Using racial disproportionality and disparity indicators to measure child welfare outcomes

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Abstract

This article examines the utility of racial disproportionality and disparity data to measure the performance and outcomes of child welfare systems. Given the differential patterns of entry, exit and service responses for black, indigenous and ethnic minority children in many child welfare systems around the world, the conceptualisation of both quality and outcomes should take account of their needs. Clarity is required about which dimensions of effectiveness are measured by racial disparity indicators, in order to design strategies to address its causes and consequences. The article discusses how data on racial disproportionality and disparity can be used, as part of a suite of performance indicators, to highlight issues regarding the quality, equity and accessibility of child welfare services.

Using racial disproportionality and disparity to measure outcomes in child welfare systems

Introduction

The disproportionate representation of black, indigenous and ethnic minority groups in child welfare systems has been a long-standing concern in many countries. Out-of-home care research has found that, compared to their percentage in the population, indigenous children are over-represented in care in the USA, Canada, Australia and New Zealand; African American children are also over-represented in care in the USA; and Caribbean, African and some groups of mixed heritage children are over-represented in care in Britain. On the other hand, the under-representation of some groups has been noted, including South Asian children in Britain and Hispanic children in the USA (Hill, 2007; Thoburn, Chand, and Procter, 2005; Tilbury, 2008).

In this article, we consider the place of racial disproportionality and disparity data in measuring the performance and outcomes of child welfare services. Racial disparity is generally discussed as something child welfare agencies should strive to reduce. However, we need to be clear about precisely what dimensions of performance are being measured. The article first introduces the conceptual elements of performance measurement, identifying client outcomes, quality and equity as key dimensions of effective performance. A brief overview of research on racial disparity in child welfare is provided, followed by a discussion of how racial disparity and disproportionality may be interpreted. Does racial disparity measure the quality of child welfare programs (for example, whether programs and interventions are culturally appropriate and equitable); is it an outcome of a child and family services system that under-spends on preventative measures; or is it simply an output that reflects national history, demographics and relative disadvantage amongst some ethnic

groups? Clarity is required about which dimensions of effectiveness are measured by racial disparity indicators, in order to design strategies to address its causes and consequences.

<center>Measuring performance</center>

Performance measurement has become an increasingly visible part of the policy process in child welfare as in other public sector and private enterprises. It involves monitoring, at a program, agency, or whole-of-system level, the cost and quality of services and outcomes for clients in order to account for public expenditure (Carter, Klein, and Day, 1992). It has the potential to provide insights into the operation of the child welfare system, signal improving or declining performance in selected areas, contribute to the evidence base on 'what works' and ultimately enhance service quality and client outcomes. The multiple uses for indicators have been classified as follows (Carter et al., 1992; Jackson, 1988):

- Prescriptive indicators: linked to objectives, benchmarks or targets; 'dials' that indicate good or bad performance; based on the assumption that good performance is unambiguous and absolute;

- Descriptive indicators: record change or provide a map of the terrain rather than a preferred route; 'tin openers' that signal emerging issues; based on the assumption that performance is contested and relative; and

- Proscriptive or negative indicators: point to things that should not happen; 'alarm bells' that can be used both prescriptively and descriptively.

There is a more prescriptive use of indicators in Britain and the USA where performance targets have been used extensively in child welfare services, whereas they are used more descriptively in other countries. At a national level, we have found little evidence of targets being set to achieve policy goals relating to racial disparity or disproportionality (except perhaps in the USA and England, where adoption targets may be seen as part of a strategy to reduce the high rates of black children in care).

Models for developing performance indicators are based on an understanding that we can demonstrate that *what we do* produces a *result* for clients. This is generally expressed using input-process-output-outcome language. These terms are defined as follows (Carter et al., 1992, p.35):

- Inputs are the resources required to provide a service such as funds, capital and staff (and in the language of performance measurement, child welfare clients are 'non resource inputs' (Knapp, 1984) because their participation in service provision and their material circumstances affect outcomes);

- Processes are the way in which a service is delivered, involving some measure of quality;

- Outputs are the services or activities provided, the tangible products of an agency; and

- Outcomes are the impact, benefit or results of the service for individuals or society.

This model makes a clear delineation between the quantity and quality aspects of what an agency does by separately defining processes, service outputs and client outcomes. However, there are both theoretical and technical problems with building program logic in child welfare, because there is rarely a demonstrable or direct linear relationship between what we do and the results we achieve (problems of attribution). It is difficult to disentangle the impact of various intervening factors in the relationship between inputs and outcomes in real-world social work (Nocon and Qureshi, 1996; Stevens, 1999). The challenge is to be as precise as possible in describing and evaluating program components. A second (and related) concern is about being held accountable for outcomes that cannot be controlled. Many factors such as access to housing, income support and health services, and the adverse accidental events that can impact on any family, may influence child and family outcomes. The child welfare system is part of the institutional framework for managing social inequalities, and child welfare agencies deal with the consequences of the oppression of black, indigenous and ethnic minority groups throughout history. The question is whether it is better to measure inputs,

outputs, and processes that can be directly controlled, rather than outcomes (Carter et al., 1992; Parker, Ward, Jackson, Aldgate and Wedge, 1991). However, a preoccupation with activity over results may reflect an unwillingness to ask fundamental questions about the impact of public policy on the community and raises ethical concerns for agencies that claim to be interested in the well-being of clients (Carter et al., 1992; Courtney, Barth, Duerr Berrick, Brooks, Needell and Park, 1996; Rapp and Poertner, 1987).

Defining effectiveness

Defining the components of 'good performance', the literature calls for a set of indicators that balances *effectiveness* and *efficiency*. Assessing program effectiveness may contribute to program development, research, knowledge building, monitoring, and practice improvement. Measuring efficiency ensures that there is accountability for public funds, that services are provided economically, and that scarce resources are allocated to services and strategies that can be demonstrated to work (Steering Committee for the Review of Commonwealth/State Service Provision, 2008). If performance is measured in order to improve both effectiveness and efficiency, then how are these concepts understood within the performance measurement literature?

In general terms, a program is effective if it meets its objectives. However, this is not straightforward. Objectives for programs may be conflicting, ambiguous, poorly defined or unstable over time (Carter et al., 1992). A program may be demonstrably effective in attaining limited goals, having administrative effectiveness but policy ineffectiveness (Carter et al., 1992; Cheetham, Fuller, McIvor, and Petch, 1992). If effectiveness is to mean more than the somewhat circular process of achieving program objectives then it must be linked to client outcomes, or the impact the program has on clients or the community (Knapp, 1984). According to this approach, an effective program is one that achieves intended benefits for clients, provides good quality services, and is equitably distributed amongst intended clients

(Carter et al., 1992; Knapp, 1984; Nocon and Qureshi, 1996). This is alternatively expressed as the extent to which client outcomes, service quality, and access and equity objectives are met (Steering Committee for the Review of Commonwealth/State Service Provision, 2008).

There are particular reasons, in a human services context, to make client outcomes essential to effectiveness. In order to be effective, services must bring about some positive change for clients. The 'production' of outputs such as child protection assessments, parent education classes or out-of-home placements is of no value if the services do not help the people they are intended to help. Outcome measures aim to answer the question: 'have services been effective in meeting client needs?' In developing child well-being scales for child welfare services, Magura and Moses (1986) separate 'case events' from 'client events'. Case events are changes in the stage or phase of a case, in a client's legal status, or the type of services provided. They argue that case events or decisions that are agency controlled (such as 'placement', 'return home', 'legalisation of adoption or guardianship', 'case closure') should not be used to measure outcomes because they do not specify what types of client improvements have occurred. Client events— observable changes in client behaviour, attitudes, skills, knowledge, environment or resources—are preferred. In the child welfare field, various indicators are used to monitor improvements in children's health, education, or well-being, and thus measure outcomes.

Yet effectiveness is more than outcomes, reflecting the importance of the social work process. *How* change is achieved (for example, maintaining the dignity of the person, building respectful relationships) is part of the effectiveness equation (Cheetam et al., 1992). Quality measures focus on agency processes and decision-making such as timeliness (for example, in conducting investigations or obtaining court orders), the nature of care provided to children (such as placement stability or placement with kin) and service standards (such as cultural competence and access to complaints mechanisms). In some jurisdictions, the satisfaction of

children, parents and carers with the services provided is used as a quality measure. For example, the *England and Wales Children Act 1989* and accompanying guidance require these groups to be consulted, and due consideration given to their views (Department of Health, 1991). Quality indicators are important in child welfare because the process of change that comes from purposive work with clients is usually integral to achieving good outcomes (Parker et al., 1991). Research shows that some interventions and processes lead to better outcomes, so the quality of 'what is done' is central to the capacity to achieve good outcomes.

Access and equity are elements of effectiveness that are closely related to quality. These indicators are intended to show whether service delivery is arranged so that all clients have fair access to services, that there is no discrimination between groups, and there is consideration of the needs and preferences of those groups who may have special difficulty accessing services (Steering Committee for the Review of Commonwealth/State Service Provision, 2008). Child welfare agencies need to ensure that their considerable powers of statutory intervention into family life are not used inequitably against particular ethnic or racial groups, and that children and other family members from these groups have equitable access to all available services.

A note on efficiency

Efficiency is basically the ratio of inputs to outputs, and requires minimising the cost of producing a given level of output (Carter et al., 1992; Knapp, 1984; Steering Committee for the Review of Commonwealth/State Service Provision, 2008). It is argued that service quality in human services is often compromised by resource constraints, and performance measurement may stifle debate about the under-funding of services. Concentrating on outputs and efficiency may pose a barrier to service quality and induce the organisation to lose sight of its primary objectives about supporting families and protecting and looking after children. For example, a government service may make efficiency gains through shedding staff or

reducing the time to case closure, but this may shift indirect costs to others such as clients or community-based services, or may create future costs or loss of benefits to clients or the community over time. They may also create 'perverse incentives' as strategies are adopted to meet output targets which may actually work against achieving client focused outcomes. Adoption targets in the UK and USA, for example, have resulted in young children, including those of mixed heritage, losing contact with their siblings and extended family who could have provided them with a better sense of connectedness with their biographies and heritage. Efficiency must be measured with regard to these broader factors. This article discusses racial disproportionality and disparity data as a means to assess effectiveness, rather than efficiency. It is recognised, however, that these dimensions of good performance are intertwined: if a service is not effective, then it is also not efficient. Public funds are being wasted if services fail to ensure the safety and well-being of all children on an equitable basis.

Racial disproportionality and disparity

Racial disproportionality and disparity is a feature of child welfare systems in many countries. Barth and Needell (1997, p. 2) state "the most basic aspect of measuring performance has to do with describing the population" and that "race is perhaps the most powerful background factor in all our child welfare services research". In the USA there has been considerable research on the over-representation of African Americans: that having been reported as possibly in need of protective services, these children are more likely than other children to be investigated and substantiated, less likely to receive in-home support services, more likely to be placed in out-of-home care, and more likely to stay longer (Courtney et al., 1996; Hill, 2006; Needell, Brookhart, and Lee, 2003). Research in the USA, Canada, Australia and New Zealand has also examined the over-representation of indigenous children. For example, in Canada in 2003, indigenous children comprised approximately 5% of the child population and 18% of children reported to child protection authorities (Lavergne,

Dufour, Trocme, and Larrivee, 2008); in Australia in 2006, Aboriginal and Torres Strait Islander children comprised almost 5% of the child population and 28% of children in care, and in New Zealand in 2006 the percentages were 24 and 47 respectively (Tilbury, 2008). In England in 2002, 5.2% of children in out-of-home care were of African or African-Caribbean heritage, compared to 2.6% in the total child population. On the other hand, children of South Asian heritage comprised 2.3 % of the in-care population but 6.6% of the child population (Thoburn et al., 2005).

Various disproportionality and disparity measures are used for child welfare research and policy. The disproportionality metric indicates the extent to which a group's representation in the child welfare system is proportionate to their representation in the overall population (Hill, 2006). It is calculated by dividing the percentage of (for example) indigenous children in a child welfare population by the percentage of indigenous children in the total child population. The disparity rate (or index) calculates differences between racial or ethnic groups, and is the ratio between rates in a child welfare population for different groups (Hill, 2006; Shaw, Putnam-Hornstein, Magruder, and Needell, 2008). It is calculated by dividing the rate per 10,000 of (for example) black children in a child welfare population by the rate for white children. Both disproportionality and disparity measures have merits in indicating the position of black and ethnic minority children. While disproportionality has been used more often, researchers are moving to disparity measures to capture the nature of racial differences in child welfare more accurately and appropriately. According to Hill (2006), because disparity rates can show how black and ethnic minority children are treated compared to white children, disparity is a measure of equity – and if children with similar needs were treated equitably, regardless of race or ethnicity, then over- or under-representation would be less of an issue. Relative rates (or 'odds ratios') are also more methodologically sound for between-group comparisons than disproportionality data that vary

according to the racial and ethnic composition of the base population, which may change over time (Shaw et al., 2008). Some researchers have also calculated 'racial disparity after referral', which is the ratio between racial disparity at the point of referral (or substantiation) and racial disparity at placement (Miller, 2008). This is used to indicate racial differences in case processing within the child welfare system. Over-representation in protective systems means there is more intrusive intervention, under-representation means there is less. Both can have negative consequences, potentially resulting in children not being protected or families being disrupted.

The reasons advanced for the over or under-representation of indigenous, black and some other ethnic minority children in child welfare systems in different jurisdictions range from the macro level to the micro level. It is often explained with reference to macro factors such as the historical treatment of these groups: that colonisation, slavery, immigration, marginalisation and racism have had long-term social and economic impacts related to poverty such as unstable housing, reliance on welfare, drug and alcohol abuse, family violence, imprisonment, low educational attainment, and health and mental health conditions. In turn, these personal, family and social conditions have put children at risk of maltreatment (Blackstock, Brown, and Bennett, 2007; Donald, Bradley, Day, Crichley, and Nuccio, 2003; Human Rights and Equal Opportunity Commission, 1997; Trocme, Knoke, and Blackstock, 2004). That is, over-representation in child welfare services reflects the disadvantaged position of black, indigenous and ethnic minority families. Certainly, in light of the increasingly high thresholds for entry into care in Australia, Canada, the UK and the USA, and the emphasis on out-of-home care as a response to maltreatment, different rates of entry to care could be explained by risk factors not being evenly distributed throughout the population. If proportionately more black, indigenous and ethnic minority families experience hardships, live in disadvantaged communities, and have more unmet needs, then more of the

children may be at risk of harm, and their families are more likely to be in need of culturally appropriate support and practical assistance. The connection between these macro factors and racial disparity has underpinned calls for more comprehensive child and family welfare policies to reduce racial disparity in child welfare. This would mean more attention to preventative approaches, family preservation programs, more intensive supports to parents and extended families that address underlying family problems, more voluntary and non-stigmatising family support and kinship placements, community development initiatives; and collaboration with housing, health, child care and income support systems (Cross, Earle, and Simmons, 2000; Roberts, 2002; Libesman, 2004; Hill, 2008).

A range of micro factors are also implicated in racial disparity. These include discriminatory practices of reporters (such as police, teachers and health workers); institutional racism and system biases such as a lack of cross-cultural competence; culturally inappropriate or inaccessible service delivery; and discriminatory practices of child welfare workers (Hines, Lemon, Wyatt, and Merdinger, 2004; Cross, 2008). Stereotypes may influence worker decisions in a range of ways. A review of research on the over-representation of children of minority ethnic heritage in the child welfare system in England points to possible causes such as poverty, language barriers, child-rearing differences, and discrimination in child and family assessments (Chand and Thoburn, 2006; Thoburn et al., 2005). Differences in child-rearing such as more laissez-faire supervision or the involvement of the extended family may be viewed as deficits (Earle and Cross, 2001). In a similar vein, it has been argued that under Australian law, caseworker decisions about 'the best interests of the child' in placement or reunification have minimised the importance of the child's cultural identity to their well-being (Bamblett and Lewis, 2007).

There have been mixed results from research efforts to disentangle the effects of race from the influences of poverty and hardship. Some studies examining disproportional

representation have found that economic factors (poverty and receipt of welfare payments) are more statistically significant than race in determining child welfare involvement, but the interaction with other factors such as family structure, parental substance abuse and mental ill-health is less clear (Hill, 2006; Miller, 2008). However, it has been pointed out that poverty and associated problems are not race neutral (Needell et al., 2003). To some extent the debate about causation reflects the extent to which both direct causes (the stated reasons for a child entering the care system, such as parental substance misuse or incarceration) and indirect causes (the systemic reasons for high rates of substance abuse and incarceration for black, indigenous and minority ethnic groups) are being investigated. Taking into account only direct or immediate causes misses effects that operate over time, or cumulative disadvantage. The extent to which both individual and structural conditions are considered also reflects different theoretical positions, whether psychological, sociological or ecological, and different political stances regarding the role of the state and how individual and social responsibilities are allocated.

Interpreting racial disproportionality and disparity

It is important not to see disproportionality in wholly negative terms. If a community has greater needs for support because of poverty or other forms of disadvantage, it is logical to expect them to have a greater need for services, including out-of-home placement services. A problem arises when services are only provided in the stigmatising circumstances of child maltreatment and involuntary intervention, rather than being provided as a part of a family support response. Disparity rates also call attention to black and ethnic minority children *not* receiving child welfare services (in comparison to other children), especially when they make up a small part of the population. Not to be receiving such services as respite foster care if a child or parent has a disability may mean that in England, for example, South Asian children and their parents are not receiving a service that could be of benefit to them, or it may be that

maltreatment in these communities is not resulting in referral for a protective service. Rowe and colleagues (1989) found that the over-representation of Caribbean children in care in an area with a large Caribbean population in the 1980s was to a considerable extent explained by black single mothers being provided with a short-term voluntary accommodation service at times of stress or practical need such as spells in hospital. It would be inequitable if groups did not receive a fair share of child welfare interventions. This was a concern raised by indigenous child welfare advocates in Australia, following an analysis of low rates of reporting and entry to care for indigenous children in one jurisdiction (Northern Territory) compared to others. It was argued that child abuse and neglect amongst Aboriginal children had been ignored, and statutory authorities were failing their obligations to safeguard indigenous children (Pocock, 2003). If some racial or ethnic groups are under-represented relative to their needs, or relative to their percentage in the population, this may indicate their needs are being ignored, are invisible or 'under the radar'. Intervention does not have to be negative, although it tends to be perceived in this way, particularly by indigenous communities. The problem is the nature of the intervention, being generally imposed rather than voluntary. This can occur in child welfare systems that are set up to respond to 'maltreatment' rather than 'needs', particularly if countries have few resources other than placement available to meet parental and child needs.

Entry to care should not be seen as a bad thing, if it is the right thing to do in individual circumstances. In particular, entry to short-term or therapeutic care can be seen as a family support measure, as in the UK and much of Europe where rates in care are higher and thresholds for entry into care (usually voluntary) are lower (Thoburn, 2006). Much depends on professional assessments as to whether being in care (for a shorter or a longer period) is better for the child than the alternatives, and on the quality of the overall service provided to the child, parents and carers. The policy imperatives are to ensure that firstly, only children

who need to be cared for away from their parents are placed in out-of-home care; and secondly, to minimise the negative aspects of placement for those who do need it. There is no right or wrong rate of children in care, but can we say that a rate is 'too high' compared to another group of children? Is entry to care the best solution to the problems facing indigenous families and children? If disproportionate numbers of black children and those from particular minority ethnic groups are going into care, perhaps this does indicate that the alternatives are inadequate and that appropriate in-home assistance is not being provided.

Whether over-representation should be seen as negative or positive also depends upon the outcomes of being in care. Evaluating outcomes for the whole child welfare population is not sufficient for measuring whether the needs of particular groups are met. Outcomes and service quality might be acceptable overall, but unacceptable in relation to black and ethnic minority children and families. If the intervention is not helpful (leading to poor outcomes) then over-representation should be regarded as negative. Are outcomes worse for black and ethnic minority children? These are not generally reported, but it is likely that educational attainment, incarceration rates, health, and employment post-care, are worse for black and ethnic minority children in care. USA research shows African American and Native American children in care are less likely to leave care through return to their families, adoption or legal guardianship. So there are two types of racial disparity measures that would be useful: indicators of differences in case status, and indicators of disparities in outcomes for black, indigenous and ethnic minority children.

Data about the number and characteristics of children substantiated, placed, or subject to court orders are output measures that describe the population receiving services within the system. So, for example, the proportion of children on orders from black, indigenous and other ethnic minority groups is an output measure. But using these output data relative to black and ethnic minority proportions in the population, or relative to children from other

ethnic groups, indicates something more than simple outputs. Racial disproportionality and disparity at certain points in the child welfare process can highlight issues about the quality of child and family services. However, they are 'case status' disparities, not outcome disparities. The data do not show directly whether black, indigenous and other ethnic minority families have fair access to support services, but indirectly, racial disparity indicators (particularly after referral) may show something about access to support services, biased decision-making, and the unequal exercise of powers. Consider the other possible explanations for racial disparity after referral: that the needs of black and ethnic minority children are greater, and/or that families are less capable of change. Even if these hypotheses were sound, enduring racial disparities suggest there is little consideration of the particular needs of these groups, or specific strategies to effectively respond to those needs. Failing to take account of the particular needs of a population can be seen as a form of indirect discrimination: 'color-blind' policies or practice guidelines that apply to everyone can have an unintentionally negative effect on a minority group.

Measures of inputs, outputs and process should not be discounted. In program logic terms, the way resources are deployed, the types of staff employed, the way staff and policies operate, the types of services available all produce the outcome that there is more government intervention in the family life of some racial or ethnic groups. These 'intermediate outcomes' indicate the quality of care (rather than quality of life of the child) and are useful because of their known or presumed effect on child and family (or final) outcomes (Knapp, 1984).

<center>System issues</center>

While racial disparity indicators do not directly measure child or family outcomes, a related question to consider is whether they could measure 'service outcomes' – those that involve categories of children rather than individual children (according to the typology of professional, service, family and child outcomes established by Parker et al., 1991). In such

terms, racial disparity might be seen as an outcome of a system that under-spends on preventative measures and comprehensive services to support poor families. Child welfare agencies need to be concerned about their particular impact on black and ethnic minority communities, and racial disproportionality reflects poorly upon agencies that rely on investigation and removal and do not adequately combine child welfare services with economic support, housing, health and child care services. Some countries have very high rates in out-of-home care for indigenous children. For example, at any given time about 3 per cent of Australian indigenous children are in out-of-home care (Tilbury, 2008), yet if the same rates of placement were occurring across the whole population it is unlikely this situation would it be accepted by government or the community. Moreover, high levels of state surveillance and intervention have negative consequences for family and community networks that are meant to prepare children for participation in civic life (Roberts, 2002). It does not seem adequate or equitable to provide black, indigenous and ethnic minority communities with the same level or types of services as others, when their needs are so much greater and the pattern of their involvement with the child welfare system can be markedly different.

The child welfare system cannot rely upon poverty and racism being eliminated as the means to reduce racial disparity amongst those needing to come into care. Policy needs to take account of these social circumstances, so that the child welfare system ameliorates rather than exacerbates disparities (Needell et al., 2003). Clearly child welfare administrators cannot control all aspects of racial inequalities, but they can design services appropriate to the needs of the diverse populations served and control inappropriate disparities within the more coercive parts of the child welfare system. If the assumption is that racial disproportionality and disparity is a consequence of broader inequalities, for which the child welfare system is not responsible, then:

*... From this point of view, the child welfare system is simply playing the best hand it can for its clients, given a deck that is stacked against certain clients before they even come in contact with the system ... does the extent to which some racial or ethnic groups in our society suffer disproportionately from family breakdown and poverty really justify the fact that they are thereby more likely to have their children taken away from them? Do child welfare researchers, policymakers, and practitioners believe that it is ethically acceptable to be involved in "improving" the efficacy of a system that takes these children without simultaneously being involved in remedying the problems that bring the children to the system? (*Courtney et al., 1996, p. 135)

Given differential patterns of treatment within child welfare systems, conceptualisation of both quality and outcomes should take account of the needs of black, indigenous and ethnic minority children. Cultural connectedness of children and identity development are crucial to well-being. For example, the 'output' of placement for adoption (sometimes inappropriately used as an outcome measure), particularly if it involves terminating parental rights, may not be suitable for indigenous children and families or supported by indigenous child welfare agencies, or tribes under the *Indian Child Welfare Act* (Earle and Cross, 2001; Barth, Webster, and Lee, 2002). In the USA, long term 'part of the family' foster care is not recognised as permanent care. This is despite growing evidence of its effectiveness as a permanence option, especially for children of minority heritage (Beek and Schofield, 2004; Thoburn, Norford, and Rashid, 2000; Thoburn et al., 2005). When children cannot return to their families, kinship care or long-term culturally matched foster care can provide stability and ongoing cultural connections (Shlonsky and Berrick, 2001). Long-term foster and kinship care and legal guardianship are more established routes to permanence in Australia and New Zealand, and the adoption of indigenous children is infrequent. This is linked with attitudes towards the family, the relationship between the

family and the state, professional opinions about the ability of the state and voluntary organisations to provide positive out-of-home care, the characteristics of the children entering care, and child welfare history.

<div style="text-align: center;">Strategies to reduce racial disparities</div>

What strategies are currently being used to address racial disparity? In relation to indigenous peoples, governments have taken different legislative, policy and practice approaches, including varying levels of devolution of control to indigenous communities themselves. To date, such strategies have not reduced the numbers or proportion of indigenous, black or other over-represented ethnic minority children being cared for out of the family home. In some jurisdictions, devolution of control or specific child welfare functions (mainly related to placement) has led to more emphasis on children being cared for by culturally-matched carers, which is important to children being able to develop or maintain cultural connections. However, indigenous community representatives and agencies have called for more resources, greater input to decision-making at policy and practice levels, and more comprehensive child and family welfare policies to more substantively address indigenous disadvantage (Bamblett and Lewis 2007; Blackstock et al. 2007; Cross et al. 2000).

A review of strategies to address racial disproportionality in the USA found that states had most success when they made a strong commitment to racial equity, undertook ongoing monitoring of racial differences in quality and outcome, developed agency collaborations, improved and expanded service provision, and worked in partnership with communities (Casey-CSSP Alliance for Racial Equity, 2006). The design of targeted strategies would be assisted by a more nuanced look at racial disparity, to more specifically answer the 'who, what, when, where and why questions' (Green, 2002). Such research is beginning to emerge, particularly in the USA and the UK, examining factors such as neighborhood effects, access

to family support, and patterns of entering and exiting care. Combining disparate groups into single categories such as 'ethnic minorities' can mask differences between groups and within groups, such as differences between recent immigrants and those who are second or third generation migrants. Over-represented and under-represented groups need different policy responses. The causes of disproportionality and disparity cannot be assumed to be the same for all groups. The sovereignty of indigenous peoples distinguishes their position from that of other racial or ethnic groups, and imposes particular obligations on government to respond. It is important to develop strategies that go further than improving the quality of services provided after referral, and to also tackle public policy responses that privilege child removal over family preservation (Hill, 2008).

<div align="center">Conclusion</div>

Data on racial disproportionality and disparity in child welfare can be used, as part of a suite of performance indicators, to assess the effectiveness of services in protecting children and helping their families. In particular, they highlight issues regarding the quality, equity and accessibility of child welfare services. Disparity in outcomes could be better measured through health, education and well-being indicators being separately reported for different racial and ethnic groups. Racial disparity indicators can be used descriptively to record changes over time, and while the goal should be to reduce disparities, over-reliance on targets is unlikely to be helpful. Given the difficulty in selecting sensitive targets, there is a danger that such a strategy will create perverse incentives that impede the achievement of intended outcomes. A combination of process and outcome measures is needed. Such indicators could facilitate culturally appropriate child and family services; improved outcomes for black, indigenous and ethnic minority children in care; a reduction in the incidence of child maltreatment for these groups; and strengthened black, indigenous and ethnic minority family functioning. Given high levels of racial disparity in many jurisdictions, policy goals that

encompass both preventive family support and effective tertiary intervention are required. The position that over-representation is inevitable, given the marginalisation and low socio-economic status of black and ethnic minority families, is not satisfactory. It shows an unwillingness to examine the impact of current child welfare policy for those children and families, and the community as a whole.

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