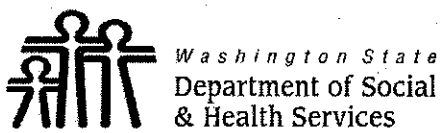
Racial Disproportionality and Disparity in Washington State Child Welfare – Remediation Plan

Committee Recommendations to DSHS Secretary Robin Arnold-Williams

December 2, 2008



Statewide Racial Disproportionality Advisory Committee

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<u>THE PRIMARY GOAL</u>: The elimination of racial disproportionality and racial disparities in the state child welfare system without compromising child safety or lowering the quality of services. ***Key indicators are listed below.***

- Race will not be a predictor of how children will fare in the child welfare system.
- Race will not be a factor when decisions are made about children by the child welfare system.
- All children will have equitable access to culturally appropriate services and supports delivered by culturally competent and sensitive staff and service providers.

SPECIAL ACKNOWLEDGEMENTS

The Committee acknowledges the individuals, agencies, organizations, DSHS staff members, and tribal representatives that have contributed to all facets of their work including the June 2008 Report and this initial Remediation Plan. The Committee appreciates their continued advocacy on behalf of children of color and their dedication to the goal of eradicating racial disproportionality and disparities in the child welfare system.

I. INTRODUCTION

In response to the charge in SHB 1472, the Washington State Racial Disproportionality Advisory Committee (WSRDAC) established a multi-year approach to its work and identified indicators for its goal of eliminating racial disproportionality and racial disparities. The committee understands an approach to reduce disproportionality must be holistic and include key political and community leaders as well as constituents. This approach creates an opportunity for learning, removing biases and stigmas, and collaborative work to achieve the ultimate goal of providing better care for all children, eliminating disproportionality and disparities, and remembering that families and communities are essential to a child's growth, well-being and achievement of maximum potential.

The remediation planning process adopted by the committee is developed around annual remediation proposals. These proposals contain recommended actions designed to reduce disproportionality and improve outcomes for children of color at the three points in the child welfare system identified as most critical in the June 2008 WSRDAC report: Referral to CPS, the Removal from Home, and Length of Stay Over Two Years. Members of WSRDAC and participants in the community engagement process indicated that more culturally appropriate services delivered by culturally competent providers are needed in order to reduce racial disproportionality at each of these decisions points.

The annual remediation recommendations may include legislative proposals (recommended policy, budget requests), administrative action (recommended changes in practice, program or service provision), as well as recommendations for further research and analysis. In 2009, goals and bench-marks will be recommended by the WSRDAC

that will help measure progress in reducing disproportionality at the three key decision points and disparities in service design, delivery and availability.

II. THE LEGISLATIVE MANDATE FOR REMEDIATION

Substitute House Bill 1472 was sponsored by Representative Eric Pettigrew and Senator Claudia Kauffman. Signed by Governor Christine Gregoire on May 14, 2007, the bill gave the Secretary of the Department of Social and Health Services (DSHS) the responsibility of convening an advisory committee to analyze and make recommendations on the disproportionate representation of children of color in the Washington State child welfare system.

Section five of the legislation includes the specific charge for development of the initial plan for remedying disproportionality and disparity:

> If the results of the analysis indicate disproportionality or disparity exists for any racial or ethnic group in any region of the state, the committee, in conjunction with the secretary of the department of social and health services, shall develop a plan for remedying the disproportionality or disparity. The remediation plan shall include: (a) recommendations for administrative and legislative actions related to appropriate programs and services to reduce and eliminate disparities in the system and improve the long-term outcomes for children of color who are served by the system; and (b) performance measures for implementing the remediation plan. To the extent possible and appropriate, the remediation plan shall be developed to integrate the recommendations required in this subsection with the department's existing compliance plans, training efforts, and other practice improvement and reform initiatives in progress. The advisory committee shall be responsible for ongoing evaluation of current and prospective policies and procedures for their contribution to or effect on racial disproportionality and disparity.

III. FINDINGS OF THE JUNE 2008 REPORT ON DISPROPORTIONALITY IN WASHINGTON STATE

The results of the analysis conducted by the Advisory Committee and Washington State Institute on Public Policy (WSIPP) found that disproportionality exists for Black, American Indian and Hispanic children in the child welfare system. The greatest disproportionality for children of color occurs at three points: 1) when the decision is made to refer a child to CPS; 2) when the decision is made to remove a child from home; and 3) when a child is in placement for over two years. The following are the key findings of the 2008 Report:

- American Indian, Black and Hispanic children are referred into our child welfare system at disproportionate rates. This means that even before a case is accepted disproportionality exists.

- For American Indian and Black children the cumulative disproportionality, (which is the combined risk of each event) increases as children progress through the system.

- While American Indian children are three times as likely as White children to be referred to CPS, they are over six times as likely to be in an out-of-home placement for over two years.

- Black children are almost twice as likely as White children to be referred to CPS, but they are nearly three times as likely to be in out-home placements for over two years.

- Hispanic children have a 34 percent greater likelihood of referral than White children and are seven percent more likely to have an accepted referral and 15 percent more likely to be placed in out-of-home care.

- Asian American children enter the child welfare system at lower rates than White children. From accepted referral to placement, Asian American children are not as likely to be in the Washington State child welfare system.

- Children from low income families are more likely to be in the Washington State Child Welfare system than children from affluent backgrounds. Children of single-parent families are more likely to be in the Washington State Child Welfare System than children from two-parent households.

- When income and family structure are considered as factors influencing disproportionality at different key decision points in the child welfare process, race still emerges as the primary factor in disproportionality.

Recommendations from the 2008 Report to be Implemented in 2009

- Consult with other states, such as Texas, Wisconsin, and Michigan, which have undertaken statewide efforts to reduce disproportionality. DSHS is not embarking on this journey alone. Currently, there are states tackling the very issues we are now examining. As we move forward, gaining knowledge and lessons learned from other states will be a tremendous asset.

- Study issues surrounding the Indian Child Welfare Act and American Indian racial disproportionality. Substantial amounts of racial disproportionality exist within the Washington State American Indian population. Emphasis on Indian Child Welfare compliance will be a priority. Also, an in-depth look at how racial disproportionality varies between the Reservation Indians, Rural Indians and Urban Indians will be examined.

Public Awareness and Engagement Activities

At its first meeting in the fall of 2007, the WSRDAC decided that increasing public awareness of racial disproportionality in child welfare was a key component of its responsibilities. Likewise, very early in its operation the Committee concluded that it could not develop meaningful recommendation for remediation without input and feedback from stakeholders and Indian Tribes. After the Committee received the preliminary research findings from WSIPP it began its official remediation outreach and education activities. The most notable of those activities are summarized here.

- In June 2008, DSHS Children's Administration staff met with the Governor and elected Tribal Leaders at the Centennial Accord to discuss the work of WSRDAC as well as the preliminary research findings.

- The Committee presented its Report to DSHS Secretary Robin Arnold Williams in June of 2008. The Secretary and the Committee Chairs (Honorable Patricia Clark, Dr. Marian S. Harris & Honorable Liz Mueller) participated in press conferences and met with editorial boards during the month of June.

- The Secretary wrote to each Indian tribe and each Recognized Indian Organization and shared the findings of the Advisory Committee's Report. A copy of the Report was included with each letter and the Secretary offered to meet with each tribal leader to discuss the Report, upon request. A copy of the Secretary's letter to tribal leaders is included in the appendix.

- Members of the Advisory Committee participated in the first Washington State Disproportionality Advisory Symposium on June 26th & 27th at the University of Washington. The Symposium was co-sponsored by the King County Disproportionality Coalition, DSHS Children's Administration and Casey Family Programs. An integral part of the symposium was breakout groups for the six DSHS Regions. The breakout groups were facilitated by a representative from each region and a data expert. Information about the regional breakout groups is included in the appendix.

- Throughout the summer and fall of 2008, the WSRDAC chairpersons and members, Dr. Marna Miller (WSIPP), and staff of DSHS delivered presentations and facilitated engagement and outreach activities.

- WSRDAC Chairperson Dr. Marian S. Harris was invited by Congressmen Jim McDermott (D-WA) in July 2008 to go to Washington, DC to testify regarding the committee's report. Dr. Harris testified before the U.S. House Committee on Ways and Means, Subcommittee on Income and Employment Security on July 31, 2008.

- Presentations to a Joint Meeting of the House Early Learning & Child Welfare Committee and the Senate Human Services & Corrections Committee were given in October 2008.

- Presentations to the Indian Policy Advisory Committee, Children Services Sub-committee and the general meeting of the Indian Policy Advisory Committee were given in September 2008.

- At the September 17 and 18, 2008 WSRDAC meeting, disproportionality representatives from the six DSHS Regions presented information regarding steps that were being taken in the regions to address the problem of disproportionality and their recommendations regarding the remediation plan.

IV. SUMMARY OF THE LITERATURE REVIEW ON RACIAL DISPROPORTIONALITY

Racial disproportionality occurs when the population of children of color in any system including the child welfare system is higher than the population of children of color in the general population. Children of color have been disproportionately represented in the child welfare system for many decades. Current research clearly demonstrates that disproportionality of children of color in the child welfare system is now a national concern. The percentage of Black and American Indian children who enter the child welfare system and remain in the system is greater than their proportion of the national child population. For example, Black children make up 15 percent of the national child population and 41 percent of the foster care population; American Indian children make up one percent of the national child population and two percent of the foster care population (Perez, O'Neil, & Gesiriech, 2000). Studies have examined the outcomes for children of color at each decision point in the child welfare system and found disproportionate outcome for these children. (Bowser & Jones, 2004; Caliber-Associates, 2003; Harris & Hackett, 2008; Harris & Skyles, 2004; Hill, 2001; Hines, Lemon, & Wyatt, 2004).

In September 2002, the U.S. Children's Bureau convened a Research Roundtable of national experts/researchers in Washington, DC on Racial Disproportionality in the Child Welfare System to explore the extent and ramifications of this issue. Seven papers were commissioned for the Roundtable and subsequently published (2003) in Children and Youth Services Review, 25(5/6); the papers explored varied explanations for racial and ethnic disproportionality and examined the ways in which children enter and exit the child welfare system. Among the major findings are the following:

- Disproportionality may be more pronounced at some decision-making points (e.g., investigation) than at others (e.g., substantiation) (Fluke, Yuan, Hedderson, & Curtis, 2003).

- Family structure was found to be significant. Race and ethnicity were found to have a different effect on family reunification rates in two-parent families than in single-parent families (Harris & Courtney, 2003).

- Changes in policy and practice may be effective over time in reducing racial and ethnic disproportionalities, particularly those arising from differences in duration of out-of-home care (Wulczyn, 2003).

There is no simple explanation for why children of color continue to be disproportionately represented at each decision point in the child welfare system. For example, research has shown that "exposure bias" is evident at each decision point within the child welfare system. Investigators are more likely to err on the side of substantiation for Black children who have received child abuse reports in the past. In some cases, the standards set for a family by the investigating worker lack cultural competence and are culturally insensitive to the population he/she is serving.

Statistics indicate that children of color are more likely to be placed in out-of-home-care, experience multiple moves, and remain in out-of-home care longer than White children (Cahn & Harris, 2005). National studies show that different racial and ethnic groups have differences in poverty rates and family structure (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007).

While poverty is more likely to affect families of color, the research does not indicate that poverty is related to disproportionate risk for abuse and neglect for families and children of color. Several authors (Morton, 1999; Sedlak & Schultz, 2001, 2005) point out that multiple waves of the National Incidence Studies show that despite their higher representation in the ranks of the poor, there is no higher rate of abuse in Black or

American Indian families. Rodenbery (2004) found that even when controlling for poverty, "children of color and their families were less likely to receive services to ameliorate the impact of poverty, such as housing and employment support, than Caucasian families" (Harris & Hackett, 2008, p. 202).

Addressing and reducing disproportionality and disparities in the child welfare system are on the national as well as state agendas. Dr. Marian S. Harris and Dr. Wanda Hackett (2008) concluded the following in their study: "As long as disproportionality is viewed as an individual or personal issue of Black and Native American children or other children of color, the solutions to disproportionality will not be focused in the public domain of the child welfare system, a system that created and has continued to perpetuate disproportionality" (p. 202).

Theories of Disproportionate Representation of Children of Color In the Child Welfare System

In order to develop effective solutions to a problem of racial disproportionality and disparities in the child welfare system, it is imperative to have knowledge regarding dominant theories that offer possible explanations for the over-representation of children of color in the child welfare system. The Committee believes that it is important to use the dominant theories as prerequisite to the development of effective recommendations for the remediation plan. Dominant theories are explored in this section of the report.

There are a number of theories that seek to explain racial disproportionality in the child welfare system. Generally theories about causation have been classified into three types of factors:(a) parent and family risk factors; (b) community risk factors; (c) and

organizational and systemic factors (McRoy, Ayers-Lopez, & Green, 2006; National Association of Public Child Welfare Administrators, 2006; USACF, 2003). It is important to note that these theories are not mutually exclusive.

According to theories about parent and family risk factors, children of color are overrepresented in the child welfare system because they have disproportionate needs. Children and families of color are more likely to be at-risk for unemployment, teen parenthood, poverty, substance abuse, incarceration, domestic violence, and mental illness; these factors place children in these families at high-risk for child maltreatment (Barth, 2004; Chaffin, Keller, & Hollenber 1996; Walker, Zangrillo, & Smith, 1994; Wells & Tracey, 1996).

Proponents of community risk factors assert that overrepresentation of children of color in the child welfare system has less to do with race or class and more to do with residing in neighborhoods and communities that have many risk factors, such as high levels of poverty, welfare assistance, unemployment, homelessness, single-parent families, and crime and street violence; these factors make residents of these communities more visible to surveillance from public authorities (Coulton & Pandey, 1992; Drake & Pandey, 1996; Garbarino & Sherman, 1980).

Organizational and systemic theories contend that overrepresentation of children of color results from the decision-making processes of child protective service agencies, the cultural insensitivity and biases of workers, governmental policies, and institutional or structural racism (Bent-Goodley, 2003; Everett, Chipungu, & Leashore, 2004; McRoy, 2004; Morton, 1999; Roberts, 2002). Structural racism emphasizes the powerful impact of inter-institutional dynamics, institutional resource inequities and historical legacies on racial inequalities in the child welfare system today.

Critical Race Theory (CRT) can also be used to explain the disproportionate number of children of color in the child welfare system. Proponents of CRT (Derrick Bell and Alan Freeman, 1970) state that race lies at the very nexus of American life. Racial ideology is normal and not an aberrant component of American society. From a CRT perspective racist assumptions are encoded in our everyday lives and are an integral part of the child welfare system. However, social reality is constructed based on the narratives, storytelling, parables, family histories, etc. of children and families in the child welfare system and used to help analyze the oppressive myths and presuppositions that are endemic to the child welfare system in work with children and families of color.

Finally, the theory of "interest-convergence" is useful in explaining overrepresentation of children of color in the child welfare system. The major tenet of this theory is that in many cases advances for minorities occur only when they also promote the interest of the dominant culture. This theory suggests that sustainable remediation plans must promote the interest of all children and families, not just children and families of color.

V. ESTABLISHMENT OF SYSTEM TO MEASURE PROGRESS

Substitute House Bill 1472 (2007) provides that beginning January 1, 2010, the Secretary of DSHS shall report annually to the appropriate committees of the legislature on the implementation of the remediation plan, including any measurable progress made in reducing and eliminating racial disproportionality and disparity in the state's child welfare system. DSHS should establish a performance management system that includes specific performance measures, benchmarks, and implementation plans to monitor the impact of each recommendation on reducing racial disproportionality and disparity within

the Washington child welfare system. The highest priority should be given to monitoring the impact of existing practices and programs on reducing disproportionality within Washington's child welfare system. This includes monitoring Structured Decision Making (SDM), Family Team Decision Making (FTDM), Kinship Care, and compliance with the Indian Child Welfare Act.

WSRDAC strongly recommends that the Washington State Institute for Public Policy (WSIPP), in collaboration with the WSRDAC Research subcommittee, conduct the studies and research called for under this Remediation Plan.

IV. RECOMMENDATIONS FOR REMEDIATION

These initial recommendations are made after extensive review and discussion of recommendations from a wide range of sources, including CA regional disproportionality groups, Indian tribes and organizations, foster parents, kinship care providers, services providers, birth parents, government commissions, state and local advisory committees, and community leaders. In developing these recommendations the committee also considered disproportionality initiatives in other states, current CA initiatives, and the likely impact on reducing disproportionality.

These remediation recommendations focused on the following three areas or decision points: (a) Referral to CPS; (b) Removal from Home; and (c) Length of Stay Over Two Years. These areas were selected based on findings from the June 2008 Report. The Advisory Committee also utilized a "framework" in developing this Remediation Plan (Please See Appendix Section)

A. Structured Decision Making (SDM): Structured Decision Making (SDM) should be studied to determine its impact on reducing disproportionality for Black, American Indian and Hispanic Children referred to the Washington Child Welfare System

Applicable Decision Point: Removal from Home

Initiative(s) in Other States

→ SDM is widely used in the California Child Welfare System which is county based.

Current Children's Administration Initiative(s)

→ SDM was implemented by the Children's Administration in 2007.

Rationale for Selection

Structured Decision Making® (SDM) is a case management model developed by the Children's Research Center (CRC) in Madison, Wisconsin. Washington State has implemented this comprehensive risk assessment system, which is designed to assist Child Protective Services (CPS) workers to make decisions regarding child safety and the risk associated with a child remaining in a home (California Department of Social Services, 2007).

SDM® is an actuarial risk assessment tool that is intended to estimate the likelihood that maltreatment will reoccur. Research in health care and social services suggest that actuarial tools work better than clinical assessments, and the preliminary research suggests that use of actuarial tools provides a better risk assessment in CPS (Shlonsky & Wagner, 2005). SDM® classifies families according to their likelihood of continuing to abuse or neglect their children. CRC (n. d.) reports the primary goal of SDM® is to 1) bring a greater degree of consistency, objectivity, and validity to child welfare case decisions and 2) help CPS agencies focus their limited resources on cases at the highest levels of risk and need.

Shlonsky and Wagner (2005) take care to indicate that SDM is a promising practice that has not received the extensive evaluation and peer review to be classified as evidence based practice. SDM needs further research to demonstrate cultural competence, and SDM must be considered in the context of the child welfare system. While actuarial decisions may occur at intake using SDM, clinical decision models follow and the integration of SDM with clinical decision making in child welfare has not been demonstrated (Shlonsky & Wagner, 2005). Although the use of actuarial risk assessment tools may represent a useful practice in the reduction of racial disproportionality, the tool's ability to accurately predict case outcomes has been criticized. In summary, more research is needed on the overall impact of the SDM risk assessment tool for ability to reduce racial disproportionality (Lemon, Andrade, Austin, 2005).

B. The Family Team Decision Making (FTDM): The Family Team Decision Making (FTDM) model should be assessed to determine its impact on disproportionality for American Indian, Black, and Hispanic Children. Specifically, it should be determined if the model reduces disproportionality in the placement and length of stay for American Indian, Black, and Hispanic children in the Washington child welfare system.

Applicable Decision Points: Removal from Home and Length of Stay Over Two Years

Initiative(s) in Other States

→ In Texas resources were secured to hire CPS disproportionality specialists to assist with Family Group Decision Making Conferences. In Texas local community members are trained to conduct Family Group Decision Making Conferences for children at risk of being removed from the care and custody of their birth parents.

Current Children's Administration Initiative(s)

→ Children's Administration implemented Family to Family and Family Team Decision Making in all six (6) regions several years ago.

Rationale for Selection

Family Team Decision Making (TDM) is one of four "core strategies" within the Family to Family (F2F) initiative that has been implemented in approximately 60 urban child welfare agencies in 17 states including Washington State (Crea, Usher & Wildfire, in press). Children's Administration currently has Family Team Decision Making (FTDM) available in all of its offices, although there are not enough resources in each office for all children that need an FTDM to get one. Family group conferences, also referred to as family group decision-making, are designed to bring together family members, relatives, and other support systems to make decisions about a case (Crea, Usher & Wildfire, in press). The family group conference is intended to identify the family's strengths and resources; to develop a plan to ensure child safety and improve family functioning; and to foster cooperation, collaboration and communication between families and professionals (American Humane Association, 2003: Pennell, & Buford, 2000). These methods are based on the principle that families themselves possess the most information about what decisions should be made; the approach is intended to be family centered, strength based, and takes into consideration issues of culture and community (American Humane Association, 2003).

Crampton and Jackson (2007) report a study in Kent County, Michigan where 61 (24%) of 257 cases involving children of color, were diverted from foster care placement through Family Group Decision Meetings (FGDM). Cases served by the FGDM program compared favorably with cases served through regular foster care services. Most of the children placed with relatives or guardianships through FGDM

remained outside of the child welfare system (Crampton & Jackson, 2007). Other studies have not shown equally positive results, and Team Decision Meetings and Family Group Conferencing need further review. Berzin (2006) cites a Center for Social Services Research (2004) study using California Title IV-E demonstration data that showed neutral outcomes comparing children receiving FGDM and those receiving traditional services. Berzin (2006) compared siblings receiving and not receiving FGDM. Children in families participating in FGDM tended to have higher rates of maltreatment, more placement moves, and higher rates of service refusal, but none of these results were statistically significant. The impact of FGDM on maltreatment rates may have been the result of hyper vigilance by the social worker, or greater involvement and higher rates of reporting by other family members (Berzin, 2006).

C. Kinship Care: Policies should be implemented to ensure equitable services and supports for children and families in kinship care.

Applicable Decision Points: Removal from Home and Length of Stay over Two years.

Initiatives in Other States

→ Navigator Programs have been implemented in several states. Casey Family Services, Seattle, WA developed and implemented a pilot Navigator Program several years ago. In Cleveland, Ohio the Fairhill Center worked with other service providers to implement a Kinship Care Resource Center, and an accompanying Kinship Care Village. The Kinship Care Village was established to address the housing needs of a fraction of Cleveland's kinship care families. The Illinois Department on Aging developed a guide for grandparents raising grandchildren with information and services for grandparent caregivers (Starting Points for Grandparents Raising Grandchildren). There is also an Extended Family Support Program in Illinois.

Current DSHS Initiative

→In Washington State, more than 35,000 children are being raised by their grandparents or other relatives (without their parents present) .
Kinship care is widely recognized as preferable to other placement options, and extends the cultural traditions of Latino, American Indian and Alaskan Native, and African American children who are disproportionately represented in the child welfare system. In 2001, the state legislature directed the Washington State Institute for Public Policy to study the needs of kinship caregivers. The subsequent report indicated that Kinship Caregivers reported considerable difficulties, including:

- Navigating the social service system and accessing support services, and
- Finding information about services, policies, and laws related to kinship care.

In 2003, Substitute House Bill 1233 authorized the development of two Kinship Navigator pilot projects to help kinship care families with information and referral, advocacy and support services. Two pilot sites were established in collaboration with the Washington State Kinship Oversight Committee and one of its community partners, Casey Family Programs, which provided funding for both the pilot project, as well as the evaluation component. The pilot sites were located in the Seattle and Yakima Casey Family Programs Field Offices. The Kinship Navigator pilot project sites were established in July 2004 and continued until December 2005.

In July 2005, the State Legislature appropriated $200,000 for the 2005-2007 biennium to continue the program. Aging and Disability Services Administration allocated the state funding to Aging and Disability Services-Seattle King County and Southeast Washington Aging and Long Term Care (which serves an eight county region). These two Area Agencies on Aging (AAAs) contracted the service to two reputable community agencies; in Seattle, Senior Services of Seattle King County and in Yakima, Catholic Family and Child Services.

In fiscal year 2007, the two Kinship Navigator Program sites served 728 grandparents and other relatives who were caring for 1901 children with a total of 2083 navigation/assistance services. Seventy-two percent of those served were grandparents and also over sixty years or older. Forty-two percent of the relatives served were Black/African American, 49% were White and 9% were Native American. Eighteen percent of those served were of Hispanic/Latino ethnic origin.

The Kinship Navigators connected families with community resources, such as health, financial and legal services, support groups, and emergency funds. They helped kinship caregivers locate appropriate housing, find work, and explained how to apply for benefits, advocated on their behalf and helped acquire beds, clothes, and food for their children.

The 2007 legislature appropriated additional funding, $400,000, for the creation of four new Kinship Navigator Program sites, as well as increased funds to allow for full-time positions in both the Yakima and Seattle-King County regions. In September 2007, four sites were chosen based on the results of a Request for Proposal competitive process which had been distributed to the 13 Area Agencies on Aging. A total of six Kinship

Navigator program sites; three which serve Eastern Washington and three which serve Western Washington now provide services for Kinship Caregivers living in 24 counties.

Additional resources available to kinship caregivers in Washington State include the following: Grandparents as Parents-Rainier Family Center, Grandparents and Relatives Re-parenting- Casey Family Programs, Grandparents and Kinship Caregivers in Action-Atlantic Street Center, Kinship Caregivers Support Group-Southeast Youth and Family Services, UJIMA Kinship Supports, Renton Area Youth and Family Services Kinship Support Group, Relatives as Parents Project-Kent Youth and Family Services, Encompass Kinship Care Support Group, and Mamas & Papas Support Group-Kindering Center in Bellevue.

Rationale for Selection

"Since the 1980s, kinship care has been the most rapidly growing component of the substitute care system," (Harris & Skyles, 2008, p. 1019). Native American and African American families thrive on the bonds and connections within the extended family network. Beyond the mainstream nuclear family structure, it is important to understand that families of color heavily rely on extended family connections. Currently, in the State of Washington a substantial percentage of children of color are placed in kinship care. (Rockymore, 2006). The practice of including the family is best practice and family-centered case practice (Rockymore, 2006).

Black children continue to make up the majority of children in public kinship care (Harris & Skyles, 2008). Current child welfare policies and practice are in direct conflict with efforts to reunify Black children in kinship care with their birth parents. Given that kinship care placements are continuing to increase rather than decrease, it is imperative for child welfare practitioners to focus on service delivery that will facilitate positive family functioning and to employ the best child welfare practice when providing services and supports to Black children and their kinship caregivers. These practices should be culturally sensitive and include all members of the family system in developing and implementing the permanency plan. The relationship between growing children and

parents is the major point of development, and family preservation or family reunification when children are placed in kinship care should be the primary permanency goal. (Harris & Skyles, 2008, p. 1024)

D. Compliance with Indian Child Welfare Act (ICWA): DSHS should comply with ICWA. The Indian Child Welfare Case Review Model developed in collaboration with Tribal partners and the Indian Policy Advisory Committee (IPAC) should be the anchor for an enhanced ICW quality improvement/compliance measurement system.

> **Applicable Decision Points:** Removal from Home and Length of Stay Over Two years

Rationale for Selection

The state of Washington recognizes the unique cultural and legal status of Native Americans granted in the U.S. Constitution's Supremacy and Indian Commerce Clause. State law, enacted in 1987 and codified in Chapters 13.34, 26.33, 74.13, and 74.15 RCW, brings state procedures regarding voluntary foster care placements, relinquishments, and adoptions into compliance with ICWA. State law also recognizes that Indian Tribes have the authority to license child placing agencies or facilities on or near their reservation boundaries.

In addition to federal and state laws, the state of Washington entered into a Tribal-State Indian Child Welfare Agreement (referred to as the Tribal-State Agreement) with Washington Tribes that sets standards for notification, social work practice, equal access to services, and cooperative case planning in cases involving all Indian children.

A statewide Indian Child Welfare (ICW) Case Review began in the summer of 2007. The goal of the ICW case review is to ensure that the rights of Indian children, their families and their Tribes are met according to the provision of the Indian Child Welfare Act and the Washington Tribal/State Agreement. A random sample of Children's

Administration cases serving Indian children and families was reviewed in each region. The results of the review indicated that increased efforts to comply with ICWA are needed, especially early identification of Indian children.

It is important to note that on-going assessment of compliance with the mandates of ICWA by the state of Washington is appropriate. Historically there has been little guidance from the Administration for Children and Families (ACF) relative to states compliance with ICWA. The United States Government Accountability Office (GAO, 2005) commented on the lack of effective federal oversight of the ICWA as follows:

> ACF does not have explicit oversight responsibility for states' implementation of ICWA and the information the agency obtains through its general oversight of state child welfare systems sometimes provides little meaningful information to assess states' efforts. For example, the ICWA information states provided in their 2004 progress reports varied widely in scope and content and many states did not report on the effect of their implementation efforts. Further; while limited information from ACF's reviews of states' overall child welfare systems indicate some ICWA implementation concerns, the process does not ensure that ICWA issues will be addressed in states' program improvement plans. GAO-05-290

Jones (1995) provides the basic reason for the passage of the ICWA, "Before 1978, as many as 25 percent to 35 percent of the Indian children in certain states were removed from their homes and placed in non-Indian homes by state courts, welfare agencies, and private adoption agencies" (p. 18). Practice and policy outcomes of the Indian Child Welfare Act have been extensively reviewed in the child welfare literature. The consensus has been that following key provisions of the ICWA results in reduced disproportionality for Indian children. Limb, Chance and Brown (2004) found that compliance with the ICWA led to better outcomes for children through reunification of children with families. They urge state child protection systems to follow the lead of American Indian agencies and tribes to further emphasize cultural and familial ties for

children. To improve outcomes for Indian children, states should increase on-going training for child welfare workers regarding all of ICWA's mandates, increase emphasis on use of the Bureau of Indian Affairs (BIA) Guidelines and "best practices" for implementing ICWA, and work collaboratively with tribes to provide culturally competent efforts (Limb, et al., 2004, p. 1288).

MacEachron, Gustavsson, Cross and Lewis (1996) evaluated the outcomes of the Indian Child Welfare Act using available data. Specifically for Washington State, in 1975 prior to the passage of the ICWA, the American Indian Children foster care placement rate was 34.92 per 1,000 children. After the passage of the ICWA, the state foster care rate decreased to 18.24 per 1,000 children in 1986, a 48 percent reduction. The rate for adoptions of American Indian children was 3.0 per 1,000 in 1975, this decreased to 0.11 per 1,000 in 1986 (MacEachron, et al., 1996). Clearly, the ICWA reduced disproportionate rates in foster care for Indian children.

E. Enactment of a Washington State Indian Child Welfare Act: DSHS should study the impact that state-level Indian Child Welfare Acts have had in states, such as Iowa, that have implemented state ICW legislation. If the study finds that implementation of state-level legislation increases compliance with the core tenets of ICW and reduces racial disproportionality, DSHS should support enactment of a Washington State ICWA.

Applicable Decision Points:

Removal from Home, and Length of Stay Over Two Years

Rationale for selection

Notwithstanding the fact that the Indian Child Welfare Act (ICWA) was passed in 1978, full compliance with the Act remains elusive. As a consequence, several states have explored enacting and Iowa has enacted state-level ICW legislation to clarify and

reinforce responsibilities to Indian children and families and to ensure that commitments to ICW are honored.

Research and communication with other states will assist in the assessment of state-level ICW legislation as a strategy for the reduction of Disproportionality of Indian children in the child welfare system.

E. Cultural Competency and Anti-Racism Training: (1) On-going anti-racism training should be mandatory for all case carrying Children Administration and Child Placing Agency workers , all service provider staff, all Court Appointed Special Advocates (CASA), all Guardian ad Litem (GAL),all individuals who represent children and birth parents in dependency proceedings, and all individuals who serve on public committees, boards, and other groups that are charged with providing guidance, oversight, or advice regarding the operation and management of the Washington child welfare system. This training should focus on increasing the trainees level of cultural competency and understanding of race and racism. The training should include ICW standards, government to government relations, local agreements, and the operation of the Indian Policy Advisory Council. The training should also include a self assessment of cultural competency using a tool similar to the Cultural Competency Continuum (Refer to Appendix Section).

Applicable Decision Points: Referral to CPS, Removal from Home, and Length of Stay Over 2 years

Initiative(s) in other States

→Ramsey County, Minnesota assesses the level of cultural competency of service providers to determine if contracts will be awarded or renewed. The level of cultural competency is also assessed for individuals who apply for positions as CPS Workers. In Texas the Casey Family Programs racial/cultural identity model "Knowing Who You Are" has been implemented. The Undoing Racism Training has been conducted at every Level of employment and contact within the child welfare system in Texas and Ramsey County, Minnesota.

Current Children's Administration Initiative

→Cultural competency awareness is included in mandatory training for workers as part of their initial training at the Children's Administration Academy. Leadership team members from the six regions and headquarters participated in the Undoing Racism Training for Children's

Administration leadership. DSHS Executive Leadership also participated in a two day session of Undoing Racism Training.

Rationale for Selection

Child welfare workers often work with children and families from a wide range of cultures other than their own. Many practitioners and researchers have noted that effective child welfare practices are those that acknowledge and incorporate the importance of culture in the delivery of services (Miller & Gaston, 2003). Indeed, Miller and Gaston (2003) note that inherent assumptions within the child welfare system are grounded in Anglo-Saxon values and cultural norms about child rearing and family. Child welfare legislation and policies often follow European standards of culture and White, middle class, family values are the standard through which ethnically diverse parents and children are compared. As such, children and families exhibiting alternative values may be seen as deviant by the system. These conflicts in attitudes regarding acceptable parenting behavior may contribute to ineffective or harmful child welfare practices (Miller & Gatson, 2003).

In an effort to combat ethnocentrism in the child welfare system, many agencies have placed increasing importance on ensuring that workers, programs, policies and practices are "culturally competent." In general, the term cultural competence refers to an ability to recognize and respect similarities and differences in beliefs, interpersonal styles, values, norms, and behaviors of various ethnic and cultural groups (Roberts, 1990, as cited in Schriver, 1998).

F. <u>Caseloads (Council on Accreditation Standards)</u>: Children's Administration caseloads should be reduced to meet COA standards. Caseloads for CPS Workers should not exceed ten (10) and caseloads for Child Welfare Workers should not exceed eighteen (18).

<u>Decision Points</u>: Referral, Removal from Home and Length of Stay Over Two Years

Rationale for Selection

"The child welfare field faces a dilemma-it is not that professionals do not know what works, it is that what works requires organizational assessment and change, systemic commitment, and continuous monitoring and evaluation" (Blome & Steib, 2004,

p. 613). The child welfare literature is quite clear. Caseload sizes must be smaller. Most states are beginning to realize the value of small caseloads and are struggling to make smaller caseloads a reality in their child welfare systems. Communities must be encouraged and supported to provide supportive environments for children. If and only if these fundamentals are achieved, adding Evidence Based Practice (EBP) services may provide better services to children and families and decrease disproportionality (Blome & Steib, 2004).

G. **Mandated reporter training:** The training for mandated reporters should be revised. One of the major goals of this revised training is to increase awareness of racial disproportionality in the child welfare system, familiarize mandated reporters with the data regarding Referral and the impact of race and racism on their reporting decisions. We recommend an evaluation of training in all mandated reporter work settings external to DSHS to determine if this training has a cultural competency component that is designed to facilitate an understanding of race and racism and how these factors impact their reporting decisions. Further research is warranted regarding mandated reporters and their decisions to report.

Applicable Decision Point: Referral

H. Assessment of Children's Administration: CA, its service providers, and child placing agencies should assess their organizational cultural competency and commitment to the elimination of racial disproportionality for children of color. The National Association of Public Child Welfare Administrators (NAPCWA) Disproportionality Diagnostic Tool should be used to conduct the assessments. This tool is used to evaluate social, systemic, and individual factors that may be contributing to disparate treatment of children of color in the child welfare system.
(Please See Appendix)

Applicable Decision Points: Referral, Removal from Home, and Length of Stay Over Two Years

I. Implement a Racial Equity Impact Analysis Tool: DSHS, Office of Superintendent of Public Instruction (OSPI), relevant legislative committees and staff, relevant judicial committee and staff should use this tool to review all policies and practices. The policy staff of legislative, judicial, and executive branch agencies, including DSHS, should be trained in the use of a tool that assesses the racial disproportionality impact of legislation, administrative policies, practices and procedures. These agencies should be required to apply the tool. The Applied Research Center has developed an analysis tool that is currently used in the child welfare system in Ramsey County, Minnesota.

J. Explore Implementation of in-home, community based services that will keep children safe and reduce the need for out-of-home placement.

Decision Point: Removal from Home

Rationale for Selection: Based upon input from a number of stakeholders, the WSRDAC recommends that DSHS study the impact that in-home services and community based services have had on reducing racial disproportionality and disparity in other states. Further, if the study shows that availability and access to these services resulted in a reduction in racial disproportionality and disparity in other states, WSRDAC recommends that DSHS increase the availability and access to those services.

A PLAN FOR REMEDYING RACIAL DISPROPORTIONALITY AND DISPARITY IN WASHINGTON STATE

APPENDIX

Research References

Remediation Plan Framework

Disproportionality Symposium Regional Meetings Guidelines

September 12, 2008 Letter to IPAC Delegates & Tribal Leaders

Cultural Competency Continuum

NAPCWA Diagnostic Tool: Description

NAPCWA Agency Diagnostic Tool

Prepared for:
Secretary Robin Arnold-Williams and
The Washington State Legislature

Prepared by:
The Statewide Racial Disproportionality Advisory Committee

November 2008

Research References

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Remediation Plan Framework

Proposed Framework for Remediation Plan to Address Racial Disproportionality in the Child Welfare System

GOAL:
Eliminate racial disproportionality and racial disparities in the state child welfare system without compromising child safety or lowering the quality of services.

As indicated by:

- **Race not being a predictor of how a child will fare in Washington's child welfare system.**
- **Race will note be a factor when decisions are made about children by the child welfare system.**
- **All children will have equitable access to culturally appropriate services and supports delivered by culturally competent and sensitive staff and service providers.**

The Washington State Racial Disproportionality Advisory Committee believes that this goal cannot be achieved without a fundamental paradigm shift that reflects both an understanding of the role that institutional racism played in the building of this system and a commitment to undoing racism in our child welfare policies, programs and practice.

The Washington State Racial Disproportionality Advisory Committee's June 2008 "Racial Disproportionality in Washington State" report indicated that these points in the system are significantly driving disproportionality. Additional areas may be identified as a result of further research.

Establish final (FY13) numerical goals for each of the focus areas. Identify annual metrics that would mark progress toward each of the numerical goals.

FOCUS AREA: Initial Referral

FOCUS AREA: Decision to Remove

FOCUS AREA: Children in Care for Longer Than Two Years

Additional FOCUS AREAS may result from addt'l research

In all Focus Areas, meaningful access to culturally-competent services must be assessed and addressed if deficient.

Undergo PARADIGM SHIFTS and effectively implement changes in POLICIES, PROGRAMS, PRACTICES that can reduce racial disproportionality in the focus areas

Remediation Plan—Year One (FY10)	**Legislative Action** (e.g. policy, budget requests)	**Administrative Action** (e.g. practice, program development, service provision)	**Further Research and Analysis**
Remediation Plan—Years Two through Five *(established annually)*	**Legislative Action** (e.g. policy, budget requests)	**Administrative Action** (e.g. practice, program development, service provision)	**Further Research and Analysis**

Disproportionality Symposium
Regional Meetings Guidelines

June 26 – 27 Disproportionality Symposium
Regional Meetings
Leader Guidelines

Region	Regional Lead	Data Expert
1	Connie Lambert-Eckel LAMC300@dshs.wa.gov	Tom Crofoot Drtomcewu@teleport.com
2	Elisa Powell ELPO300@dshs.wa.gov	Peter Pecora Ppecora@Casey.org
3	Janice Banning Baja300@dshs.wa.gov	Robert Hill Roberthill@westat.com
4	Joseph Connor conj300@dshs.wa.gov	Dennette Derezotes Dderezotes@aol.com
5	Laneta Able ABLA300@dshs.wa.gov	Marian Harris mh24@u.washington.edu
6	Donna Burkhart dobu300@dshs.wa.gov	Lorraine Brave lbrave@consultant.com

Regional Meeting Leadership – Each meeting will have a regional lead to facilitate the discussion and a data expert to promote understanding and interpretation of the regional data. We understand that the regional participants will be affiliated with various organizations; however, it is important for the regional lead to encourage a community driven process. The goal is to help the group think through the data to provide considerations for the Advisory Committee.

Several highly facilitators have offered their support to this process. If you are a Regional Lead and would like facilitation support, please contact one of the people listed below to request her assistance.

Elena Lamont - Elamont@casey.org
Sandy Hart - HASA300@dshs.wa.gov
Deanna Grace - grad300@dshs.wa.gov

Purposes of Regional Meetings

- Review regional data.
- Begin to foster a movement that focuses on racial disproportionality among children and families in Washington State's Child Welfare System, at local, regional and statewide levels.
- Provide input into the Washington State Disproportionality Advisory Committee regarding recommendations for what you would like them to consider in a plan to remediate racial disproportionality and disparity.

(**NOTE** – At the same time as the regional meetings on June 26, Marna Miller and Lee Doran will meet with HQ staff, legislators, out-of-state participants – and others who do may not specifically affiliate themselves with a particular region.)

Regional Meeting Agendas

June 26 - 12:30 - 1:45

- Group members introduce themselves.
- Discuss purpose of the meetings (as noted above).
- Share regional data, focusing particularly on the entry point and permanency data in each region.
- Ask participants to consider the information they have received as they dialogue with others over the course of the symposium

June 27 - 3:00 - 4:15

Reflect on the following questions:

- What inspired you attend this symposium?
- What is your vision for what could be different in your region?
- What would you like the Washington State Disproportionality Advisory Committee to consider in the development of its remediation plan?
- What are the next 2 - 3 conversations that need to take place over the summer with regard to this issue?
- Who else in your region needs to be a part of these conversations?

Record responses to these questions on the computer in your meeting room. Responses from all regions will be compiled and made available to all Symposium participants and to all members of the Washington State Disproportionality Advisory Committee (WSDAC).

September 12, 2008 Letter to IPAC Delegates & Tribal Leaders

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington 98504-5000

September 12, 2008

Letter to IPAC Delegates & Tribal Leaders Individually:

In June of 2008 you received a copy of the Washington State Racial Disproportionality Advisory Committee Report on Racial Disproportionality.

This report concluded the first phase of the legislative requirements of Washington State Substitute House Bill 1472 establishing that racial disproportionality does exist in the child welfare system of Washington State. It identifies Indian children and African American children as more likely to enter the child welfare system and that they are more likely to remain in care for over two years as compared to white children.

The second phase of the legislative requirements, to create a remediation plan, is due to the legislature by December 1, 2008. The plan will include recommendations for administrative and legislative actions to reduce and eliminate disparities and improve long-term outcomes for children of color.

This is the beginning of a multi-year process. Your participation is critical to the development of a remediation plan. Tribes and Recognized American Indian Organizations are encouraged to share input and recommendations during the Indian Policy Advisory Committee (IPAC), Indian Child Welfare (ICW) Sub-committee meetings. Racial Disproportionality has been a standing item of discussion on the past three IPAC - ICW sub-committee meeting agendas.

Assistant Secretary for Children's Administration, Cheryl Stephani, will be present at the October 9, 2008 IPAC meeting to discuss the disproportionality remediation plans with the Tribes and Recognized American Indian Organizations. The location of this meeting is:

Department of Social and Health Services
Office Building 2
1115 Washington Street, SE
Olympia, WA, 98504

8:30 a.m. to 5:00 p.m.
Lookout Conference Room, Fourth Floor

Please feel free to direct recommendations or questions that you may have regarding the report or process to Nancy Dufraine, Indian Child Welfare Manager for Children's Administration, (360) 902-7578, nadu300@dshs.wa.gov or Tarachel Benjamin, Disproportionality Program Manager (360) 902-0859, bntr300@dshs.wa.gov.

I appreciate this opportunity to continue building on the government to government relationship between the Tribes and Washington State. It is through this relationship that we can partner to better the lives and outcomes of all of our children.

Sincerely,

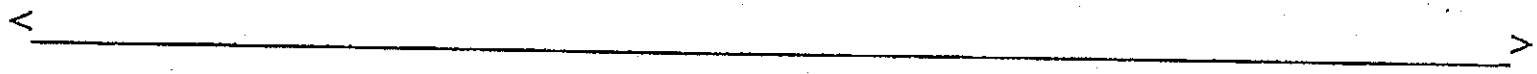
Robin Arnold-Williams

Robin Arnold-Williams
Secretary

cc: Blake Chard
Cheryl Stephani
Deborah Purce
Colleen F. Cawston
Nancy Dufraine
Tarachel Benjamin

Cultural Competency Continuum

Cultural Competency Continuum[1]



Cultural Destructiveness[2]	Cultural Incapacity[3]	Cultural Blindness[4]	Culturally Open[5]	Culturally Competent[6]	Cultural Proficiency[7]
CD	CI	CB	CO	CC	CP

[1]From: Cross et al. (1989).

[2]**Cultural Destructiveness:** Represents a set of attitudes, practices, and/or policies that is designed to promote the superiority of the dominant culture and that purposefully attempts to eradicate the 'lesser' or 'inferior' culture because it is viewed as 'different' or 'distasteful'.

[3]**Cultural Incapacity:** Refers to a set of attitudes, practices and/or policies that, while not explicitly promoting the superiority of the dominant culture, adheres, either explicitly or implicitly, to the traditional idea of 'separate but equal' treatment. This naturally breeds segregation and discrimination and eventually institutionalizes such practices. Organizations thus predisposed are therefore incapable of helping ethnic/racial clients or communities.

[4]**Cultural Blindness:** Refers to a set of attitudes, practices, and/or policies that adheres to the traditional philosophy of being unbiased. Under this paradigm, culture and people are basically all alike, and what works with one culture should therefore work as well with another. The eventual consequence of this belief is to 'make services so ethnocentric as to render them virtually useless to all but the most assimilated people of color' (Cross, 1989).

[5]**Culturally Open:** This organization adheres to attitudes, practices, and/or policies that are geared toward the learning and receptivity of new ideas and solutions to improve services rendered to one's particular target group. The initiating processes of cultural diversity may begin with the hiring practices of one's staff, staff training in cultural sensitivity, minority representations in the board membership, and so on.

[6]**Culturally Competent:** These agencies are characterized by a set of attitudes, practices, and/or policies that respects, rather than merely shows receptivity to, different cultures and people. In the process of enhancing their quality of services, such agencies actively seek advice and consultation from ethnic/racial communities and actively incorporate such practices into the organization with a sense of commitment.

[7]**Cultural Proficiency:** A set of attitudes, practices, and/or policies that holds cultural differences and diversity in the highest esteem. Culturally proficient organizations hold a 'proactive' posture regarding cultural differences; their aim is to improve the existing quality of services through active research into cultural issues in preventive and therapeutic approaches that affect the service outcome. They not only engage in the dissemination of such research findings, but also promote improved cultural relations among diverse groups in society through public education and awareness campaigns.

"Cultural"_____: AWARENESS. . . . .SENSITIVITY. . . . .COMPETENCE. . . . .APPROPRIATENESS. . . . .RELEVANCE. . . .DIVERSITY. . . .CONGRUITY. . .
Multi-cultural. . . . Culturological

NAPCWA Diagnostic Tool: Description

NAPCWA

National Association of Public
Child Welfare Administrators

an affiliate of the American Public Human Services Association

Disproportionality Diagnostic Tool: Description

Background

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

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

Purpose of Diagnostic

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

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

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Disproportionality Diagnostic Tool: Instructions

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

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

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

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

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

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

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

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

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

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

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

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

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

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Completing the Diagnostic: User Instructions

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

Option 1: You may initially decide as an agency lead to make the first attempt at addressing the issue by completing the diagnostic on your own.

Option 2: To obtain a more collective assessment, you may instead start the diagnostic process by seeking the input of other agency personnel, including professionals from senior and middle management, as well as child welfare workers at the frontline.

Option 3: You may also complete the tool by seeking the input of other agency personnel and also relevant, external stakeholders in the community (e.g. a pediatrician or school teacher for input as mandated reporters).

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

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

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

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

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

Follow-Up Guidance

Guidance on how to make sense of your agency's data will follow after completing the entire diagnostic and will include reflective questions that your agency can use to guide a continuous improvement process. This process will address the last three elements of the DAPIM model: Planning for improvements, Implementing the plan, and Monitoring the plan's progress.

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NAPCWA Agency Diagnostic Tool

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY STRATEGY

Strategy: *Strategy refers to specific, thoughtful efforts focused on addressing disproportionate representation. Strategy carries out the vision, values, goals, and priorities that guide the work of the community's governing agency.*

SOCIETY LEVEL STRATEGY					
Does your agency's governing body address the issue of disproportionality in a strategic plan?		Y ☐		N ☐	UK ☐
If yes, in what ways; e.g. listed in values?					
SYSTEM LEVEL STRATEGY					
Does your agency's strategic plan address issues of diversity in the values, mission, and goals?		Y ☐		N ☐	UK ☐
If yes, in what ways; e.g. listed in values?					
Is disproportionality addressed explicitly in documents other than your strategic plan?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what documents; e.g. policy manual?					
Do you have stated outcomes or goals that address the specific needs of ethnic and racial minorities (e.g. reduce the length of stay for African-American children in care)?		Y ☐		N ☐	UK ☐
If yes, identify those outcomes.					
Do you have a plan for achieving specific stated outcomes or goals for racial and ethnic minorities?		Y ☐		N ☐	UK ☐
Have you gathered data to determine the specific ethnic and racial populations in your jurisdiction (e.g.: demographic patterns, rates of poverty, educational levels, infant mortality)?		Y ☐		N ☐	UK ☐
If yes, what were the data sources and/or tools used?					
Have you gathered data on the ethnic and racial breakdown of children being referred by specific groups of mandated reporters, including teachers, medical professionals, and others?		Y ☐	S ☐	N ☐	UK ☐

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If yes, what were the data sources and/or tools used?					
If yes, what actions were taken as the result of the data gathered?					
INDIVIDUAL LEVEL STRATEGY					
Does your staff demonstrate that they have internalized the values, mission, and goals related to diversity and disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, identify the evidence of this internalization. (e.g.; in actions, behaviors, and/or decisions)					
Is cultural competency explicitly addressed in individual staff evaluations?		Y ☐		N ☐	UK ☐
If yes, how is cultural competency measured?					

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NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY CULTURE

Culture: *Culture refers to the attitudes, values, experiences, and beliefs of both the organization and the community it is in.*

SOCIETY LEVEL STRATEGY					
Are you aware of key events in your community's history related to ethnic and racial disparity (e.g., redlining, riots, and high profile court cases)?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Has the community actively addressed these issues?		Y ☐		N ☐	UK ☐
If yes, what were the outcomes?					
Has the community conducted studies or polls related to racial and ethnic relations?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were the major findings?					

SYSTEM LEVEL STRATEGY					
Do you have a diversity committee or other kinds of purposeful forums to discuss issue of fairness and equity regarding practice and policy?		Y ☐	S ☐	N ☐	UK ☐
If yes, does your diversity committee have a clear and articulated vision, mission, and goals?					
If yes, which of the committee's goals have been achieved?					
Does the agency have staff that represents the community being served?		Y ☐	S ☐	N ☐	UK ☐
If not, why? What steps have been taken to recruit a more representative staff?					
Are agency policies, protocols, and practices developed with input from staff of diverse backgrounds?		Y ☐	S ☐	N ☐	UK ☐
If yes, how do staff participate?					
Has the system developed mechanisms to gather feedback from staff regarding their concerns about bias in policy as well as behaviors and/or decisions of colleagues?		Y ☐	S ☐	N ☐	UK ☐

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If yes, what actions have been taken based on this feedback?					
INDIVIDUAL LEVEL STRATEGY					
Do most staff communicate with one another during formal and informal conversations using culturally sensitive language?		Y ☐	S ☐	N ☐	UK ☐
Do most staff encourage one another to be culturally sensitive?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what ways does staff do this? (e.g.; do staff actively discourage culturally insensitive language?)					

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Policy: *Policy refers to both legislation and agency policy and regulations on child welfare, ranging from federal policy, to office memos on particular issues.*

SOCIETY LEVEL STRATEGY					
Are there specific references to disproportionality or other racial and ethnic issues in state human services policy?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what policy?					
Are there specific references to disproportionality or other racial and ethnic issues in other local or state agency policy? (e.g., education, juvenile justice)		Y ☐	S ☐	N ☐	UK ☐
If yes, in which agency's policy?					
Do other agency's policies affect your reports of maltreatment, acceptance of referrals, investigations, substantiations, placements, exits and re-entries?		Y ☐	S ☐	N ☐	UK ☐
If yes, which decision points have been affected?					
SYSTEM LEVEL STRATEGY					
Have you evaluated agency specific policies vis-à-vis their effect on outcomes for families and children of diverse ethnic and racial backgrounds? (e.g., placement rates)		Y ☐	S ☐	N ☐	UK ☐
If yes, what policies were changed?					
Are staff made aware of MEPA and ICWA requirements?		Y ☐	S ☐	N ☐	UK ☐
If yes, what is the mechanism and frequency of making staff aware of MEPA and ICWA requirements?					
INDIVIDUAL LEVEL STRATEGY					
Does staff consistently apply policies related to disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what ways?					
If yes, how do you track that staff are consistently applying these policies?					

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AGENCY WORK WITHIN LEGAL SYSTEM

Legal System: *The legal system includes courts, law enforcement, attorneys, and other people associated directly with enforcing the law. This includes child welfare workers interaction with and understanding of the legal system.*

SOCIETY LEVEL STRATEGY					
Has law enforcement made any public effort to address disproportionality in their system?		Y ☐	S ☐	N ☐	UK ☐
If yes, how has law enforcement done this?					
Have the courts made any public effort to address disproportionality in their system?		Y ☐	S ☐	N ☐	UK ☐
If yes, how have the courts done this?					
Do judges, court appointed attorneys and/or law enforcement officials receive training related to effectively working with ethnic and racial minorities (e.g. training to examine individual biases and stereotypes and how these may affect their decision-making)?		Y ☐	S ☐	N ☐	UK ☐
If yes, what training is provided?					
Are there efforts to ensure that judges, court appointed attorneys, and law enforcement professionals reflect the ethnic and racial composition of the communities in which they work?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are those efforts?					
SYSTEM LEVEL STRATEGY					
Do families of all ethnicities and races have access to legal representation?		Y ☐	S ☐	N ☐	UK. ☐
Do families of all ethnicities and races have culturally sensitive and culturally competent legal representation?		Y ☐	S ☐	N ☐	UK ☐
If yes, please describe how families receive culturally competent legal representation.					
INDIVIDUAL LEVEL STRATEGY					
Is there a mechanism in place to ensure that staff can staff articulate the legal process to their families in a culturally competent manner?		Y ☐	S ☐	N ☐	UK ☐

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If yes, please describe these mechanisms.					
Does the language used in court reports and other written documents reflect cultural competence and sensitivity?		Y ☐	S ☐	N ☐	UK ☐

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AGENCY TRAINING AND EDUCATION

Training and Education: *Training and education are the formal activities used to engage and instruct anyone associated with child welfare. This could include activities ranging from formal, required child welfare training, to mandated reporter training, to informal, voluntary community education programs, or even "teachable moments" such as newspaper interviews.*

SOCIETY LEVEL STRATEGY					
Do mandated reporters receive training on working with families of various racial/ethnic backgrounds?		Y ☐	S ☐	N ☐	UK ☐
If yes, what kinds of training are available?					
Is the issue of disproportionality included in community education programs?		Y ☐	S ☐	N ☐	UK ☐
If yes, how is it specifically included?					
SYSTEM LEVEL STRATEGY					
Is cultural competency training included in the agency's strategic plan?		Y ☐	S ☐	N ☐	UK ☐
Are the trainers aware of the issue and extent of disproportionate representation?		Y ☐	S ☐	N ☐	UK ☐
Does the agency include the broader system (courts, attorneys, CASAs, etc) in its trainings on cultural competency?		Y ☐	S ☐	N ☐	UK ☐
If yes, how does the agency do this?					
Is cultural competence training provided to staff at all levels of the organization?		Y ☐	S ☐	N ☐	UK ☐
INDIVIDUAL LEVEL STRATEGY					
Does staff receive information about disproportionality issues of the organization?		Y ☐	S ☐	N ☐	UK ☐
Have you evaluated whether practice related to disproportionality outcomes is impacted by the training staff receive?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were the findings?					

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AGENCY COMMUNICATION

Communication: *Communication is the formal or informal discussion around disproportionality. This exchange of ideas can involve agency interaction with mass media and the community all the way down to a worker's ability to interact with other staff and people outside of the agency.*

SOCIETY LEVEL STRATEGY					
Has any mass media outlet covered issues related to disproportionality in the community?		Y ☐	S ☐	N ☐	UK ☐
If yes, how has the public responded to the media coverage?					
Have you communicated with key community stakeholders (faith based groups, schools, etc) about disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were their responses?					

SYSTEM LEVEL STRATEGY					
Do you have a communication plan to create value for your work on disproportionality?		Y ☐	S ☐	N ☐	UK ☐
Do you have a specific strategy to communicate with key community stakeholders and agency staff?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are the principal components of the communication plan?					
Does agency staff demonstrate a clear understanding of disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what evidence do you have of this understanding?					
Do you regularly communicate with your staff about disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what is the response of the staff to this communication?					

INDIVIDUAL LEVEL STRATEGY					
Is staff encouraged to communicate about the agency's goals related to disproportionality to people outside the agency?		Y ☐	S ☐	N ☐	UK ☐

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If yes, in what ways are they encouraged?		

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AGENCY RESOURCES

Resources: *Resources are the facilities, services, and supports available to clients. In addition to general availability, there are many factors that can limit families' access to important resources crucial to their success.*

SOCIETY LEVEL STRATEGY					
Do clients know the physical location of community services (including social services, mental health services, physical health services, and child care)?		Y ☐	S ☐	N ☐	UK ☐
Are human services readily available to communities of diverse ethnic and racial populations (including social services, mental health services, physical health services, and child care)?		Y ☐	S ☐	N ☐	UK ☐
Is public transportation available in all neighborhoods including areas of high racial or ethnic minority concentration?		Y ☐	S ☐	N ☐	UK ☐
Does public transportation go to the places families in need must get to (including social services, mental health facilities, physical health services, etc)?		Y ☐	S ☐	N ☐	UK ☐
Are adequate emergency services, hospitals, schools, faith based institutions and other necessary or beneficial services available to communities of diverse ethnic and racial populations?		Y ☐	S ☐	N ☐	UK ☐
SYSTEM LEVEL STRATEGY					
Do you have a comprehensive plan (e.g., foreign language services, assistance with reading comprehension, etc.) to ensure that parents of all races and ethnicities have access to necessary resources?		Y ☐	S ☐	N ☐	UK ☐
If yes, will this plan enable parents to complete a treatment plan?					
Has your agency worked to develop needed services in communities where children are at risk of being removed or have been removed?		Y ☐	S ☐	N ☐	UK ☐
Has your agency developed a resource directory for staff and families that assists in locating providers who are culturally competent, geographically diverse, etc.?		Y ☐	S ☐	N ☐	UK ☐

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INDIVIDUAL LEVEL STRATEGY					
Does staff use available community resources (e.g., mentoring programs)?		Y ☐	S ☐	N ☐	UK ☐
Does staff assess the adequacy of available resources?		Y ☐	S ☐	N ☐	UK ☐
If yes, how is this assessment used to improve resources?					

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AGENCY PRACTICES

Practice: *Practices are any of the deliberate ways of interacting with families involved with the child welfare agency.*

SOCIETY LEVEL STRATEGY					
Are community organizations aware of agency practices and/or protocols that impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
Are there community partnerships that support agency practices and/or protocols that impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, who are these partners?					
Do community organizations understand how their practices and/or protocols impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, how is this demonstrated in their work with children and families?					
SYSTEM LEVEL STRATEGY					
Do you evaluate whether and to what extent agency practices impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were your major findings (e.g., foster care is used before placement with relatives)?					
Do you have a plan for introducing new practices specific to outcomes with minority families?		Y ☐	S ☐	N ☐	UK ☐
If yes, how are new practices determined?					
Do you have families involved in decision making (e.g., Family Group Decision Making or Team-decision making)?		Y ☐	S ☐	N ☐	UK ☐
Are resource families from diverse backgrounds and neighborhoods actively recruited?		Y ☐	S ☐	N ☐	UK ☐
If yes, how have your community partners been engaged in these efforts?					
Have you evaluated the success of resource family recruitment and retention efforts?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were your major findings?					

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Are agency practices equitably administered, particularly among ethnic and racial minority populations?		Y ☐	S ☐	N ☐	UK ☐
If yes, what evidence supports this?					
Do you monitor consequences imposed on racially and ethnically diverse families for non-compliance with their case plans?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are the major findings? (e.g., minority and ethnic populations are frequently in non-compliance)					
INDIVIDUAL LEVEL STRATEGY					
Does staff employ the practice orientation of your agency (e.g., strengths based assessments)?		Y ☐	S ☐	N ☐	UK ☐
If yes, how are you assured of this?					
Can staff describe their decision making processes in a culturally competent manner?		Y ☐	S ☐	N ☐	UK ☐
Does staff consistently ask families for their ethnic or racial identity?		Y ☐	S ☐	N ☐	UK ☐
If yes, how is this documented?					
Does staff engage racially and ethnically diverse fathers (both absent and involved fathers) in cases involving their children?		Y ☐	S ☐	N ☐	UK ☐
If yes, what evidence supports this?					

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Economic Issues: *Economic issues are those matters directly affecting the finances of families in your jurisdiction. The issues may be an ongoing condition or a one-time event. Economic issues can include anything from bank practices such as redlining to child welfare worker coordination with economic service workers.*

SOCIETY LEVEL STRATEGY					
Has money been made available to the community to address disproportionality in any system (education, social services, juvenile justice, etc)?		Y ☐	S ☐	N ☐	UK ☐
If yes, by whom and for what purpose?					
Are there financial resources, traditional and non-traditional, available to diverse community populations for specific outreach programs such as foster care recruitment and retention or translation services?		Y ☐	S ☐	N ☐	UK ☐
Are there any measures by the community or state to discourage discriminatory financial practices (e.g. redlining)?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they and how they been addressed?					

SYSTEM LEVEL STRATEGY					
Do you know the socio-economic make up of all the communities in your jurisdiction?		Y ☐	S ☐	N ☐	UK ☐
Do you have specific monies being applied to address disproportionate representation in your agency?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what areas?					
Have you identified additional funding streams that have the potential to be used in this area?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Does the agency have collaborations with other departments such as Community Development, Housing Authority, or Workforce Development that could influence economic development in at-risk communities?		Y ☐	S ☐	N ☐	UK ☐

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If yes, what is the nature if the collaboration?					
Has the agency promoted Earned Income Tax Credit (EITC) to assist clients economically?		Y ☐	S ☐	N ☐	UK ☐
Does the agency link child welfare and managed case plans and case management?		Y ☐	S ☐	N ☐	UK ☐
INDIVIDUAL LEVEL STRATEGY					
Are positive attitudes towards different socio-economic classes reflected in practice (placement decisions, worker visits)?		Y ☐	S ☐	N ☐	UK ☐
If yes, how do you track this information?					
Are workers coordinating case plans with TANF/Workforce service workers?		Y ☐	S ☐	N ☐	UK ☐
If yes, how do you coordinate?					

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Data Collection: *Data Collection refers specifically to computerized data collection methods and how the data entered is used.*

SOCIETY LEVEL STRATEGY					
Is community level data available (demographics, key issues) and easily accessible?		Y ☐	S ☐	N ☐	UK ☐
If yes, what is the source of this data?					
What would improve the accessibility of the data?					
SYSTEM LEVEL STRATEGY					
Do you have the appropriate technology for staff to enter the data needed by the organization?		Y ☐	S ☐	N ☐	UK ☐
Do you have practices and/or protocols in place to collect and analyze data to ensure that outcomes related to disproportionality are met?		Y ☐	S ☐	N ☐	UK ☐
INDIVIDUAL LEVEL STRATEGY					
Does staff enter valid data?		Y ☐	S ☐	N ☐	UK ☐
If yes, what practices and/or protocols do you have in place to monitor this?					
Does staff enter timely data?		Y ☐	S ☐	N ☐	UK ☐
If yes, what practices and/or protocols do you have in place to monitor this?					
Does staff have access to summary data about their own performance (i.e., can they see a racial and ethnic breakdown of decisions they have made across decision points)?		Y ☐	S ☐	N ☐	UK ☐
If yes, how do they use this information to improve performance?					

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NAPCWA Disproportionate Representation: Agency Diagnostic
AGENCY PERSONNEL and the COMMUNITY

Personnel: Personnel refers to child welfare staff with knowledge about agency services, policies, practices, protocols. Personnel has intimate knowledge of the community it serves and engages leaders of the community.

SOCIETY LEVEL STRATEGY					
Have you identified specific people or agencies in the community who can be used as resources?		Y ☐	S ☐	N ☐	UK ☐
If yes, list the specific people or agencies in the community who can be used as resources.					
SYSTEM LEVEL STRATEGY					
Do you know the demographics of your staff? (e.g., ethnic, racial, religious, geographic, socio-economic breakdown)		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Does your agency have specific policies on the recruitment and retention of diverse staff?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Have you identified specific, relevant skills that would make your staff and organization more culturally competent?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Is staff at all levels in your agency held accountable for providing culturally competent services?		Y ☐	S ☐	N ☐	UK ☐
If yes, describe how all staff is held accountable.					
INDIVIDUAL LEVEL STRATEGY					
Are there staff who are "champions" and "influencers" that can be models for culturally competent casework?		Y ☐	S ☐	N ☐	UK ☐

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