

2012-05-30 13.03 Racial Disproportionality and Poverty in Child Welfare.wmv

Presenters: Dr. Fred Wulczyn; Dr. Lonnie Snowden; Dr. Brett Drake.

Facilitator: [00:00:01] Good afternoon, everyone, and welcome to the second of twelve monthly webinars celebrating the Children's Bureau Centennial Year. Today's webinar: Racial Disproportionality and Poverty in Child Welfare, is the first of eight topical webinars that will be offered between now and April, 2013. Today's discussion will explore the relationship between race and poverty in child welfare highlighting areas for future research and discussion.

Before we begin, just a few housekeeping items. First, please note that we have muted all telephone lines to minimize background noise. We will open the lines at the conclusion of the presentations to allow questions and comments from our audience.

Also, your feedback on these webinars is very important to us. We will be asking you for your comments at the conclusion of today's presentation, and ask that you take a few minutes to share them with us.

Finally, these slides and the recording of today's presentation will be made available at the Children's Bureau Centennial website at <http://www.cb100.acf.hhs.gov/>. We will share this information with you again and at the conclusion of today's webinar.

Finally, we hope that these webinars are the start of a dialog among interested individuals in the field. To that end, we are in the process of creating an online space where the conversations started today can continue. Please watch your email for an invitation to join this upcoming online conversation.

Now I'd like to introduce today's speakers.

First, we have Dr. Fred Wulczyn. Dr. Wulczyn is a Senior Research Fellow at Chapin Hall. He is also the Director of the Center for State Foster Care and Adoption Data, a collaboration of Chapin Hall, the American Public Human Services Association, and other research partners. He is an expert in the analysis of administrative data. The databases that he has developed give state administrators capacity to analyze key child welfare outcomes, compare outcomes across agencies and jurisdictions, project future service patterns, test the impact of policy and service innovations, and monitor progress.

Our second speaker today will be Dr. Lonnie Snowden. Dr. Snowden is a professor in the School of Public Health at the University of California, Berkeley. Among his research interests are the organization and financing of health and mental health service systems, and access to and effectiveness of care to minority and underserved populations.

Our final speaker today will be Dr. Brett Drake at Washington University in St. Louis' School of Social Work. Dr. Drake's work focuses on the connections between socio environmental conditions and child neglect. His current research analyzes census and child protection data to access the efficacy of protective and preventative services.

I'd like to welcome all three of our speakers, and at this point I would like to turn things over to Dr. Wulczyn.

Dr. Fred Wulczyn: [00:02:34] Good morning to some of you, good afternoon to many of you, I'm delighted to be able to participate and join my colleagues in a conversation that is obviously an important topic for child welfare human services professionals. I think for the United States in general, the issues are great, are important, and they affect the Child Welfare System in profound ways, and so it's a pleasure to be able to share with you the work that we've done trying to contribute to the conversation.

So very quickly, you'll see in front of you the support that we received from Annie E. Casey Foundation, Casey Family Programs, and the Center for State Foster Care and Adoption Data; I won't go into any length on those issues.

The Collaborators: Robert Gibbons is a biostatistician that we work with here at the University of Chicago; Lonnie Snowden you'll hear from in a little bit, so I won't say anything about him; Ada Skyles is our associate director and has a long standing interest in these issues and has encouraged the work here at Chapin Hall, that it be carried out; and then Bridgette Lery is a researcher who works with me, and has helped me develop the analysis.

So I'm going to touch at a very high level on some questions that we have and that has guided our work, and I think the long and the short of it is that we are trying to fill in a void, what we would regard as a void in the literature, with respect to this issue of disparity. For those of you who have heard me talk on the issue, you know that I prefer the phrase disparity as opposed to disproportionality -- we won't get into that issue here -- but we're interested in a slightly different question, and I would categorize that by saying that most of the research in child welfare has looked at the question of whether there is disparity. Does the black experience differ from the white experience? And we're primarily going to be interested in the question: where is disparity observed?

And the difference there is that we acknowledge that disparity exists. What we're interested in is the variability in the observed disparity. So when we look, for example, at entry rates in the out-of-home care, there are actually places in the United States where whites enter foster care at a higher rate than blacks do. There are places in the United States where the rate of reunification for blacks is higher than the rate of reunification for whites.

So in those places our basic understanding of disparity has to be turned on its head because it is the case that blacks don't spend as much time in out-of-home care as whites do, or that they're less likely to go into out-of-home care than whites are, and we don't really understand the pattern of variation, and I think it's important to understand that variation for purposes of developing theories as to why disparity exists. Is it differential treatment? Is it differential need? Is it differential access to services...? I think we need to understand the variability in disparity in order to solve the problem. It's not exclusively the way one would go about that, but it's part of the mix that has been largely unavailable to the field.

So our primary approach today is going to be to look separately at the relationship between black child poverty and various events in the child welfare system including maltreatment,

substantiated maltreatment reports, and foster care placement, and time in out-of-home care; and then we're going to look at that separately for whites and for blacks. So black child poverty and black child welfare experiences; white child poverty and white child welfare experiences in the same places. To see whether or not they have different experiences; and how the variability in those differences gives shape to our understanding of what we're looking at.

So our basic questions are, to repeat: Where is disparity the greatest? As I mentioned in some places disparity is the reverse of what we normally see; whites more likely to enter into out-of-home care than blacks, and we wanted to know where it is the greatest? We then want to ask the question: Well, what else can we say about the places where the observed level of disparity is the greatest; do they share other things in common? And then in answering that question we're going to focus first and foremost on the social characteristics of places; the blacks, the whites. And by this I mean primarily poverty, although we're going to expand our notion. Because the latest thinking about poverty is that poverty is not really what we're talking about. We're really talking about a level of social organization, particularly as it relates to the problem of raising children. And Lonnie in his presentation, Lonnie Snowden, will talk I think a little bit about the issue of social capital.

So we're going to have three outcome measures, if you will, one is for maltreatment; it's the ratio of black victims per thousands to white victims per thousand -- that's the standard operational definition of a disparity ratio -- and it expresses the difference in the likelihood of entry -- well, in this case the difference is in the likelihood of being maltreated. So the source of this data is Encant [ph].

The placement disparity is the ratio of black placements per thousand black children, to white placements per one thousand white children, and again, it's the standard disparity ratio; and then exit disparity is just the difference in the rate of exit for blacks relative to the rate of exit for whites. And this is what you see in a lot of the literature; people say that black children move through the foster care system 30 percent more slowly than whites do. And so that difference, that 0.30, is the exit rate disparity. And we're interested in the variability of that exit rate.

[00:09:42] So what are we looking for, is a way to talk about the role of social and economic disadvantage relative to disparity. The conventional wisdom suggests that we will find the greatest disparity in the poorest counties. And oddly enough, why start with that question, oddly enough it's simple; a question people haven't answered in the field with a few limited exceptions.

Brett Drake, who you'll hear from a bit later on, has asked that question for the state of Missouri and on the subject of maltreatment. That is: is the disparity greatest in the places where we find the greatest poverty? Again, that's the prevailing conventional wisdom, but particularly in the instance of foster care placement, it simply is not a question that's been answered. So we're going to answer that question today, at least to some extent.

This is a relationship between victimization and child poverty. And pay attention to the thick black line. These are 2006 data for roughly 45 states for whom we could get the data separated by race, and you'll see what the importance of that is in a moment. What I want you to do is, you'll notice the slope of the black line is tilting up to the right, that means there's a positive relationship between the victimization rate per thousand and child poverty. The higher the state

child poverty rate is, the higher the victimization rate, and that is more or less what we would expect to find.

Now you'll see here, this is the victimization rate for whites relative to white child poverty. A couple of things to note. First of all the black line is steeper. That means there is a stronger relationship between poverty and victimization if you are white, than for the general population as a whole. You'll also notice that the blue dots -- that's the state victimization rate paired to the state poverty rate -- that it's shifted to the left. That indicates that at the state level poverty rates for whites are much lower than the poverty rates for blacks... again, something that everybody understands, but it's important in this context to bare it in mind.

So this is a double image... probably best not to sort this out. This is black child poverty and black child victimization. So again, the cloud of points, the blue dots, it shifts to the right -- that indicates the generally higher rate of poverty among blacks at the state level; and the black line in this case you'll see is for all intents and purposes, parallel to the x-axis. Which means that over different levels of black child poverty at the state level, we see very little change in black child victimization rates.

So not only is there not a positive relationship, it appears that there is no relationship, again, at the state level. I don't want to make any particular argument about what this suggests at a deeper level, other than to say it's important that we separate these out because we might not see the same relationship for blacks and whites and victimization given a poverty rate. And this would be the first indication that actually it is a much more complicated relationship than we might have anticipated. And I think if Brett's work doesn't bear this out in the details, it certainly bears it out in the spirit of the finding, which is to say the relationship between poverty and substantiated allegations of maltreatment -- and again, that's an important distinction here -- is different if you're white than it is if you're black.

And this answers the basic question. Is disparity greatest in the places that have the highest poverty rates? And if we're looking at this at the state level, the answer to the question is decidedly "no." That actually, disparity is the least in the places that have the highest child poverty rates, which would suggest that in the midst of poverty, the likelihood of being victimized for maltreatment is about the same for whites and blacks. If you're looking for a difference in the experiences of whites and blacks, you need to look in the low poverty states.

This just looks at the same thing. The disparity ratio -- which again, this is the ratio between victims per thousand for blacks divided by victims per thousand to whites -- and you can see that again, disparity is the least in places that have the highest white child poverty rates.

Again, same slide... disparity is the least in the places that have the most black child poverty, although the relationship is not as pronounced as it is for white child poverty. So again, why these differences? The field simply does not have an answer to these questions. Is it systems, is it policy, is it workforce, is it all of the possible explanations? We do not have an explanation that backs up what we're seeing at the state level.

[00:15:58] So now we're looking at placement rates and social disadvantage, and this is an abbreviated analysis. What you have on the y-axis is black child placement rates, so this is the

number of black children placed per thousand; and then we're looking at the poverty rate for black children for two clusters. Counties that have a 30 percent poverty rate and counties that have a 50 percent poverty rate, and again, we're moving now from state data to county data. And what you see here is that there's very little difference in the placement rate per thousand. It's got a slightly downward slope to that, which is indicative of what we saw previously with the maltreatment data, which suggested that there's very little difference; as one moves across counties with different poverty rates, one does not see vast differences in the placement rate per thousand for blacks relative to black child poverty.

This takes a somewhat more expansive view of the notion of disadvantage. It moves away from simple indicators of black child poverty, and it now looks at social disadvantage, which is an amalgam of family structure, family income, education levels, and unemployment. And what we're asking here is: what is the placement rate for black children in places with the least social disadvantage for blacks, and the places with the highest disadvantage? And again what you see here is that in those places with the least social disadvantage for blacks, the average placement rate is actually higher than it is in those counties with more black social disadvantage. Again, a completely counterintuitive finding relative to what the field has understood, and completely different than what you find for whites. For whites, placement rates are very low in counties with low white social disadvantage, and in counties with high white social disadvantage you get a much higher placement rate. And I want to be clear I'm not equating white disadvantage and black disadvantage, those are very different phenomenon and we need to bear that in mind. But that said, we see a very different pattern in terms of how does entry into out-of-home care relate to a disadvantage for whites and blacks, and is it the same relationship or is it different?

So this is actual disparity, and what we're looking at here again is this answer to the question, is disparity the greatest in the poorest areas? And as we move along the social disadvantage index from low to high, you can see that the difference in experience between whites and blacks gets smaller. Now, the residual difference is still substantial. So in the disparity in urban counties, that's the gray line, you can see that blacks are still two times more likely to be placed than white children are, given the level of social disadvantage. That said it is substantially below the black/white placement gap in areas that have low social disadvantage.

So we're beginning to see a persistent trend, which is disparity is actually alleviated in areas with disadvantage, although there is a residual disparity that is important to bear in mind. In non-urban areas characterized by high social disadvantage is where you tend to find the least disparity. And again, the question is: what does that say about the way we should go about trying to remedy the issue?

Since my time is about up -- how much time do I have, Elizabeth?

Facilitator: You have about another five minutes.

Dr. Wulczyn: [00:20:18] Okay. So now we're asking the same question with regard to exit rates, and this slide shows the classic set of findings with regard to reunification, adoption, and discharges through relatives. Those are the three bars on the graph to the right.

It basically says here that reunification rates for blacks are much slower than they are for whites; adoption rates are much slower for blacks than they are for whites; and then when we talk about exits to relatives, the differences tend to be very small, to the extent that they exist at all. But if you look at the literature this is essentially what you will find in the published studies that are out there.

So what we wanted to do, is we wanted to say: well, wait a minute. Is that difference true everywhere? Or if we were to look at 400 counties separately, would we find that there's a lot of variability in rates of reunification and rates of adoption? Very quickly, what these two graphs say you'll find encapsulated at the bottom: Across 400 counties black children are reunified as fast or faster in nearly 50 percent of the counties. Across 400 counties, black children are adopted as fast or faster in nearly 50 percent of the counties.

So how do we reconcile these two portraits? One that says there are big differences and one that says: well, in a lot of counties the experiences for blacks is actually a lot different than the experiences of whites in the opposite direction.

And the answer to that question is; what the field has tended not to do is to incorporate notions of social context into the analysis of exit rates. And I won't go into the details, but what we've essentially asked the question here is, okay, we get that in some counties kids move more slowly than kids in other counties. And the issue of racial disparity and exit rates really depends to some extent on whether you tend to find most black children living in the counties that tend to send kids home more slowly. If that's the case, then one has to concern themselves with the question: and what about the white kids in those counties that's sent kids home more slowly? If the white kids experience roughly the same experience, the same exit rates, then the issue is that blacks tend to live in places that don't get kids home quickly. And when we find white kids in those places, they're having roughly the same experience.

So we wanted to ask that question. To make a long story short, what you find here is that when we take context into account in an appropriate way, and this is largely a statistical matter, you'll see that the reunification rate, that bar rises up to the orange line, that indicates that there's parity in exit rates. For adoption the bar now exceeds the orange line -- that would indicate that adoption rates for blacks are a little bit faster than for whites and the same thing is for relatives.

This doesn't mean that the experience of blacks is, in a sense, the same for whites. What it says is that, if we compare the two graphs and go back to what I was talking about earlier; what it's saying is that much of the disparities effected at this stage of the analysis can be allocated to the places where black children live. We tend not to find as many white children in those places, and so the differences between whites and blacks are to some extent a function of the social context in which they live.

And again, with a number of notable exceptions -- Claudia Colton has done a lot of work in this area; I've already mentioned the work that Brett has done, he'll speak to these issues in a bit -- we are just really now beginning to have a deeper appreciation for the role of context. In addition, we have yet to sort of uncover the role of system effects, and we don't know much about the policy effects. And these are areas where the new science of understanding the issues around a

context have to be brought to bear. I won't go into G.O. development hotspots, but I think there are some developmental issues here we want to think about.

[00:25:21] We've dealt with counties, and we have dealt with states. There are other definitions of where, including zipcode census tracts, neighborhoods and communities... I have not integrated those into my research on these issues, I think the research has to go there, we're merely trying to highlight the fact that there's an enormous blind spot in the child welfare literature around the role of context, and here are some examples of why we should try to alleviate those blind spots.

And then finally I think the question will be that: what does this data tell us about how we invest in equity? Is it allocation of resources; is it training; is it geography; is it policy? We need to invest in equitable experiences for blacks, whites, Hispanics, children of all other races, because it's only when we accomplish that, that all children will benefit in the manner we want them to within the mission of the Child Welfare System.

So, thanks very much for your time and attention.

Facilitator: Thank you, Dr. Wulczyn. At this time I'd like to turn it over to Dr. Snowden.

Dr. Lonnie Snowden: [00:26:31] Okay. Thank you very much. I'm Lonnie Snowden, and I'm in the School of Public Health in the Health Policy Management Division at the University of California, Berkeley, but I want to tell you a little bit about my prior background.

I've been in the School of Public Health now for about four years; before that I spent 30 years in the School of Social Welfare. And so I understand something about child welfare systems and the problems of child welfare, child welfare policy; I have something of an off and on experience in actually working on child welfare problems as well as in working on public health, and particularly mental health problems. I'm pleased to be once again working in child welfare with Fred, and Robert Gibbons and others. It's a very exciting project.

What I'm going to be doing, is really to present what the other speakers are presenting a little bit in context. I want to talk some about the general issues that come up when we try to understand disparity in healthcare and elsewhere; and also some of the scholarly background that helps us to understand place and its impact, social context and its impact on disparity.

First, there's a lot actually that was implicit in what Fred said that I'd like to make explicit. Because there are problems that people sometimes trip over in trying to understand child welfare disparities and all kinds of disparity. And one of those that I think comes up especially in child welfare has to do with the fact that really there are several levels of participation and potential participation in the child welfare system at which disparities might arrive, and I've listed some on the slide.

Fred talked about some... well, you'll be hearing Fred talk about some others, but it's important to recognize that this is not a homogeneous problem. That each of these levels should be really approached on its own terms, in terms of trying to understand whether there are disparities at each level, and trying to understand what might explain disparities at each level. So there are some cross-cutting factors, but there are some unique factors, too. And so again, the point here to

make, I think, is that what we're dealing with is not a homogeneous problem. The issue is not whether there are disparities in child welfare or not. There are different questions to ask about disparities at different potential levels and actual levels of involvement.

[00:29:15] So one of the explanations, the explanatory factors that's cross-cutting, and that's potentially very powerful, because for that reason and for others, is poverty. The point really is that poverty itself, while it may seem to be fairly simple, and at some levels we understand what poverty is... poverty is bad, it's not having enough resources, but in fact, poverty itself has to be disaggregated, and can be understood in different ways.

And furthermore, to point out, to say that poverty is an explanation for disparities has to really be approached a little more subtly than people sometimes realize, I think. So to give you an example, a concrete example from Public Health, African Americans are over-represented among the poor; African Americans are over-represented among women delivering low birth weight babies, and among low birth weight infants.

So does that mean that poverty explains that disparity in low birth weight infants? Well, from what I've said, we don't know. It's necessary to go further than that, and to actually do a meditational analysis. And when we do that, we find out that poverty is only a partial explanation. Or it's not a complete explanation. There are many other things that contribute to the low birth weight status of African American infants other than poverty itself.

So also, poverty can be understood both as a characteristic of individuals, can be understood as occurring at the individual level of analysis, and the family level of analysis, but is also as characteristic of community. So people can be poor, but also communities can be poor.

And when people are poor, we generally characterize individual level poverty in terms of socioeconomic standards, which has components of income, education, and occupational standing; and in health we find out that when those components don't necessarily link, infer risk for various health outcomes in the same way.

Furthermore, those components don't confer risk for health outcomes the same way for blacks and whites. So in fact, when we're talking even about individual level poverty, it turns out that the link between poverty and health outcome varies. It varies for the individual component, and it also varies sometimes according to whether we're looking at blacks or whites.

And so the pattern that Fred's talking about, the fact that when you look separately for blacks and for whites at how poverty operates you sometimes find differential effects is not unique to child welfare. In fact, it's one of the complications that people are grappling with in various places who are concerned about this, too.

In particular, it's important to recognize, for today's presentation I think, something about poverty and place, because that's really what we're talking about. We're talking about context and poverty. And there are two ways of understanding that. One has to do with, as I mentioned, individual level poverty. So poor places are places whether they're zipcodes or census tracts or whatever, communities are places where there are many poor people. And we can talk about the impact of individual poverty on child maltreatment or child welfare placement. And that's one way of talking about poverty.

But it's also possible to talk about poverty as characteristic of a place. And there what we're really talking about is two things. One of them is what's generally thought of as social disorganization. That is that there are certain norms, there are unspoken assumptions, there are rules of conduct that are characteristic of a place that arise from and that perpetuate poverty. And those go beyond the characteristics of individuals. So it's possible to talk about individuals, and it's also possible to talk about social dynamics to finding a poverty area.

In addition, it's also possible at the area level or contextual level to talk about the physical or built environment. So, poor places also have deteriorated building structures, exposure to environmental pestilence and so on, that's something that the public health people are more interested in. Nevertheless, it does show again that it is possible to talk about places as impoverished and to look at that, the impact of them living in an impoverished place, as well as talking about the individual level of poverty.

On the negative side, when we talk at the social level of analysis, the negative things are usually characterized as social disorganization. On the positive side though, places can have positive characteristics and features, and one way to gain considerable popularity to understanding the positive side goes under the name social capital. And social capital is how people engage, how they interact, it's about networks, it's about norms of trust and reciprocity, it's about creating social environments and social connections at the individual level and the community level that promote good things. And good things include better parenting; they also include better health outcomes through various mechanisms. So social capital is very important on that area of focus, of concern that has gained some steam, and where we really know something about how social capital operates.

There's a small but very important body of research demonstrating that when you look at poor places as places, you find that what makes the biggest difference in bad outcomes -- and in the study I have listed there the outcome was high -- what makes the biggest difference is low social capital. So, low places tend to have low social capital, which leads to crime and victimization.

On the other hand, not all poor places have low social capital, some have high social capital. And in high social capital places, then there's less crime and crime victimization. So, social capital is really the key intermediary for explaining the bad outcomes that are associated with living in an impoverished place.

[00:36:31] Again, it's important to understand why living in a poor place at the social level of organization, why it makes a difference. And one reason that it makes a difference is because of social disorganization. At the same time, not all poor places are socially disorganized; some have high social capital despite being poor, and living in those places is associated with better outcomes.

So this is not all just idle, I just want to point out a historic shift in Federal Housing Policy that was driven directly by our understanding of poverty communities and their impact. For a long time the federal government owned housing stock, and poor people paid rent to the federal government, and this led to concentrated areas of concentrated poverty. And so transformation took place whereby the shift was made to try to promote socio economic integration of neighborhoods. And this included promoting housing for foster programs and so on.

A lot of things went wrong with this, and it's hardly an ideal program, although it certainly has gone forward, but its strength and its weaknesses illustrate something. I think first it shows that this notion of poverty neighborhoods is an important one, and is one that has policy conflict. The second thing is that one of the ways that things went wrong, illustrate the importance of social ties. Looking directly at the kinds of social ties that people have, and how those influence the outcomes we're interested in.

Part of this was a study called "Moving to Opportunity," which was set up as a randomized clinical trial, and what Moving to Opportunity demonstrated was that when people left concentrated poverty areas and moved out, they didn't necessarily do as well as had been hoped or expected, and one of the reasons was that they maintained their social network. So moving people from one place to another doesn't necessarily transform their network of social relationships, because there are now various ways to maintain your old relationships. And those are the relationships people are most comfortable with; sometimes they weren't welcomed to create new relationships in new places. In any event, what was learned I think was that moving from place to place can be less important than working directly on social relationships and making those work.

Housing policy has been an area where things have gone forward and really demonstrate the importance of looking at area of contact, and poverty as an area-level phenomenon. In public health and elsewhere, a lot of this has gone forward with public health, but we're moving more and more, I think, as there's some important developments in child and family work, which you've heard about and will be hearing more about, and also in child welfare; but in public health at the moment, and historically, there are a couple of ways of looking at area-level poverty. One has to do with looking at neighborhood census indicators, that's what we're doing in the work with Fred. These are established ways, and it's demonstrated that by looking at these on, this-something of a methodological literature here, this demonstrates that you can look beyond the effect of individual level poverty and you can actually capture some of what goes on, some of the crucial dynamics that go on by looking at census tracks indicated.

[00:40:12] Increasingly in public health, just to put this in context a little bit, we're seeing a turn toward GIS technology, but again, in public health there as interested in the physical, the built environment, as they are in the social environment. And they're interested in very precisely capturing characteristics of the physical environment -- things like how many parks and grocery stores are available, that sort of thing -- which creates some strengths and opportunities on people's lifestyles, which promote healthier living or not, I think we're probably less interested in that than we are in social dynamics.

So again, I think it's important probably for us, although I'm open to suggestion on this, I really think it needs to be thought through, there may very well be things we can do with the developments and technology and they're now being applied more in public health, although my initial thought, my preliminary thought is that we should really focus more on social dynamics. And I think the technology yet -- at least in ways that I can think of -- permits us to do... to get as much at social dynamics as I'd like.

So again, this is just some of the public health work that's a point to it as a way of providing some context, and again, they're interested in physical environment, pathogens and such,

mapping the physical environment, what's available and what's not available in terms of grocery stores, open spaces, etc.; but then also in public health, there's a tradition of needing to develop a political action to advocate on behalf of some of the things that are necessary to create a more favorable context for healthy living and healthy development. And so I think there's a direct connection there with the social welfare position of engaging in those same activities to promote a better place.

I'm going to wrap this up in just a couple of minutes with some directions I think that we might consider going. I hope that the fact that it turns out that poverty isn't as simple as we thought it might be or might have hoped that it would be, on the one hand can be thought of as disturbing; on the other hand it can be seen as an important weigh station towards really probing these issues more deeply and really trying to get past some of the more pat answers that we thought we had, and moving into a deeper understanding that can move us forward. So just some of the things I think that we can start thinking about.

I think the work that Fred presented and others have done really helps us to start to move beyond and take the next step. We really have to now explain what's going on here, why we get these differential patterns for African Americans and whites, I think that differences in social capital might be one place to look but I'm not sure and I'm certainly open to other ideas; that we need to identify high-risk areas, something that Fred talked about; and also, we need to take a longitudinal perspective. Because these things aren't static.

Just to give you one example, it turns out that parenting and various things, for African Americans in particular, are sensitive to the economy. To the state of the economy. And of course we're now in the midst of a continuing recession that wasn't with us years ago, the African American especially responsive to the conditions of the economy.

In concluding, that means these conditions have repercussions for many of the things we're concerned about; parenting, child welfare placement rates, etc., e.g. dynamics. So I think it's important to really take a comprehensive view, and to try to unravel some of the complexities that we find ourselves facing in order to do a better job of understanding and improving on the disparities that we see in child welfare.

Thank you.

Facilitator: Thank you, Dr. Snowden. And now I'm going to turn it over to our final presenter for the day, Dr. Drake.

Dr. Brett Drake: [00:44:26] Okay. I'm seeing if I can engage the computer here... do I have control now?

Facilitator: You should, yes. Then you'll want to click on "show your screen," so that we can see your slides. [further technical assistance]

Dr. Brett Drake: [00:45:12] I am Brett Drake, I'm a professor at Washington University of St. Louis. Twenty years ago I was a child abuse and neglect investigator for Sandy Hook County, California. So I spent almost all of my working life looking at the front end of a child welfare system. So if you imagine a child welfare system as a funnel with all the hotline reports at the

broad end, and foster care at the narrow end, my comments today will be really only about the broad end. You've had a lot of really interesting material on foster care and on services, and I won't be talking about that. I'll just be talking about the early part of the child welfare system.

I'd like to answer a very specific question aimed at policy makers, a little bit different than my colleagues did. I'd like to look at the widely held belief that the child welfare system is biased with regard to race at the front end. And so I'd like to really kind of look at that belief, understand where it came from, and maybe challenge it a little bit. So I'd like to kind of walk through this as if I'm speaking to someone who might have something to do with child welfare policy, and might need questions answered about... very simple questions like: is my system unfair with regard to identification of black maltreatment victims. Am I unfairly over reporting black children into my system. So those are kind of more general policy questions I'd like to answer.

Okay. Do we know that blacks are poor more often than whites? Yes. We simply know this for a fact, this is not an estimate, this is not a guess, this is because all reports go to the federal government, or relate to the federal government through something called the Series of National Report Figures, and those can be accessed every year in Child Maltreatment 2006, 2007, 2008, and you can look at your state and see how many reports are made for whites or blacks. You can divide that into your state black and white populations and you'll find that for the United States as a whole, blacks are reported almost twice as often as whites on a per person basis.

So people have had ideas about why this may be so, because this is a very troubling finding. There is a risk model and a bias model for why this might be happening. In terms of the risk model, it's a simpler model, but it's one that is not in favor. The bottom model, the bias model has been in favor, and I'll explain why in a second.

The risk model's a little simpler and it says: Minority groups face higher exposure to risk factors, particularly poverty. You've been treated to a very nice set of ideas and findings about how important poverty is. And it is very complicated, but it is also very important, as both of the prior speakers said. And blacks are about three times as likely to be poor, but that actually underestimates black poverty. Because an equally poor black and white person will look very different. Blacks who are equally poor as whites tend to have fewer assets and live in more devastated neighborhoods. So the national poverty differential actually underestimates the burden that blacks face in the United States.

But in any case, we know that blacks have higher exposure to poverty, the idea here is that that affects child abuse rates leading to higher rates of actual occurrence among blacks. That's reported, and you get higher official victimization rates. So that's the risk model. It's very simple. It says: our country is not just in regard to race; blacks are more likely to be poor, therefore they're more likely to be maltreated, therefore they're more likely to be reported. This is a simple idea, and I will argue later this is probably the better characterization, but it is not what we have been working with for the last 15 or 20 years.

What we've been working with mostly is the bottom model, the bias model. This model is much more complicated. And basically suggests that it agrees that blacks face higher risk, that they're in more poverty. But it suggests that there are powerful and unspecified cultural factors that

support those blacks and offset the fact that they're in poverty. Thus reading into the middle box of the bottom figure to equal rates of actual occurrence between blacks and whites.

Well, if they're equal rates, how come the official victimization of blacks is higher? Well the argument goes, because the CPS system, the Child Welfare System, Child Protective Services is biased, and tends to over report blacks.

Now, as you can tell, the main difference between these models is this middle box. If blacks are absolutely maltreated at a higher rate than whites, it looks like the top model is true. But if they're actually maltreated at the same rate as whites, it looks like the bottom model is true. So that was kind of a key piece of information that this discussion hinged upon.

[00:50:03] So, the mean way we looked at that, is we looked at a large national study called the National Incident Studies of Child Maltreatment. And what that was trying to do, the Congress mandated it, and through these four iterations it was trying to understand what the actual rate of child maltreatment was in the field. It started in the late 70s, and the most recent one -- which really hasn't had time to influence policy very much yet -- just came out a year or two ago.

The one that's really been the focus of everyone's attention has been NIS-3, the third study, which was published around 1996. The NIS-3 said this about racial disproportionality. The NIS-3 found no race differences in maltreatment incidence. The NIS-3 reiterates the findings of earlier national studies. Service providers may find these results somewhat surprising in view of the disproportionate representation of children of color and child welfare population, NIS findings suggests that the different races received differential attention -- some were during the process of referral investigation and service allocation -- and that the differential representation of minorities in the child welfare population was not derived from inherent differences in race, which their views neglected.

I agreed that six or eight times before I understood it fully, but what it means is really pretty much this. The NIS 1 and 3 suggests that African Americans were actually maltreated at the same rates as whites. We knew, however, that blacks reported more, so people assumed the system was biased. Very simple. That's what most people thought for the last couple of decades, and critically -- and this has driven policy in many states -- where they have attempted to reduce disproportionality at the front end of the funnel.

So one way we can think about this is to sort of see how this all happened. The National Incident Studies drove think tank reports -- this one in particular is very important from the Casey Foundation, most state policies that have been changed, use this as a primary source -- its driven governmental reports, its driven reports from some of our very best institutes like Chapin Hall, and its driven some academic articles, too. And those things have all affected national policy in many states. And if your state is not marked in green and you are given a front end disproportionality, I'm sorry, this is a very conservative estimate as of the last time the states were surveyed.

Okay. End of history lesson. Not going to hit you up with any more history. But I am going to try and make a few points. First of all, I'm going to suggest the NIS-3 findings were misinterpreted.

They were perceived by many to say that blacks and whites are actually maltreated at the same rate, but they never really said that, and I'm going to talk about that a little bit.

Next I'm going to talk about the new National Incident Study findings and these four findings that just came out. Many people are saying these are revolutionary new findings, but I'm going to suggest they're really the same findings as before. And if we'd correctly interpreted them originally, these would not be surprising to us.

And then I'm going to look at some indicators that are extremely resistant to bias. Because this is a very contentious issue politically. And I think one of the best ways to deal with politically contentious issues is to look at indicators that everyone can agree on. So we're going to look at some measures like mortality. Which are clearly less vulnerable to interpretation bias. You might look at a black and white child and be biased and say: this one is maltreated and that one is not, when the children are the same. But we're going to try and look at some outcomes like death, that are much harder to make that mistake with. And we're going to try and talk about policy implications.

The first thing we do is want to look at the National Incident Studies, which have really been the backdrop to this whole debate. They have been the pillar around which the idea of front and bias has been built. We're going to look at the NIS-2 and NIS-3 and the NIS-4. Now this is a little bit subtle, the statisticians among you are going to enjoy this slide, the others, I'm going to walk you through it.

These first bars on the left, the black diamond is the best estimate from the 2nd National Incident Study about where black maltreatment rates were. They were estimating 36 per 1,000 children. They're estimating for whites 19 per 1,000 children. So they were estimating almost twice as many blacks are being maltreated as whites.

The NIS-3, the middle bars, were the same. They also were estimating that blacks were maltreated more often than whites. Now in the NIS-4 here, once again, you see these lines are basically parallel. They're estimating that blacks are maltreated more often than whites. Well, why did everyone believe that the NIS-2 and the NIS-3 showed that blacks were maltreated at the same rate? Well the reason is that these vertical bars are called confidence intervals. Here, here, here, and here. And if confidence intervals overlap, then what we have is a situation where the computer thinks there might be a difference, but it doesn't know there might be a difference. It says: these are my best estimates, but I'm not at least 95 percent sure that those are really different estimates. Now even though the four achieved statistical significance for the first time, as you can see, the estimates for the difference between black and white maltreatment rates didn't change very much. The NIS-1 showed the blacks were about 1.7 times as likely to be maltreated, which was not significant; the NIS-2 showed that blacks were about 1 and a half times; and the NIS-3 shot the difference. It was kind of in the middle of the two prior estimates. But because it had a larger sample size, the computers now were able to understand that that was a statistically significant difference.

Now. The blue bars here are the various versions of the NIS, and what they estimated the actual maltreatment rates were. And this was not an estimate of reported rates; these are estimates of how much abuse is really happening out there. And the red bar is the actual number from the

national reports showing that blacks are about 1.85 times as likely to be reported as whites, per person. So what you see here is there just isn't that much difference. And there hasn't ever been that much difference between the best estimate for the National Incident Studies and the actual report disproportionalities showing up in national reports.

So what do we know about this NIS? I'm just going to spit this back to you in simple language. There were large differences found in the NIS but they were not significant, and that caused a lot of confusion. The impression spread the NIS proved that blacks and whites were actually maltreated at the same rate, and that was never true, and it was an unfortunate confusion. The idea of the NIS-4 is different in findings is not accurate; it's just statistically significant for the first time. And all three of NISs actually are consistent in their findings.

Okay. So, so far what I've been doing is telling you a little bit about why people have valued the bias model up until now. What I'd like to do now is show you some other information.

This is something we just had published in Pediatrics, and it's pretty simple. If you look at these bars, these show you the difference between blacks and whites. So this black bar at the very top says that blacks are likely to be poor almost three times as often as whites. The gray bars are for Hispanics. We're not really going to talk about Hispanics today, but they do actually look very different from blacks. Okay.

Now. We've put together here some different categories. And the first chunk on the top of three categories shows you that blacks are twice as often to die as infants, their infant mortality rate's about twice as high compared to whites; they're about twice as likely to be low birth weight, they're about twice as likely to be premature.

The next set of lines are reports of infant fatal accidents, infant homicide, these are other forms of death reports taken from National Vital Statistics Reports, all of these data are national, none of them are state-level or county-level, these are all what's happening in the United States as a whole, we're trying to get kind of a 30 thousand foot view here to answer a fairly simple question, which is: How much more risk are little black kids at? How much more are they likely to suffer from problems which may affect them when they're young?

And so if we look at virtually all the black bars, they're pretty much all kind of near two. They range from about one and a half to about three. But overall, whether you're looking at the infant mortality rate, whether you're looking at child and abuse report rates, whether you're looking at infant cradle accidents... it looks like all these numbers are more or less the same, and importantly, it looks like racial disproportionality for child abuse reports is locked step with racial disproportionality for these other measure of differential risk to blacks. Measures such as infant mortality, which probably aren't racially biased.

[01:00:16] So it looks like black disproportionality in child welfare is pretty similar to other non-biased indicators of child wellbeing, about twice the rate. Interestingly Hispanics, although they face higher poverty, also do not face higher child maltreatment level reports than blacks, and do not face higher levels of other negative outcomes such as infant mortality. This is something called the Hispanic Paradox, or the Latino Paradox, it's well known in medicine, and

as two other speakers told you, it's another one of those findings which is not just for child abuse, it's in a lot of areas.

So where we've arrived today is where the NIS, NCANS, and all these other national reporters of child wellbeing are pretty consistent. It looks like black children face about twice the numbers of negative outcomes compared to white children.

Just to give a little more granularity and detail on this, in my state of Missouri one of the things you can do is you can look at state-wide health data, and you get data like this. In child welfare you see that again, these black bars up here, the child welfare disproportionality in Missouri is a little lower than the national average, it's about 1 and a half times rather than 2 times as much for blacks. But you'll see all these other indicators of wellbeing among blacks. Low birth weight, emergency room for drowning, emergency PARA needle complications, infant mortality -- those disproportionalities are all higher than the disproportionalities at which black children are reported for child maltreatment.

So once again, it does not look like the child maltreatment system is uniquely biased towards over-reporting blacks at a high level.

Do need and response match? Disproportionality, in the front end of the child welfare funnel, does seem to be consistent with the need black children have for child protective services intervention. Bias undoubtedly occurs. It is unquestionably the case that individual blacks are being discriminated against in every large system in the United States of America. That's a very different question then: Is bias causing the 2 to 1 over-representation of blacks in child welfare caseloads?

It appears that while certainly some bias may exist, and unquestionably individual instances will exist and could be chronicled, it seems very unlikely that that is driving the 2 to 1 disproportionality in black over-representation at the front end of the child welfare system.

So, what does this mean for policy? Well under the old bias model, a lot of our state initiatives were designed to reducing bias among child welfare workers. This was done through introducing structured decision making on hotlines, through a number of other initiatives, and this was all predicated on the idea that the problem with the system was the CPS was racially biased. Now those interventions may well have had positive affects in reducing individual instances of bias; on the other hand, it's very unlikely that those are going to disproportionality in the system as a whole.

Given the data I've presented, my suggestion would be to focus not towards the end of the model, but on the beginning of the model. Child Welfare is in the context of the United States. A context where about a third of black children are born into poverty. This is an unacceptable, unjust, unfair situation that starts these kids off 50 yards the wrong side of the starting line. So it seems to me that if we want to reduce child maltreatment disproportionality at your front end of the child welfare system, what we need to do is think about the fact that these kids are starting off in a difficult situation, and try and reduce minority groups and their exposure to negative environmental situations.

And I just don't think there's any getting around that. We need to create a country where black children have a better chance, and black families are less stressed by the horrible injustice of poverty.

Assuming we can't do that, I hear you say: Brett, what do you want me to do? Well, we can reconfigure child welfare a little bit to try and buffer poverty. If your agency is really invested in doing things to help with the material needs of poor families -- better linkage to community resources, emphasis on community resources, particularly their useful to the poor, other programs, a connectivity with food banks, housing assistance, housing repair, things like that -- it's possible those things might be able to buffer some of the effects of poverty, so that might be somewhat useful in reducing racial disproportionality.

And that's really what I have to say. Thank you very much for your attention.

Facilitator: Great. Thank you, Dr. Drake. At this time I'd like to go ahead and have the operator open our lines up for questions and comments.

Operator: [01:05:23] If you'd like to ask a question please press Star One; please unmute your line and record your name clearly when prompted. Your name is required to introduce your question. Once again, to ask a question it's Star One, and please stand by for any questions.

We do have a question, one moment please.

Mary McCarthy: [01:06:07] This is Mary McCarthy. And first of all, I think this is a really excellent presentation, and I'm looking forward to sharing it with people when it's online. And what it really makes me think about is the use of data, Child Protective Services data, as a way to mobilize communities around resources and the kinds of poverty impacts that this would seem to imply exists in very specific communities or neighborhoods or zipcode areas.

It seems to me that CPS could be a real motivator for helping communities think more holistically about what are the advantages or disadvantages of those neighborhoods on groups of kids.

I think, Dr. Drake, you made one comment: the need for CPS intervention. To me, if communities are really working effectively together, that need for CPS intervention should really go down. So it's making me think about ways that protective services data could be a motivator for communities to think differently about what happens to kids from the day they're born.

Dr. Drake: [01:07:28] I would agree completely. I think child welfare data along with other forms of public health data, are some of the most underutilized tools that social advocates have. I think that pressure towards states to allow systems like Missouri's Health Online Information System can do nothing but help people to understand where the issues are and what they can do to improve situations.

In Missouri, if you want to know what percentage of women didn't get prenatal care till their third trimester in a given zipcode, you can find that. And there are other places like South Carolina and British Columbia that are moving forward even much more aggressively.

So no, I couldn't agree more. I think we're in the information age, we aren't all acting like it yet, and I think that the cause of social justice is well serviced by the most information we can put before people.

Facilitator: We have a question from Steven, your line is open.

Steven: [01:08:33] Hi. Good morning, and thank you to all three presenters for excellent information. Given that here in California anyway, there is no current way to connect the family's socio economic level with anything in the system, and it also is a fairly hot political topic, too, because as we know, here in American culture it's considered fairly taboo to talk about the family-specific resources or their annual income level and that kind of thing, it's something that makes a lot of people get pretty nervous pretty quickly, what other ways do we have of possibly doing some more direct connections between that?

Dr. Wulczyn: [01:09:39] If you're talking specifically about knowing a family's income, and whether or not there are limitations as to what you can and cannot ask, and therefore can and cannot record on some kind of electronic database, I would go back to what I think Lonnie was trying to express, certainly was in the data that I was presenting, is that really, when we're looking at the burdens of poverty, we're really talking about a subject that goes well beyond poverty, and at the end of the day poverty status may not make much difference, depending upon the context in which one lives.

So family structure, education, employment status, residential mobility, nativity, in the case of Hispanics -- those may be as important to the amalgam of factors we have to understand in order to bring forward ideas related to what it means to be socially disadvantaged, or socially excluded. When you have those other factors, the amount of information you actually add about a particular place or a particular family by including a measure of income, it may not add that much more information; and given that family structure, employment history, education, nativity, those things I just talked about, offer a richer portrait in any event, it may be that poverty is shorthand for those things that doesn't really work very well, and adding poverty to those indicators doesn't in the end, may not add as much as we think it does. It's just become very convenient shorthand in policy and in some practiced discussions, when in fact, we are really shortchanging the conversation by their using that kind of shorthand.

Steven: [01:11:53] Just to respond to that, is it possibly just that people like to use, because we're all so acronym biased and everything, that to use the idea that a family is poor, is just our shorthand for not having to specifically write down in documentation and put little checkmarks by whether or not they have access to all these other things? We're doing no one a favor by using the shorthand.

Dr. Wulczyn: [01:12:24] I think that's right. In a word, yes.

Steven: Thank you.

Dr. Drake: [01:12:32] I would make one additional comment, which is: you can think about poverty at the level of your wallet; and you can think about poverty at the level of your neighborhood, and they're quite different. And one thing you can always do, if you have their

zipcode fairly easily, is go the American Community Survey and use their data to characterize the poverty of their neighborhood.

So as you think about poverty from different angles, one thing which it's easy to find and it has quite a lot of explanatory power, can be found simply by linking zipcodes to below poverty levels or median income levels in the area they live, and then you can quickly learn something about the geographic context they live in. Not as nuanced as we would like, but at least it's a start if you have nothing else.

Steven: Thank you much.

Moderator: And Maxine, your line is open.

Maxine: [01:13:27] Yes. One of the questions or the things that I would like both Dr. Snowden and Dr. Wulczyn to address is the issue about the mobility of the poor. Because when I was the director of a community center in North Minneapolis, which is a heavy African American, actually New North Minneapolis community, one of the things that I was struck by as a center director of a community center, is that when we were planning for programs for the kids from one quarter a semester to the other, half of the children had moved out of the neighborhood. So it dawned on me at that time that low income or poor people are highly mobile, and you do actually have to look at the context of the neighborhood and the other factors that affect the families. Because things like substandard housing, and few family supports from grandparents or mothers or fathers who live in another state or another side of town, actually greatly impacts poor people. And so that's why I want you to address the mobility of the poor. What has your research shown you about that?

Dr. Snowden: [01:14:40] The poor are more mobile than they were, and one of the reasons is we've actually encouraged them to be more mobile. That is we've tried to break up areas of concentrated poverty. And it's been a mixed bag.

On the one hand, there might be some good things to be said about that. But on the other hand, it is disruptive of people's structures that they are accustomed to living in. And in fact, geographic mobility isn't always social mobility, because people maintain ties for obvious reasons, reasons you can imagine. They maintain ties with consequences good and bad to the people that they're most familiar with.

And you're pointing to another cost, and that is the disruptiveness that comes about for people in your position who are trying to provide services.

Dr. Wulczyn: [01:15:33] Yeah, I would say that we've looked at the issue of residential mobility, that is the percentage of the population that has not moved, or moved within the last year and within the last five years. And part of the issue is it's so highly correlated with all of the other things. And so it's very difficult to sort out the unique effect of mobility, other than to say it again, it's another part of this portrait of communities where there are, for example, in some communities a lot of poverty, but the neighborhoods are very stable. There are other communities that have the same levels of poverty, but they have very high levels of residential mobility. And some of that is tied to home ownership, proportion of the households that are rented, so on and so forth.

I think to tie your question back to Lonnie's presentation and the general issue before us from an intervention perspective, is if you want to understand whether or not your interventions are successful, it's very hard to determine on a dose response basis who's getting the service if populations are constantly turning over.

The second issue is that I think from a social capital argument, the thing that we see is that social networks need to be maintained. You have to be engaged in a social network. If you are not engaged in a social network, you are more likely to be socially isolated; you're less likely to have people around you when you are experiencing times of high stress and strain; and you're less likely to have people to ask to take care of kids, while you sort of sort out your life, or sort out the moment of your life.

Maxine: And that's exactly what I saw. Yes.

Dr. Wulczyn: [01:17:46] And so what the residential mobility does, is it makes it harder to form those ties, and harder to maintain those ties. And that's the likely mechanism whereby these families experience heightened vulnerabilities.

So to Brett's point it's one thing to be poor, but be connected to a social network. It's another thing to be poor and have no social network to be drawn and tied into. And we're just now beginning to sort out the importance of these issues, where this larger conversation about: are we looking at different experiences because of different contexts, or different experiences because of the way people are treated? And those questions are not themselves mutually exclusive.

One of the ways places differ is in the way they're being treated by social service agencies, and that's a function of access, capacity, and a whole lot of things we don't know much about yet.

Maxine: Thank you.

Moderator: We have a question from Steve Wertz, his line is open.

Steve Wertz: [01:18:59] Thank you. Yes, this has been a very interesting and valuable webinar. So thank you very much to all of you. Just to follow up on the question about the social networks. I got the impression I think from Dr. Snowden that actually, social networks in a poverty context and in a low social capital context actually may have some negative effects. So we'd have to look at the quality of the social networks. It sounds like if you have a network of let's say drug dealers or something, and then you move to a new area and you still stay in touch with them, that's not the social network that's going to necessarily be healthy for the kids.

So does that make some sense? It's not simply the social network, but the social norms and values and perspectives of that network that make a difference on whether you're isolated or not, but whether or not you're moving in the right direction.

Dr. Snowden: [01:19:59] That's well said. I agree with the point exactly as you made it. Teach people that there's one problem, and that is social isolation; and then there's another problem, and that is having a social network that's very cohesive, very tightly bound, but that's anti-social.

So gangs are very strong social networks. But they aren't something that we mess around with first. So yes we do want social networks, yes, social networks are important, but pro social networks. And there are many of them. Are the ones that we really, I think want to incur.

Dr. Wulczyn: [01:20:33] There's a real functional perspective that I think this conversation benefits from, and to sort of organize, I think Steve Levitt, who wrote the book *Freakonomics*. It's either a chapter in that book, or it's in another article that he's written with Sudhir Venkatesh, a sociologist who spent a lot of time doing his dissertation working with the gang culture here in Chicago. And I think they have a chapter in there that's along the lines of the following title: *Why Do Drug Dealers Live With Their Mothers*. And it speaks to this issue of, even though what you're involved in from an economic sphere is largely viewed as anti-social or anti-productive from the larger perspective, there nevertheless is a strong sort of practical or functional component that has to be looked at through all of these, through a lens of their adaptive mechanisms.

Facilitator: I show that we have about three minutes left, so we have time for maybe one more question. Jason, your line is open.

Jason: [01:22:01] I just wanted to speak to the first speaker. He mentioned 400 counties were selected to be a part of a sample population to talk about disparity, and I was wondering what was the mechanism selecting the 400 counties?

Then I had a second question, I might not be able to get to it, but the words social disadvantage were mentioned in the first speaker, and I was just wondering what is the exact definition of social disadvantage?

Dr. Wulczyn: [01:22:29] Okay, two good questions. The 400 counties, and that's a rough estimate, was from a larger sample of about 800 counties, and the first cut point was in order to measure disparity in exit rates, you have to observe both black placements and white placements. So the larger set of counties -- and just to be clear here, there's about 3300 counties in the United States, so 800 is around 25 percent of the counties, and then this is about half of that 800. But the main selection criteria was simply were there black placements there and were there white placements, because that's the only way we can extract the difference between the white experience from the black experience.

And that's instructive in an important way that I didn't go into, but let me raise it here. When we look at the national data, or when we look at statewide data, unless we think about this on a sort of small area basis, there are very few counties in the U.S. where there are no white people. In fact there's aren't any counties in the ones that we looked at where there are no white people. But there are lots of counties where there are no black people. And in a lot of those counties where there are white people but no black people, there are lots of white kids going into out-of-home care.

And what that means practically speaking for understanding the issue of disparity, is that those white kids are exposed to system level effects for which there is no comparable black child exposure. There are lots of white kids going into care where there are black kids, but it is often not the case on the flip side. So a lot of the white effect is generated in places where there simply

aren't any black kids in out-of-home care, because there aren't any black kids living there. And we haven't taken that well enough into account, a lot more work to do in this area.

[01:25:07] Then what does social disadvantage mean? So we looked at four indicators. We looked at family structure, the educational levels of the adults less than high school, the unemployment rate for the county, and the proportion of the population that are in rental housing units.

Now again, we're not trying with this analysis per se to drill deeply into these areas. And whether or not that's the optimal blend of characteristics we would choose to define what we mean by social disadvantage, I think we could do a better job, we could do a job with a different set of indicators, that's really not the point in this first pass. The first pass in this analysis was to simply ask the question: if we have a measure of social disadvantage, then let's take this one. Then let's ask the question: is the black child placement rate greater, is it more social disadvantage for black families and individuals? Is the black placement greater in those places, or is it greater in places that have less of that disadvantage.

And what we found turns the conversation around, because there does not appear with this definition to be the expected relationship, which I think the prevailing wisdom would say if we took a poll of our listeners and I asked the question: will black child placement rates be higher in places that have higher proportions of families with low education, high unemployment, mostly single parent families, and lots of renter occupied housing as opposed to owner occupied housing? I think most people would raise up their hand and say: yes, we expect to find higher black child placement rates when the prevailing social conditions in the black community score high on those indicators. And lower placement rates in the places that score below average on those indicators, where things are relatively better off, socially speaking.

And we found that that's not the case. And so now we face the more difficult question of: okay, is that because we didn't measure it right; is it because there are dynamics going on in those communities that we don't yet understand; is it service access, is it public policy, what are the reasons that would explain this? And we might, upon further explanation, actually restore the finding to what we would expect; my point simply is the narrative in the child welfare system, and you pick up the GAO Report.

The GAO Report from 2007 or 8 comes out and says that disparity is related to poverty. And the answer to that question is, no, it's not. And the reason why the GAO was able to say that when the evidence is so strongly in opposition to it, is that the GAO never looked at the question. They said: people believe that it's poverty, but they never tried to put the two facts together. And it's not the same story as Brett told with regard to the NIS, but it is not looking deeply enough at the claims we're making about the relationship between these very important problems of lack of education, lack of jobs, lack of schools, lack of services, family structure, and what happens to black families; and if we don't look deeply enough at these issues, we're likely to try and get away with our shorthanded versions of explanation, when in fact we're doing folks a disservice by that. And it's as much a part of the problem as part of the solution, if not more a part of the problem than the solution.

Jason: Thank you.

Facilitator: [01:29:31] Unfortunately, we're out of time for today, but I want to thank you all for your participation in today's discussion. I especially want to thank our three speakers, Dr. Wulczyn, Dr. Snowden, and Dr. Drake for sharing their time and their knowledge with us to advance our discussion of this important topic.

Please visit the Children's Bureau Centennial Website at the address shown for more information on past and future webinars, as well as the slides from today's presentation and a recording of today's webinar. Please note that it does take us about two weeks to prepare the recording of the webinar and post that online.

Our next topical webinar will be in June, and it's entitled Evidence-based Practice and Practice-based Evidence, Is it One or the Other? And finally, I'd like to remind you to complete the webinar evaluation that will appear on your computer at the end of today's webinar. These evaluations provided an important parcel of information for us as we continue to plan events for CB's Centennial Year. We really do read them carefully, and we really do take the comments into consideration. So I would ask that you take just a couple of minutes of your time and share your thoughts with us.

Again, thank you all for your participation today, and I look forward to seeing you at our next webinar in June.

[End webinar.]