ChapinHall at the University of Chicago
Policy research that benefits children, families, and their communities

Research Is Action:
Disparity, Poverty, and the
Need for New Knowledge

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child welfare

Introduction

Although much is written about racial disparity in maltreatment rates and admission to out-of-home care, the phenomenon is still not well understood. For reasons that will be explored in this report, the most useful policy or practice recommendation that can be made is to invest more in understanding the issue of disparity lest we increase the risk of adopting practices that exacerbate rather than alleviate the problem. This is not to suggest that we sit back idly while we await findings from the latest research. Defining problems is itself a critical action step because so much of what happens next is dependent on how well the problem is defined in the first instance. A great deal of important work has already been done. Nevertheless, a great deal more effort needs to be spent addressing a handful of fundamental research questions (and their policy and practice implications) before we can reasonably expect to make progress on such a deep and important problem.

Defining Terms, Defining the Problem

From the research that has been done thus far, it is clear that more attention should be paid to two fundamental research problems: operational definitions and the choice of dependent variables. With regard to operational definitions, the main focus in this paper will be on the term *disparity* as opposed to *disproportionality* and the use of disparity as a dependent variable. Relative to disproportionality, the term *disparity* has greater utility as a research construct, particularly in explaining where, when, and why disparity is greatest. As for the choice of dependent variables, one central but largely untouched question is whether disparity varies with context. Placing disparity on the dependent variable side of the analysis opens the conversation about disparity to a range of important questions, as I will demonstrate below.

Definitions

Two terms are used frequently to describe the overrepresentation of black children in the child welfare system: disproportionality and disparity.[1] Throughout the literature, disproportionality is often paired with disparity (i.e., disproportionality and disparity) even though using the terms interchangeably tends to conflate their respective meanings and to cloud the discussion. Starting with disparity, the ratio of black child foster care admissions per 1,000 black children to white child admissions per 1,000 white children (i.e., the disparity ratio) is a measure that describes population-based differences in the *likelihood* of placement in out-of-home care (or maltreatment, depending on the issue). Apart from its technical definition, disparity in this instance describes something that *happens* to children at rates that differ by race.

Disproportionality, on the other hand, is a comparison of two populations—the composition of the population of children in foster care as compared to the population of children in the general population is a common example. The latter provides very useful summary information but says little about how the differences came about. If, for example, one wanted to understand why there are more black children in foster care, one has to understand what happens to children—the process of entry into and exit from out-of-home care. More pointedly, disproportionality observed in the foster care system emerges over time as a byproduct of admission and exit rate disparities. Unless disproportionality is disaggregated both conceptually and empirically, it is quite difficult to construct robust explanatory models. From this perspective, the field of child welfare knows very little about admission rate or exit rate disparities beyond the fact that they exist. I say this for reasons related to what follows.

Dependent variables

The second core issue has to do with the choice of dependent variables in research that addresses whether and why black children have different experiences in the child welfare system. Most of the research in the field places the race effect on the independent variable side of a model that has some service event as the dependent variable (e.g., the likelihood of placement following substantiation). When race effects (i.e., the coefficients attached to race/ethnicity in the model) persist in the presence of other covariates, one has evidence that children have different experiences based on their race or ethnicity, net of other factors. Studies of this type establish that otherwise "similar children" have different experiences—i.e.,

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[1] The examples used focus primarily, though not exclusively, on foster care. The discussion extends to other child welfare populations, such as the population of maltreated children, although it is important to be clear as one generalizes to other situations.

there is a disparity based on race/ethnicity after controlling for other characteristics. In the health disparities research, this is known as the residual direct effect of race.[2]

What these studies do not do is explain *variation* in disparity. That is, the coefficients in these models are average effects summarized over administrative units, workers, or geographic areas (as examples). Understanding the variation in disparity across these units is necessary in order to develop theories about why disparity is greater in some "places" than in others. This question is important from a remedy perspective because one wants to address disparities with approaches that acknowledge differences in the extent to which disparity is present in any given context.

From a theoretical perspective, seeking to understand where disparity is greatest leads to a host of interesting though largely untouched research questions. The examples below walk through what this view of the data shows (at least in part and for the purposes of illustrating the point).

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[2] Lê Cook, B., McGuire, T., & Zuvekas, S. (2009). Measuring trends in racial/ethnic health care disparities. *Medical Care Research and Review*. vol. 66 (1) pp. 23

What is the relationship between poverty and maltreatment?

To start, much of the literature on disparity focuses on poverty and whether overrepresentation is a function of the fact that poverty is more common among black families. One way to answer this question is to ask whether there are more reported child victims in places that have more children growing up in poor families.[3] Figure 1, which shows each state's paired poverty/maltreatment rate (the diamonds), depicts the basic relationship between child poverty and maltreatment.[4] As expected, there is a positive relationship between poverty and maltreatment in that on average states with higher poverty rates have higher maltreatment rates.[5]

What Figure 1 does not show is the race-specific relationship between child poverty and child maltreatment. That is, does the poverty/maltreatment relationship differ for children of different races? If not, then poverty does not (cannot) explain maltreatment disparities. Put another way, if the relationship between poverty and maltreatment does not differ by race, then maltreatment must be constant across levels of poverty.

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[3] Here it is important to acknowledge the differences between *reported* maltreatment as opposed to the *actual incidence* of maltreatment. On the whole, we know very little about the latter. Moreover, the differences between reported and actual incidence may be attributable to the very processes we are trying to understand in attempting to untangle whether children have different experiences because of their race. One such difference is whether actual maltreatment is reported. With that said, throughout the paper, I use the term maltreatment with the understanding that the underlying data is based on official reports as opposed to true incidence.

[4] The data presented here come from Child Maltreatment 2006, the annual report published by the Department of Health and Human Services. This publication is available on the Internet at http://www.acf.hhs.gov/programs/cb/stats_research/ index.htm#can. The data represent victimization rates for 40 states. The basic report includes a larger number of states but because the analysis combines race-specific maltreatment rates and race-specific poverty rates, the analysis includes only those states with race-specific estimates for both indicators.

[5] The solid line in center of the graph is a standard regression line, produced using a standard linear model: $y = a + bx$, where y is the predicted victimization rate, a is the intercept, x is the poverty rate, and b is how much the predicted victimization rate changes given a change in the poverty rate (the slope).
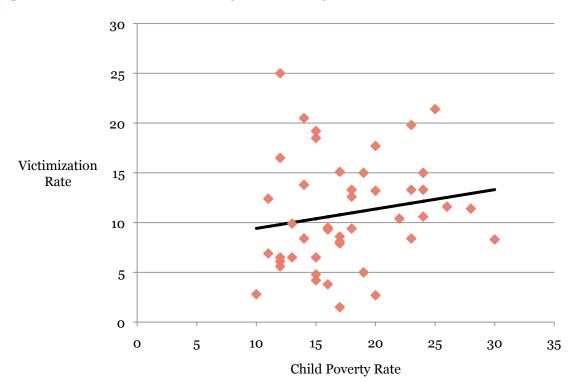
Starting with white child poverty and maltreatment, Figures 2 and 3 clarify this point. In Figure 2, the relationship between poverty and maltreatment is positive for white children. However, the relatively steeper regression line suggests that for a one-unit change in the rate of poverty one can expect a larger change in maltreatment rates (at the state level) than is true for children generally (i.e., without regard for race/ethnicity as shown in Figure 1).

Figure 3, which shows the black child poverty/maltreatment relationship, illustrates why it is important to understand disparity as a dependent variable. For black children, the poverty/maltreatment relationship is for the most part missing: with a unit change in state child poverty, one can expect to find almost no change in maltreatment rates.[6] In other words, the presumptive relationship between poverty and maltreatment, as measured at the state level, is extremely weak and—to the extent one sees a relationship in this selection of states—the data suggest that one is likely to encounter a somewhat lower black child maltreatment rate in states with higher black child poverty rates.[7]

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[6] There are other features of Figures 2 and 3 worth noting. The range of values and the relative variation around the regression line are two such features. The scope of this report does not allow for a full discussion of these issues and what they might mean for the questions at hand.

[7] It is important to note that issues of spatial scale are important: counties, zip codes, or census tracts might be better units of analysis. However, the findings reported here are not too different from prior work, including Brett Drake's work and Claudia
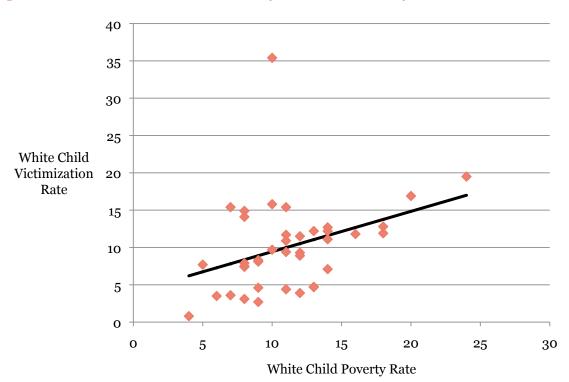
Figure 2. White Child Victimization Rates by White Child Poverty Rates and State: 2006

What accounts for this different view relative to the discourse in the field? First, it is important to point out that the average rates of maltreatment are much higher for black children (21 victims per 1,000 children) than white children (10 victims per 1,000 children). The relative rate (disparity ratio) is roughly 2 to 1, which is the statistic around which much of the discussion has taken place. However, the question of how poverty and disparity are related has as much to do with the slope of the regression lines depicted in Figures 2 and 3 as with average rates of maltreatment differentiated by race/ethnicity. If there were no relationship between disparity and poverty, the slope of the lines in Figures 2 and 3 would be parallel, when clearly they are not. More importantly, examining the relationship between poverty and disparity yields an interesting if not confounding result.

Coulton's research in Cleveland. See, for example, Drake, B., Lee, S. M., & Jonson-Reid, M. (2009). "Race and Child Maltreatment Reporting: Are Blacks Overrepresented?" *Children and Youth Services Review* and Coulton, C. J., Korbin, J.E., Su, M., & Chow, J. (1995). "Community Level Factors and Child Maltreatment Rates." *Child Development* 66 (5): 1262-1276.
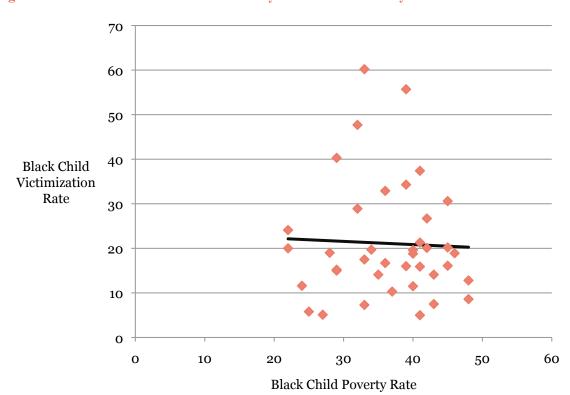
Figure 3. Black Child Victimization Rates by Black Child Poverty Rates and State: 2006

Figure 4 answers the question: what is the relationship between a state's level of child poverty and the observed black/white maltreatment disparity? The data for these states suggest that maltreatment disparity is greatest in states with the lowest, as opposed to the highest, poverty rates. Indeed, in states with the highest poverty rates, the disparity ratio often hovers near 1 (i.e., no black/white disparity in maltreatment).
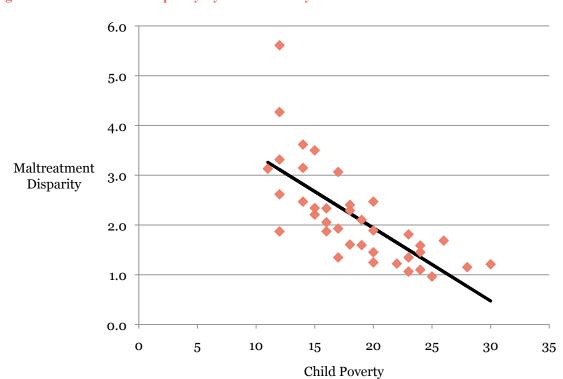
Figure 4. Maltreatment Disparity by Child Poverty Rates and State: 2006

The same data, controlling for race-specific poverty rates, are presented in Figures 5 and 6. Again these data reveal a similar pattern: disparity is greatest in states with the lowest poverty rates, whether one is considering white child poverty or black child poverty.
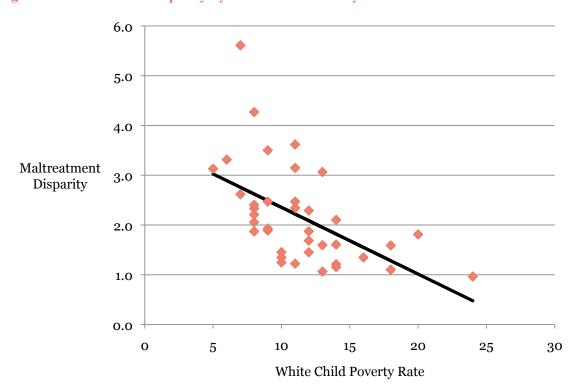
Figure 5. Maltreatment Disparity by White Child Poverty Rates and State: 2006

These are relatively simple data. To understand what they mean, we would have to examine the problem more deeply. However, that is precisely the point. What is it about states that have low poverty rates but high disparity rates? Why does the relationship between poverty and maltreatment differ so greatly by race? What is the meaning of the poverty/maltreatment relationship in the context of a larger narrative about differential treatment?[8]

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[8] These questions echo a point made earlier. Official reports are just that. However, in calling attention to the difference between official and true incidence, we tacitly acknowledge that the processes whereby children come to attention of child protective services is a main source of concern, which is all the more reason why the black child maltreatment/poverty relationship is so interesting. What social and bureaucratic processes produce these data? More importantly, if we understood the issue and sought to correct the existing issues, what would the data in Figure 3 look like in the future, under the assumption that the underlying disparities had been addressed?
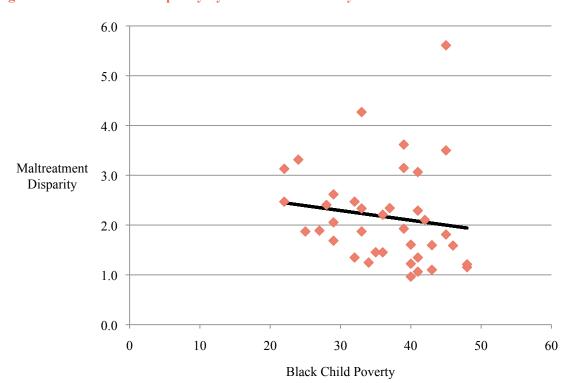
Figure 6. Maltreatment Disparity by Black Child Poverty Rates and State: 2006

Although it would be relatively easy to dismiss these rather simple data, the findings parallel results reported by Brett Drake and colleagues (2009) who found in Missouri that although black children were more than twice as likely to be reported for maltreatment, reporting rates were actually higher for whites than for blacks in some contexts.[9] In that study, census tracts were the unit of aggregation.

In addition, the analysis of placement rates reported in Table 1 suggests the same pattern. These data, which are for a collection of roughly 1,000 counties throughout the U.S., show that when race-specific placement rates are compared with race-specific poverty rates, we see a relationship that differs depending on race. We also find that placement rate disparities are greater in counties with lower overall poverty rates. In other words, the findings (for counties as opposed to states) resemble those reported for state maltreatment rates.

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[9] Drake, B., Lee, S. M., & Jonson-Reid, M. (2009). "Race and Child Maltreatment Reporting: Are Blacks Overrepresented?" *Children and Youth Services Review*.

Table 1. Correlation between County Population Characteristics, Placement and Disparity: 2000

Population Characteristic	Correlation Coefficient			
	Total Placements	Black Placements	White Placements	Disparity
Black Residents (%)	-0.05	-0.11	-0.17	-0.10
Child Poverty Rate	0.21	-0.04	0.17	-0.09
Black	0.04	-0.08	-0.01	-0.14
White	0.33	0.04	0.40	-0.04
Single, Female-Headed Households (%)	0.10	-0.11	-0.04	-0.13
Black	0.05	-0.05	-0.03	-0.10
White	0.30	-0.02	0.31	-0.08
Adults w/ Less Than High School Ed. (%)	0.22	-0.03	0.24	-0.09
Black	0.03	-0.06	0.02	-0.07
White	0.28	0.01	0.33	-0.07

Source: Child population counts for placement rates are from Census 2000, Summary File 2. Counts of first foster care admissions for placement rates are derived from analytic files based on the Multistate Foster Care Data Archive for 2000. Covariates are from Census 2000, Summary File 3.

In summary, the issues described relate to what is often called the slope and intercept problem. Much of the discourse in the disparity literature in child welfare has focused on differences in the intercept—black child maltreatment rates and black child placement rates are on average higher than those for whites, etc. Far less attention has been paid to the relationship between poverty and maltreatment (i.e., the slope). The findings from the simple analysis presented above suggest that while mean differences persist (though not always), the slopes of the regression lines describing the relationship between poverty and maltreatment/placement are quite different, depending on whether we are discussing white children or black children. This becomes evident when disparity is treated as the dependent variable and the research questions changes from determining the presence of disparity to determining if and why the level of disparity varies.

The findings do illustrate why a more or less exclusive focus on mean differences in maltreatment and placement rates tells an important but ultimately limited story. Across different spatial scales or other units of analysis, if we were to consistently find lower disparity rates in places with higher poverty rates, then we have to develop richer hypotheses to account for those differences. From a research perspective, the possibilities are compelling. One has to ask whether this is a function of structural differences in

communities with higher concentrations of poor children. Relative differences in service availability or service quality could conceivably account for mean values that are higher for blacks and negatively sloped regression lines. Or, it could be that the relationship between child welfare service utilization and race differs, as in the case of cross-level interactions (e.g., the relationship between poverty and maltreatment depends on the level of poverty in the surrounding community). These are questions that have received far too little attention despite the fact that their answers could dramatically influence the way we think about the problem and how we act so as to reduce disparity.

Policy and Practice Recommendations: Future Directions

As suggested at the outset, my main policy and practice recommendations are relatively straightforward. We simply need to invest more in research. Disparity is an important problem; we cannot hope to solve it with the level of funding currently available to study the problem.

If more research is needed, how might the research being done be extended? The literature on social epidemiology and health disparities looks closely at the distinction between compositional (i.e., people) and contextual effects (i.e., places). In (child welfare) disparity research, only a small handful of articles distinguishes between poverty as an individual-level phenomenon and poverty as a contextual phenomenon, even though the processes implied by those perspectives are quite different.

Other disciplines focus on system effects. In the services literature, distinctions between access (or availability), utilization, and quality play an important part in whether services benefit families. The field of child welfare has addressed these topics to varying degrees, though not in a systematic, theoretically guided manner. We do not know enough about the impact of organizations on outcomes for children. There are hundreds, if not thousands, of organizations providing child welfare services. Although there is every reason to believe organizational factors influence what happens, we have almost no systematic knowledge in this regard. In this context, service quality has to be more clearly defined and then studied.

Finally, one of the enduring features of the child welfare system in the United States is its local character. Running counter to that is the strong tendency to paint the entire field with a single, broad brush despite ample evidence to suggest that this is unwise. What is not clear is whether it is important to have one definitive statement regarding any one set of findings. It seems, given the diversity of individuals,

settings, and systems that one might expect different findings depending on a whole host of local factors. If so, then the burden of any given local system is to understand patterns in that area so that stakeholders can respond accordingly.

About Chapin Hall

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.