has a population of approximately 103,000 people, where 73% identify as Caucasian, nearly 17% as Hispanic, 5% are Black, 3% are Asian, and 3% are Native American. Over 26% (27,090) of the county population is under the age of 18. Of the 723 children in out-of-home placements in 2006, 111 are Native American children. In 2005, an initiative was developed to enable collaborative work to take place between the public child welfare agency and a Native American community group with the goal of providing more culturally competent services to children and families and reducing the disproportionality in the child welfare system.

Each locality used the Diagnostic Tool in different ways. In the California county, the tool was used by an organization that involved multiple levels of child welfare staff who had been working on various aspects of disproportionality for a year. The staff completed the assessment as a group over the course of a two-day facilitated meeting to determine areas of strength and areas for possible improvement. In the Virginia county, the management team answered the questions independently, had a staff person compile the answers, and then regrouped to discuss the overall results produced by the tool. In the

Iowa county, the tool was administered to both the agency and the community group at its initial stage of working together. Each person was asked to identify to which group they belonged when answering the questions. It was then administered several months later and a comparison was made on the ratings in the spheres of influence and topic areas.

Each group found that the tool had utility in a variety of ways. As the purpose of the Diagnostic Tool states, it is intended to contribute to the understanding of baseline data about disproportionality's existence in a particular jurisdiction. At each pilot site, the pilot coordinator indicated that by using the tool, further understanding had taken place about where progress had been made toward addressing disproportionality and where efforts needed to be strengthened.

In the California county, the recommendation was to develop a more detailed work plan to guide the disproportionality work already in progress, but because of current obligations, they could not commit to additional work in this area.

In the Virginia county, they were able to determine that the system sphere and four topic areas had the most positive responses. Subsequently, it was decided that the management team needed to expand the conversation on disproportionality to additional levels within the organization.

Increased understanding was most clearly demonstrated in the Iowa county. By using the Diagnostic Tool in the beginning of the initiative and then comparing follow-up and baseline assessments, it was found that overall increases were found for all topic areas in the society and individual spheres, and all topic areas in the system sphere except one (which was constant). After reviewing these data, discussions were held to

understand why changes had taken place between the baseline and follow-up data and further exploration of this information was incorporated into ongoing planning.

Findings

A common finding in all three sites indicated that the Diagnostic Tool provided a framework for a systemic view of the issue of disproportionality. Assessing all spheres (Society, System, and Individual) and all topic areas within each sphere (Strategy, Culture, Policy, Legal System, Training and Education, Communications, Resources, Practice, Economic Issues, Technology, and People) offered a comprehensive way to develop strategies and interventions to address the organization's current status on disproportionality.

Related to this, the Diagnostic Tool enabled the organization to identify their areas of strength and areas of vulnerabilities, for example, what work had been done and what work was still needed. Serving as a benchmark, the results of the Diagnostic Tool laid the groundwork for more focused group discussions and strategic planning.

It was also found that regardless of the stage at which the organization used the Diagnostic Tool, either at the beginning stages or after several years of work on the issue, it proved useful as a systematic assessment to further an organization's understanding of disproportionality and positioned it to identify the next level of work.

Finally, it was found that group dynamics play a part in how the tool can be used most successfully. The tool offers a systemic view of the society in which the system and the individual is located and a certain level of trust and open communication is essential for constructive and substantive discussions to take place.

Conclusion

NAPCWA believes that before a community or an organization can implement any strategy to address disproportionality, their first step is to more clearly define and assess the issue. The Disproportionality Diagnostic Tool is designed to do precisely that. As child welfare organizations begin the assessment process to determine their strengths and areas of vulnerability, NAPCWA will be able to offer guidance on how to develop a change plan, implement it, and monitor the results to further the organization's success in meeting outcomes for children and families.

NAPCWA will be posting the Diagnostic Tool on its web site by early Fall 2007. It is intended that broad use of the tool will position child welfare agencies at both the state and local levels to develop systematic and systemic change plans to more effectively address disproportionality. In addition, with the expected widespread use of the tool, NAPCWA will survey users in the early Spring 2008 to determine what, if any, changes should be made to the tool.

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