IMPACT OF Equity *and*

Undoing Racism Training

on Disproportionality
in Child Advocates

Developed by
Joyce James Consulting[1]
for Child Advocates[2]

Joyce James Consulting
Equal Treatment Does Not Lead To Equity

About Child Advocates

(from http://www.childadvocates.net/about/)

In child abuse cases in Marion County, both the parents and the State of Indiana are represented by legal counsel. There was a time when the children had no one to represent them. That changed in 1982 with the creation of Child Advocates.

Child Advocates, formerly known as the Guardian Ad Litem Project, was founded by the Indianapolis Section of the National Council of Jewish Women (NCJW) in 1982, because NCJW and the courts recognized the need for abused and neglected children to have independent representation. In 1988, NCJW turned over the Guardian Ad Litem Project to the Indianapolis Legal Aid Society. As of March 1990, the project was incorporated as Child Advocates, Inc. and became a stand-alone agency.

Child Advocates' number one goal is to provide independent, child-focused representation to every child who has suffered abuse and/or neglect. Child Advocates is the only agency to hold a contract with the Marion County (Indianapolis) Juvenile Court to provide this service.

Child Advocates is a 501 (c) (3) agency and is certified by the National CASA Association and the Indiana State Office of GAL/CASA.

CHILD ADVOCATES DIVERSITY STATEMENT 2012 - 2015

Child Advocates is committed to working with, understanding, and honoring the diversity of the children we represent and our children's families. Although racial and ethnic diversity may be most apparent, we also recognize and honor diversity in socioeconomic status, cultural background, sex, age, religion, sexual orientation, physical and mental ability, and viewpoints. We work to make this commitment apparent in hiring practices, volunteer recruitment and training, board recruitment, community outreach, and in each employee's, board member's, and volunteer's everyday actions on behalf of the children that we serve.

About Joyce James Consulting

(from www.joycejamesconsulting.com)

ORGANIZATIONAL EXPERIENCE

Joyce James, the owner and principal in JJC, is a nationally recognized expert in racial equity, social justice, and system transformations. With a professional career spanning more than three decades, Ms. James provides consulting services to organizations and institutions at various levels, in both the public and private sectors. JJC has proven successful experience in supporting strategic goals and objectives that focus on reducing and eliminating disproportionality and disparities in child welfare, education, health, juvenile justice, and other helping systems and institutions in Texas and across the Country.

JJC provides coaching, mentoring, leadership and professional development training as a strategy to create culturally responsive systems. Previous mixed methodology, cross-sectional study of post-test participant evaluations following the racial equity training, indicate very favorable shifts in participant thinking, increased awareness about racism as the underlying cause of racial inequities and disparities, and behavioral change toward greater equity in the workplace.

JJC facilitates a series of workshops that addresses the following learning objectives:

- Identify institutionalized racism as the underlying causes of disproportionality and disparities

- Analyze current thinking and racial biases regarding the poor and how these biases contribute to racial inequities, impact ethical decision making, service delivery, access to services; and contribute to disproportionate and disparate outcomes for the same populations in all helping systems

- Understand the history and impact of institutional and structural racism on poor communities and communities of color

JJC uses her highly effective **Groundwater Analysis, Community Engagement Model** and **Texas Model for Addressing Disproportionality and Disparities** to assist systems, institutions, and communities in developing strategies that reduce racial inequities and improve outcomes for all populations.

Forward

Cindy Booth, The Executive Director of Marion County, Indianapolis Child Advocates, Inc. commissioned this study as part of a long standing commitment to understanding and addressing institutional and structural racism as the underlying causes of disproportionality and disparities. She further sought, as a measure of accountability, to examine the impact of Undoing Racism and Equity training on the changes to the Indianapolis Child Advocates system. We wish to especially thank her for her leadership, vision and ongoing commitment to systemic change. We recognize Gregg Ellis, Director of Juvenile Court Program, for his support and insight, especially regarding children languishing in care. We also wish to thank Alex Booth and Elizabeth Muller of Child Advocates who helped guide us through the administrative database known as Optima. In that same vein we thank Andy Cicchillo of Evinto Solutions who shared his expertise on how the data reside in Optima and provided us with data for this report.

The present report has three purposes. The first is to provide a disproportionality[3] analysis of the stability[4] of African American and Anglo children both before and after Child Advocates[5] staff and volunteers assigned to those children received the four hour Equity or the two and one-half day Undoing Racism training. The second purpose is to provide a disproportionality analysis of the permanency outcomes, reunification, relative care, and adoption for African American and Anglo children for the years 2009 through 2014. The third purpose is to provide a disproportionality analysis of the status of children 13-18 years of age languishing in care[6] over those same years. The report will initially provide a context for the study through a presentation of national trends in disproportionality over the last several years and highlight some of the data that addresses interventions involving training aimed at reducing disproportionality in child welfare. It will also note systems outside of child welfare that are disproportionate.

Joyce James
Donald Baumann
Deborah Baumann

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[3] Disproportionality refers to the over or under-representation of a particular racial or ethnic group in the child welfare system (Baumann, et. al., 2010) and disparity refers to unequal treatment when comparing a racial or ethnic minority (Hill, 2006).

[4] The original intent was to assess permanency outcomes. However, these were fairly sparse in Optima among the clients of staff and volunteers who were trained and as a result the stability of the child was assessed. Permanency was assessed through obtaining AFCARS data from Cornell University.

[5] Too few staff and volunteers had attended Knowing Who You Are Training at the time of the study to conduct an analysis of that type of training.

[6] We defined languishing in care as ages 13-18, with parental rights terminated (TPR) or in care longer than 4 years.

Background

SYSTEMS OF CARE

Disproportionality and disparities exist for the same populations in most if not all helping systems and institutions. Generally, the response of systems is to design programs and services aimed at addressing individual pathology, and or "fixing broken people". This approach has consistently resulted in maintaining and perpetuating disproportionality and disparities for poor and minority communities, and most specifically for African Americans. For example, in a report to the 83rd Texas State Legislature in 2012 (Interagency Council for Addressing Disproportionality 2012), a legislatively appointed Interagency Council lead by Joyce James, provided data showing disproportionality in all the systems they reviewed: child welfare, education, health, mental health, and juvenile justice. Moreover, these disparities seem to fall to people who live in particular zip codes where poverty is more prevalent (Love, B. P., 2013). Similar results have been found around the rest of the country (Wulczyn, 2011 for a child welfare example).

CHILD WELFARE LITERATURE

Robert Hill (2006; 2011) provided a boost to disproportionality and disparities research and training throughout the country by providing broad evidence showing disproportionality in child welfare for African Americans, and in many places for Hispanics and American Indians. Though there have been improvements for African Americans in recent years the disproportionality still exists.

What followed was that the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau, and others (e.g., http://datacenter.kidscount.org/) began to look at trends in disproportionality. For example, we learned that in the U. S., there has been a 23.7% decrease in children in foster care from 2002 to 2012, and, the largest share of that decline (47.1%) has been African American children (U.S. Department of Health and Human Services, Administration for Children Youth and Families, Data Brief 2013-1). We also learned that by 2013, 42% of children in foster care were Anglo, underrepresenting their numbers in the population, and 24% were African American, over-representing their numbers (Kids Count, http://datacenter.kidscount.org/). Of the children who exited foster care, 45% were Anglo and 24% were African American (Kids Count, http://datacenter.kidscount.org/). When the children exited foster care, 51% were reunified with their primary caretaker, 21% were adopted, and 15% went to live with a guardian or relative (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, http://www.acf.hhs.gov/programs/cb).

In 2010, Donald Baumann, Joyce James and their colleagues (Baumann, et. al, 2010) conducted an evaluation of an intervention designed to ameliorate disproportionality and to help understand some of its causes. It was funded by the American Humane Association and Casey Family Programs. Some consider it the best evaluation of its kind to date (Fluke, Jones-Hardin, Jenkins, & Ruehrdanz, 2011). The model, developed by Joyce James, that was used for the intervention became known as the Texas Model (Casey Family Programs, et. al., 2012). Though it had a number of components to it, one key component was the training of all management, staff, and volunteers in Undoing Racism Training and anti-racism principles. This training was very different than most cultural competency training in that it created a safe environment for participants to discuss their attitudes, assumptions and feelings about race and racism. Participants were a mix of different systems and races. What this tended to produce was what could be analogous to the notion of spreading activation in cognitive psychology (Anderson, 1983): when an association in memory is primed, memory performance is improved through spreading associations. In this case, by having a dialogue about race among the participants and trainers, what is primed and learned spreads to the work environment as more frequent conversations about race now are more likely to take place, as does attitude change, and changes in behavior throughout the workplace (Center for Justice and Accountability, 2012).

The evaluation that tested the Texas Model was able to also document that changes in disproportionality took place in four of the five target sites (counties) where the intervention took place and changes in disproportionality eventually occurred statewide (Baumann, et., al, 2010). Moreover, an understanding of some of the underlying causes of disproportionality were documented in a Decision-Making Ecology framework that has included publications in substantiation (Dettlaff, et. al., 2011), child placements (Rivaux et. al., 2008), and exits to permanency (Wittenstrom, et. al., 2015). Other studies, including those outside the U.S., have documented disproportionality (Fluke et. al., 2010).
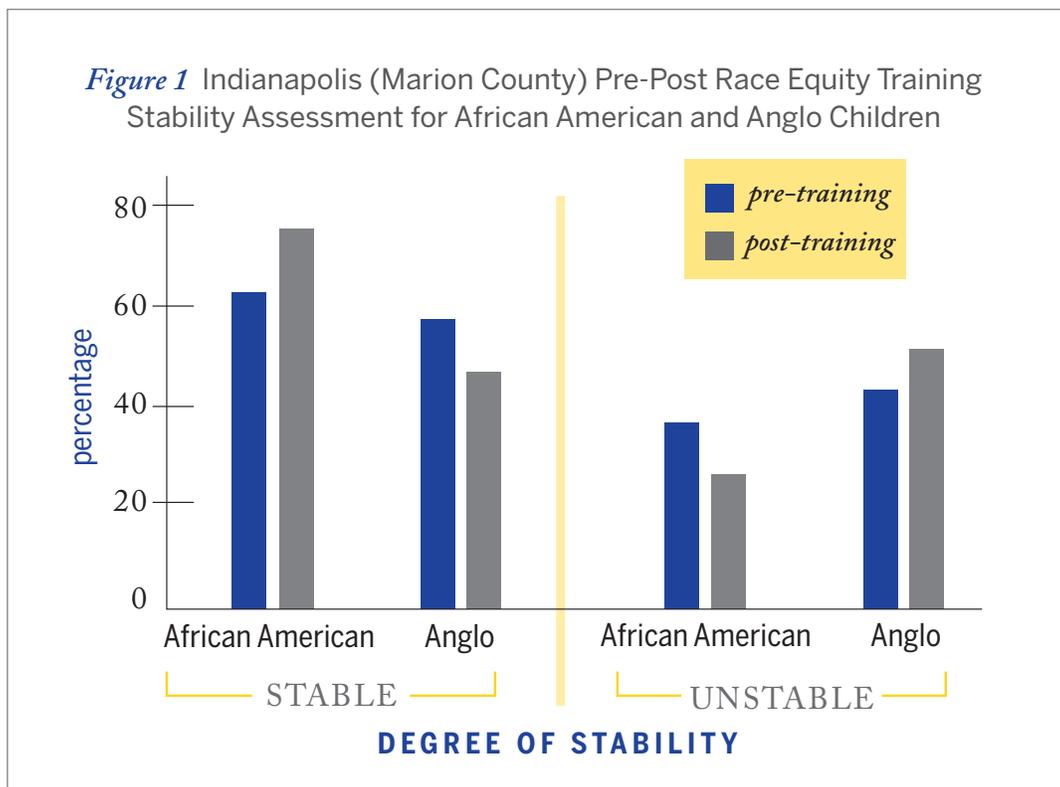
Child Advocates' Training

DESCRIPTION OF TRAINING

All of the training cases assigned to training participants (334 children and youth for Equity Training and 212 children and youth for Undoing Racism Training) were read and summaries captured in a short narrative.[7] The summaries were then read by two individuals who were unaware if the trainees (82 Equity and 53 Undoing Racism) had cases that were managed before, after training or throughout.[8] They were also unaware of the race of the clients in the cases. The summaries were read and the current status of the child was rated by consensus as: (1) relatively stable, (2) relatively unstable or (3) unknown, based on the present situation of the child (e.g., doing well, having problems etc.), their social world (e.g., parents doing well, doing poorly, etc.), or both.

RESULTS OF TRAINING

The results of Equity Training show African American clients were rated as being more stable and less unstable following training (**Figure 1**). This is statistically significant (unlikely due to chance). The results of Undoing Racism Training show improvement for both African Americans and Anglos (**Figure 2**). This was not statistically significant, likely due to lower numbers. When the trainings are combined numerically, results show that African American clients were rated as being more stable and less unstable following training (**Figure 3**). This is statistically significant.
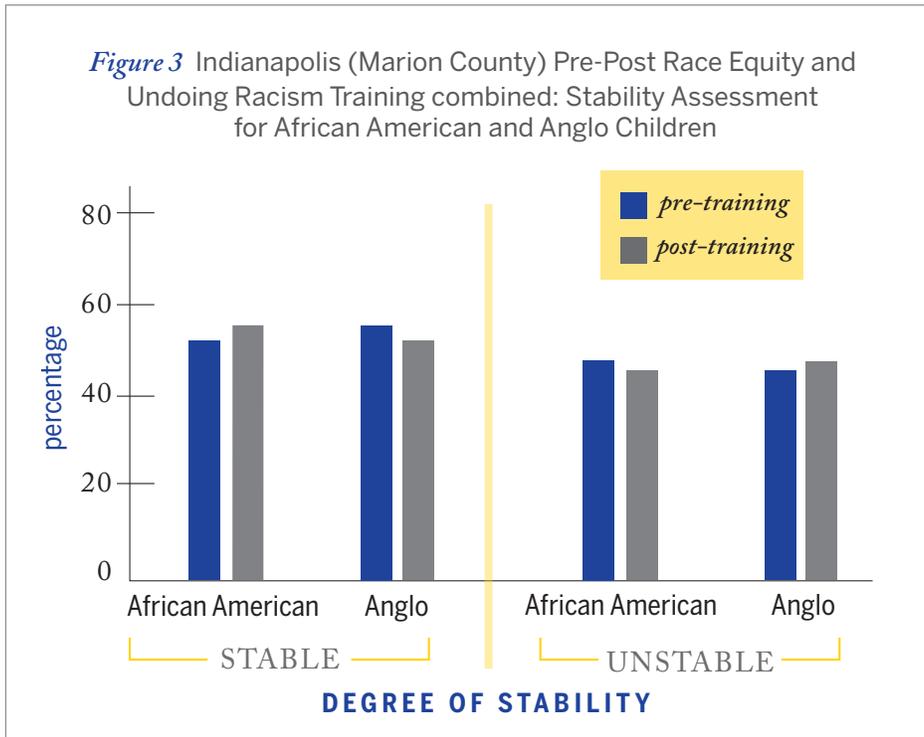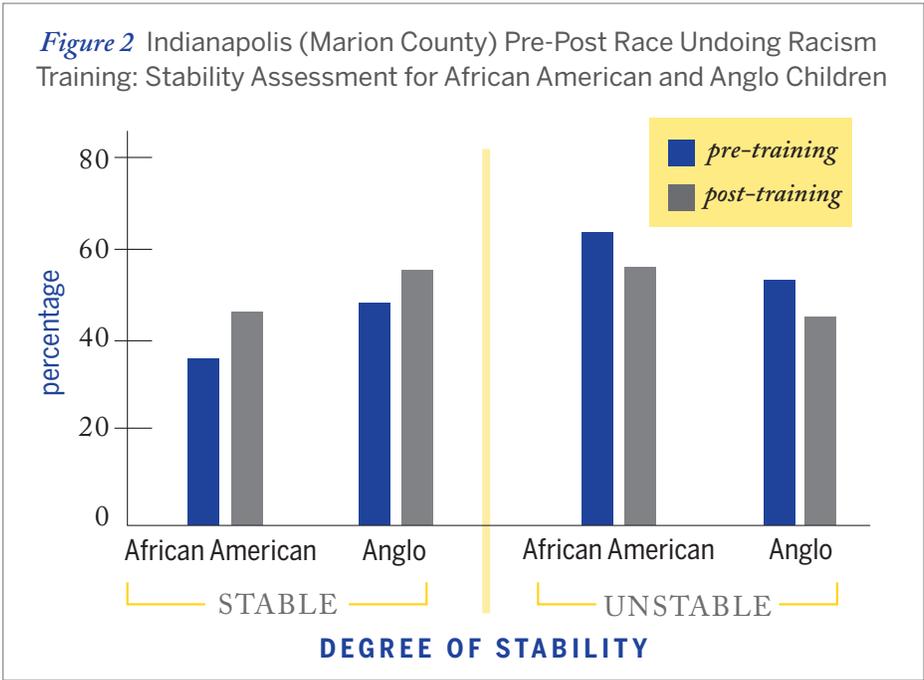
These results suggest that anti-racism training had an impact on Child Advocates.

Figure 1 Indianapolis (Marion County) Pre-Post Race Equity Training Stability Assessment for African American and Anglo Children

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[7] There was an average of about 5 cases per trainee. A few trainees had many more than 5 cases. When this occurred, 5 random cases were reviewed.

[8] Whether the case was managed before training, after training or both before and after training was determined by taking into account the date of the training, who the case was assigned to, the date the case opened, and the date the case closed (if it had closed).

Clients were rated by two individuals unaware of whether they were in the pre-training or post training group or their race. Though it could be argued that the post-training participants were somehow superior to the pre-training participants, the fact that stability ratings of those children whose time in care crossed over between pre-training and post-training fell in between the lower purely pre and higher purely post scores suggest otherwise. That is, some clients who began with participants before they were trained and remained with them after they were trained showed some improvement. We will now turn to more objective evidence on changes in the system as a whole.

Figure 2 Indianapolis (Marion County) Pre-Post Race Undoing Racism Training: Stability Assessment for African American and Anglo Children

Figure 3 Indianapolis (Marion County) Pre-Post Race Equity and Undoing Racism Training combined: Stability Assessment for African American and Anglo Children

Child Advocates' Trends

In order to examine the second purpose of the study, the permanency outcome of children in care, it is first necessary to take a look at the trends in the child population in relation to the flow of children in and out of care. That is, it might not be the training that affected the cases in care, but changes in the population of children available to enter care changed the number of children in care, those available to exit or both. Note that in **Figure 4**, the percentage of African American children in the Indianapolis (Marion County) child population

under 18 has remained roughly the same (34%) as has the Anglo population (47% - 49%) from 2009 to 2014. This would indicate that changes in either the African American or Anglo child population in the county has not affected the rates of children entering care and thus the outcomes. Should the number of African American children in the population risen or fallen, it is possible that this might change the numbers entering care, those in care or those exiting care.

Figure 4 Indianapolis (Marion County) Child Population Percent Under 18 by Year and Race
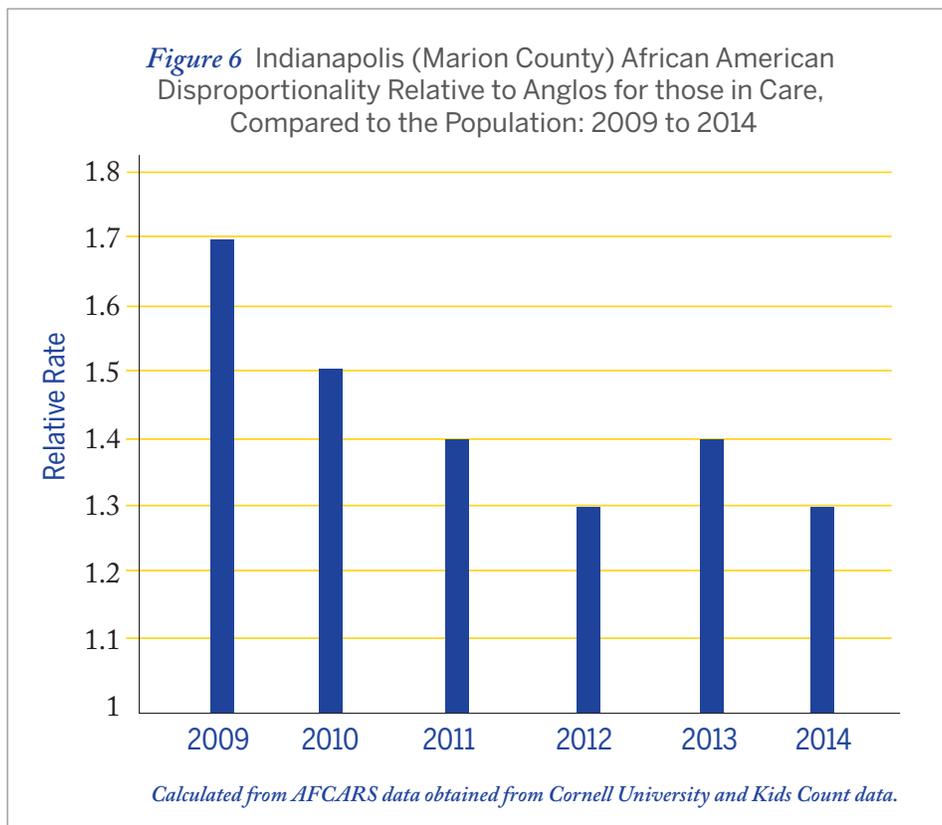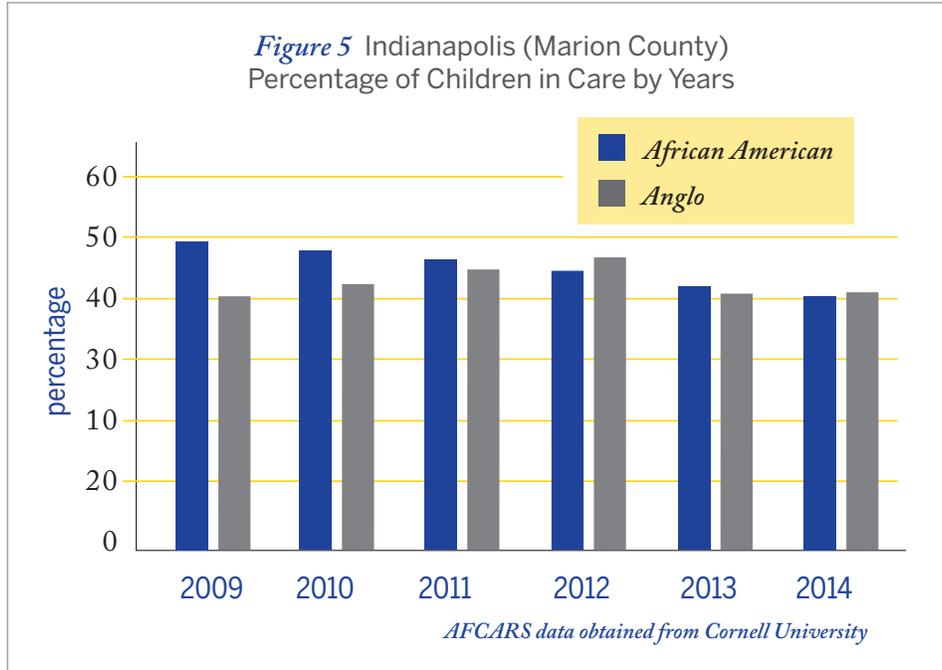
Kids Count Data Center
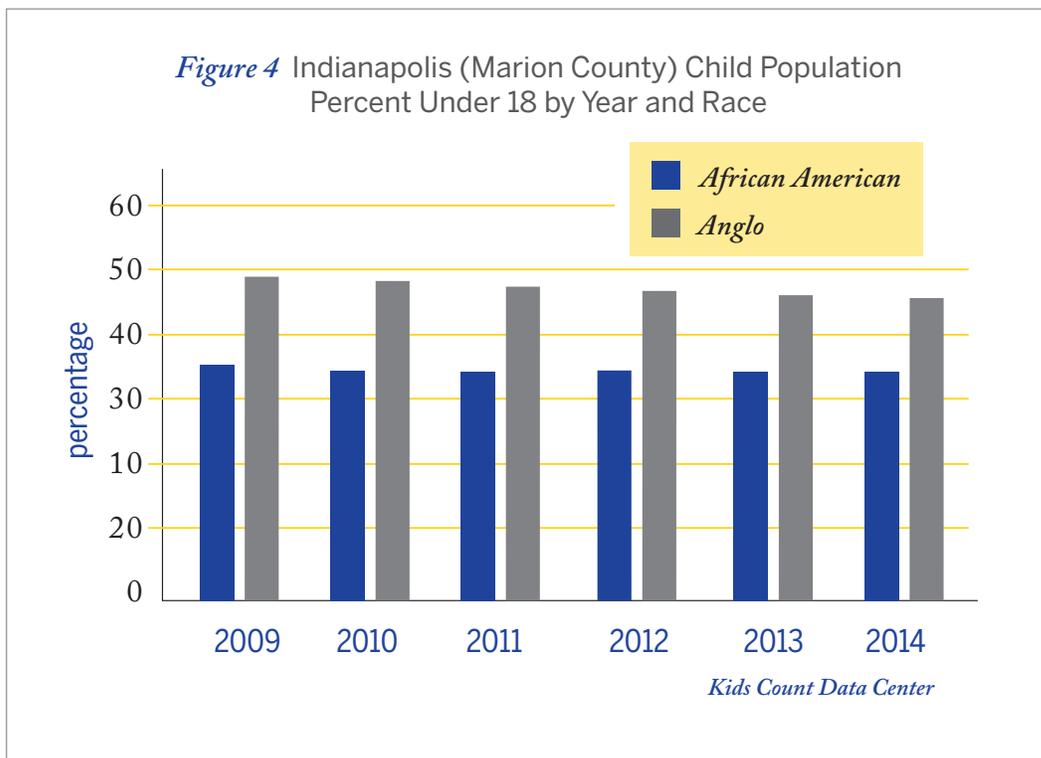
Recall, that nationally, there has been a decrease among the children in foster care and specifically African American children. **Figure 5** shows that the percentage of African American children in foster care in Indianapolis (Marion County) has generally been higher than that of Anglo children. It also shows that the percentage of African American children in Indianapolis

(Marion County) foster care has declined relative to Anglo children from 2009 to 2014. This can be seen more clearly as a relative rate. A relative rate compares a target population experiencing an event to a baserate (African Americans in care and the population under 18 in this case), relative to the ratio of Anglos experiencing the event and their baserate.

The rate for Anglos is 1. This is shown in **Figure 6.** The figure shows that in 2009 African Americans were 1.7 times more likely than Anglos to be in care and by 2014 that rate had been lowered to 1.3 times as likely as Anglo c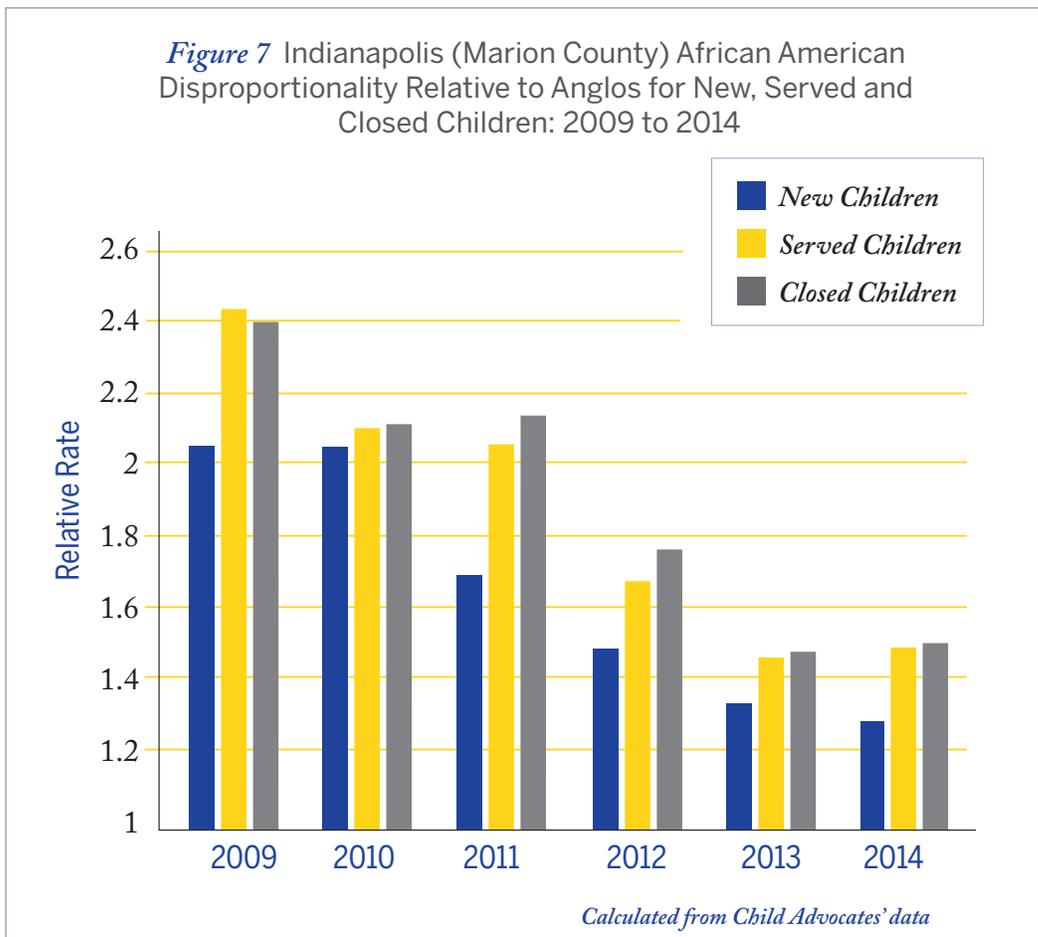hildren to be in care; in effect a quite similar rate. These findings suggest that something in the system changed the disproportionality of African American children, rather than the child population in Indianapolis (Marion County).

Figure 5 Indianapolis (Marion County) Percentage of Children in Care by Years

AFCARS data obtained from Cornell University

Figure 6 Indianapolis (Marion County) African American Disproportionality Relative to Anglos for those in Care, Compared to the Population: 2009 to 2014

Calculated from AFCARS data obtained from Cornell University and Kids Count data.

In order to determine what is occurring we will need to take a closer look at the flow of cases in the system. Having fewer African American children being served in a system over time is a function of fewer cases entering the system, a greater number of cases exiting the system, or both. The Child Advocates' data showing new children entering the system, cases being served by the system and cases closed (generally, leaving the system) sheds light on what is happening.

Figure 7 uses Child Advocates' data to display the relative rate of new cases, cases served and closed cases for African American children, compared to Anglo children over the years 2009 to 2014 (recall that the Anglo children's rate is 1). The Child Advocates' data indicate that in 2009, African American children were 2 times more likely to be new children entering care, 2.4

times more likely to have been served and 2.4 times more likely to be closed than Anglos. The figure also shows that the number of new African American children entering care, those served, and those that are closed, relative to Anglo children, has gone down over the 6 year period. Also, the most precipitous drop is 2012 to 2014. This would indicate that both new African American children entering care and greater numbers being closed may be lowering the rate of disproportionality in the Child Advocates' system itself. Since the largest drop in disproportionality is in the latter years when both trainings have possibly spread throughout the system (recall the spreading activation hypothesis), and Child Advocates' staff and volunteers have a say in both cases entering and leaving the system[9], it is possible that training is having an impact on African American disproportionality.

Figure 7 Indianapolis (Marion County) African American Disproportionality Relative to Anglos for New, Served and Closed Children: 2009 to 2014
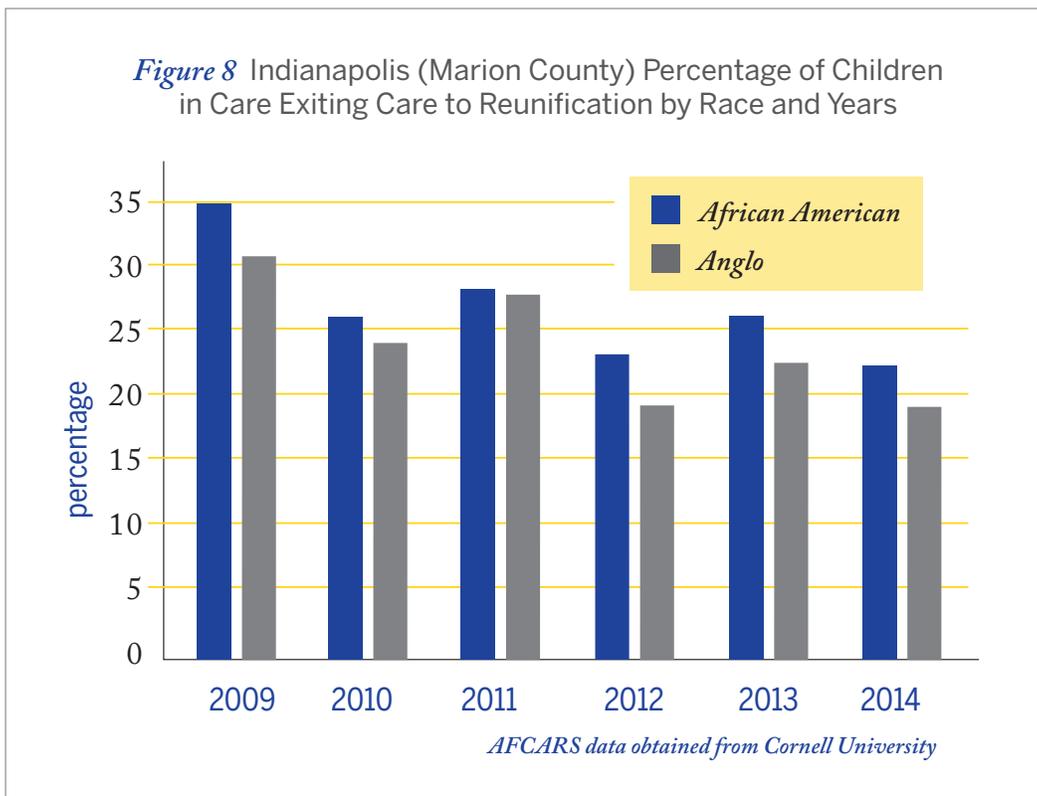
Calculated from Child Advocates' data

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[9] Child Advocates is present at all hearings and also makes placement recommendations at each hearing. At the initial/detention hearing staff either agree or disagree with DCS' request and make their own recommendation if they disagree. Every subsequent hearing until case closure includes a Child Advocates recommendation for continued placement or an alternative. Once the court authorizes a child may return home such cannot occur without a positive recommendation from the Guardian Ad Litem/Child Advocates.
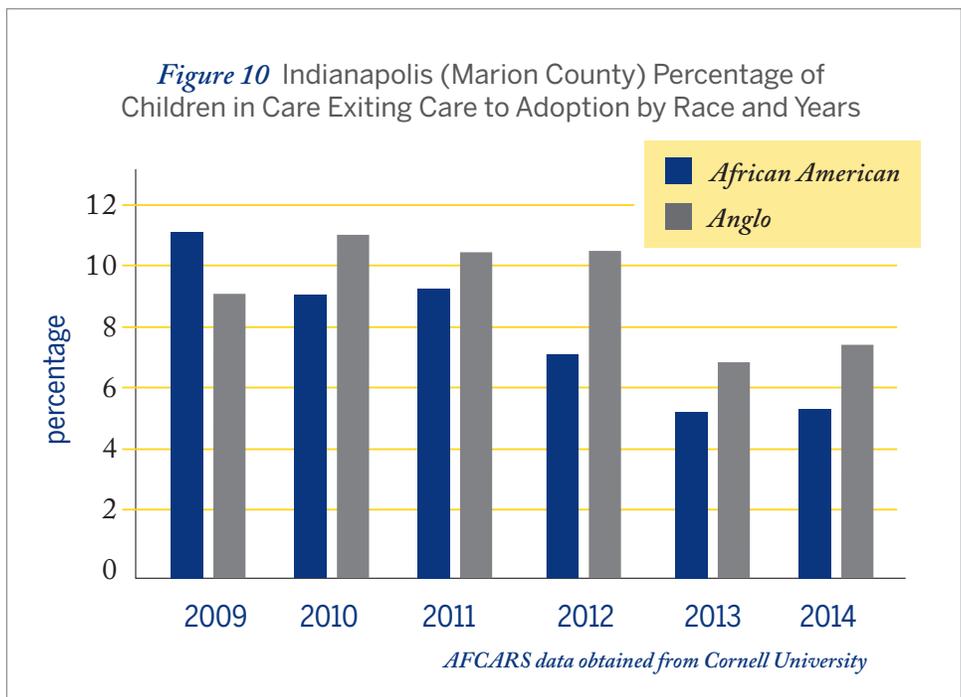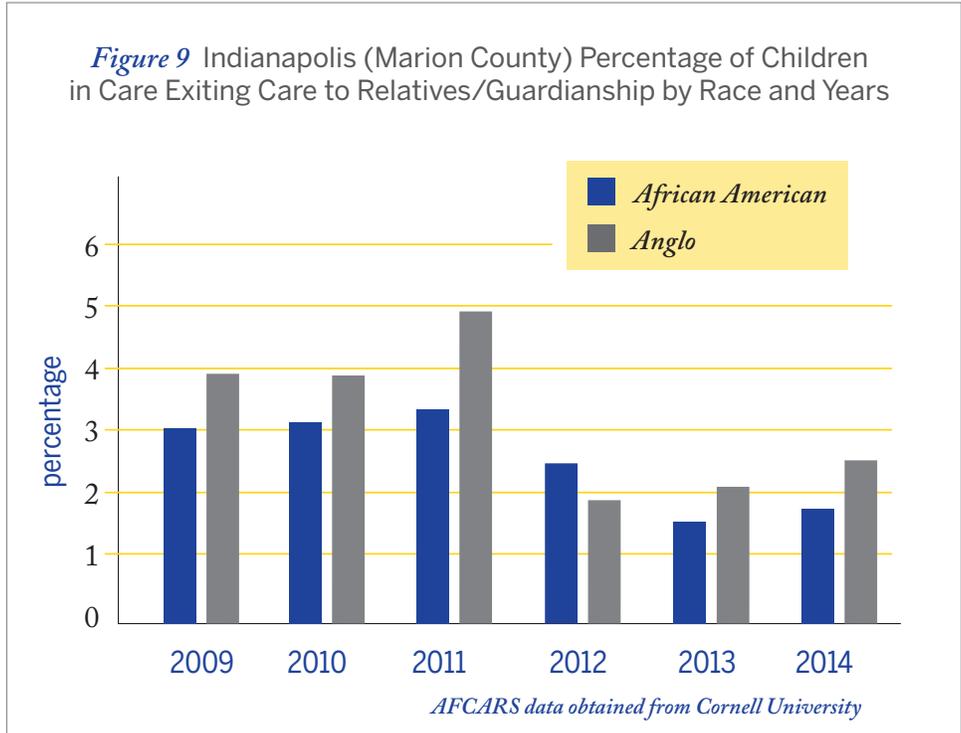
CHILD ADVOCATES' PERMANENCY FINDINGS

Since the exit rates of African American children are greater than those of Anglos, thus impacting the disproportionality of those in care, we will now look more closely at three exits to permanency: reunification, relative care/guardianship and adoption. **Figure 8** displays the percentage, among those children in care, of African American and Anglo children exiting care to reunify with their families. The figure indicates the same drop over the years in children exiting, however, it specifically shows that a higher percentage of African American than Anglo children are exiting care to be reunified, and we note that reunification is the most common exit from care (if just the children exiting are considered, approximately 60 percent are reunified). This suggests that aside from entries into care a second part of the drop in disproportionality in the Child Advocates' system of care is because more African American than Anglo children are being reunified with their families.

Figure 8 Indianapolis (Marion County) Percentage of Children in Care Exiting Care to Reunification by Race and Years

AFCARS data obtained from Cornell University

Figures 9 and 10 display (respectively) the exits from care to relatives and adoption by race. Note that, with the exception of two years, the percentage of Anglo children exiting care to relatives or adoption in Indianapolis (Marion County) is greater tha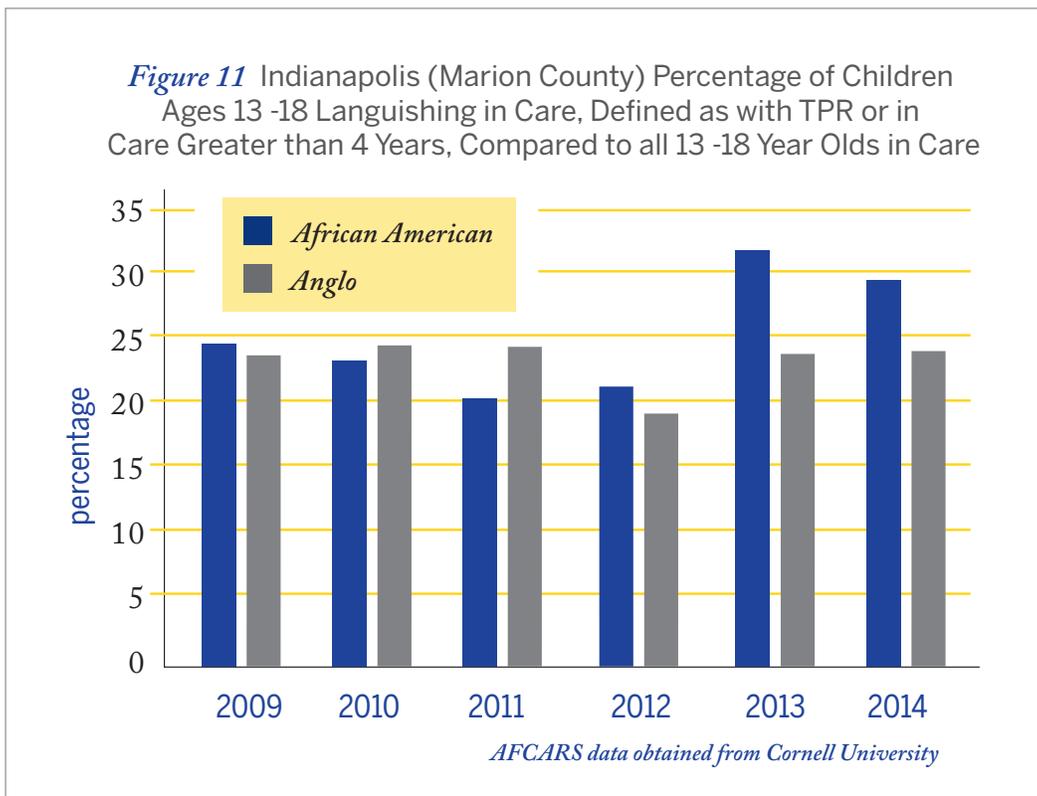n that of African American children. This indicates that at least part of the difference in disproportionality in the system is due to a greater number of reunifications for African American children. This is similar to entries into care (e.g. New Children in Figure 7) where there are reductions in African American children entering care disproportionately.

Figure 9 Indianapolis (Marion County) Percentage of Children in Care Exiting Care to Relatives/Guardianship by Race and Years

AFCARS data obtained from Cornell University

Figure 10 Indianapolis (Marion County) Percentage of Children in Care Exiting Care to Adoption by Race and Years

AFCARS data obtained from Cornell University
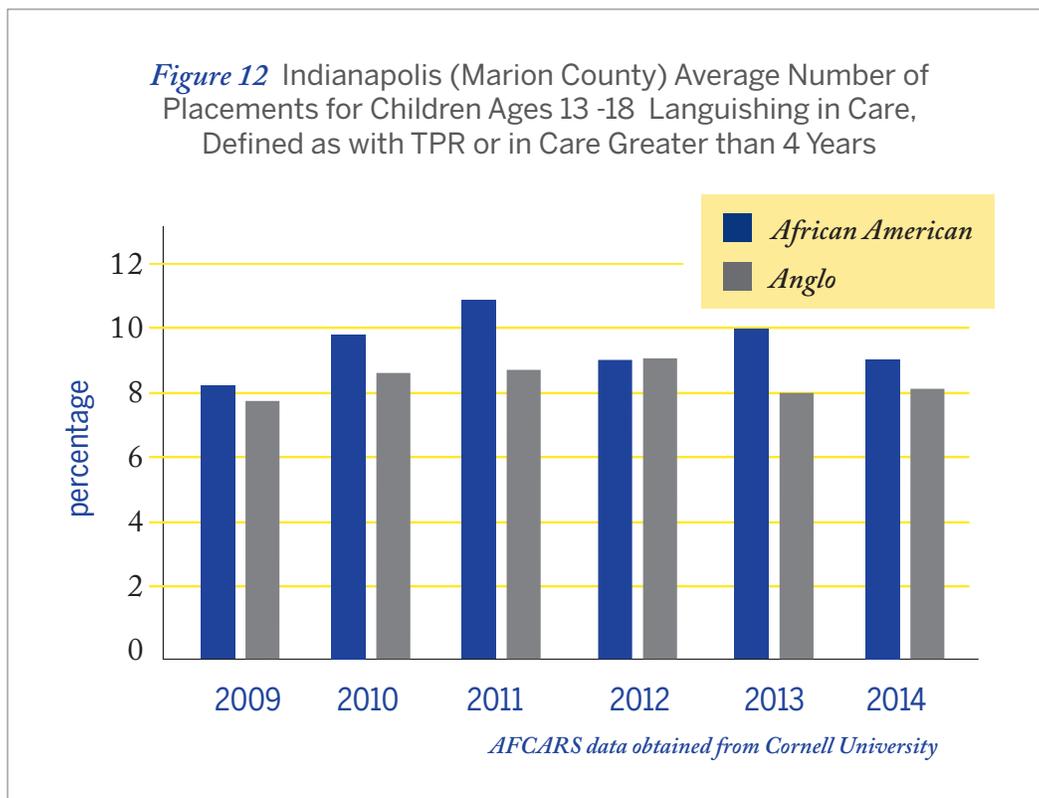
CHILD ADVOCATES' CHILDREN LANGUISHING IN CARE

Compared to 2009 – 2011, from 2012 – 2014, African American children were more likely than Anglo children 13-18 years of age to be languishing in care: defined as having TPR or being in care 4 or more years.

Figure 11 displays this finding, showing very clearly the rise in African American teens in care the last three years of the study.

Figure 11 Indianapolis (Marion County) Percentage of Children Ages 13 -18 Languishing in Care, Defined as with TPR or in Care Greater than 4 Years, Compared to all 13 -18 Year Olds in Care

AFCARS data obtained from Cornell University

In general, children 13-18 years of age have averaged between 3 and 4 placements between from 2009 to 2014. However, children languishing in care have averaged more than 8 placements and African American children more than Anglo children (**Figure 12**). It is noteworthy that the more placements in care that children have, the worse their outcomes. For example, "As the number of placements increase for children the more likely it is that they will experience later placement disruptions. This is even true for children who were not initially identified as having behavioral problems. In fact children who experience multiple placements can begin to exhibit behavior problems which leads to more displacements, creating a dysfunctional cycle" (UC Davis, 2008).

Figure 12 Indianapolis (Marion County) Average Number of Placements for Children Ages 13 -18 Languishing in Care, Defined as with TPR or in Care Greater than 4 Years

■ *African American*
■ *Anglo*

AFCARS data obtained from Cornell University

The most frequent placement recorded at the end of each of these years for those children languishing in care is either foster care, an institution or kinship care, with institutional care rising in the last 3 years. **Figures 13** (Anglos) and **Figure 14** (African Americans) display this along with the fact that the rates for Anglo and African American teens in care has dropped over the last two years of the study.

Figure 13 Indianapolis (Marion County) Percentage of Anglo Children Languishing in Care, Defined as 13-18 with TPR or in Care 4 or More Years

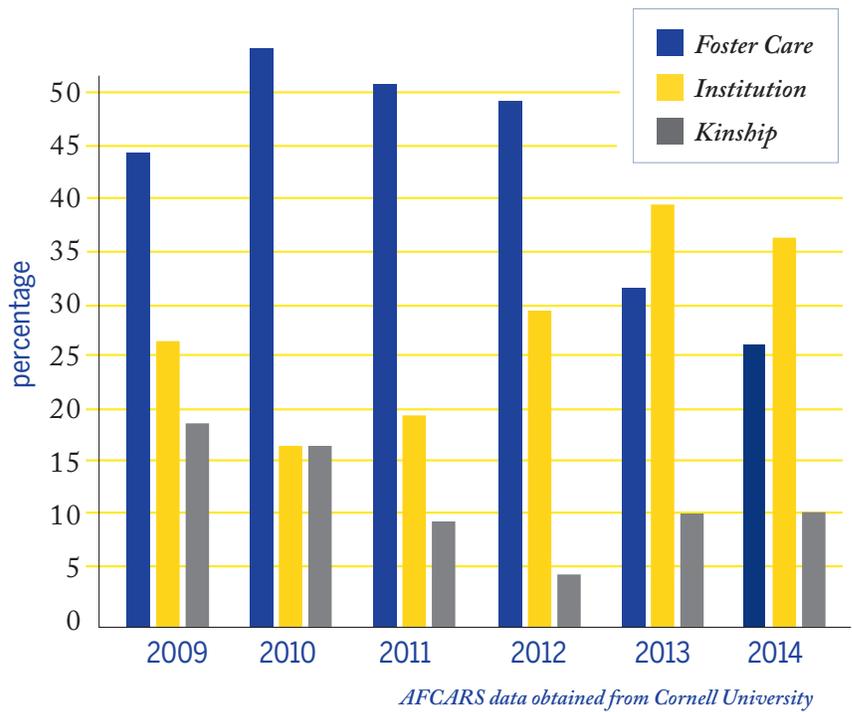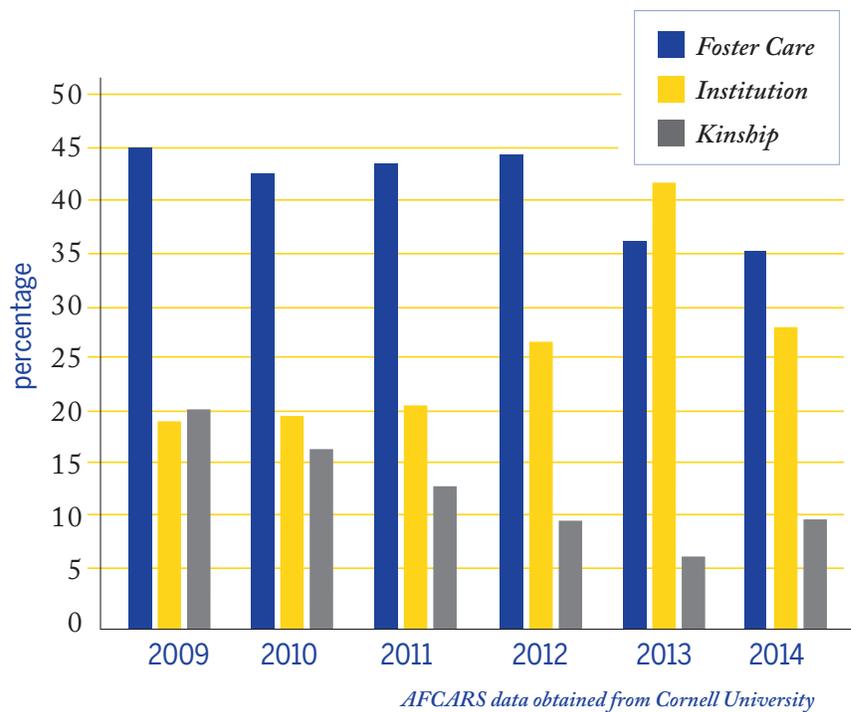*AFCARS data obtained from Cornell University*

Figure 14 Indianapolis (Marion County) Percentage of African American Children Languishing in Care, Defined as 13-18 with TPR or in Care 4 or More Years

AFCARS data obtained from Cornell University

Child Advocates' Summary and Recommendations

SUMMARY

These findings have shown that anti-racism training, as used in the Texas Model, has improved the stability of African American and possibly Anglo children in care. The findings also indicate reductions in the disproportionality of African American children in care, relative to Anglo children in care that are not attributable to changes in the Indianapolis (Marion County) child population. Instead, they were shown to be due to changes in the system itself. Specifically, it was shown that reductions in entries into care and increases in exits from care to reunification among African American children, relative to Anglo children have occurred. Further, these changes have occurred around the time the training took place. It was hypothesized that because of this and the fact that these two decisions are among those that Child Advocates' staff and volunteers have some control over, that the effect of the training spread to actual decision-making behavior regarding race.

Findings also show that African American children lag behind Anglo children in relative care and adoptions. Furthermore, in the last three years African American teenagers languished in care to a greater extent than Anglo children with a far greater number of placements than teenagers in care generally.

RECOMMENDATIONS

Someone once said, "When something is working it is best not to try and fix it." That certainly appears to be the case with entries into care and exits to reunification. Recommendations include:

- Continue to monitor the progress made in reducing disproportionality in decision-making regarding entries and exists to reunification.
- Continue training with a specific focus on African American children and monitor the impact on children who lag behind in relative care, adoption, and teens who languish in care.
- Improve documentation in the Optima Data System to better monitor permanency outcomes.
- Link changes in the child identification number that occurs during termination of parental rights back to original identification number to better track teens languishing in care.
- Once these changes in the system occur, using data to monitor disproportionality though the use of reports, will increase systemic accountability.

References

Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, http://www.acf.hhs.gov/programs/cb

Anderson, J. R. (1983). A spreading activation theory of memory. *Journal of Verbal Learning and Verbal Behavior*. 22, 0-00.

Baumann, D., Fluke, J., Wittenstrom, K., Hedderson, J., Graham, C., Ortiz, M. J., James, J., Kromrei, L., Craig, S., Capouch, D., Sheets, J., Ward, D., Breidenbach, R., Hardaway, A., Boudreau, B., Brown, N., Dettlaff, A., Rycraft, J. (2011). *Disproportionality in Child Protective Services: The Preliminary Results of Statewide Reform Efforts in Texas*. Texas Department of Family and Protective Services.

Casey Family Programs, Research Services and TX Strategic Consulting, Bauman, D., Brooker-Brooks, A., Port Arthur HOPE, and the Center for the Elimination of Disproportionality and Disparities of the Texas Health and Human Services Commission (2012). *Port Arthur HOPE: Helping Our People Excel by Building on Community Strengths and Assets Replication Guide.*

The Center for Justice and Accountability (2012). *Final Performance Report,* (Grant No CJA-12-11).

Dettlaff, A. J., Rivaux, S. R., Baumann, D. J., Fluke, J. D., Rycraft, J. R., James, J. (2011). Disentangling substantiation: The influence of race, income, and risk on the substantiation decision in child welfare. *Children and Youth Services Review*, 33, 1630-1637.

Fluke, J., Harden, B., Jenkins, M., Ruehrdanz, A., American Humane Association (2010). *Disparities and Disproportionality in Child Welfare: Analysis of the Research, A Research Synthesis on Child Welfare Disproportionality and Disparities.* Papers from a Research Symposium Convened by the Center for the Study of Social Policy and The Annie E. Casey Foundation on behalf of The Alliance for Racial Equity in Child Welfare (pp. 1-93).

Fluke, J. D., Chabot, M., Fallon, B., MacLaurin, B., Blackstock, C. (2010). Placement decisions and disparities among aboriginal groups: An application of the decision-making ecology through multi-level analysis. *Child Abuse and Neglect,* 34, 57-69.

Hill, R. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update.* Casey-CSSP Alliance for Racial Equity in the Child Welfare System. Accessed September 23, 2009 http://www.cssp.org/uploadFiles/Disproportionality_Paper_Bob_Hill.pdf.

Hill, R. (2011). *Responses to A Research Synthesis on Child Welfare Disproportionality and Disparities.* Papers from a Research Symposium Convened by the Center for the Study of Social Policy and The Annie E. Casey Foundation on behalf of The Alliance for Racial Equity in Child Welfare (pp. 103-106).

Kids Count, http://datacenter.kidscount.org/

Love, B. P., (2013). *Applying Systemic Racism Theory to Social Service Provision: An Evaluation of the Texas Model for Addressing Disproportionality and Disparities.* Unpublished Master's Thesis, Sanford School of Public Policy, Duke University.

Rivaux, S., James, J., Wittenstrom, K., Baumann, D., Sheets, J., Henry, J., and Jeffries, V. (2008). The intersection of race, poverty and risk: Understanding the decision to provide services to clients and to remove children. *Child Welfare, Special Issue on Disproportionality.* 87, 2, 151-168.

Texas Health and Human Services Commission, Center for Elimination of Disproportionality and Disparities (2012). *Report to the 83rd Legislature, The Interagency Council for Addressing Disproportionality and Disparities.*

The University of California, Davis, Center for Human Services (2008). *Placement Stability in Child Welfare Services: Issues, Concerns, Outcomes and Future Directions.* Northern California Training Academy, The Center for Human Services, Placement Stability Literature Review.

U.S. Department of Health and Human Services, Administration for Children Youth and Families, Data Brief 2013-1.

Wittenstrom, K., Baumann, D., Fluke, J., Graham, C., James, J. (2015). The impact of drugs, infants, single mothers and relatives on reunification: A Decision-Making Ecology approach. *Child Abuse and Neglect.* http://dx.doi.org/10.1016/j.chiabu.2015.06.010.

Wulczyn, F. (2011). *Research Is Action: Disparity, Poverty, and the Need for New Knowledge.* Chicago: Chapin Hall at the University of Chicago.