

# Disproportionality, Disparities, and Inequities in Kansas Child Welfare

Kansas Child Welfare Summit

April 15, 2024

2:15p.m - 3:05p.m.

Presented by

Shanelle Dupree, JD

Pegah Naemi Jimenez, PhD

**Racial Equity Collaborative**



**Racial Equity  
Collaborative**  
*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# Introductions





**Racial Equity  
Collaborative**  
*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# Too Big & Too Complex

Disproportionality, Disparities, and Inequities in Kansas Child Welfare

*I am no longer accepting the  
things I cannot change.  
I am changing the things I  
cannot accept.  
~ Angela Davis*

# Statewide Learning Journey

## Kansas Racial Equity Collaborative



**Kansas Racial Equity Collaborative** is a statewide effort to understand the history of racial inequities in child welfare and to define the problem through a shared language and shared understanding, so **we all advocate for racial equity**.

### Our work recognizes



#### Historical oppression

Past atrocities such as slavery, colonization, and segregation have led to present day social inequities



#### Our society and systems are rooted in White supremacy

Racial disparities in child welfare are symptomatic of pervasive systemic and structural racism. Advancing racial equity requires holding ourselves accountable for transforming our institutions, systems, and laws to work equally for everyone.



#### Racism as a public health crisis

Racial disparities in child welfare intersect and interlock with inequities in education, health, policing, wealth, and other systems. Eliminating these harms requires collaboration and action across communities, disciplines, and service sectors.

*I am no longer accepting the things I cannot change. I am changing the things I cannot accept.*  
 ~ Angela Davis

### Our work is guided by

- Collaboration
- Action-Orientation
- Holistic & Creative
- Lived Experience
- BIPOC Leaders
- Inclusivity
- Accountability
- Data informed



### Grounded in lived experience & data

*“ I said, ma’am... Now that this is all over with... what are you going to do to help put my family back together? ... You didn’t have any problem tearing it apart. What are you guys going to do to help put my family back together? ~ Birth Parent*

In Kansas, Black children are placed in foster care at nearly **twice** the rate of White children.

**2X**



Black families experience child welfare investigations at a much higher rate than White families.  
 (Kim et al., 2017)

## Kansas Racial Equity Collaborative



**Kansas Racial Equity Collaborative** is a statewide effort to understand the history of racial inequities in child welfare and to define the problem through a shared language and shared understanding, so **we all advocate for racial equity**.

### Our key activities build capacity for collaborative cross-sector action

**Virtual Lectures**

Lecture series with data, national and local experts, interactive virtual discussions, geared towards mandated reporters

**Symposium**

All-day in-person event themed, *From Where I Sit, How Can I Impact Racial Equity?*

**Newsletter**

Emailed newsletter to regularly share information and resources with a broad audience, and support ongoing learning

**Brave Spaces**

Multi-disciplinary discussion groups to support individuals and organizations toward developing & taking actions steps

### Participants' Feedback

Completely enlightening to me. I have a ton of work to do.

It gave me a new way to think about racial equity and how to get involved.

Positive, safe, inspiring

Kansas Racial Equity Collaborative was proudly founded by Kansas Department for Children and Families, CarePortal, and University of Kansas School of Social Welfare. Our core collaborators are: Becci Akin, Shanelle Dupree, Abby Fry, Sarah McCall, Pegah Naemi-Jimenez, Ashley Smith, Brandi Turner, and Kelech Wright. We'd love to hear from you! Contact us at [kansasracialequity@gmail.com](mailto:kansasracialequity@gmail.com)



Link to pdf & definitions



# Purpose

## Disproportionality, Disparities, and Inequities in Kansas Child Welfare

- ▶ **Discuss the history of child welfare by race to connect to current inequities of child welfare**
- ▶ **Introduce shared language to help define the problem**
- ▶ **Amplify data AND lived experiences while introducing actionable steps to advance racial equity in child welfare**

# Education, Legal, Medical & Social Work

## Disproportionality, Disparities, and Inequities in Kansas Child Welfare

**Rule 110A**  
**STANDARDS FOR GUARDIANS AD LITEM**

(a) **Generally.** Unless the appointing judge authorizes departure from these standards for good cause, these standards apply when the judge appoints a guardian *ad litem* for a child in a case under the Revised Kansas Code of Care of Children, K.S.A. 38-2201 et seq.; the Revised Kansas Juvenile Justice Code, K.S.A. 38-2301 et seq.; and the Kansas Family Law Code, K.S.A. Chapter 23. The judge must:

- (1) issue an order appointing the guardian *ad litem* on a form substantially in compliance with the judicial council form; and
- (2) ensure compliance with this rule.

(b) **Prerequisite and Continuing Education.**

(1) **Requirements.**

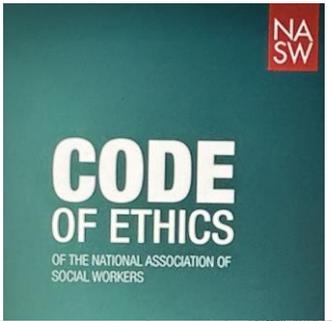
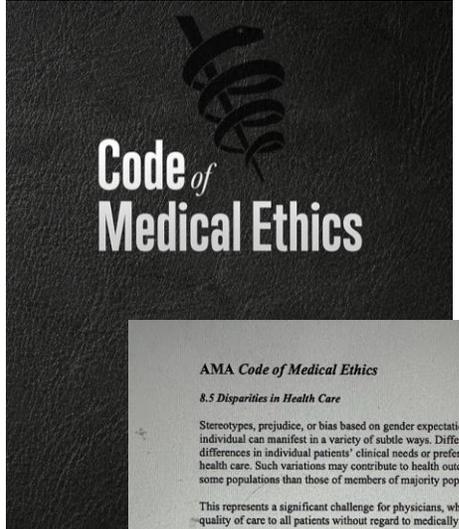
(A) **Number of Hours; Timeframe.** As a prerequisite to appointment, a guardian *ad litem* must complete at least 6 hours of education, including 1 hour of professional responsibility. An appointed guardian *ad litem* also must participate in continuing education consisting of at least 6 hours per year.

(B) **Areas of Education.** Areas of education should include, but are not limited to:

- dynamics of abuse and neglect;
- roles and responsibilities;
- **cultural awareness;**
- communication skills, including communication with children;

## Kansas GAL Standards

- (1) **Conducting an Independent Investigation.** A guardian *ad litem* must conduct an independent investigation and review all relevant documents and records, including those of social service agencies, police, courts, physicians, mental health practitioners, and schools. Interviews—either in person or by telephone—of the child, parents, social workers, relatives, school personnel, court-appointed special advocates (CASAs), caregivers, and others having knowledge of the facts are recommended. Continuing investigation and ongoing contact with the child are mandatory.
- (2) **Determining the Best Interests of the Child.** A guardian *ad litem* must determine the best interests of the child by considering such factors as:
  - the child's age and sense of time;
  - the child's level of maturity;
  - **the child's culture and ethnicity;**
  - degree of the child's attachment to family members, including siblings;



**GOVERNANCE DOCUMENT**

## Code of Ethics for Educators

The National Education Association believes the education profession consists of one education workforce serving the needs of all students and provides standards by which to judge conduct.

**PRINCIPLE I**

**COMMITMENT TO THE STUDENT**

The educator strives to help each student realize his or her potential as a worthy and effective member of society. The educator therefore works to stimulate the spirit of inquiry, the acquisition of knowledge and understanding, and the thoughtful formulation of worthy goals.

In fulfillment of the obligation to the student, the educator--

1. Shall not unreasonably restrain the student from independent action in the pursuit of learning.
2. Shall not unreasonably deny the student's access to varying points of view.
3. Shall not deliberately suppress or distort subject matter relevant to the student's progress.
4. Shall make reasonable effort to protect the student from conditions harmful to learning or to health and safety.
5. Shall not intentionally expose the student to embarrassment or disparagement.
6. Shall not on the basis of race, color, creed, sex, national origin, marital status, political or religious beliefs, family, social or cultural background, or sexual orientation, unfairly--
  - a. Exclude any student from participation in any program
  - b. Deny benefits to any student
  - c. Grant any advantage to any student

**AMA Code of Medical Ethics**

**8.5 Disparities in Health Care**

Stereotypes, prejudice, or bias based on gender expectations and other arbitrary evaluations of any individual can manifest in a variety of subtle ways. Differences in treatment that are not directly related to differences in individual patients' clinical needs or preferences constitute inappropriate variations in health care. Such variations may contribute to health outcomes that are considerably worse in members of some populations than those of members of majority populations.

This represents a significant challenge for physicians, who ethically are called on to provide the same quality of care to all patients without regard to medically irrelevant personal characteristics.

To fulfill this professional obligation in their individual practices physicians should:

- (a) Provide care that meets patient needs and respects patient preferences.
- (b) Avoid stereotyping patients.
- (c) Examine their own practices to ensure that inappropriate considerations about race, gender identity, sexual orientation, sociodemographic factors, or other nonclinical factors, do not affect clinical judgment.
- (d) Work to eliminate biased behavior toward patients by other health care professionals and staff who come into contact with patients.
- (e) Encourage shared decision making.
- (f) Cultivate effective communication and trust by seeking to better understand factors that can influence patients' health care decisions, such as cultural traditions, health beliefs and health literacy, language or other barriers to communication and fears or misperceptions about the health care system.

The medical profession has an ethical responsibility to:

- (g) Help increase awareness of health care disparities.
- (h) Strive to increase the diversity of the physician workforce as a step toward reducing health care disparities.
- (i) Support research that examines health care disparities, including research on the unique health needs of all genders, ethnic groups, and medically disadvantaged populations, and the development of quality measures and resources to help reduce disparities.

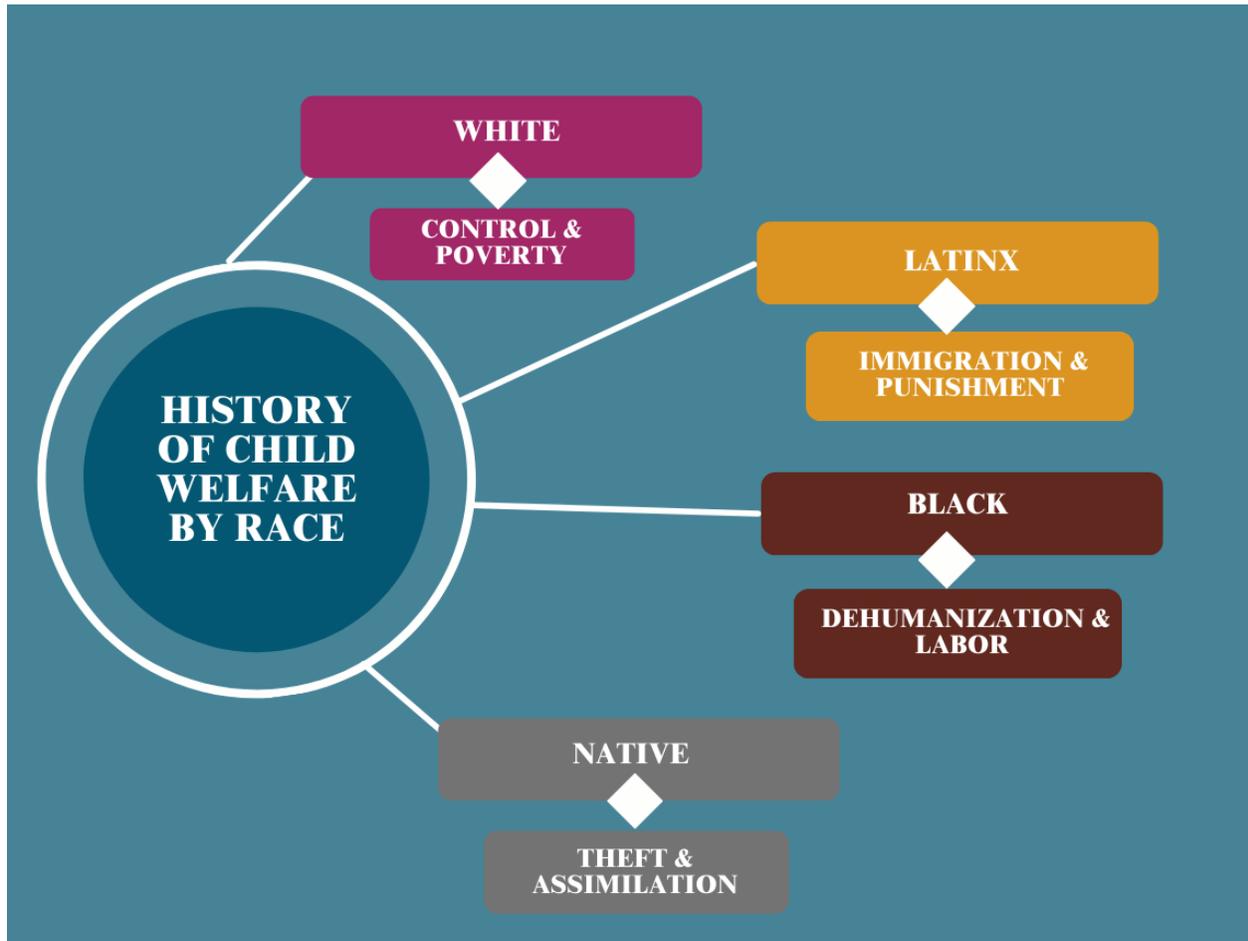
*AMA Principles of Medical Ethics: I,IV,VII,VIII,IX*

### 1.05 Cultural Competence

- (a) Social workers should demonstrate understanding of culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- (b) Social workers should demonstrate knowledge that guides practice with clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.
- (c) Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility.
- (d) Social workers should obtain education about and demonstrate understanding of the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.
- (e) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients' use of and access to electronic technology and seek to prevent such potential barriers. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

# History of Child Welfare by Race

## Skin DEEP



# White Families

## Skin DEEP: History of Child Welfare by Race



Video Credit: <https://youtu.be/WDJx8m5DCL4?si=EJzCAKYox2P9-urq>

# Native Families

## Skin DEEP: History of Child Welfare by Race



Video credit: <https://www.youtube.com/watch?v=pcAZsf96d3U>

# Latinx Families

## Skin DEEP: History of Child Welfare by Race



# Black Families

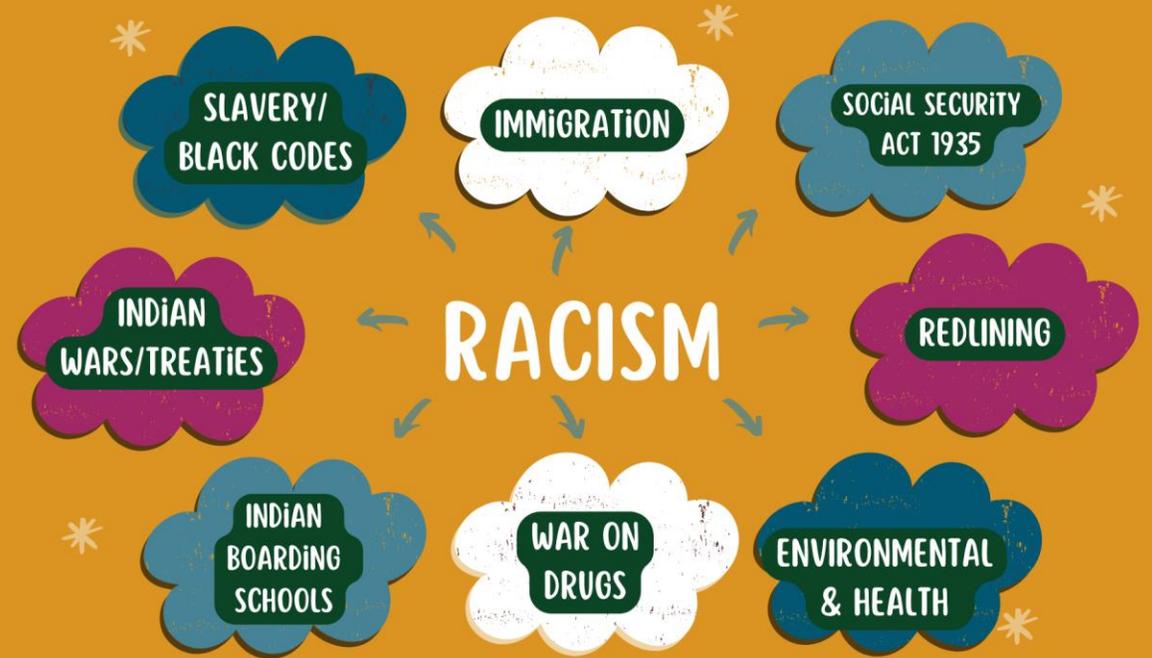
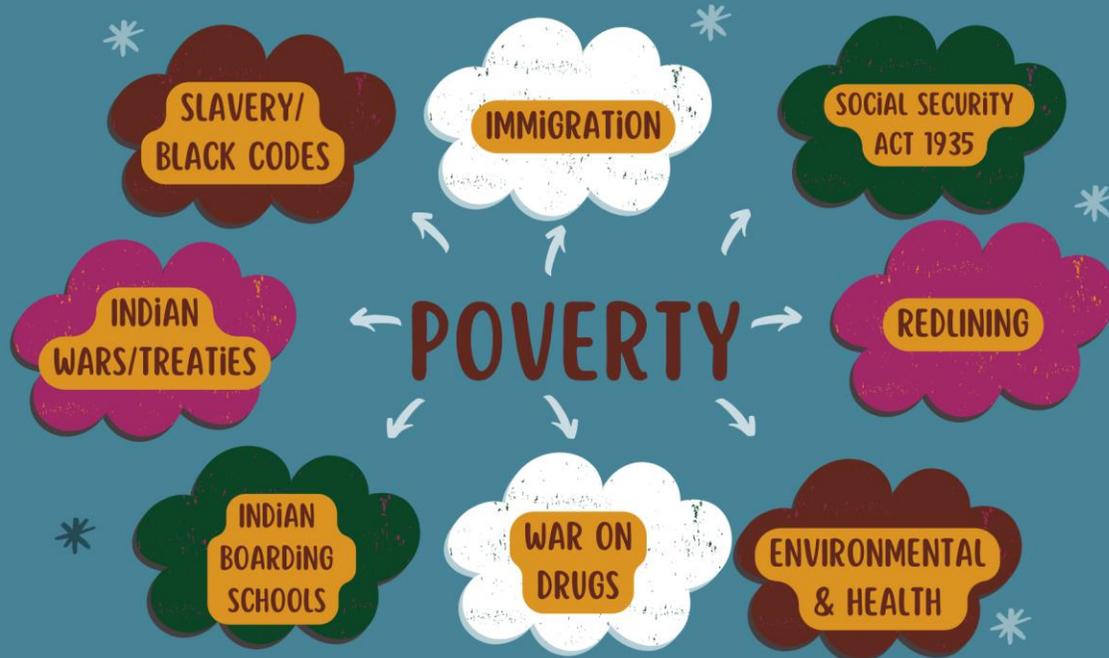
## Skin DEEP: History of Child Welfare by Race



Video credit: [https://youtu.be/PmQvofAiZGA?si=\\_Pzc7SO-JKjioFnN](https://youtu.be/PmQvofAiZGA?si=_Pzc7SO-JKjioFnN)

# Racism & Poverty in Child Welfare

## Disproportionality, Disparities, and Inequities in Kansas Child Welfare





# Developing a shared language

## Disproportionality, Disparities, and Inequities in Kansas Child Welfare



**What is Racial Equity?**



**What is Disproportionality?**

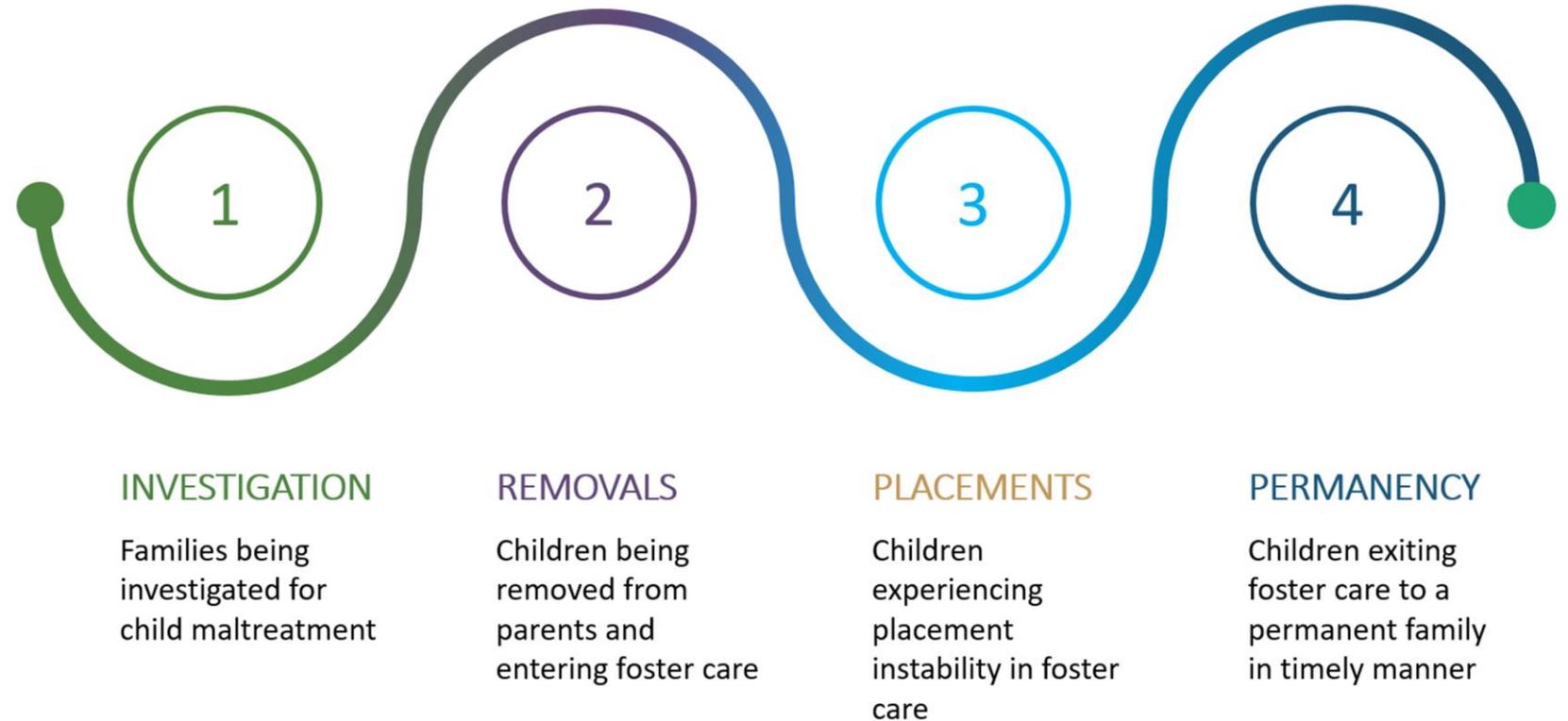


**What is a Disparity?**

# Data & Lived Experience

Throughout the entire system

**Racial disproportionality & disparities occur at many different decision points in child welfare**





**Racial Equity  
Collaborative**

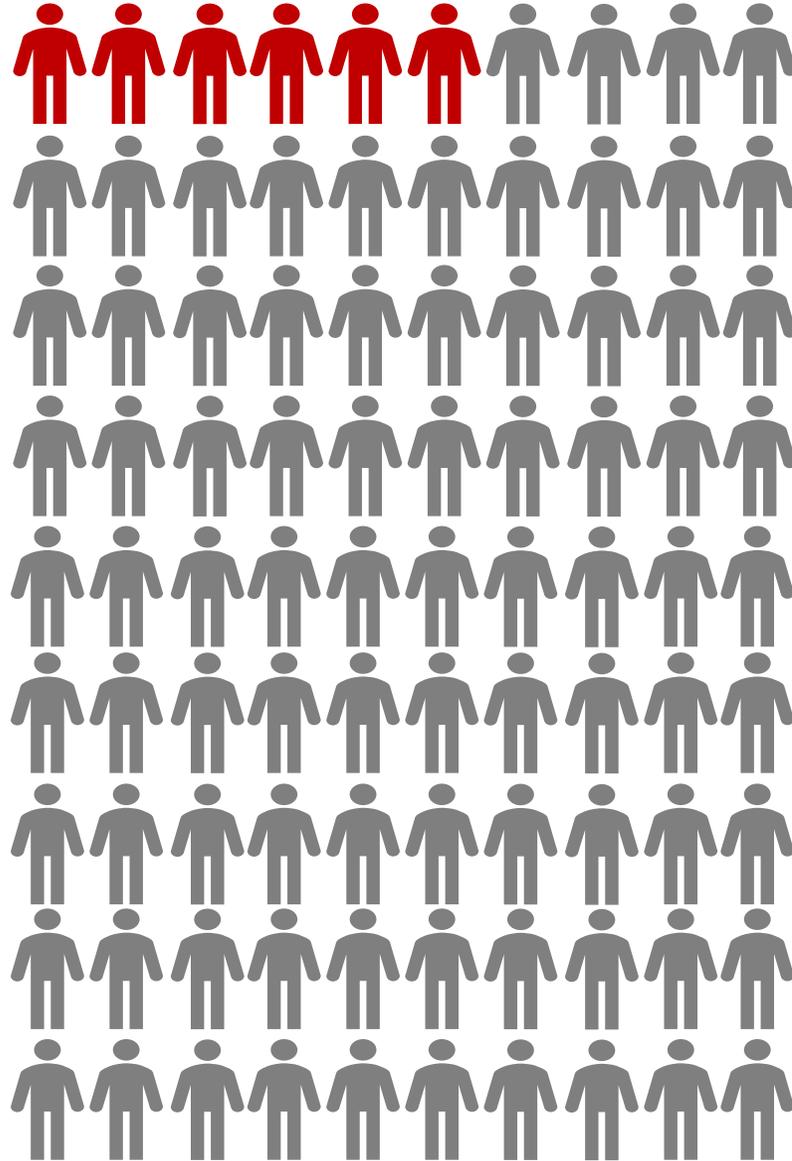
*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# KEY DATA POINT #1

Removals into Foster Care

# Black children are over-represented among children entering foster care in Kansas

6% of Kansas children are Black

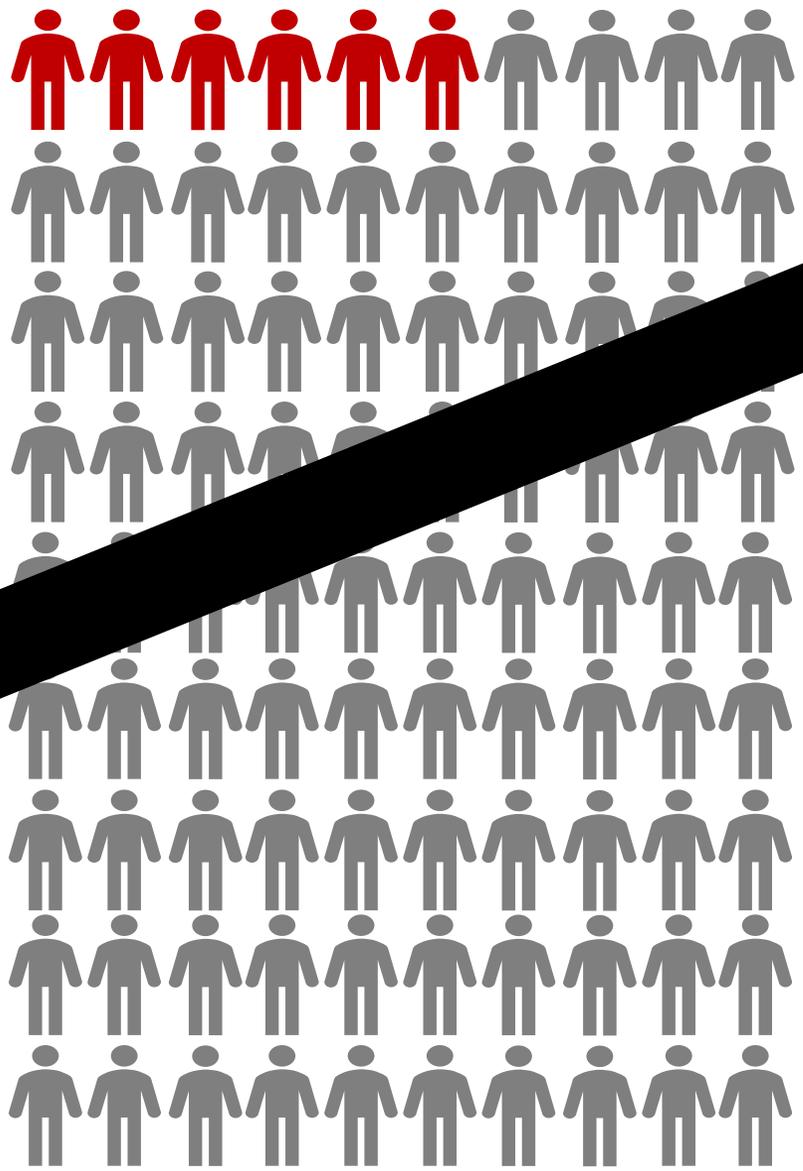


18% of Kansas children entering foster care are Black



The percentage of Black children in foster care is 3X greater than the percentage in the population. This is calculated as a disproportionality index.

6% of Kansas children are Black

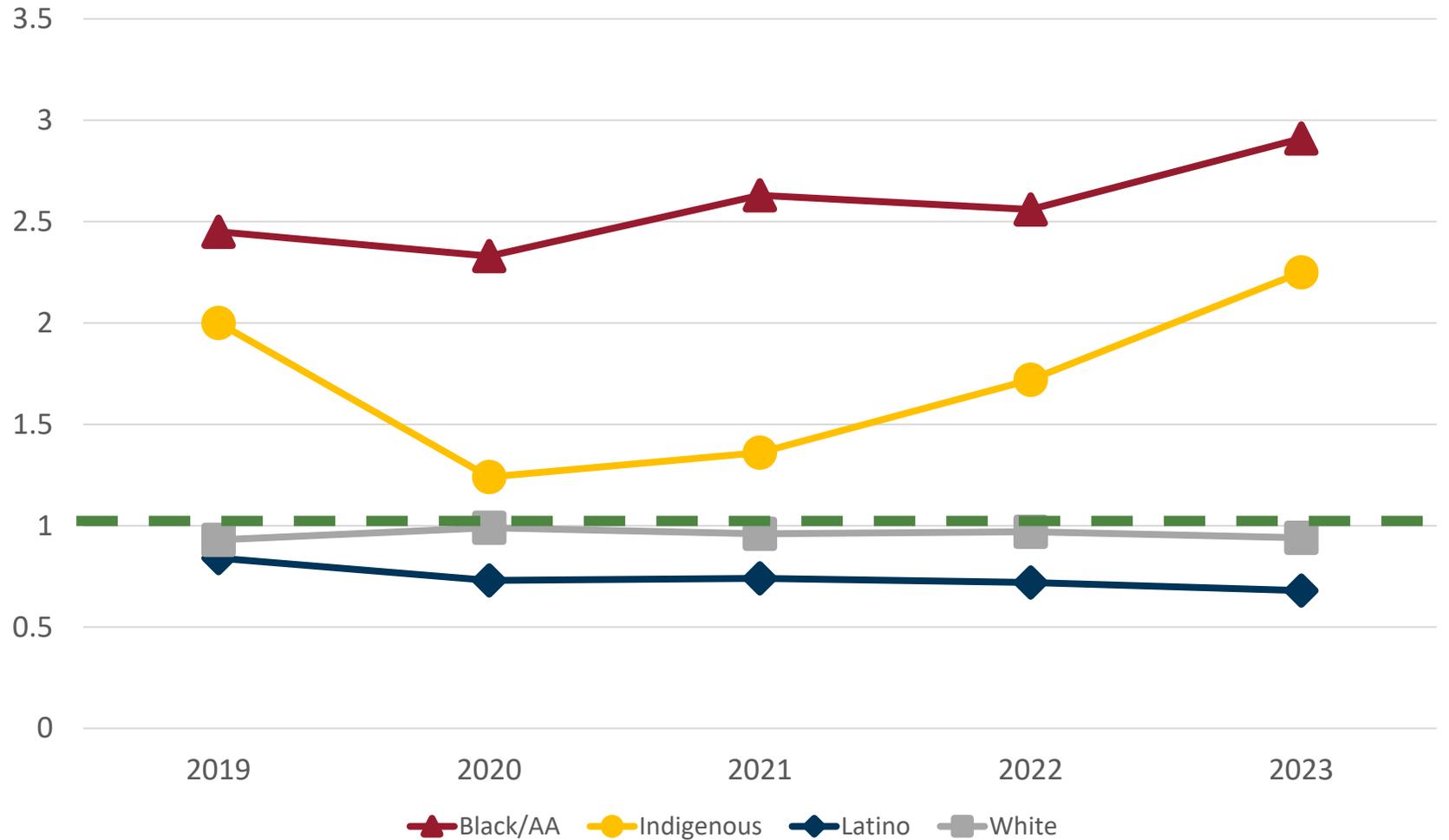


18% of Kansas children entering foster care are Black



**Black and Indigenous children have consistently been over-represented among children entering foster care in Kansas for many years**

Disproportionality Index for Foster Care Removals  
Across Five Years, 2019-2023





**Racial Equity  
Collaborative**

*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# KEY DATA POINT #2

Placement with relative or kin upon entry into foster care

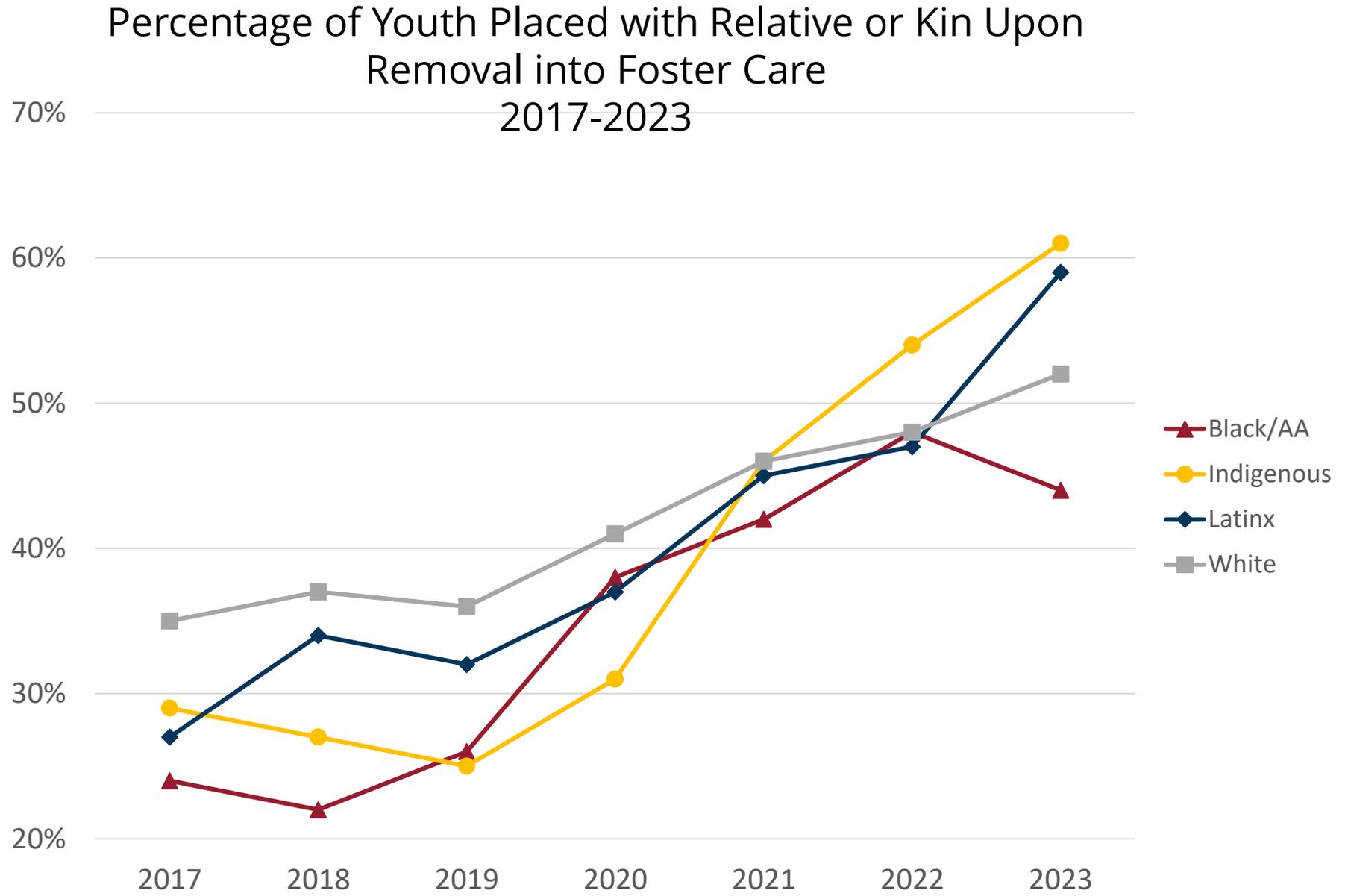


# Why Is Placement with Relative/Kin Important?

- Fostering Adoptions and Connections Act
- Reduces trauma of the removal
- Supports children's connections to their schools, siblings, activities, community, and culture
- Improves placement stability
- Leads to better permanency outcomes

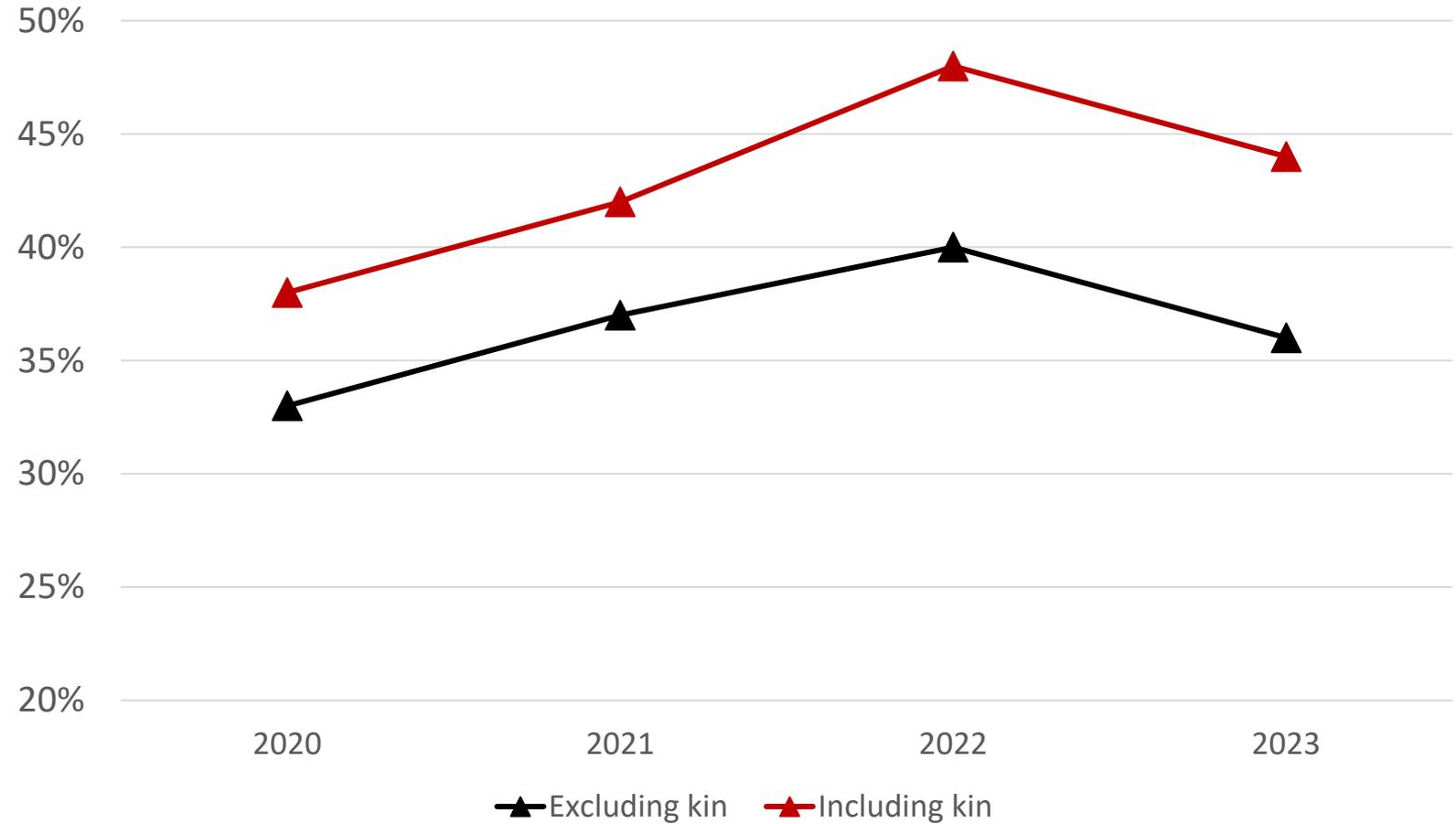
**Percentage of youth placed with relative or kin has increased dramatically for all racial groups since 2019.**

**The percentage decreased for Black children from 2022 to 2023.**



Percentage of Black Youth Placed with Relative Versus Placed with Relative or Kin Upon Removal into Foster Care 2017-2023

**For Black children, placement with non-related kin increases their percentages noticeably**





**Racial Equity  
Collaborative**

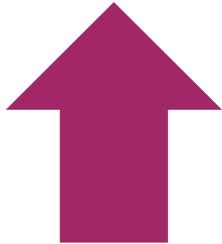
*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# KEY DATA POINT #3

Placement Stability

# Placement Stability Data Point

$$\frac{\text{\# of Placements}}{\text{\# of Days in Foster Care}} \times 365 = \text{Number of Placements Per Year}$$



Adjusts for the amount of time child has been in foster care



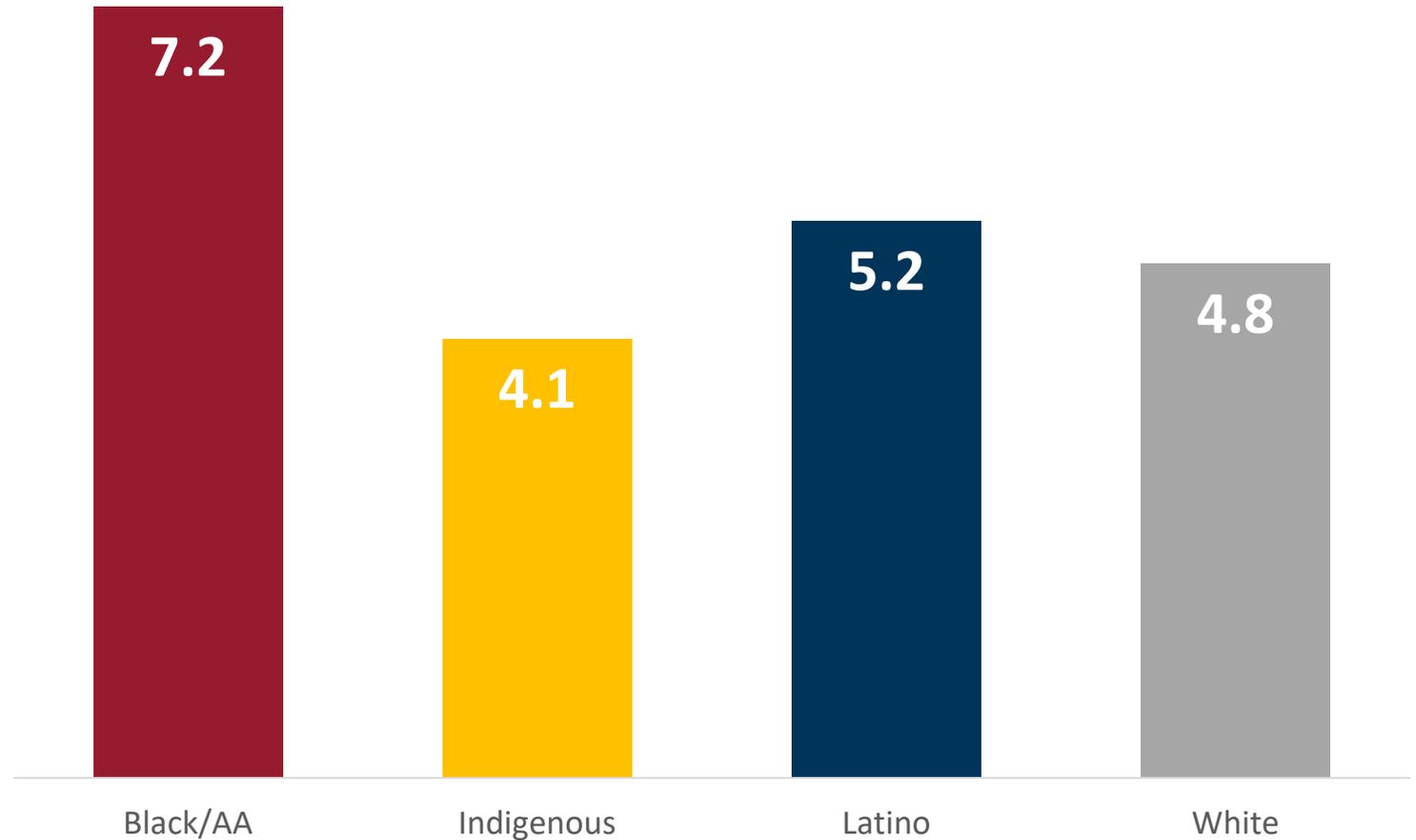
Adjusts for the amount of time child has been in foster care



Gets averaged for each racial group

**Average number of placements per year is higher for Black and Latinx youth as compared to Indigenous and White youth**

Average Number of Placements Per Year, 2017-2023





**Racial Equity  
Collaborative**

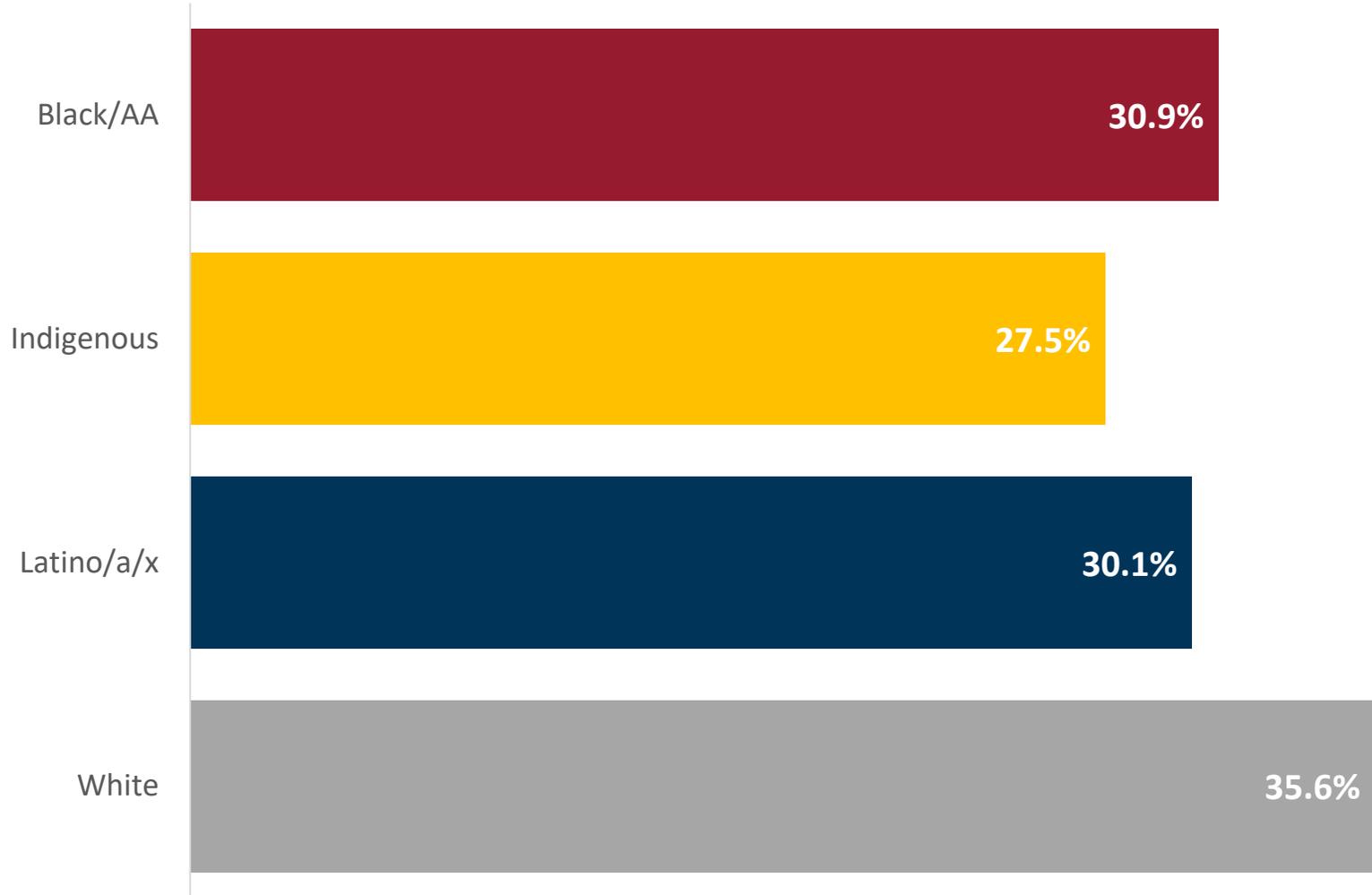
*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# KEY DATA POINT #4

Reunification within 12 months

**Percentage of youth who reunify with family in 12 months is lower for Indigenous, Latinx, and Black youth as compared to White youth**

Average Percentage of Youth Reunified with Family in 12 Months from Entry, SFY2023





**Racial Equity  
Collaborative**

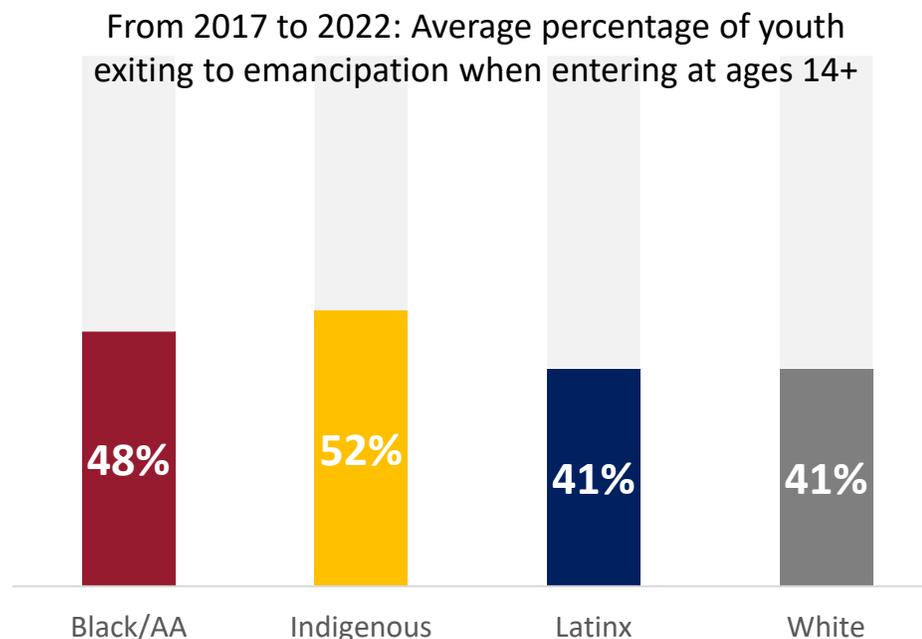
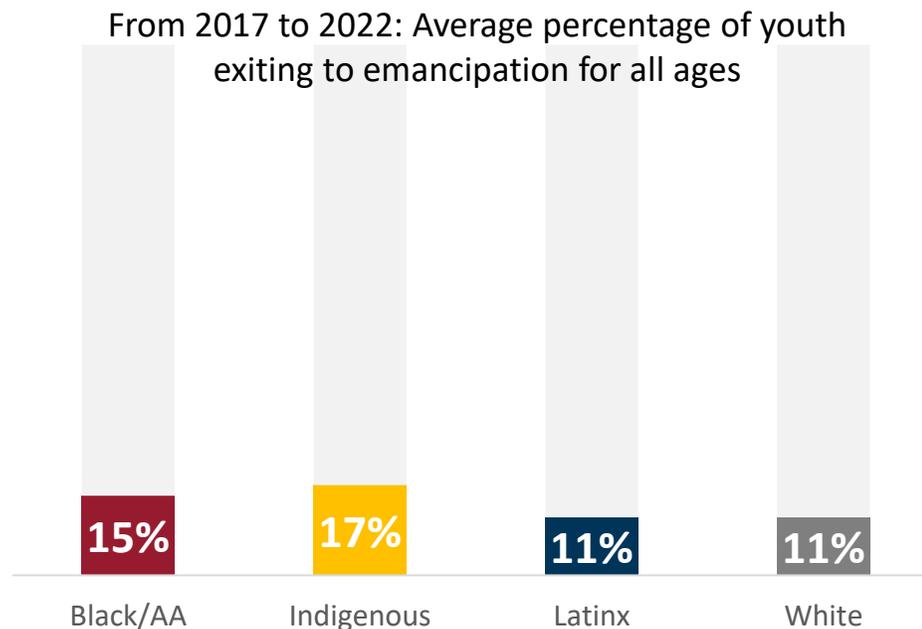
*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# KEY DATA POINT #5

Aging Out of Foster Care

**In Kansas, Indigenous and Black children age-out of foster care at higher rates than Latinx and White children.**

**The rates of aging out are even higher for youth who enter care at 14+ years, and disparities continue for Indigenous and Black youth.**





**Racial Equity  
Collaborative**

*Advancing Racial Equity for Families and  
Communities Through Collaborative Action*

# DATA IS NUMBERS & STORIES

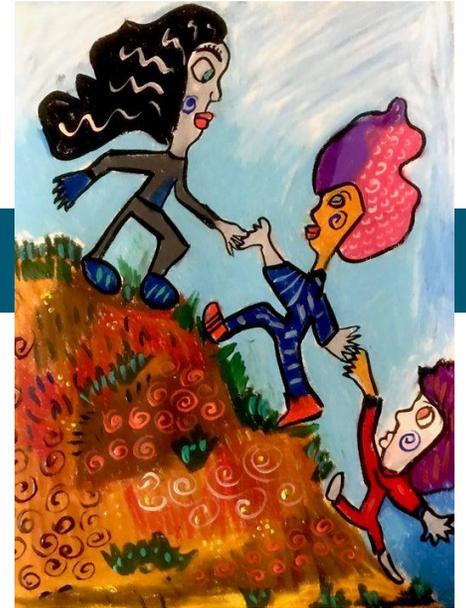


## Racial Equity Collaborative

Advancing Racial Equity for Families and Communities Through Collaborative Action

# Understanding data AND lived experiences

*Jump – jump all those hoops and go higher if you want to. If you go higher, they can't ask for you to do anymore...It's going to be stressful, it's gonna be hard but stay with it...stay on these people. Make sure to bring something for your children in every visit...Do not miss a visit, don't miss none of your visits unless it is absolutely urgent... Jump them hoops. Go to court, do what you need to do to get your children back. ~ Birth Parent*



## Understanding data AND lived experiences



Picture Credit: Homayra Elsayed

*The more a family advocates strongly for themselves in...clear, decisive, passionate ways, the higher potential that professionals on the case will see that as somebody who is disagreeable or putting up roadblocks or not willing to accept what happened or not willing to make a change and I see this more often being to the detriment of families.  
~Manager*

## Understanding data AND lived experiences



*I said, Ma'am...Now that this is all over with...what are you going to do to help put my family back together? ...You didn't have any problem tearing it apart. What are you guys going to do to help put my family back together? ~ Birth Parent*

# Tips

## How to move racial equity forward in your organization

- #1. Make eliminating racial disparities a clear priority for the organization through words, finances, action, and support.
- #2. Embrace the ambiguity of attempting new and creative approaches to eliminate racial disparities.
- #3. Spend time defining the problem of racial inequities within the organization.
- #4. Plan to make mistakes and seek authentic support and help.



# Judicial Teams next steps

## Practical next steps

- #1. Consider developing a race equity team within your district.
- #2. Consider gathering race equity data for specific areas within your district.
- #3. Consider examining specific policies for poverty related barriers.
- #4. Consider integrating specific topics of race equity into your organization's learning.
- #5. Consider joining a zoom call on Friday, May 3rd, 2024 called "Bravery in Action" to begin thinking deeply in a safe space about race equity questions.



# Next Steps- Bravery in Action zoom

[Info@racialequitycollaborative.org](mailto:Info@racialequitycollaborative.org)

- #1. What do you know your racial equity data?
- #2. How are those with lived experience/expertise included in addressing any racial disparities within the system you work?
- #3. What ways does your organization facilitate racially equitable conversations with leadership & staff and regarding programs and policy?
- #4. Whose responsibility is it to move racial equity forward?

**From where you sit, how can you advance racial equity?**

Friday, May 3rd, 2024  
12-1p.m.



**Bravery in Action  
Registration**