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American Public Human Services Association

TODAY'S EXPERTISE FOR TOMORROW'S SOLUTIONS

AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION

By the Organizational Effectiveness Department

Addressing Disproportionality and Disparities in Child Welfare Through Organizational Effectiveness Practice

ADDRESSING DISPROPORTIONALITY AND DISPARITIES IN CHILD WELFARE THROUGH ORGANIZATIONAL EFFECTIVENESS PRACTICE

Introduction

Disparate child welfare outcomes for people based on race, gender, sexuality, and economic status are all part of a problem that needs to be addressed through greater understanding, better decision making, increased and inclusive dialogue across populations, action planning, and implementation and monitoring of those plans.

The purpose of this document is to present how APHSA's Organizational Effectiveness Department proposes to work with agencies that are ready and willing to engage in these efforts and work towards equitable treatment and outcomes for their clients. Although inequitable outcomes may exist for many demographic groups within child welfare, our discussion regarding disproportionality and disparities in child welfare focuses on race because of the prevalence of data that indicates racial disproportionality and disparities in child welfare outcomes.

National data shows that although African American/black children accounted for 15 percent of the U.S. child population, they made up 45 percent of children in foster care.[1] Native American children are also consistently overrepresented in public child welfare. Native American children experience system involvement at various stages of service delivery at about the same or slightly higher rate than African American/black children.[2]

While this available data indicates that an issue of unfair or biased child welfare services may exist, disparities may exist even in the absence of this data. For example, it is possible to have a disparate amount of reports to an agency regarding a minority population, only to have that population underserved due to a lack of resources within the service array available to that same population. This lack of resources or responsiveness may not be easily detectable as overall data would show services being provided at an expected rate in relation to the population, without recognizing that the population is being underserved in relation to the amount of reports received.

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[1] Chibnall, S., Dutch, N. M., Jones-Harden, B., Brown, A., Gourdine, R., Smith, J., et al. (2003). Children of color in the child welfare system: Perspectives from the child welfare community. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families and the Children's Bureau.

[2] Magruder, J., & Shaw, T. V. (Forthcoming). Children ever in care: An examination of cumulative disproportionality. Child Welfare.

Child welfare outcomes may also be affected by disparities that occur within other human service systems or due to general societal bias that lead to fewer resources in certain geographic areas.

To fully assess whether disproportionality is resulting from disparate treatment of individuals based on race, one would have to look not only at aggregate data but also at data by local office, by supervisor and unit, and even by case.

So while the national data provide a context, disproportionality is largely a local phenomenon. For instance Hispanic children make up 17 percent of the child population and 15 percent of the population in the foster care system. This national figure appears balanced yet Hispanic children are overrepresented in ten states. Since communities and states can experience different types of disproportionality, child welfare agencies and their human service partners are encouraged to assess for the occurrence and type(s) specific to their jurisdictions in order to define the problem and provide relevant, effective remedies.

Public child welfare officials have a responsibility to understand the situation in their jurisdiction without relying too heavily on what is understood nationally. If disproportionality can be tied to disparities of unequal treatment, quality of services, or access to services in public child welfare, then the system has a responsibility to correct the disparities and their root causes. As well as being a social responsibility, addressing the root causes of disparity is certain to enhance system performance and capacity for child welfare agencies and their human service partners.

Organizational Effectiveness (OE) is a systematic and systemic approach to continuously improving an organization's performance, performance capacity and client outcomes. "Systematic" refers to taking a step-by-step approach and "systemic" refers to taking into account all the moving parts of a system or in the case of OE, an entire organization. In simple terms, therefore, OE is a step-by-step approach to continuously improving an entire organization.

By applying an OE approach to the issue of disprotionality and disparity in child welfare, an organization will be able to fully assess its own current state, uncover root causes for its findings, and have a basis for developing, implementing, and monitoring both rapid and long-term change plans to achieve the outcomes it desires.

Systemic Perspective Relative to Disproportionality and Disparity

Organizational outcomes result from the combination of system design and performance. If a child welfare organization is finding that client outcomes are inequitable based on client race, the organization has a responsibility for looking at its system design as one possible area of change that would result in improved outcomes for clients. For example, simply improving one area such as communication and feedback with the community at large should improve the information the organization has when it is deciding how to allocate resources, train staff, or complete casework activities. With clear information, the organization will likely make better decisions and improve overall performance and outcomes.

When an organization works to improve its disproportionate outcomes, one expected result would be that its entire system will become improved. As work begins to systemically eliminate disparate treatment of clients, the impact will not simply be on a small number of clients, but the impact will be better decisions, better communications, better use of resources, and better outcomes for all clients.

APHSA proposes that effective organizations start with a strategy that explicitly communicates what the organization is trying to achieve and how they plan to achieve it. Development of organizational resources, building of organizational performance capacity, and the completion of activities by staff at all levels should be influenced by an organizational strategy. As a result of the organizational performance, system outputs and outcomes appear in the form of data, observations, and changes in client's lives. These performance measures are generally seen through the lens of the community in which an organization functions, which creates positive or negative feedback from the environment about the organization's performance.

Truly effective organizations will use the feedback from the environment to continuously improve their strategy in an effort to create better outcomes, and in this case more equitable outcomes for their clients. *A chart which provides further detail regarding this organizational model is in the appendix of this document.*

When a child welfare agency looks systemically at itself, it should be assessing whether it has:
- An explicit, defined, actionable, and public strategy in regard to disproportionality, disparities, or inequitable outcomes for clients. Strategy

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should be based on data as well as other feedback from the environment that provides insight into the needs of the community that the agency is serving. The strategy regarding disproporitonality and disparity should be aligned with the organization's stated vision, mission, and values.

- All of the appropriate resources to meet the needs of the community including staff and service providers that are representative of the human diversity within the community. Resources would also include the technology and manpower needed to gather data in regard to client outcomes.

- The capacity to perform its duties in an equitable way including a staff that is trained to understand cultural differences and is capable of making unbiased decisions that are specifically based on the best interests of the child involved. The organization must also have the proper functional capacity to reach all areas of the community including areas that are most in need of social services and have the fewest local resources.

An organization should fully understand its own capacity to function, how much trust it has internally and within the community, how problems are solved and decisions are made. It should use that information to improve and thereby best serve its community.

- Performance actions (for example completing safety and risk assessments) that are unbiased and will lead workers to make decisions based on the best interests of the child involved. Activities should also include family engagement practices that use the expertise of the family and family resources when planning. Overall, frontline practices should be based on a clear model endorsed by the organization that provides guidance for staff on how to perform in a manner that is unbiased and engages families in a problem solving process.

- Data collection procedures to allow for an understanding of the results of system performance and what has been accomplished by the organization.

- The ability to collect data through case studies or client reports as to how lives have changed as a result of system performance.

- Open lines of communication so that the environment (community) can accurately see and interpret organizational outputs and outcomes and provide feedback to organizational leadership that can positively influence organizational strategy.

A chart which serves as an overlay of APHSA's organizational effectiveness model with a model for systemic practices that support equitable outcomes for clients is provided in the appendix of this document.

Systematic Efforts to Support Equitable Outcomes for Clients

As stated earlier, being systematic refers to taking a step by step approach to organizational effectiveness. This method also applies to change management and planning in relation to improving disproportionality and disparate outcomes within child welfare.

Since there is no one simple explanation or cause for the problem of disproportionality and disparity in child welfare, and the problem looks different in every jurisdiction, it is impossible to provide a step by step guide with specific action plans attached. Instead, each agency must employ a framework for systematic continuous improvement work that provides direction for next steps and an explanation as to the roles each level of the organization may play in reducing or eliminating disparity.

APHSA's proposed framework for change management includes the following general steps for making such improvements:

1. Defining improvement areas and desired states in operational terms, often through identifying best practices or markers of effectiveness. Alignment to strategy and to the priorities of the organization is a key feature of this step.
2. Assessing the current state sufficiently to establish a baseline for improvement and to identify observable, measurable strengths and gaps.
3. Identifying the root causes of strengths, gaps, and sources of resistance in order to discover actionable areas for improvement that will result in the intended impact on performance, capacity and outcomes.
4. Identifying "quick win" remedies to increase credibility and capacity for the change process and to build energy, commitment and consensus for longer-term remedies.
5. Identifying and planning for mid and long term remedies for inequitable outcomes, taking into account:
    i. How to enfranchise constructive forms of resistance- that which serves to improve the change effort by identifying blind spots and limitations within it (e.g., improving the communication regarding why a change effort is important)
    ii. How to minimize non-constructive forms of resistance (e.g., turfism, resistance based on agendas that are inconsistent with the agency mission and values)

        iii. What time will be required for complex changes where resources are limited

        iv. What the sponsors of change can and cannot currently control

6. Implementing these remedies, typically involving the formation of working committees, and at times, a continuous improvement work team and sponsor group. Establishing detailed task plans and a concurrent communication plan to help track progress and troubleshoot obstacles.

7. Monitoring plan progress, actual versus expected impact, and lessons learned for further refinement of the continuous improvement process as a whole.

APHSA has developed a model that illustrates this CI process as an ongoing cycle or "flywheel" that moves through five general stages of Defining (step1), Assessing (steps 2-3), Planning (step 5), Implementing (steps 4 and 6) and Monitoring (step 7) *A copy of this flywheel model is provided in the appendix of this document.*

APHSA's Organizational Effectiveness model breaks organizations down into four categories of work structured like a pyramid. *A copy of this pyramid model is provided in the appendix of this document.*

These four categories central to the pyramid define how an organization sets and implements its strategy:

- Strategy work involves planning what the organization aims to do, and what the priorities are for improving it. Strategy work also involves securing resources to enable implementation of the organization's plans.

- Structure and Culture work involves setting boundaries and defining roles, defining effective performance, and modeling values.

- Key Processes work involves establishing specific processes and procedures that translate strategy and desired structure and culture into guidance for day-to-day work.

- Operations work involves implementing key processes, providing services to clients, and managing individual performance.

These categories generally describe work done at discrete organizational levels. Strategy work is generally completed by the organization's executive team (its Director and his or her direct reports). Structure and culture work is generally completed by the leadership teams of specific divisions, department, regions, or offices (depending on the structure of the organization). Key processes work is

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generally completed by mid-level managers and frontline supervisors. Operations work is generally completed by frontline supervisors and frontline staff.

As reducing disproportionality and disparity in an organization is everybody's work, the following is a list of some specific tasks that should occur at each level of the organization based on the APHSA pyramid model just presented.

Strategy level
- Develop clear strategy including expectation of equitable outcomes for all clients in alignment with overall vision, mission, and values of the organization.
- Respond to data and feedback from the environment by adjusting strategy or making organizational changes in regard to resources, capacity, or activities that will be influential in achieving more equitable outcomes for clients.
- Model decision making and staff/client interactions based on values and principles related to disproportionality and disparity.
- Build and maintain relationships with stakeholders such as the court system, law enforcement, and providers based on these values and principles.
- Provide resources to meet the full span of community needs.
- Complete system assessment using tool such at NAPCWA Disproportionate Representation Agency Diagnostic which reviews child welfare organizations in relation to disproportionality and disparity based on such areas as: strategy, culture, policy, communication, resources, and data collection.
- Provide communication, both internal and external, in relation to the organization's current status and strategy in regard to disproportionality and disparity work. Maintain regular communications that will provide updates as to the progress being made.

Structure and Culture
- Model equitable treatment of staff in all hiring and personnel practices.
- Develop an organizational culture where all staff members feel equal access to professional development and advancement opportunities as well as equal accountability to professional work efforts.
- Convincingly express and model sincere respect for human diversity when in public forums.
- Participate in data collection and review and play a significant role in interpreting data and influencing the development of strategy.

- Be a conduit for translating strategy into key processes and operations that lower disproportionate outcomes for clients.
- Define the roles of specific employees and their functions in regard to disproportionality and disparity work.
- Provide a culture of accountability for equitable outcomes for clients
- Create a culture of learning within the organization that will support professional growth for staff in relation to disproportionality and disparity work.
- Develop an organizational culture that encourages family and community engagement and builds on family and community strengths.
- Complete review of organizational policies to assure policy does not contribute to negative outcomes related to disproportionality and disparity.

Key Processes
- Implement key processes and provide tactical expertise in relation to the strategic goals of leadership that in turn relate to disproportionality and disparity.
- Guide the development of work related activities that affect client outcomes.
- Align strategic initiatives with frontline practice efforts by translating strategy into specific day to day efforts of staff.
- Ensure staff development in relation to disproportionality and disparity work. Evaluate individual and overall capacity to achieve strategic initiative related to disproportionality and disparities and developing related plans for increasing staff capacity.
- Ensure transfer of learning from staff development opportunities to application of knowledge at the operations level.
- Provide accountability for outcomes, gathering and interpreting data and communicating that feedback up within the organization.
- Participate in the development of resources to meet the needs of the community by identifying needs and seeking solutions or communicating the need (i.e. diverse set of foster parents, diverse set of therapists or community providers).
- Develop internal processes around organizational policies that build on the strengths of the community in servicing clients.
- Ensure that processes are in place (such as a fair safety assessment model) to support good decision making that is fact based and not easily influenced by personal bias or pre-judgments.

Operations
- Tend to clients needs and concerns using a defined practice model that is aligned with the organizational strategy related to disproportionality and

disparities. This model should include the development of mutual goals for the worker and the client and an understanding that they cannot achieve goals without each other. APHSA has developed a model of frontline practice that is based on engaging families and using the expertise of the family to engage in problem solving efforts. The model mirrors the organizational model of defining, assessing, planning, implementing and monitoring for change management and continuous improvement. *A summary of that model is attached in the appendix of this document.*

- Connect frontline practice client outcomes with the organizational strategy using the resources available through the agency and within the community.
- Complete client assessments based on observable relevant strengths and needs of the client, not on pre-judgments or individual bias.
- Provide feedback regarding results, available resources, individual staff capacities, and needs of the community to help inform strategy and key process development.
- Present and model organizational values in practice and in decision making.
- Demonstrate respect for human diversity in contacts with clients, other staff members, and community contacts as a representative of the organization.
- Serve as leaders of disproportionality and disparity work every day by applying organizational values and understanding that eliminating disparities is everybody's work within an organization.

The Challenge

Just as there is no one picture of what disproportionality and disparity looks like in a child welfare organization, there is no one root cause and certainly no single remedy. Clearly disproportionality and disparity is a complex issue that will require multiple efforts at all levels of an organization over time.

How do you measure parental resiliency? How do you assess a caregiver's true values? When is it best to limit or govern worker judgment and when is it best to rely on it? What roles do our personal bias' play in case decisions and are we aware of them? Do policies and practices actually encourage disproportionate outcomes? What effect does the community have on child welfare outcomes?

On a national scale, we do not know the answer to any of these questions, nor do we have evidence based proven strategies for ending disproportionate outcomes for racial minorities. While guidance and system assessments are

now available, how we best way to apply those resources towards planning and solutions is still unresolved.

What we do know is that currently, outcomes for children, youth, and families are not equitable based on race in many local jurisdictions, and that is a problem worth solving.

How APHSA Can Help

The solutions to this problem lie not in a training classroom, but with real practitioners and organizational leadership who work with children, youth, families, and communities in the everyday struggle to protect children and foster positive outcomes.
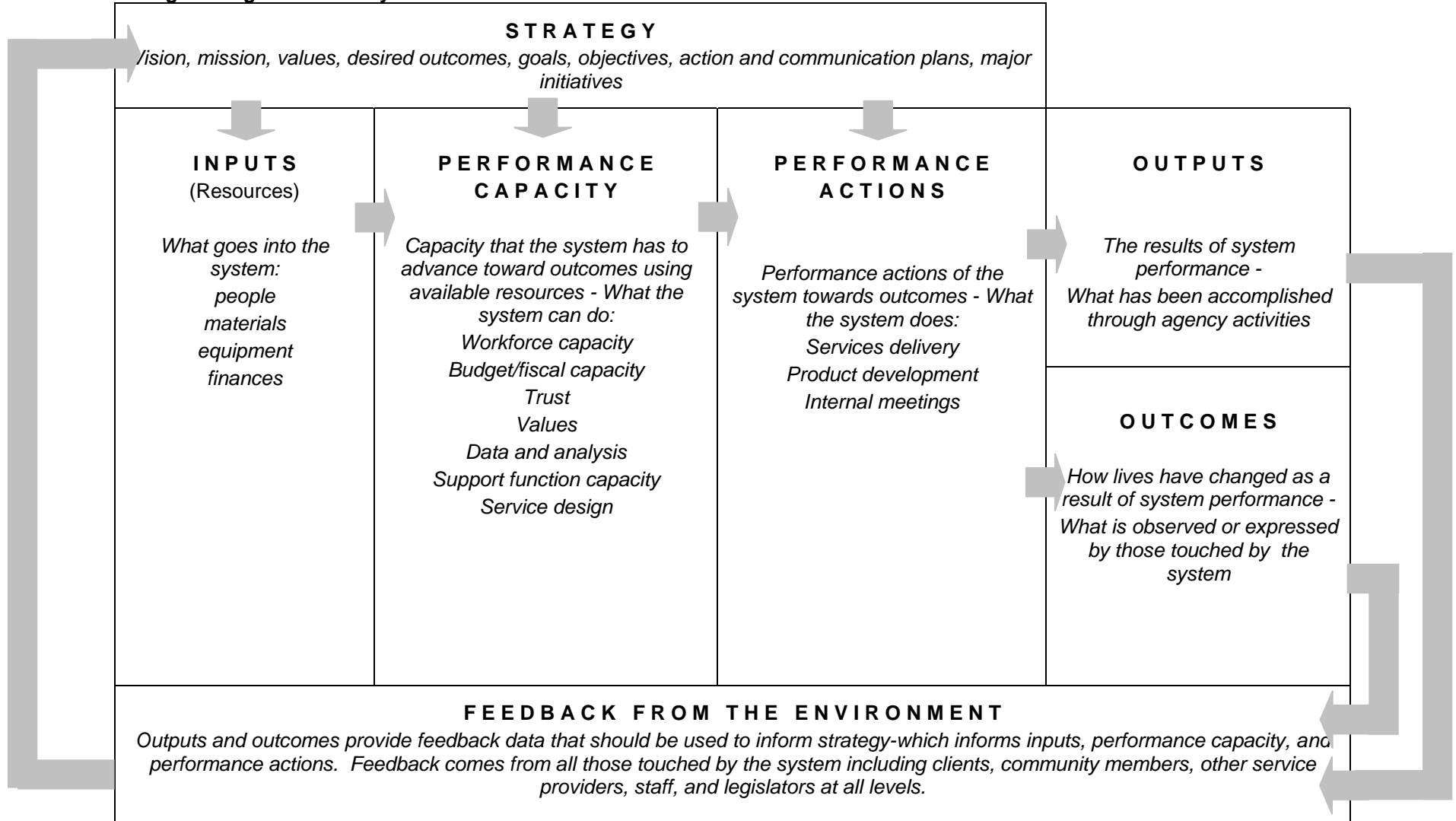
Through a facilitated process with child welfare systems interested in continuous improvement principles, we hope to work with organizational leadership based work teams to complete individualized organizational assessments and develop customized achievable solutions using the methods described above. It is our firm belief that organizations that take on this work can succeed not only in reducing disparate treatment of clients and disproportional outcomes, but will succeed in improving their organization as a whole and will achieve better outcomes for all clients.

We look forward to the day when all child welfare agencies will be able to achieve positive outcomes and equitable results for all clients, and we look forward to partnering with such agencies in these efforts.

Appendix Table of Contents

Defining the Organizational System

S T R A T E G Y

Vision, mission, values, desired outcomes, goals, objectives, action and communication plans, major initiatives

I N P U T S (Resources)	**P E R F O R M A N C E C A P A C I T Y**	**P E R F O R M A N C E A C T I O N S**	**O U T P U T S**
What goes into the system: people materials equipment finances	*Capacity that the system has to advance toward outcomes using available resources - What the system can do:* Workforce capacity Budget/fiscal capacity Trust Values Data and analysis Support function capacity Service design	*Performance actions of the system towards outcomes - What the system does:* Services delivery Product development Internal meetings	*The results of system performance - What has been accomplished through agency activities*

O U T C O M E S

How lives have changed as a result of system performance - What is observed or expressed by those touched by the system

F E E D B A C K   F R O M   T H E   E N V I R O N M E N T

Outputs and outcomes provide feedback data that should be used to inform strategy-which informs inputs, performance capacity, and performance actions. Feedback comes from all those touched by the system including clients, community members, other service providers, staff, and legislators at all levels.

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Defining the Organizational System Regarding Disproportionality in Child Welfare

STRATEGY			
Explicit and public commitment to equitable treatment of clients and staff must be clear both in writing and through visible behaviors. Values and principles regarding fairness and inclusiveness must be expressed and modeled at the highest levels of the organization down though the entire staff. Issues of disproportionality must be responded to systemically based on data, organizational assessments, and feedback from the environment.			

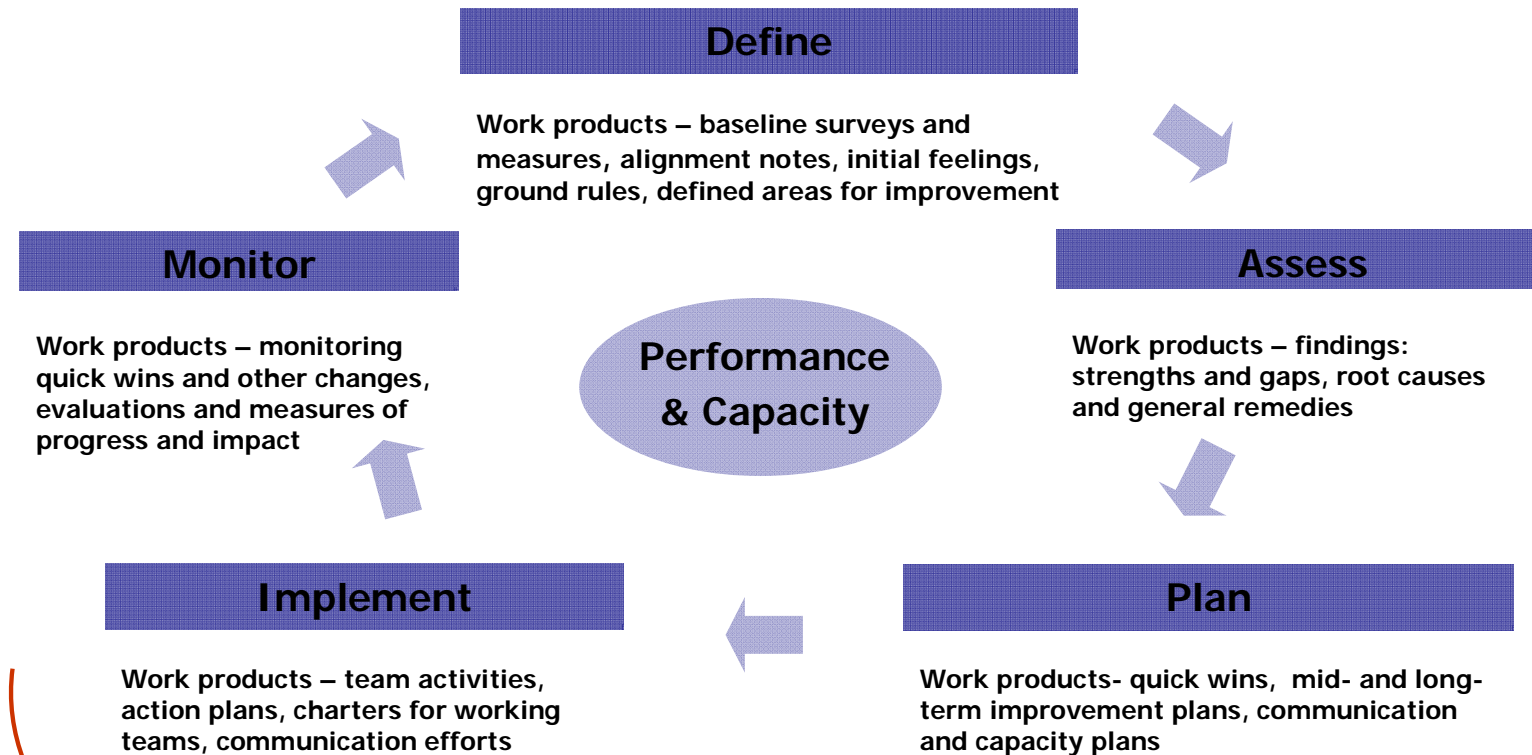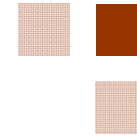| INPUTS (Resources)	PERFORMANCE CAPACITY	PERFORMANCE ACTIONS	OUTPUTS
What goes into the system- • *Diverse staff reflective of the community's full range of experiences and perspectives* • *Resources that meet the full span of community needs* • *Equitable policies* • *Technology for data collection* • *Assessment tools*	*Capacity that the system has to advance toward outcomes using available resources- What can the system do:* • *Staff has capacity to do unbiased assessments and make case decisions based solely on the best interests of the child, the child's safety, and family resources* • *Functional capacity allows services to be delivered equitably even in the most impoverished or smallest client segments* • *Open, 2-way lines of communication with the community are frequently in use* • *Application of respect for human diversity in the field* • *Trust between the organization and the community that services will be performed in alignment with stated organizational values*	*Performance actions of the system towards outcomes- What does the system do:* • *Case review process assures equitable, tailored treatment of all families* • *Performance of frontline practice model proceeds in alignment with stated goals and objectives* • *Assessment tools are used at all levels of the organization* • *Data collection, distribution, and communication with the community occurs on a regular basis*	*The results of system performance-* • *What has been accomplished through agency activities is collected and reported accurately* **OUTCOMES** *How lives have changed as a result of system performance-* • *What is observed, experienced or expressed by those touched by the system. This information should be viewed relative to desired outcomes*

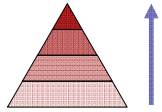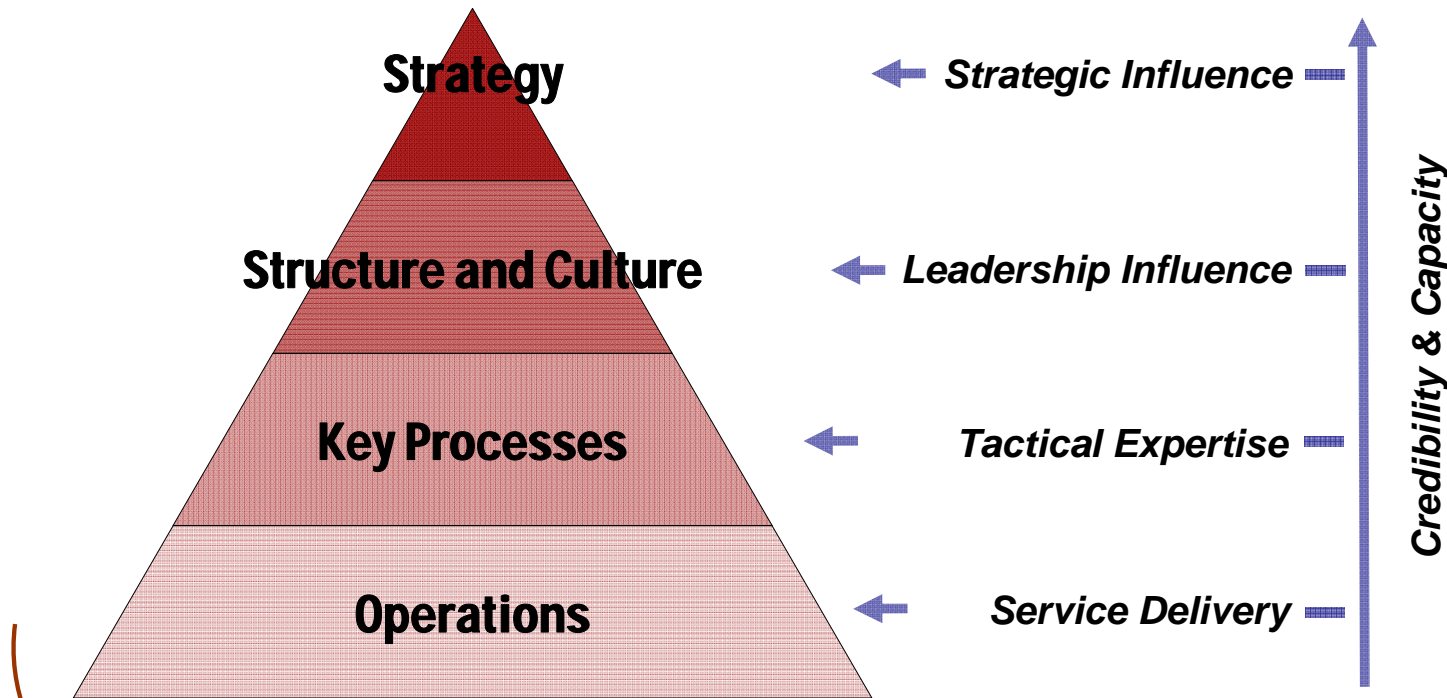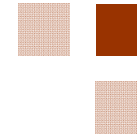| FEEDBACK FROM THE ENVIRONMENT |
|---|
| *Outputs and outcomes provide feedback data that should be used to inform strategy, which in turn informs inputs, performance capacity, and activities. Feedback comes from all touched by the system, including clients, community members, other service providers, staff, and legislators. Feedback loops are open, accessible to all members of the community (even those in the most impoverished areas), and communicated to the people who develop and have the power to influence and change strategy.* |

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DAPIM
Work Products

Define

Work products – baseline surveys and measures, alignment notes, initial feelings, ground rules, defined areas for improvement

Monitor

Work products – monitoring quick wins and other changes, evaluations and measures of progress and impact

Performance & Capacity

Assess

Work products – findings: strengths and gaps, root causes and general remedies

Implement

Work products – team activities, action plans, charters for working teams, communication efforts

Plan

Work products- quick wins, mid- and long-term improvement plans, communication and capacity plans

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Functional Capacity

Strategy ← *Strategic Influence*

Structure and Culture ← *Leadership Influence*

Key Processes ← *Tactical Expertise*

Operations ← *Service Delivery*

Credibility & Capacity

DAPIM IN FRONTLINE PRACTICE

Define: Defining what you aim to improve in the language of the client and in operational terms in line with the needs of the client is the first step in OE and in frontline practice.

Assess: Once a definition of the focus of the work is complete, the next step is to do an assessment of the client's "current state" in relation to the focus of the work.

Plan: Plans should be reflective of information gathered, the root causes for the defined problem you are trying to solve, and the capacity and resources of the client. Thorough root cause analysis will lead to general remedies becoming apparent and supports plan development.

Implement: More than just doing the work of the plan, implementation includes transferring ownership of the plan from the worker to the client and continually reworking plans until objectives are achieved.

Monitor: Monitoring at some level should occur during every client contact.

DAPIM when applied to frontline practice is a model that serves as a strategy for family engagement that:

- Gives definition to the process of client engagement including a purposeful initial meeting that develops trust, partnership, and aim toward achieving agreed upon objectives.
- Provides at the beginning of the process clear definition of the problem for the family so that: there is no ambiguity about the purpose for worker involvement, non-negotiable issues are presented, the family provides input into defining the problem for the worker to hear, and the definition of the work is put into the language of the problem that needs to be solved.
- Empowers families. This model is based on understanding that clients are the experts of their family and their situation. The model gives frontline staff "license and language" to engage families vs. confront families.
- Gives "facilitator" role to worker with significant leeway to guide the process. Workers are the experts of the system and a partner in the process. The worker, like a facilitator in an organizational effectiveness DAPIM, is accountable for the work getting completed within certain guidelines and timeframes and can channel discussion to necessary crucial conversations.
- Recognizes it takes both the worker and client to develop and set boundaries for the plan once the problem is defined.
- Provides renewed emphasis on individualized case planning based on individualized defining and assessment work.
- Serves as clear reminder of ongoing monitoring at every contact, not just at the end of a plan.
- Reminds workers to identify and celebrate "quick wins" and successes with clients.
- Assists in the creation of plans that lead to results oriented, solution focused work being completed based on agreed upon milestones.
- Creates opportunity for supervisory conferences to be structured based on the DAPIM phase the worker is in with their client. Supervisors will have processes for workers to employ engagement skills. Supervisors will also have direction for new staff members who need structured approaches regarding engaging clients and developing agreed upon plans with clients.
- Helps supervisors assess performance of staff in discrete areas such as "assessment" or "planning" and build the skills needed for each area.
- Teaches the "flywheel" concept, reinforcing the idea that we are able to continually look for areas to improve and that we will likely always be trying to continuously improve in many areas.
- Works across systems, allowing a common language for many workers in one jurisdiction.
- Provides clients with problem solving skills moving forward that are sustainable, allowing them to become less dependant on the system.