



National Association of Public  
Child Welfare Administrators

an affiliate of the American Public Human Services Association

## Disproportionality Diagnostic Tool: Description

### **Background**

The National Association of Public Child Welfare Administrators (NAPCWA) has made the issue of disproportionate representation of children of color in the child welfare system one of its highest priorities. We recognize and acknowledge that disproportionate representation and the disparate treatment of certain cohorts of children exist in child welfare agencies across the country. The over-representation of these cohorts negatively impacts child and family outcomes. We recognize that helping agencies address such an issue deeply embedded in their organizations would not only reduce disproportionate representation over time, but improve outcomes for all children as critical practices of child welfare are assessed and improved.

When an agency is faced with the reality of disproportionality and disparity in its system, it can be difficult to know where to start interventions. Agencies need specific, accurate data and data trends on children involved in the system at all decision points. Agencies also need to examine their own strengths and weaknesses in their performance of service delivery to children and families. As a result, NAPCWA has focused on developing materials and tools to help members assess their current performance and that of their communities under a more systematic and systemic approach. Our most recent effort is the development of the Disproportionality Diagnostic Tool created to help you examine disproportionality in your child welfare agency's jurisdiction.

### **Purpose of Diagnostic**

The Disproportionality Diagnostic Tool helps users examine societal, system, and individual factors that may be contributing to disparate treatment of certain groups of children (e.g. African American or Native American Indian children). It provides a preliminary broad assessment from which a user can consider a more robust analysis of the root causes of disparate treatment that children of color tend to face. The tool will be followed by written guidance to help users understand what their assessment results mean and will include reflective questions that child welfare agency personnel can consider as they develop a plan of change and move to take corrective action within their agencies.

**Keep in mind that the tool is** meant to contribute to the understanding of baseline data about the existence of disproportionality in a particular jurisdiction and related directly to disproportionate representation—it is not a general agency diagnostic.

# Disproportionality Diagnostic Tool: Instructions

## Limitations of the Diagnostic

The Disproportionality Diagnostic Tool was designed to be a thoughtful, initial approach to examining the pervasive issue of disproportionality in child welfare systems in communities. With this in mind it is important to note that the tool is not designed to gather all the information needed to understand all the nuances of disproportionality in an agency. Rather it helps agencies identify gaps in their systems, get ideas about where improvements may be needed, and also highlight agency strengths that could mitigate against disproportionate representation. Please also keep in mind that the tool is being presented at this time in a 1.0 version and will be periodically improved.

## Diagnostic Model: DAPIM

A committee of NAPCWA members and subject matter experts devoted significant time and energy to designing the diagnostic instrument as a necessary starting point in this continuous improvement effort. The diagnostic tool parallels DAPIM, a proven model used by APHSA in its consulting practice. Under the DAPIM model, an agency **D**efines what the issue is; **A**ssesses its current and desired state; **P**lans both rapid and long-term improvements; **I**mplements those plans in detail; and **M**onitors plan progress and impact for ongoing adjustment. The diagnostic tool addresses the first two elements of the DAPIM model: **D**efining the issue and **A**ssessing the current state of your agency and community.

## Design of the Diagnostic Tool

The tool is designed as a two-dimensional matrix. The first dimension consists of 11 identified domains:

- 1) Strategy
- 2) Culture
- 3) Policy
- 4) Legal System
- 5) Training and Education
- 6) Communication
- 7) Resources
- 8) Practices
- 9) Economic Issues
- 10) Data Collection
- 11) Personnel and Community

Each domain was chosen because of its significant point of leverage within a system. Designers of the tool hypothesized that choices child welfare agencies make in the context of these domains could be contributing to disproportionate representation and equally that positive changes in these same areas could materially impact disproportionate representation. A definition of each of the 11 domains can be found at the beginning of each section in the diagnostic.

The second dimension has been labeled **Spheres of Influence** to examine the interconnected layers directly influencing child welfare service delivery: **Society, System, and Individual**. In fact, child welfare agencies exist within a society of individuals that struggle with institutional and systemic racism. For instance, caseworkers, supervisors, and administrators come into child welfare agencies with their own outlooks, approaches, and stereotypes. It is important then to understand how the

11 domains operate at the three levels of influence on service delivery as a whole. Looking at the 11 domains as they relate to each sphere of influence can help agency personnel identify what is clearly in the realm of the child welfare system and where the agency can play a role. The three spheres of influence are defined below:

**Society** - includes community agencies; local, state and federal government; major institutions such as education, churches, and banking; and the culture and values of society. It is important to recognize that disproportionality in the child welfare system reflects institutional and systemic racism at the societal level. While child welfare agencies cannot expect to single-handedly overcome bias in society, it *can* be expected to play an active role in reducing disparities through an equitable service delivery approach for families. To positively impact society, child welfare agencies can weigh in on public policies, participate in community collaborations, raise awareness of issues, and coordinate preventive resources for families at risk of being separated.

**Example:** *A child welfare agency can work with universities and colleges to provide input on cultural competence curriculum for students enrolled in social work programs.*

**System** - is the child welfare agency itself. Though policies and practices in child welfare are unlikely to be explicitly biased, there is reason to examine and revisit long-standing approaches to service. Child welfare agencies have the ability to reduce disparities by implementing culturally sensitive standards, policies, regulations, training, and supervision.

**Example:** *The agency adds culturally relevant intake questions, specific to a large number of minority children in the community, to its foster care placement procedures and monitors whether the addition has improved equity for children entering foster care.*

**Individual** - can be a caseworker, supervisor, or administrator that works in the child welfare system and enters with his or her own outlooks and approaches, reflective of his or her family, community, and society at large. The role of the child welfare agency is to reduce the impact of any potential individual bias by concentrating on enhancing and improving individual skills, knowledge, and competencies.

**Example:** *The agency includes a “cultural competence” component to agency-wide trainings and also evaluates this component on individual performance reviews.*

**Completing the Diagnostic: User Instructions**

The tool is designed to be flexible to the needs of your agency. The number of options showing how to complete the tool is outlined below. Keep in mind that the more inclusive your input is, the richer your results and feedback.

- Option 1:** You may initially decide as an agency lead to make the first attempt at addressing the issue by completing the diagnostic on your own.
- Option 2:** To obtain a more collective assessment, you may instead start the diagnostic process by seeking the input of other agency personnel, including professionals from senior and middle management, as well as child welfare workers at the frontline.
- Option 3:** You may also complete the tool by seeking the input of other agency personnel and also relevant, external stakeholders in the community (e.g. a pediatrician or school teacher for input as mandated reporters).

Each section has a series of questions on each of the 11 domains. You will be required to respond with one of following answers: **Y, S, N, or UK** for **Yes, Sometimes, No, or Unknown**, respectively. Use the following guide to select an answer:

- Y** = if the question asked *occurs* in your community, agency or among individuals
- S** = if the question asked *sometimes occurs* or is somewhat true in your community, agency, or among individuals
- N** = if the question asked *does not occur* in your community, agency, or among individuals
- UK**=if *you do not know whether the question asked does or does not occur* in your community, agency, or among individuals

**Mark the appropriate box to the right of the question by filling in the box. For instance:**

Do you have monies being applied to addressing disproportionate representation in your agency?		Y	S	N	UK
<i>If yes, in what areas?</i>		<b>X</b>			

Please also answer any corresponding open-ended, follow-up question in italics that may apply to your agency (i.e. questions beginning with “*If yes*” or “*If no*”). There is an unlimited amount of room to respond to the italicized question by typing the answer in the provided box. In answering the follow-up question, you may be required to retrieve information from your own data reports or synthesize agency information, e.g. your SACWIS system. If you respond to the primary question with **No, Sometimes, or Unknown**, the italicized follow-up question may not be applicable to you but afterwards can be used to help guide your thinking about concrete steps your agency can take to address disparities.

**Follow-Up Guidance**

Guidance on how to make sense of your agency’s data will follow after completing the entire diagnostic and will include reflective questions that your agency can use to guide a continuous improvement process. This process will address the last three elements of the DAPIM model: **P**lanning for improvements, **I**mplementing the plan, and **M**onitoring the plan’s progress.