

**Session 5.09 – Identifying and Describing Disproportionality and Disparities in Child Welfare:
A Critical Discussion of Race and Research Methods**

Panelists:

Qiana R. Cryer
Alan Detlaff
Nancy Rolock
Krista Thomas

Also Presenting:

John Fluke
Nancy Dickinson
Richard Barth

Please note: The following is a direct transcription and has not been edited.

Moderator: Welcome to our session, which was originally titled. What were we originally titled? Something, really exciting.

This session is actually going to look a little bit different than we had originally conceptualized, because of the loss of day one of the summit. And so, we had some really great disproportionality and disparities content and some fabulous panels that were supposed to be going yesterday, and instead of losing that content we thought we would restructure this roundtable session and introduce some of those speakers and have them present some of the key highlights from their presentations as they would have come out yesterday.

And so, this ultimate disparities panel will be a combination of session 1.4 from yesterday, which was Child Welfare Disproportionality and Disparities framing the next generation of research. And, Alan Dettlaff, an Assistant Professor at the Jane Addams College of Social Work; and John Fluke from the Child Protection Research Center at American Humane Association will present some content from that first session.

We will also be including Nancy Dickinson from the National Child Welfare Workforce Institute, and Rick Barth, who you all know, who will be presenting some of the content that would have been discussed at section 3.12 recent child welfare, recent research and applications for policy and practice options, and then we will have then Alan and then Nancy a Senior Researcher at the Jane Addams College of Social Work will present some of the content that we are originally going to present as part of our session 5.9, which is where you are, “Identifying and describing disproportionality and disparities in Child Welfare”, a clinical discussion of recent research methods.

As, Melinda Bolton and I were talking prior to the session, that we did a lot of careful thinking about the disparities content, and were really excited about the information that have come through and the call for abstracts and we were crushed at the thought of not having those original panels yesterday.

And so, we are hoping while this will now result in this session being a little bit more crunched, we are going to try to get as much information out there, at least we can get some of these highlights, and at the end, we will have time for as much discussion in the roundtable format as we can.

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But first to start with the content and then we can have an interactive discussion. So, without further ado, John?

John Fluke: I first want to thank Alan and Christopher allowing the schedule to be modified in this way, it's sort of like finding yourself on the way to Los Angeles when you were planning to go to Little Rock. But, in any case, what I wanted to do is talk a little bit about a literature review that our organization conducted for the center for the study of social policy.

And, this review was roughly based on research since 2006. It was indented, as a bit of an update for the Hill Research Literature View that I am sure some of you are familiar with. Our intention was to be objective with respect to the literature that we looked at. And, we looked at both peer-reviewed, as well as features of literature, and we ultimately ended up reviewing about 200 different references for this post 2006 review, and considered about 400.

Some of the definitions that we used are attributed to Myers. We looked at both issues describing disproportionality, as well as issues describing disparity. And, I won't go into those definitions; I think most of you are probably familiar with those concepts, except to say that in one instance we are looking at making comparisons to a general population estimate. The other is just that we are looking at comparing to different groups with respect to whether or not they are relatively over or under represented.

A key aspect of our review, and I am certainly able to make this review available to you on request at this point, it should be out fairly soon, we keep hoping, was our explanatory framework. And, the explanatory framework was based on four fundamental explanatory areas: disproportionate needs, families of color, racial bias in the child welfare system and other systems, child welfare systems processes and resources, and geographical context, tended to be the types of explanations that we found in the literature.

Needs have to do with things like poverty, substance abuse, single parenthood, mental health challenges, racial bias, and discrimination in the child welfare system, things like reporter and caseworker bias, cultural sensitivity and competence, and institutional racism. Child welfare systems processes and resources including things like lack of agency resources, or inequitable distribution of resources, and also the multiplicative such factors as multiplicative processes along the child welfare continuum. And then, finally issues that are related to geographic context, neighborhood segregation, specific neighborhood, economic and social resources, concentrations of poverty and so forth. So, we found literature that addressed most of these issues, and although I would have to say in some fairly limited kinds of ways for the most part.

I wanted to talk a little bit about numeration, because I know that Nancy is going to be talking about some of the methodological issues in greater detail. But one of the things I think that we try to identify in the course of our literature was this concept of looking at disproportionality and disparity at decision points in two different ways. And the literature tends to look at what we were referring to as population based denominator

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ratios. Most often, when we talk for example about entry into Foster Care and disparities and disproportionality, the statistics that are most often cited are population based denominator ratios. The contrast to that are decision denominator based ratios and those have to do with the idea that there is a conditional probability based upon the decision that has occurred just prior to the decision that you are looking at on the child welfare continuum.

So, for example, if you are looking at entry into care, the prior decision would be perhaps whether or not you are providing services to that particular child and or their family, or potentially that you would investigate the case as a Child Protective Services Investigation. That is actually describable. The population based denominators can actually be derived. There is a function of the exponent of the decision based denominators. So, you can actually equate the two, if you have enough information about the various decisions along your continuum, which also gives you the opportunity to make estimates of what some of the decision based denominators might be in the event that you don't actually have those data.

Just to illustrate the kind of thing that we're talking about here. This, sir, if I can use this mouse, this is a sense of a child welfare continuum happens to be data from Colorado, looking at the disparity ratios with respect to African-American and white children. These are referrals to Child Protective Services and also screening. Activity coming in from the community, these are children that are identified and reports to the agency.

The second column represent responses. As you can see the disparity ratios in this particular instance are 2.34 African-American children compared to white children were 2.34 times more likely to be referred. When it comes to making a decision to actually conduct an assessment or investigation, however, the population ratio remains more or less the same just a little bit larger than 2.34 at 2.42, but the decision based denominator is 1.03.

With respect to open cases, once the decision has been made to do an investigation, the population based denominator is 2.16; the decision based denominator is 0.89, meaning it's less likely that an African-American child would be opened for services. But among those that are opened for services, you can see that the population based denominator this again is the statistics that's frequently cited and much of our literature about children going into placement is 2.69, whereas the ratio for the decision based denominator is 1.35. So, you can see that the book of the 2.69 actually emerges from this initial condition in the system, whereas the contribution of removals is actually quite a bit less. So, this is kind of an important issue from the standpoint of how we look at this from a research perspective. And, we are indeed we need to be looking for either evidence of different types of disparity, and I am using that in the most neutral context, and places in the system where we might need to understand those disparities better.

So, our review is broad even with the recent literature. I think the thing that is important from the standpoint of the literature review is that we believe as result of that that races are legitimate and important focus for research in child welfare, but there are lots of

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unanswered questions, many issues that we don't really clearly understand, as well as we need to in order to organize effective practice and policy. And that many areas need to be better understood, including the incidence and problems of child maltreatment. We have serious issues with the absence of key groups like American Indians, and Hispanics. Limited measurement in this context refers to problems with lot of our measurement with respect to race. For example in the referral data, race is often missing, and how we choose to classify race can often be somewhat problematic depending upon what our objectives are analytically, and that we are also missing a lot of studies that will allow us to look at this from a multilevel perspective.

And, there is a real concern, I think in terms of understanding how and when disparities are actually inequities in service. And, other members of our panel probably speak to this issue more, but this is just a real critical issue from a research perspective. And, assuming there are inequities, what we can actually do to effectively address those?

So, I will conclude with that and turn it over to Alan.

Alan Dettlaff: Okay, thanks everyone. I wanted to -- I am going to build on what John just talked about by reviewing a couple of research studies that have been done using data from the Texas Child Welfare System looking at the role of race, poverty, and risk on different decision points in that system and just want to briefly acknowledge all of the different people who have been involved in these studies that are listed on your slide.

And, just quickly because this is a very shortened version of these studies, I am really just going to be pointing out the highlights of them, but I will be happy to give you the references to the main studies here, so you could review the full results.

As John already mentioned, I will go thorough this very quickly. There is much evidence that disparities exists at child welfare decision making points, beginning with the initial point of initial reports, children coming to the attention of the system, then subsequent decisions either amplify or diminish that initial disparity. And, research examining these disparities has found the presence of disparities at each decision making point.

What the research has been less clear on, is the explanatory factors behind those disparities. So, the presence of a disparity is itself does not imply any type of bias or even in fact a problem, it's just a difference, in an outcome between one racial group to another racial group. So, what issue here is whether race accounts for these disparities or whether there are other stronger explanatory factors that might explain?

And, over the past few years, there is really been a shifting dialogue looking at disproportionality and disparities that has suggested that they observed disparities at various decision making points occur because African-American children are in fact maltreated at higher rates than children of other races, so then some of these disparities and outcome should be expected at these decision making points. And that idea when it first came out received a bit of pushback, because much of the work related to disproportionality and disparities had been -- had used the National Incidence Studies one

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through three, which were the ones available at that time that had pretty consistently found no significant differences between racial groups in terms of rates of maltreatment. But that changed certainly after this dialogue began with the release of the NIS-4, which found for the first time that there were statistically significant differences and that African-American children were maltreated at higher rates than children of other races, and Nancy Dickinson is going to be talking about that on in greater detail later.

But our thoughts moving into these studies are that the findings from NIS don't entirely explain away the disparities in things like rates of substantiation and in entries into Foster Care that even if there is differences in maltreatment that doesn't mean that there isn't bias in the system. We do know that poverty is a very important factor, doesn't necessarily cause maltreatment, but there is a very significant body of research that shows that there is a very high association between the two. Findings from the NIS-4 show that children in low socioeconomic status households experience some form of maltreatment at a rate more than five times the rate of other children. So, we wanted to look at some decision making points that examine the effect of poverty along with the effect of race.

So, there were two main studies that have been done looking at this using data from the Texas Child Welfare System where the focus has been on identifying explanatory factors behind disparities. Some of the literature in this dialogue over the years have suggested that the more alternative explanations for the observed disparities, the less likely it is that there will be evidence of a racial bias in there. So, we wanted to include as many possible alternatives as possible. So, these studies expand upon some of the prior work by looking at two decision points, substantiation, and then the case disposition point, either taking action on a case, opening versus closing, and then among cases that needed to be opened opening for in-home type services versus substitute care, and including measures or race, poverty, and risk.

So, the sample of this case is reported to the Texas Department of Family and Protective Services between over about a year and a half period. There are over 186,000 cases in the sample, some of the other demographics here, I am pretty, about a third Hispanic, third white, about 20% African-American, about a third of families in the lowest income bracket these are the Texas classifications of the lowest income bracket being under \$10,149.

The variables that were used were income, race ethnicity. We used risk assessment scores, Texas assess risk in seven areas of concern that are each rated on five point likert scale, so the highest risk case would have a risk score of 35 and the lowest would have a risk score of 7. And then, we also used as many covariates we could from the administrative data base, so parents marital status, teen parent, age group of youngest child, number of children, and the some things related to the report type of allegation report source and region.

And so, the first three -- the first decision point we are going to look at is the substantiation study and the reference is on the bottom there. We looked at cases reported between that period did mean -- risk assessment mean distributions by varied

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analyses and then multivariate logistic regression analyses that incorporated the poverty risk and risk.

And, one of the first things we did that we found interesting was looking at these risk assessments scores by rising income. And, what you could see here is that here is African-Americans for substantiated cases and this is low-income versus high-income. So you could see that low-income cases are assessed as having higher risk than high-income cases, which is what we expected. What we didn't necessarily expect is that, if you look at the white cases here, low-income white cases and high-income white cases are both assessed as having higher risk than the African-American families. So, white families across the board are assessed as having higher risk than African-American families in both substantiated and unsubstantiated cases.

Then, in our multivariate models, after controlling for poverty risk and other covariates African-American and Hispanic children were still more likely to be involved in substantiated cases, African-American children about 15% more likely, Hispanic children about 21% more likely. Income was also a significant predictor but not in the direction we expected. Actually, the lowest income category compared to the highest income category had slightly reduced odds of substantiation. And interestingly, there wasn't enough time to put this all in here. But we run this model in two different ways, first without risk in the model, and then with risk in the model. Without risk in the model, income was a significant predictor with the lowest income category twice as likely to be substantiated for maltreatment, with the model with risk in the model the income effects nearly disappeared and it was the race effect that was the stronger explanatory factor. So, controlling for poverty and for caseworkers assessment of risk there was still a significant effect for race here. And this isn't a huge effect, but keep in mind that this is essentially a population of children, so a 15% difference is a big difference.

Then, just briefly a prior study that had been done looked at the removal services decision, the reference for that is on the bottom, where we looked at two sets of analysis. First, the case opening decision, so whether to take action on a case or not, does any type of intervention need to happen versus closing the case. And then, the second one looked at, of those cases that needed to be open, did the case go to some type of in-home arrangement from a preservation services or to substitute care, and this sample just looked at substantiated cases. And again, we looked at substantiated case here to control for some of those potential differences and maltreatment. So, of all the children who are maltreated, once their maltreatment is confirmed in a system then what happens to them, we wanted to see if there were disparities there?

You can see here, I am looking at just the risk distribution same type of pattern. The study just used African-Americans and white children, so you could see the differences more clearly. And, you could see here in removals in both high-income and low-income cases, white families were assessed as having higher risk than African-American families. So again, across the board white families are assessed as higher risk than African-American families.

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But what we found here when controlling for poverty and for the caseworkers assessment of risk, among maltreated children African-American children were 20% more likely than white children to be involved in a case that was opened for services. Then looking at just those cases opened for services, African-American children were 77% more likely than white children to be removed in the living home services. So again, controlling for poverty of risk, there is still a very large effect here at this decision making point for race.

So, what we believe these studies are showing is that even though there has been some recent literature suggesting that the more relevant non-racial explanations you put into a model, the less likely it is that race will emerge as a stronger or emerges as explanatory factor. These studies really challenge that by showing that, while poverty and risk are both important, they were both significant predictors in these models, when controlling for poverty and risk, race remains, the race of the child remains a significant predictor of the disparities that are present.

And, we are also really interested in this finding regarding the risks scores and the higher risk in the white families and the African-American families. Both of the study showed that poverty is associated with higher risk scores. In these cases, African-Americans were assessed by caseworkers as having lower risk than white families in substantiated cases, cases opened for services, and cases resulting in substitute-care. We suggest that, although income may influence risk assessment, it may not be the factor that influences the caseworkers threshold from making a decision. If you are in the session that Don and John did this morning about the decision making ecology, they talked about this threshold for action, I mean I will review it briefly, but there are quite a bit of literature that they have done on it. So, what we believe is happening here that there is racial differences in the decision making threshold used by workers when making decisions both about substantiation and about removal, and specifically that decision making threshold for substantiation and for removal is higher for white children than it is for African-American children.

I am just briefly looking at how this is kind of displayed here. You could see here that there are factors influencing the assessment over here and these are things that come from the case, the case factors, so things like income, the maltreatment, the case situations. But then there is the factors that influence the threshold for taking action. And those factors are things from the caseworkers or the decision makers, experience, and their history; one of those things can be their views about race. And if the assessment is above threshold then action is taken, if the assessment is below the threshold, then no action taken. So, workers could have, a case could have or similar two cases could have the same risk assessment, but one worker has a low threshold for taking action because of the factors and their experience, and decides not to take action, meaning either substantiate or remove. Another caseworker has a high threshold for taking action and then doesn't take action. So the difference is in their threshold, even though the assessment is the same, could affect the decisions that are being made.

And then ultimately, again I just wanted to show the slide was shown this morning. But I think the other issue that these study show is that disparities aren't caused by any single

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factor alone. Disparities in child welfare aren't caused by poverty alone, they are not caused by risk alone, they are not caused by bias alone. But the fact that poverty does account for much of the disparities doesn't mean that bias isn't a factor. The fact that differences in risk and differences in need are part of what causes disparities doesn't mean that bias is a factor, because really this is a very complex thing that factors into decision making. Not only is it the case factors and the factors of the decision maker, but there is also external factors within the environment, and then organizational factors within the organization as Don talked about this morning, when there is a very severe child death within a community or an agency removals go up, so those kind of organizational things affect the types of decisions that are made.

And again, I apologize for the brevity of that, but I would be happy to give you all of those studies.

And, now we are going to move to Nancy, who is going to present some findings of the NIS-4.

Nancy Dickinson: Okay you can just read my note, that's all right. Lets see. There it is, yeah, yeah.

Okay, here we go. Good afternoon everybody. My name is Nancy Dickinson I am Project Director of the National Child Welfare Workforce Institute. And, the panel that we had planned for yesterday included, Andrea Sedlak, who was a Major Researcher and Author of the NIS-4 results; Brett Drake, who had written an article, has written several articles on Race And Child Welfare; and Carol Wilson Spigner, who used to be Head of the Children's Bureau and who is now doing quite a lot of work on disproportionality, policy, and practices across the country.

So, what you are ending up with is me and I am going to do the introduction and try to cover a little bit of the NIS-4 results. And, Rick Barth who was the co-author on the -- among other people, John Fluke was also on the pediatrics articles, and can become Brett Drake in this situation so.

Unidentified Speaker: So, you are Andrea and Rick and Brett.

Nancy Dickinson: Yes.

Unidentified Speaker: Okay.

Nancy Dickinson: And I am also Nancy because I am going to do a little bit of the introduction here. The issue of race in child welfare is very appropriate to our institute on workforce, because it is the child welfare workforce who makes the decisions about investigation, substantiation, placement, and conformation in all of the services that come into -- come to bear on the child welfare population. So, we've been talking about this in our institute for a while and exploring various aspects of this, and so we are delighted to be involved in this panel.

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The issue that we are going to be talking about today concerns primarily racial disproportionality. And child welfare stakeholders have been discussing and writing about the relationship between race and ethnicity and involvement in the child welfare system for decades. And, the term disproportionality as you can see it defined here has been used when we talk about race effects or that the issue of race in the child welfare system. So, previous National Incidence Study, the National Incidence Study for abuse and neglect had suggested that an African-American children are reported, investigated, substantiated, and placed into care in higher proportions than the rate at which they are actually abused, as well as higher than their representation in the general public. So, many experts have argued that this overrepresentation is due to racially biased decision making in the child welfare system. And, as a result more than 20 states have developed initiatives to reduce disproportionality through such mechanisms as tracking disproportionality rates, ratios, auditing agency procedures for biases, and anti-racism training. But NIS-4 and other recent studies have found strong and pervasive race differences in the maltreatment rates of African-American children compared with white and Hispanic children. This would appear to challenge the argument that the disproportionate rate of African-American children in Foster Care represents a specific failing of child welfare services rather than a more general problem that results in these higher rates of child maltreatment.

So, now I am going to talk a little bit about NIS-4. I am putting on my Andrea hat, and the NIS studies have been congressionally mandated since 1974, and they have been funded and supported by the Department of Health and Human Services all the way down to the Children's Bureau.

The studies have been conducted largely about West Stat with some assistance from Walter McDonald & Associates. I'm not going to go into great detail about the design and methods. I really encourage you to look up the study on website and read it yourself. There is a summary of the study that was presented to Congress in December and the full study is also available.

So the NIS-4 is based on data that were collected in 2005 and 2006, and the report was just released in December 2010. It includes children who were investigated by CPS and others who were not reported to CPS or who were screened out by CPS without investigation.

It's a nationally representative design and the NIS-4 used comparable methods and definitions across the three other cycles of National Incidence Studies, and Brett talks a lot about how people talk about NIS 1, 2, and 3, not showing any race effects when actually the sample size was not significant enough to show that there were differences already in the results of those NIS 1, 2, and 3, in the abuse and maltreatment of children.

So the NIS uses two definitional standards. The harm standard is relatively stringent and it actually requires that an act or an emission results in demonstrable harm. The endangerment standard includes all of the children who meet the harm standard, but it

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also counts children who were not yet harmed by abuse or neglect. But the Sentinel thought that maltreatment actually endangered the children. So they would be in that endangerment category.

The conclusion of the NIS-4 is that there is strong and pervasive race differences in the incidence of maltreatment. The rates of maltreatment for black children were significantly higher than those for white and Hispanic children. And those differences occurred under both definitional standards of harm and endangerment, and it included rates of overall maltreatment, overall abuse, overall neglect, physical abuse, serious or moderate harm from the maltreatment.

The incidence of harm standards, sexual abuse, showed a racial effect, and the endangerment standard rates for physical neglect and emotional maltreatment also showed a racial effect.

So what we are going to be talking about now is these questions. Is disproportionality caused primarily by racial bias? Or do these reports indicate that Afro-American children are at greater risk of harm than white and Hispanic children?

I'm sorry that Carol Spigner is not here, but she was going to talk about different pathways for policy and practice. There are definitely practices and policies that could be implemented under either one of these theories that could make a difference. We know that the bias theory has brought about antiracism training and institutional racism approaches, but the risk theory could also bring about a lot of very special practices that could target those children at greatest risk of maltreatment.

So I hope we'll have some discussion about that later.

Rick Barth: You think I could count on my wife to introduce me but I guess not. So it's really great if I want to make some time for this paper to be presented. Although I must say this is not exactly my dream speaking engagement, trying to speak from Brett slides about a topic is difficult as race and disproportionality, but I am delighted to give it a try.

So you have all heard already that or you haven't really heard this part. So child maltreatment, which is the counts of from State and County agencies basically aggregated, finds that they are basically two times the rate of reports for black children with regard to substantiated child abuse victims than there are for white children and the question that Brett raises that to some extent we raise in this pediatrics paper is what that is all about, and how do we make sense out of that, and is that reporting bias, or is that related to risk, differential risk, or is it some combination of the two.

Brett puts the point in here that this presentation is not about Foster Care. So in some ways we did this panel a little backwards because Alan and John were talking about decision making processes as you go along the line. This is really more epidemiology. This is trying to understand the basic underlying risks.

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So there have been two different answers to the question of what contributes to that 2:1 ratio. One of them is a risk model, which basically is that minority families are poor, have more risk factors, therefore they are going to have a higher actual occurrence of child abuse neglect, and therefore they are going to have higher rates of official victimization.

The second model is that although there is greater exposure of risk factors there is no question that there are different income levels between blacks and whites, and that income is related to maltreatment that there is a risk and protective factor offset, which keeps African-American children from being abused more, and therefore according to the NIS 1,2, and 3, that's why the rates of maltreatment or basically the underlying rates of maltreatment are the same, but the reports are not the same primarily because bias inflates the official minority victimization rates. So these are the competing models. So which is right or are both right in some way.

So the Center for the Study and Social Policy, the Alliance for Race Equity has written a lot about this and basically they have concluded that whether one used the harm standard, the endangerment standard, NIS-3 revealed no statistically significant differences in overall maltreatment rates between black and white families. This was what Nancy was talking about before.

So up until we have the NIS-4 there was some consensus that the NIS studies showed no differences. There was a dominant consensus okay, and this was the way that it was described, and I think this itself is problematic, because just because there are no differences as we know, doesn't mean that the things are the same, and this was interpreted as if they were the same, but you really can't make that interpretation simply because they aren't different.

So the conventional wisdom was that if you put the NIS findings together, with the child maltreatment findings, the NIS findings, basically the underlying epidemiology, no difference in child abuse rates, and the child maltreatment findings, which is there is two times greater level of reports, then you have conclude that the missing part of the equation is bias. And of course we don't have direct measures of bias, which is a great disadvantage to all of this scientific endeavor.

So, as Nancy mentioned, lots of activity, 20 states are involved in one kind of, actually not just training, but in some kind of policy initiatives. If you define policy with a small p, around the country, lots of articles, lots going on to make this case that disproportionality is a significant threat to the well being of African-American children and families, and a threat to the performance of the Child Welfare System.

But Brett says sometimes it's worth looking at things again or the other saying is don't believe everything you think.

So, this is basically what Nancy was saying about the Statistical Power Problems in the NIS-2 and 3. The NIS-1 was so experimental that it's really not that valuable to think

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about. But basically what this shows is that you see the lines are quite parallel. What you also see although, you can't really see it, these confidence intervals overlap. So even though there was a higher rate on the graph for African-Americans than white, you can't say it's higher because the confidence intervals overlap. They continue to overlap through NIS-2. Although you see what the ratios are, almost 2:1, 1.5:1, and then by NIS-4 you have a big enough sample, more precision in the measurement and you see that they no longer overlap. But basically the argument that we make in the pediatrics paper is that nothing really changed, expect the precision of the study, that the underlying risks were there all along and that we had basically mis-described what was going on in NIS-2 and NIS-3.

So this says it with an even more crowded graph. Does a nice job of pointing out that these are the confidence intervals, they are separate, which means that there is -- now we can talk about them as statistically significant, which frees up the conversation to some extent, to think more about the risk difference, the risk contribution rather than just a bias contribution.

So what the slide tries to show is that there is consistency between the NIS and the NCANS that they are not so different as we had always thought.

The next effort in the pediatrics paper is to show that there is also consistency between the other disproportionality ratios with regard to infant mortality, fatal accidents, infant homicide, child abuse and neglect victims, and so on, that if you look at these rates that African-American rates, those are the black/white ratios, okay, compared to white, are all right along the two times. So all these other things they all are on two times. The Hispanic ratios vary quite a bit and often are much less than the African-American ratios and in some cases are equal to the white ratio or just two whites.

Brett did a little more work in Missouri. It's not in the pediatrics paper but this is bonus and looked at the data that he had there, that he and Melissa Jonson-Reid, and they showed that again there is quite a bit of consistency in fact that the child abuse and neglect substantiation's the black/white ratios are on the low-end. But the actual risks are greater in these other areas, which suggest, I think, they consider it confirmatory, that the risks of related problems that are objectively measured are higher for African-American kids than for white kids, okay.

So what conclusions do we come to? It would look very much like the risk model was right all along or for the most part. I hear what Alan was presenting too, which is that there, and John, that there maybe a modest, small to modest contribution of bias in addition to the risk model. But it seems that most of this, in this analysis is explained by the risk model.

The moderating model that we talked about, where there maybe cultural factors that intervene between the risk and the maltreatment does actually seem to work for Hispanics. So they are poor than whites, but they don't have a higher child maltreatment. So there is a paradox, if you will not, necessarily, I'm not sure that's the best term, there

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is a meditating effect for growing up in a Latino household with regard to reducing child maltreatment if you have some of the other risks.

So where do we go from here? We would recognize that risk not bias is the primary driver of disproportionality. We would think very hard about the fact, the possibility that attempts to reduce reporting, screening, or substantiate African-American children will very possibly cause us to not help black children who need our help. The black children may be denied protection simply because of their skin color, which of course is has a long tradition in child welfare. And our efforts to avoid being racists we may try to engage in practices, which increase morbidity and mortality for African-American children.

And finally about attempts to change race related views or behavior in child welfare services maybe a value in their own right, but will not have any large genuine real effect on disproportionality rates, given the lack of research to show that cultural components training changes behavior of professionals or case outcomes, a literature which is much broader than child welfare and includes nursing, medicine, dentistry, pharmacy, and all the helping professions. Such training is probably is of good use. Thank you.

Alan Dettlaff: And now we'll begin with this afternoon session. Really I want to thank Rick and Nancy and John for agreeing to be part of this because I know they are all very busy and probably had other plans for this time period. So I really appreciate them joining us this afternoon.

So today's planned session was to talk about kind of a synthesized sum of what we had, would have heard in yesterdays sessions, and just finished hearing today, but then really moving into a broader discussion about the importance of measurement issues related to identifying and describing disproportionality and being clear on what we are actually talking about and what we can say about what those measures mean and what they don't mean.

So we wanted to start just by kind of framing this disproportionality and disparities have been, as our other panelists have mentioned are concerning child welfare for a very long time. There has been a recent research regarding differential rates of maltreatment, increased awareness of differential risk factors, that's brought into question some of the ways that we have in the past gone about addressing disproportionality, and I think its important that we are really aware of that new body of research and the shifting dialogue and the thinking about what that means to moving forward.

And so as our understanding and awareness of disproportionality and disparities has evolved overtime, it's become increasingly aware to ensure that disproportionality and disparities are described appropriately, and then the statements made about those descriptions accurately reflect what the descriptions really mean.

We have already had this content disproportionality and disparities really measure two different things. Disproportionality compares the same racial group in one population to

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another population, disparity, while disproportionality looks at being out of proportion, disparity looks at the state of being unequal comparing one ratio group to another.

But over the past really couple of decades, and most recently in the past couple of years, there is really been an evolving understanding about disproportionality and disparities and I wanted to just briefly go through some of the highlights of how that's evolved. A lot of the early research focusing on disproportionality, I actually many times use those terms interchangeably, disproportionality and disparities, as if they meant the same thing and sometimes applied the wrong definitions to those terms. But as John mentioned very early on, much of that early research really focused on that population based denominator compared to say children in substantiated reports or children in the Foster Care system and then made a conclusion based on that.

The limitation to that population based denominator is that it implies that all children in the general population have an equal chance of coming to the attention of the system or an equal chance of being removed when really they don't. If you look at the population of children who come to the attention of the Child Welfare System, they look very different than the population of children in the general population. So it's not necessarily a good comparison to begin there. And that's how the emergence of disparity and decision point analysis evolved over the years, by focusing on the prior decision points. So using perhaps the population denominator for that very first decision, of reports to the system, but then after that looking at each subsequent decision making point using the prior decision, as the denominator, and then thinking about disparities perhaps as a more useful indicator of a problem that disproportionality and much of that has happened because of the shifting dialogue and the NIS-4, given that there are differences in rates of maltreatment is disproportionality where we need to be focusing our efforts. Is, is should there be some type of overrepresentation?

So I think where we are kind of at right now and hopefully when we have some time for discussion and some of the panelist could jump into this. Where we are at right now I think is that disproportionality and disparities have become kind value laid in terms that apply -- that imply in an equity when perhaps, when actually the term doesn't apply, and it doesn't mean in an equity.

The presence of a disproportionality or a disparity simply means just what it means. There is either an overrepresentation or issue of proportion or there is a difference in an outcome between one racial group and another. Just the presence of a disproportionality or a disparity doesn't mean that we could say that it's a problem, doesn't mean that we could say that there is bias in the system.

Really I think that question could be asked is disproportionality as a concept, as a term, even a useful or relevant concept for us to be moving forward within terms of speaking about. Because saying that disproportionality is a problem implies that proportionate representation is the solution and I don't think anyone could make an evidence based argument that proportionate representation is the goal or is desirable, because there are differences in maltreatment and there are differences in risk factors.

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So I think we have to question ourselves as a field, are we undermining our efforts or harming our ability to move forward by discussing disproportionality, as if it was a problem. Although there has been a lot of research that has documented these disparities and disproportionality, there has been a lot less that has examined the factors explaining their presence and I think that's some of the work that I am describing and a lot of the new work that we are seeing, and that's where I think the real emphasis needs to be in the research, looking at the explanatory factors behind disparities, and the extent to which observed disparities are caused by differences in risk or differences in maltreatment, differences in poverty, and the extent to which they are caused by bias. Because the real problem in the system is those disparities that are caused by bias, particularly once you get into some of those later decision making points.

Once you account for differences in maltreatment and children are in the system, then what happens to them? Are they treated fairly? Are they treated equally? And when there is disparities that result, at those later stages, that's when we were really need to be questioning what's the source of those disparities.

So I think where are at right now is understanding that poverty, differences in poverty, difference in risk exposure, are significant contributors to the observed disparities at these different decision making points. But as I argued earlier, those differences in poverty and risk don't mean that bias isn't present in the system particularly at some of those later ends.

So what I would say in terms of moving forward is that we need research that examines the extent to which observed disparities result from differential need and the extent to which they result from bias, and caution needs to be taken in when interpreting the prior research and in moving forward with us as researchers conducting research, and as consumers of researchers reviewing research studies, knowing that a descriptive statistic that shows that there is disproportionality or a disparity at a decision point doesn't imply in an equity or problem with bias in a system. That until that research is taken to the next level that looks at the explanatory factors behind those things, we can't say that disproportionality is good or bad, right or wrong, or that a disparity is good or bad, or right or wrong, really can't make any judgments about it, until we understand the factors that explain the presence of that disparity.

So then more dissemination by researchers needs to happen in terms of providing examples of more complex methods to go about identifying some of those the explanatory factors behind disparities. There is a pretty limited body of knowledge looking at that compared to the more descriptive type studies. And then studies need to acknowledge limitations, when all possible explanatory factors aren't included. Some of those are just a function of the data that's available, but if you are doing an explanatory type model, and you can't control for the effect of poverty, that needs to be very clear, that, that what you are showing is very limited by the fact that poverty isn't included in your data, or any other possible explanatory factor needs to be very clearly identified in your study that you can't account for the contribution of x, y, and z-factor in explaining

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the disparity that you found. And then reiterating racial disparities are likely not caused by a single factor, have this again, because I don't think we will be doing both of these sessions at the same time. But this is just another plug for DOD and this model of the decision making ecology, which I think, I owe a lot to Don and John, and but this is a really good model.

In terms of explaining that this is a really complicated and multifaceted problem that can't be boiled down to any one of these individual factors, but it's really a combination of all of them that likely affects how decisions are made within a system.

And now, I am going to turn it over to Nancy, who is going and talking more about the specific measurement issues and what they do in down south.

Nancy Dickinson: Good afternoon. So you will see in my presentation that being the second Nancy on the panel is not the only thing that's redundant in my presentation. So, as Alan said, we weren't really, well we didn't plan to be all presenting together. So of course I started with a definition of disproportionality versus disparity. I think we have gone over this a couple of time already. But what I wanted to show was just kind of graphically what this means. So what I have up here are just the numbers from the Illinois Child Welfare System, this looks at the child population, showing that our child population is about 15% African-American, about 65% white, 14% Hispanic, 6% other. This next bar are those children in care, so about 54% of the children in care in Illinois are African-American, 39% Caucasian, 6% Hispanic, and 2% other.

So when we talk about disproportionality, what we are doing is we are comparing for black disproportionality for instance we are comparing this 54% to that 15%, right, and we can calculate that for any race or ethnicity. However, when we are looking at disparity we are not comparing African-Americans, African-Americans, we are comparing African-Americans to other groups. So going back to our Illinois example, we are comparing the black disproportionality rate to the white disproportionality rate to come up with a black to white disparity.

I think that one of the, there are several kinds of points of measurement I think we need to be clear about and as we write reports and do this kind of work in collaboration with Child Welfare Agencies, we need to be clear about, similar to what Alan was saying, when we look at population enumeration, this is what people are talking about and talking about disproportionality, it compares the general population of children living in a community estate or county to perhaps children in Foster Care, or comparing children in the state to children entering Foster Care.

We talk about decision based enumeration, as Alan said, we are using the children at risk as the comparison group. And so, Alan and I, copied up some of the reports that we are doing currently for the Illinois Child Welfare System. We have a couple of them scattered about the room, but this is what we developed as our kind of decision point enumeration. So we looked at the general population children in care and we compared that group to the group that was investigated for maltreatment. Then we compared those

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investigated for maltreatment to those substantiated or founded cases of maltreatment. And then we compare, what we did here, was we compared investigated to those who entered Foster Care, investigated to those who received at-home services, investigated to not placed in Foster Care. We kind of skipped the substantiation phase, because in Illinois children don't need to have a founded case of abuse or neglect to fall into one of these three categories. But that was a decision that we had to make and I think when we articulate kind of these decision points, I know that I've seen a similar kind of thing that, I think John has done, where there kind of decision points all over the slide. We kind of summarized it in just a few because we needed to pick a few to highlight. But I think this is critical in kind of figuring out of which of those decision points we are going to put on the slide and which ones we are going to delve into and look more carefully at. And we compare those who entered Foster Care to those still in Foster Care after three years.

So, and I think some of the, I think well, Alan is going to cover this, some of the advantages I think of the population based enumeration is that it allows us to just kind of get a general sense of things, it's very easy to understand quickly, and so when we are talking to front line staff, it's easily digestible. This population decision enumeration is a little bit more detailed and there is always questions on these when we presented about why didn't you include this decision point, right.

So the next thing I wanted to just touch on is kind of what the right comparison group is? What the right reference group is? So we could do a multiple comparison group, where for instance we compare Native Americans to African-Americans, Native Americans to whites, Native Americans to Hispanics, or we could compare to a single comparison group. And here there are two choices or probably more, but one is to compare a group of interest to white children and then another is to compare a group of children of interest to all other children. So if we're talking about Native Americans, Native Americans to all children that are not Native American. And I think that there are pluses and minuses of both of these kind of options and I have some example, Barbara Needell, in the office, this is from her website.

Unidentified Lady Speaker: In the audience.

Nancy Dickinson: In the audience oh in the office, sorry, she is always in the office. I am sorry, thank you.

And this is a little bit hard to read up on the slide here. But I think this is the most thorough example of kind of all these disparity in disease. And so for instance what they have appear is you could compare blacks, if you can see that little red circle to the grey bar or all other children, so all children that are not black. And then, you could also see the comparison to white children to Hispanic children, it goes on and on. And I think this is the most thorough reporting of disparity in disease.

We put some of our reports like I said on the table. When Alan and I did in our recent report is that we chose a few of these comparisons. So we said African-American

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children to white, here the red bars, we chose Hispanic children compared to white, and down here Hispanic children compared to African-American.

Here is an example again from Barbara's work where she compares here black children to all children that are not black, Native American to all children that are Native American. And so again I think this is something that as researchers, I think we need to challenge ourselves to kind of figure out how to describe these comparison groups and make sure that how we are describing them and is clear to frontline staff and that we are explicit about those comparison groups.

And with regards to this kind of all other category, I am not going to go into this in great detail but one of the things that we discovered in doing this work is that sometimes it's necessary to use a weighted risk ratio instead of just a comparison to all other groups. A weighted risk ratio uses the community level risk for each racial or ethnic group for the numerator and a weighted risk ratio for all other children in the state as a denominator.

I have a recent report out in Children and Youth Services Review that goes through these, this kind of elaborate detail. But one of the disadvantages of this method is that it's complicated to explain to people, and so, I think an advantage of it is that it gives more stable results.

So kind of in some the comparison could group A to whites, this is kind of the conventional comparison, it uses the same group of children for all races or ethnicities, we could compare group A to all children that are not part of group A. This doesn't set white as the standard and the comparison group include, one of the disadvantages of it is that the comparison group includes children of many races or ethnicities. So if you are comparing Hispanic children to all non-Hispanic children, you are mixing in majority and minority children. And then, we could compare group A to each of the other groups, kind of what Barbara did on her website which is the most comprehensive approach.

So all of this so far has really been kind of descriptive data. And it hasn't really focused on kind of the reasons for disparity or the other factors that might help explain disparities. And we talked about the NIS findings that bring up the issue of poverty, child poverty. And I think that that's one of the explanatory factors that we need to consider and think about.

I think, Fred Wilson from Seton Hall recently published a report, where he looked at; these are his slides, child victimization rates by race, and child poverty rates. So this bar, this access here is that child poverty rate, this is the child victimization rate, and what this shows us is this by, so this the state level aggregated at the state level. This shows us that as black child poverty increases the rate of victimization slightly decreases. When we make the same comparison over here for white children, it shows that as the white child poverty rate increases, the child victimization rate also increases. So this talks about kind of the community level or the state level variation in that.

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Alan and I have done kind of similar work looking at this, at a county level within Illinois. And so for instance we show at a county level and have, we show a slightly steeper decrease for the African-American children. So we as African-American child poverty rate decreases the victimization rate, as poverty increases victimization rate decreases. Right. And then for white children we see this kind of steep increase right. So as the white child poverty rates increase the victimization rates also increase. And for Hispanic children, we see kind of a straight line. And so I think one of the things that this brings up is kind of a consideration of what unit of analysis we're looking at. Fred's work was looking at the state level, we are looking at county level, there are other options that we need to consider.

And so Alan and others had talked about this kind of decision making ecology, and I think we need to think about what decisions are included, when talking about decision making ecology, I think that we need to think about the case factors that are involved, the variation in organizational structures, policies, practices, external factors, factors are that are external to the child welfare agencies and then the decision maker differences.

I also think we need to explore differential risks, as others have talked about. Barbara again and Emily Putnam Hornstein, and Berkeley have done some work looking at kind of birth reports, and they were able to track a group of children born in a specific year in California and look at their rates of child welfare involvement in the first five years of life. And while they found that black children were more than twice as likely to be reported victimized into Foster Cares, white children, yeah, when they stratified by the Hemet method that was used for the birth of the child looking at the lower socioeconomic status children, these disparities disappeared. And so I think this demonstrates the importance of looking below these kind of summary indicators of disparity and a good example why the disparity in disease that we talk about are not a complete picture.

And the other example it's just a substantiation work that Alan and others have been involved within Texas in kind of the importance of looking at the interaction between race and common risk assessment.

In looking at individual factors, I think that we have often talked about child demographics that are important, family composition issues, level of income. I think that we need to think of more about family strengths. I think that we sometimes talk about the strengths of Hispanic families, Native American families, I rarely hear us talk about the strengths of African-American families and how that factors into disparities.

Community level considerations are also need to factor in these discussions. And so for instance when an investigator goes out to a community with high rates of crime, how does that impact her or his assessment of safety and risk. If that case workers is in a urban environment versus a rural environment what are the differences? And in kind of thinking about this, we need to think about what the correct unit of analysis is. We often hear research on kind of county level data, what are the rates of impoverishment, crime rates, residential instability, these kinds of things and their relationship to child maltreatment. But is county really the right unit of analysis. There is some indication

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that may be a smaller unit is a better analysis. So we use census track. How do we make census track then meaningful to the frontline worker, who wants to take this data and use it? So I think it's important to kind of talk about how we do this research, but also how we translate this research to practice.

And, so, in some I think that this analysis is complicated, and I think we need to really look at how we bridge this kind of research to practice gap, and do quality research that takes into consideration a lot of factors, but also explain it in a way that is usable to the field. So thank you.

Unidentified Speaker: Well, that was almost an entire journal issues worth of information in an hour and 10 minutes. And so well, I know this is more of a roundtable turned panel session. We are still very interested in hearing thoughts and reflections from you all as part of the discussion, after hearing, various perspectives of new research, how to measure, how to approach this topic in so many different ways. I guess that we will accept some questions, but then I think we will be also interested in hearing reflections or observations that maybe you all have seen in your own work. I don't know if we have who is in the room of be it primarily researchers and evaluators albeit state agency administrators or practitioners or other TNGA providers based on your professional roles, probably have, it will be a varying degrees of experience in different ways of thinking about a lot of this material.

So I guess we could start with opening up with any questions for the speakers that have delivered out of this content or observations that you might have and thank you for using the microphone.

Q: I guess my question is for Dettlaff the first, when you were talking about, how to controlling on risk didn't fully explain the racial disparity. I thought how could it not? Because I mean you would want placement, as a function of risk that there had been absolute break point above this risk threshold everyone would be placed, below it no one would be placed. So the fact you have residual relationship, say us something about what you are measuring with risk? And it raises question in my mind well what is that you are not measuring as risk? And it just occurred to me it was an idea for the panelists to think about is, is could it be the negotiating skills of the mother?

Alan Dettlaff: I think that's a possibility. I mean I think there is a lot of things that could probably contribute to. What I think we, what we came up with in our discussions about a lot of this, and I can think back on this as my time as an investigator in the field many years ago. I think that some caseworkers think differently about poor African-American families than they think about poor white families. The types of stereotype advisories that they have that then might influence their decision making is different. So even though both groups are poor, I think they may think about them in terms of the risk that they have differently.

Some of that could be in the response of the mother too. I think some of the data that we have from Texas showed that there were differences when caseworkers were kind of

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confronted by what they perceived as an angry or hostile African-American parent. And that was not the same way that they felt or perceived an angry or hostile white mother. So I think that goes into the equation too. So I think, there is a lot of individual caseworker factors that affect that that threshold on how they perceive differences between the races, particularly when they are both in poverty.

John Fluke: I guess the other thing I would like to do is just add the idea of what Alan described that risk is a construct and it's subject to error. And the issue is that error somehow different depending upon what types of conditions you're actually assessing. And there is also an argument we made that errors more likely when you're dealing with relatively small populations of individuals compared to somewhat larger populations. So the likelihood of making an error may be much greater under conditions where you might be evaluating say African-American families than it would be if you were evaluating white families.

Some interesting studies, I am trying to remember the citation that actually looked at error rates with respect to initial screening decisions for example, that suggested that for African-Americans the likelihood of a false positive or a false negative error was actually greater than it would be for white children.

Q: I have two questions. And the first I think it's for Nancy too. I wondered if you had any explanatory story in your mind for why, as the poverty rate went up for African-Americans that the maltreatment rate went down?

Nancy Dickinson: I think there is research suggesting that may be visibility might be an issue, so that white children living in a high poverty area might be more visible than they might be a few smaller percentage of that community. And the same for African-Americans, so that African-Americans who are living in low poverty counties might be more visible. So that's one suggestion. But I don't know if others have thoughts on that.

John Fluke: The visibility hypothesis is something that came out of the CASR Group at John Lan's workshop and I had never thought it was very powerful, because there really isn't a very clear distinction between communities that have high population of whites and the communities that have a high and medium income. So an alternative to the visibility hypothesis would be that in very low-income communities, a lot of things happened that go undetected and unserved.

We did some work early on in the early 90s where we looked nationally this was in preparation for NASCAR at the prenatal care usage amongst women in 800 counties around the country and their likelihood have been reported for abuse and neglect. If you had poor prenatal care, you were less likely later on to be reported for abuse and neglect why is that because there probably wasn't very good child welfare services either, there weren't good prenatal care, there probably wasn't much detection.

So the alternative to the visibility hypothesis if you are in counter casted county and you are in a little African-American community there you have got a child welfare workforce

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that's well funded and organized and may be more likely to find you if you are needing protection. It is not the only answer, but it is a different way of thinking about visibility hypothesis.

Q: One other issue I think relates to Nancy maybe you can help me with this, but in the NIS, the NIS-4, I am pretty sure the findings in relation to higher income homes in terms of some of what explained the difference in the rates of maltreatment is that there was a greater disparity in rates of maltreatment between higher income African-Americans and higher income whites. Barbara you're nodding your head so that was right. So what that shows then is that at the higher income level, white families are less likely to maltreat their children, but then as poverty increases, they become more likely, whereas African-Americans at the higher income level are already and more likely to abuse their children and then that kind of stays relatively flat as poverty increases. So it is really about a difference between maltreatment rates at the high income level, whereas African-Americans are more likely to maltreat their children at higher income levels compared to whites, is that right?

Barbara Needell: I think that part of it, but of course children of color black, children in particular are children black and Hispanic children are much more likely to be poor. And that's why when we look at the entire population we see this disparity looking one way whereas and I do want to thank Nancy for mentioning our work it was part of it information we hope to present to you here at the conference, but are -- that was rejected. So I am delighted that our findings are being shared with you anyway. So that's great. And the other part of what when we just, when we were able to stratify by a very crude income variable and look at who got reported and who came into Foster Care, when we look at the lower income group there was, the black/white disparity went away. The new information is that the black Hispanic disparity does not go away and yet the Hispanic children were as poor as the black children in the study.

So there is this very complicated interaction between poverty and race and child welfare and it is not the same for black/white disparity as it is for black Hispanic disparity. So once we think we have a handle on understanding what's going on, more complexity gets introduced that we really need to we know less, everyday we know less than what we thought. We knew about this topic. I guess a few other points that I jotted down is we talk about measurements and so we talk about a lack of disparity when that disparity ratio is 1:1. But we really don't know what the right, we don't know what truth would represent in the disparity ratio. We don't know what right is. We don't know what 1:1 is right given the discussion that you've heard about possible differences in risk and other things like that.

So, you have to keep that in mind is that when we started this work we may be thought that as long as everything looked like that first thought, everything looked like that first population bar then we wouldn't have a problem. Well we no longer have any reason to think that's true. We don't know what the correct proportions are for each of the events.

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And then lastly, just none of the discussion about poverty should lead anyone to think to say so. Latest research says it's not about race at all it's about poverty. And taking a cue from the undoing races and trainings that some people have said now we're, are not very valuable because bias may not be as big as we thought it was for the case. Any of you who had attended to them, any of them probably did get some value added and then they do this exercise about why are people poor. And, poverty itself in this sector, there is huge overrepresentation in choosing a color in the poor population that's not a random and that's not accident. And, there is a huge racial and racist component as to why people are poor in the first place, particularly regarding African-American families, and generations of embedded racial inequity. So these are a few things I wanted to add.

Nancy Dickinson: I just wanted to follow up actually, when Barbara made most of the point, but just as someone who comes to this as a poverty researcher and not a child welfare researcher, I find the contrast between bias versus risk, I guess the positive way to say this intriguing. Because I would see it as any difference is the result of bias or racism or oppression, you can use your term, and the question is where in the system is it. So, it isn't a question of is there bias, it's a question of is the bias within the Child Welfare System, or is it within the labor market, or the education system, or the healthcare system, or any number of other systems. And so, I think that distinction well it's may be diastematic, as kind of important, because otherwise it can sound like you're saying there isn't bias as opposed to the bias isn't all here, why would we think that all of this oppression has no difference in who shows up at the door of the Child Welfare System, and then all of the problem is within the Child Welfare System. So, it think it's really a question of figuring out where the bias is, not whether its bias versus something else so just that.

Barbara Needell: Well, I would like to make a couple of comments about that. Yeah, there is no ware in Brett's original article or anything that we are trying to present it says there is no bias. But that has been our major approach to dealing with some very significant issues in our system.

And, Commissioner Samuels wrote this down, because he said, we spend all our time trying to fix the system, and that's we have been doing, and we have missed the needs of children in the Child Welfare System or even before they come to the Child Welfare System. So, our point is that lets continue looking where the bias might be, find it, try to deal with it, but let's increase the work that we need to do with children in the system or before they come into the system.

Maltreatment, as you heard again, Commissioner Samuel is saying today, it is so damaging to children and adolescents, that's what we need to address, that's what we need to deal with. And there are programs and policies that help us be more effective interventionists. But, if you are always focused on making the workforce less bias and more training to provide the workforce, we are missing the point of preparing the workforce to be better implementers of practices that will make a difference.

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Q: I have a question about how you are handling the Hispanic population, because that point that seems to be discussed as a race the other points as an ethnicity. I come from a state with a very varied population and we are struggling all the time doing just a black/white Hispanic comparison, doesn't work for us. So, I am wondering what work you're doing or what your thoughts are on that?

John Fluke: This is really a complicated issue and Union may want a way in on this one as well. One of the things that as sort of developed at least with respect to federal statistics is the sort of concept that we use over Hispanic Council, which basically means that if you have an indication of Hispanic ethnicity, which is classified separately from the race, in the way just our information systems now are classified race and ethnicity, but that particular type predominates as far as the category that's indicated.

So, if you got a Hispanic African-American that individual will be classified as Hispanic in that scheme. What that means though, is that there are other ways that you can classify race and ethnicity depending upon what your objectives are. So, for example, one of the things that we have done with Colorado Disparities Resource Center is to develop another trump around the concept of American-Indian Council, with the idea that when we are talking with members of that audience and addressing issues with respect to American-Indian issues and disparities, that we are actually to able to focus our attention more specifically on that particular group. But it's very complicated and the fact of the matter is that because we can represent individuals as being a multiple race, multiple ethnicity, there are choices to be made, and those choice is determined to some extent the nature of the analytic results that we are describing here.

Q: I just want to build on that because that was my question too and that was -- I am Heather from the Children's Bureau actually and we are from the data team and we have had these discussions many times about how we classify race within the Children's Bureau, and I think it is very complicated. And we keep coming back to should we change it or should we not change it, and I would like to hear some viewpoints from you guys on how you handle race and categorization with some pros and cons to how you decide to make that decision?

Nancy Dickinson: I will say even though, it's not a very perfect scenario. In our administrative data there is a single code that says either Hispanic or African-American and that decision is often made by a caseworker without consultation with the family. And so it's guesswork. And there is often discussion that our Hispanic population is therefore undercounted in our administrative data. So I don't know if other states are similar to that. Right, we did kind of what John was -- right exactly. We did what John was suggesting where Hispanic would trump all and children of multiple races or ethnicities would be counted as other. So...

John Fluke: The issue is that at some point you have to have some standard in order to do any type of comparison. And so you're stuck with one level or another, you have got these multiple classification schemes. But I think it's also important to realize that you

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can do it differently for different purposes as long as you are aware that you may lose some of your ability to compare that information in other contexts.

Unidentified Speaker: I am sure that we have a lot more questions in the audience. And, we could continue this discussion all day, but unfortunately we are at time for the session. So, I just want to extend our gratitude to all of you for attending this new conglomeration of disparities panels and I want to really extend our gratitude to all of the speakers for be willing to give condensed versions of your material during our afternoon session. Thanks so much.