The Casey-CSSP Alliance for Racial Equity

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Study Finds Child Welfare System Treats African American Families Differently

African American children and youth are not only over-represented in the nation's child welfare systems, but are also subjected to poorer treatment within those systems than are their Caucasian counterparts, a new study released October 24, 2006 confirmed.

Despite data that show no difference in the rates of child abuse and neglect between races, African American families are more frequently reported for abuse and neglect of their children and their children are more frequently removed from their homes, with damaging consequences. Once in foster care, the study continues, African American children and youth receive fewer visits from caseworkers and less mental health services than do Caucasian children.

These and other findings are part of Synthesis of Research on Disproportionality in Child Welfare: An Update, authored by Dr. Robert B. Hill for the Casey-CSSP Alliance for Racial Equity and released at the Annual Conference of the National Black Child Development Institute in Miami, Florida.   The Alliance comprises all five Casey family foundations and organizations committed to improving the lives of the nation's most vulnerable children and families.

The study is the first comprehensive summary of past and recent data examining racial disproportionality (the percentages of minority children served versus the percentages occurring in the U.S. population) and disparities in treatment and services within the child welfare system. It gives credence to concerns long voiced by child welfare professionals.

Almost 37 % of the 500,000 children in foster care today are African American, yet they represent only 15% of the child population in the U.S. Only 46% of the children in foster care are white, while they represent a much larger 61% of the child population in the United States.

"This study gives new perspective on the challenges facing children and families of color. We know that removing children from their homes often is not the best option because it causes such trauma, both to the family and to the child." says Dr. Hill.

"The stakes are high," adds Khatib A.F. Waheed, senior fellow with the Center for the Study of Social Policy (CSSP) and spokesperson for the Alliance. "We know that children who currently are or have been in the child welfare system are at increased risk of dropping out of school, suffering mental health problems, going to juvenile detention or prison,

and abusing drugs and alcohol – outcomes that ultimately translate into significant costs to American taxpayers."

The Alliance commissioned the report, to shed light on the issue and offer solutions to communities, public officials and policymakers.

"The safety of the child must be the priority. When families are struck with a crisis, there must be immediate interventions," says Dr. Hill. "However, it is equally important for children and families to get the support they need to prevent children from entering or returning to care outside of their homes."

The Casey-CSSP Alliance Racial Equity is currently working with community members in Guilford County, North Carolina; Ramsey County, Minnesota; King County, Washington; and Sioux City, Iowa to build upon some of their promising practices in local child welfare systems to improve racial disparities. In these communities, race is openly discussed among child welfare caseworkers,
administrators, community leaders, and policymakers, individuals who have experienced foster care, and parents whose children have been removed from their homes.

Synthesis of Research on Disproportionality in Child Welfare: An Update was commissioned by the Casey-CSSP Alliance for Racial Equity which is comprised of five Casey family foundations and organizations committed to improving the welfare of children and families—the Annie E. Casey Foundation including Casey Family Services; Casey Family Programs; the Jim Casey
Youth Opportunities Initiative; The Marguerite Casey Foundation; and the Center for the Study of Social Policy. The Alliance, formed in 2004, is committed to reducing the number of children who unnecessarily are removed from their homes and providing the services children and their families need to prevent them from entering or returning to care outside of their homes.

Links
Annie E. Casey Foundation www.aecf.org:
Casey Family Programs www.casey.org:
Casey Family Services www.cfs.org:
Center for the Study of Social Policy www.cssp.org:
Jim Casey Youth Opportunities Initiative www.jimcaseyyouth.org
Marguerite Casey Foundation www.caseygrants.org:

Casey-CSSP Alliance for Racial Equity in the Child Welfare System

Synthesis of Research on Disproportionality in Child Welfare: An Update

Robert B. Hill, Ph.D., Senior Researcher, Westat

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About the Alliance

Forged early in 2005, the Casey-CSSP Alliance for Racial Equity came together to develop and implement a national, multiyear campaign focused on studying and combating disproportionality, the overrepresentation of children of certain racial or ethnic communities in the child welfare system. The Alliance includes the five Casey organizations—the Annie E. Casey Foundation and its direct service agency, Casey Family Services, Casey Family Programs, the Jim Casey Youth Opportunities Initiative, and the Marguerite Casey Foundation—as well as the Center for the Study of Social Policy (CSSP) and parents and alumni of foster care. Through its efforts in the following five areas, the Alliance seeks to reduce the disproportionate number of youth of color in care and to improve outcomes:

- Building commitment and momentum for change in the public will

- Identifying and promoting federal and state policy through education

- Designing and implementing data collection, research, and evaluation methods that generate beneficial evidence-based practices and strategies

- Launching site-based research, practice, and policy programs in communities where a Casey organization or CSSP is located

- Building capacity across the Casey-CSSP family of organizations.

For more information, go to http://www.cssp.org/major_initiatives /racialEquity.html.

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EXECUTIVE SUMMARY

The American public tunes in by the tens of millions to the latest reality show, one of which recently announced it would be choosing its "teams" for the upcoming season based on the race of the competitors involved.

In the meantime, the fact that nearly 60 percent of our nation's children who live in foster care are children of color goes largely unnoticed by most Americans. Yet these children, while under state-mandated care, suffer far worse outcomes—in terms of physical and mental health, educational performance, and access to basic services and resources—despite the hard evidence that parents of color are no more likely than white parents to abuse or neglect their children.

This brings us back to the always uneasy issue of race and the findings of this study.

The disproportionate representation of minority children in child welfare has been a major concern for decades. This paper summarizes current research findings on racial disproportionality (the number of minority children served versus the number occurring in the population) and disparities in treatment and services within the child welfare system, with a major focus on the differences between blacks and whites.

This paper explores recent patterns involving child maltreatment and disproportionality, the role race plays at various decision-making stages in child welfare, the extent of racially disparate treatment in child welfare, and how other social systems contribute to disproportionality in child welfare. Despite differences in the design and methodology of the studies under review, much consensus about disproportionality was revealed in this summary of the professional literature, especially among more recent studies. Most of the studies reviewed identified race as one of the primary determinants of decisions of child protective services at the stages of reporting, investigation, substantiation, placement, and exit from care. The only stage where no racial differences were identified was the stage of reentry into the child welfare system. Further research is necessary to extend our knowledge of the direct causes of disproportionality and disparate treatment, including tests of differing strategies to reduce this problem.

The hope for this research is that it serves as a starting point in talking about race and its impact on our nation's most vulnerable children. As America continues the dialogue about race, we must make sure our voices are heard on behalf of these children, whom we've pledged to care for, no matter the color of their skin.

FOREWORD

More than half of the 500,000 children in foster care on any day in America come from ethnic minority families even though children from minority communities make up less than half the children in this country. Why are so many children of color in the child welfare system? Do families of color neglect or abuse their children more often than white families? Three phases of the National Incidence Studies (1980, 1986, and 1993) found that children of color are not abused at higher rates than white children. Is foster care the best solution for the challenges these families are facing, or are there other better solutions for these children and families? This paper is an extensive study of the research available on this topic.

Disproportionality and Disparity

The words used to describe differences among children and families of different races here are "disproportionality" and "disparity." Sometimes words have more than one definition. Listed below are the definitions of disproportionality and disparity we will be using:

- Disproportionality refers to the differences in the percentage of children of a certain racial or ethnic group in the country as compared to the percentage of the children of the same group in the child welfare system. For example, in 2000 black children made up 15.1 percent of the children in this country but 36.6 percent of the children in the child welfare system.

- Disparity means unequal treatment when comparing a racial or ethnic minority to a non-minority. This can be observed in many forms including decision points (e.g., reporting, investigation, substantiation, foster care placement, exit), treatment, services, or resources. Research shows that children of color in foster care and their families are treated differently from—and often not as well as—white children and their families in the system. For example, fewer African American children receive mental health services even though the identified need for this type of service may be as great (or greater) for African Americans as for other racial or ethnic groups.

Focus of this Paper

This research paper focuses on information about black children and families because most of the research that has been done so far on this topic has been done on those children and families and because there are more black children in the child welfare system than any other racial group. This paper looks at the following questions:

- Does a child's or family's race influence the decisions that child welfare professionals make about that child or family? If so, how?
- Are white and black children in the child welfare system treated differently? If so, how and how often?
- What other research is needed to help us understand why there is disproportionality and disparity in the child welfare system, how it happens, and what happens as a result?

Key Issues Not Addressed

This paper has little research on disproportionality for other nonwhite minorities, such as American Indians, Alaska Natives, Asians, Native Hawaiians, other Pacific Islanders, and Hispanics, because relatively few studies have been conducted for these groups. For example, although national and regional statistics show us that American Indians are also consistently overrepresented in the child welfare system, there are few studies about them. And although Hispanics are underrepresented in the child welfare system nationally, they are overrepresented in several states and in numerous counties. Likewise, Asians and Pacific Islanders are underrepresented in national child welfare statistics, but studies done in a number of counties and communities suggest that some low-income Cambodians, Vietnamese, and other Asian or Pacific Islander groups might have a higher representation. Finally, the paper mentions but does not review studies that have focused on racial disproportionality and disparity in health care, juvenile justice, mental health, and public welfare (public assistance programs).

Race and Decision Making

When children and families come face to face with the child welfare system, they become involved with professionals who make important decisions about their futures. These professionals include not only caseworkers but their supervisors, the administrators who lead the agencies, legal professionals, and policymakers. When a child is placed outside of the home in a foster care placement, it is the result of many previous decisions, and decisions continue to be made once the child enters care. Researchers have spent a great deal of time

looking at what happens as a child moves through the child welfare system. The decisions that researchers examine include the decision to make a report of potential child abuse or neglect to a hotline (hotline call), whether or not to accept a report made to the hotline for investigation (accepted report), whether to indicate a report following investigation (indication of substantiation), placement in foster care, exit from care, and return to care (i.e., reentry).

Many studies have looked at whether a child's or family's race influences the decisions professionals make at these six stages. While some earlier studies have shown conflicting results that may have been due to study design, most of the larger, national-level studies and more recent research show that race is related to professionals' decision making at almost every stage of the process. It appears that it is only at the last stage—when children return to foster care—that their race or ethnicity is not an issue.

Disparate Treatment

This paper also reviews the results of research on whether race is related to the amount, quality, and outcomes of services that children and families receive. There is widespread agreement that, compared to white children and families in the child welfare system, children of color and their families have less access to services and their outcomes are poorer. This is especially true for children of color living with relatives.

Future Research

We know that children of color have different outcomes and are treated differently in the child welfare system. To better understand why, we need more studies about:

- Other minorities, including American Indians, Alaska Natives, Asians, Native Hawaiians, other Pacific Islanders, and Hispanics.
- Whether communities' ability to protect their members influences how often child abuse and neglect happens in minority and white families.
- What leads to positive results for minority and white children and youth, both while they are in the child welfare system and after they leave it.
- In-depth assessments of practices designed to prevent or reduce racial/ethnic disproportionality and disparities in the child welfare system.
- The databases that capture information on children and families over long periods of time (such as the National Study of Child and Adolescent Well-Being [NSCAW]) so researchers can look at racial/ethnic disproportionality and disparities at different decision points.

Peter J. Pecora, Ph.D.
Casey Family Programs

INTRODUCTION

The disproportionate representation of minority children in child welfare has been a major concern for decades. Billingsley and Giovannoni (1972) were among the first to focus on the overrepresentation of black children in their seminal work, *Children of the Storm: Black Children and American Child Welfare.* Although minority children comprise about 40 percent of all children in the nation, they account for 50 percent of the more than 500,000 children in foster care (US ACYF, 2005).

It is important to point out, however, that this overrepresentation in the child welfare system has not always been the case for children of color. In fact, during the 19th century, when orphanages were established to rescue children from the deplorable conditions of almshouses, black children were not only underrepresented—they were totally excluded. This exclusion continued during the first half of the 20th century, when many charitable organizations, mutual aid societies, and settlement houses were created to aid poor white immigrants. The only alternative for black children at that time was the small number of segregated orphanages that had been established by white or black religious groups. It was not until the 1950s and 1960s that the number of black children in white child welfare institutions steadily grew. This increase was due to (a) the surge in black migrants from rural communities to Southern and Northern cities, (b) the civil rights struggle for integration, and (c) the exodus of whites from central cities to newly developing suburbs (Day, 1979; McRoy, 2004; Morton, 2000; Rosner & Markowitz, 1997; Smith & Devore, 2004).

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[1] The term "black" will be used in this paper more than African American, since increasing numbers of black children in the child welfare system have parents who are immigrants from the Caribbean, Africa, and South and Central America and who do not identify themselves as African Americans.

What leads to minority disproportionality? Theories about causation have been classified into three types of factors: parent and family risk factors, community risk factors, and organizational and systemic factors (McCrory, Ayers-Lopez, & Green, 2006; National Association of Public Child Welfare Administrators, 2006; US ACF, 2003). According to theories about *parent and family risk factors*, minorities are overrepresented in the child welfare system because they have disproportionate needs. These children come from families that are more likely to have risk factors such as unemployment, teen parenthood, poverty, substance abuse, incarceration, domestic violence, and mental illness, factors that result in high levels of child maltreatment (Barth, 2005; Chaffin, Kelleher, & Hollenberg, 1996; Walker, Zangrillo, & Smith, 1994; Wells & Tracey, 1996). Proponents of *community risk factors* assert that overrepresentation has less to do with race or class and more to do with residing in neighborhoods and communities that have many risk factors, such as high levels of poverty, welfare assistance, unemployment, homelessness, single-parent families, and crime and street violence, factors that make residents more visible to surveillance from public authorities (Coulton & Pandey, 1992; Drake & Pandey, 1996; Garbarino & Sherman, 1980). But theories about *organizational and systemic factors* contend that minority overrepresentation results from the decision-making processes of CPS agencies, the cultural insensitivity and biases of workers, governmental policies, and institutional or structural racism (Bent-Goodley, 2003; Everett, Chipungu, & Leashore, 2004; McRoy, 2004; Morton, 1999a; Roberts, 2002).

The primary objective of this paper is to summarize research findings on racial disproportionality and disparities within the child welfare system, with a focus on the differences between blacks and whites. This focus reflects the fact that blacks occur in the study population of most studies of disproportionality and are consistently overrepresented. Other nonwhite minorities will be referred to in discussions of most decision stages, however.

For the purposes of this summary, *disproportionality* refers to the extent to which children are over- or underrepresented in the child welfare system relative to their proportions in the census population. *Disparity*, however, refers to how minority children and families are treated in the child welfare system compared to the treatment of white children and families. The disproportionality of racial/ethnic groups will be restricted to their numerical representation in child welfare, while disparities will be confined to racially disparate services or outcomes within that system. It should be noted that our interest is more on disparity than disproportionality. If children with the same needs were treated equitably—regardless of their race or ethnicity—their over- or underrepresentation in child welfare would be less of an issue (Hill, 2003).

Consequently, this summary examines research that addresses the following questions, with an emphasis on black children versus white children:

- What are the recent patterns in child maltreatment and disproportionality?
- What role does race play at various decision-making stages in child welfare?
- To what extent is there racially disparate treatment in child welfare?
- How do other systems contribute to disproportionality in child welfare?
- What future research is needed to enhance our knowledge about the causes, processes, outcomes, and reduction of racial disproportionality in child welfare?

KEY ISSUES NOT EXPLORED IN DEPTH

Other important complexities and issues in this area deserve attention but will not be addressed comprehensively in this paper. For example, many different indigenous peoples, such as American Indians, Alaska Natives, and Native Hawaiians, are each overrepresented in their respective jurisdictions, but relatively few studies have been undertaken. Moreover, even less is known about Pacific Islanders (e.g., Filipinos) and Southeast Asians (e.g., Cambodians, Vietnamese) (Nelson, Cross, Landsmen, & Tyler, 1996; Pelczarski & Kemp, 2006).

Many knowledge gaps exist for Hispanics as well. While there are six states in which Hispanics are highly overrepresented, in other states they are underrepresented (Hill, 2005c). But we do not understand the reasons for these differences. We know that these types of differences can exist among counties within the same state, which makes state-level summaries misleading. Preliminary data suggest that, in general, Hispanics are overrepresented in urban settings and are often underrepresented in rural settings, but this does not hold true in all communities (Enchautegui, 1997; Markley, 2006).

In addition, Asians are underrepresented in most jurisdictions. Hypotheses for why this is occurring include both clan/community patterns, diversity of needs of individuals from various Asian countries/locales, lack of culturally relevant services, and language barriers. Child welfare and related services aim to provide key protective and supportive services—so children who need them should receive them. Thus, we need closer examination of investigation, placement, and service patterns when certain ethnic groups are under-represented. Put another way, a flawed underlying assumption among certain writers in this area is that it is better to be underrepresented in the system rather than overrepresented when the key questions are "What is the appropriate representation?" and "Why aren't children represented more proportionately?" Understanding the research (and the challenges) of various cultural groups would enhance our knowledge about some of their difficulties with the child welfare system (Knox, 1996; Markley, 2006; Pelczarski & Kemp, 2006).

In addition, there has been some recent work on family configurations and dynamics of people of different racial, ethnic, and cultural backgrounds; on the development of these groups in the United States (and in regard to U.S. institutions); and on the impact this development can have on their interactions with the child welfare system. This work begins to address not only how we need to engage families of different backgrounds but also the importance of understanding their history of relationships with systems at the family and community levels (Heavyrunner & Morris, 1997; Hill, 1999; Holleran & Waller, 2003; Mass & Geaga-Rosenthal, 2000; McPhatter, 1997; Nelson et al., 1996; Sherraden & Segal, 1996).

This paper mentions but does not review studies that have focused on racial disproportionality and disparity in health care, juvenile justice, mental health, and public welfare (public assistance programs).

Lastly, a statistical approach that is beginning to be more widely used to report racial disproportionality deserves close attention and greater use: the Relative Rate Index (RRI). The RRI not only compares disproportionality rates between whites and minorities; it also compares these rates between the various minority groups. This approach to calculating over- or underrepresentation of different racial and ethnic groups has been used in other fields such as juvenile justice (Feyerherm & Butts, 2002), and it is becoming more common in child welfare. (See cssr.berkeley.edu/cwscmsreports.)

PATTERNS OF CHILD MALTREATMENT AND DISPROPORTIONALITY

National Data Sources

Before examining recent patterns of child maltreatment and disproportionality, it is important to briefly describe some of the national databases that will be cited. The National Incidence Survey (NIS) of Child Abuse and Neglect, described in greater detail below, is an important source of national data on child maltreatment since it provides the most reliable estimates of the incidence of child abuse and neglect nationwide. Unfortunately, because of the extensive number of resources needed to adequately implement this survey, it does not occur on a regular basis. In fact, it has occurred three times—in 1980, 1986, and 1993. However, because NIS-4 is currently underway, it will be possible to obtain updated national estimates of child abuse and neglect with data as of 2005.

Since the federal government needs to assess child welfare trends periodically, it also relies on two other sources of data: NCANDS and AFCARS. The National Child Abuse and Neglect Data System (NCANDS) is a child abuse and neglect reporting program based on state participation. It has become a primary source of annual data on abused and neglected children based on reports submitted by state child protective service (CPS) agencies. It contains data on various stages of CPS decision making, such as report referrals, investigation, substantiation, and in-home and out-of-home services. Many of the studies cited in this summary use the Child File from NCANDS. Findings from the NCANDS data are published annually by the Children's Bureau in its *Child Maltreatment* report series.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) is another source of annual national data about some program areas within child welfare. More specifically, AFCARS collects data on foster care and adoptions. As a mandatory reporting system, it obtains reports from all 50 states and the District of Columbia. AFCARS has two files: a foster care file and an adoption file. The foster care file has data on various CPS stages of decision making, such as placement into foster care and exits from foster care. The adoption file, on the other hand, has data on the characteristics of adoptive families and the characteristics of children who obtained finalized adoptions during the year.

The National Survey of Child and Adolescent Well-Being (NSCAW) is another important source of national data on children in child welfare. It is a federally funded, longitudinal study that tracks the experiences of a nationally representative sample of 5,504 children who came into contact with the child welfare system between October 1999 and December 2000 through a CPS investigation. It also includes 727 children who had been in foster care placement for about 12 months at the beginning of the study as a cross-sectional component. In addition to the baseline interviews, it will eventually have 12-month, 18-month, and 36-month follow-ups. These interviews will provide extensive information not only on the children but also on their current caregivers, caseworkers, teachers, and agency representatives.

Other than these few national databases, much of the literature on racial disproportionality and disparity in child welfare is based on state or local studies.

Child Maltreatment

According to NCANDS data, which are based on reports to CPS hotlines across the nation, an estimated 872,000 children were victims of child abuse and neglect in 2004. The rate of victimization per 1,000 children in the national population dropped from 13.4 children in 1990 to 11.9 children in 2004. About 60 percent of the victims were neglected, 18

percent were physically abused, 10 percent were sexually abused, 7 percent were emotionally maltreated, and 15 percent had other forms of maltreatment (such as abandonment, congenital drug addiction, etc.). Children in the age group birth to 3 years had the highest rate of victimization (16.1 per 1,000 children); this rate steadily declined with the age of the child. Girls were slightly more likely to be victims than boys. Children of certain groups had victimization rates per 1,000 children (Pacific Islanders—17.6; American Indians/Alaska Natives—15.5; and African Americans—19.9) that were twice as high as white (10.7) and Hispanic (10.4) children (U.S. DHHS, 2006).

National Incidence Studies (NIS)

It is important to note that maltreatment data that are based on reports to CPS hotlines have been questioned for many reasons, most especially their class bias. Most observers concede that low-income families are overrepresented in the CPS reports while middle- and upper-income families are underrepresented (Drake & Zuravin, 1998; Finkelhor & Baron, 1986; Pelton, 1978). In order to derive more accurate national estimates of the incidence of child abuse and neglect, the federal government funded the National Incidence Studies of Child Abuse and Neglect at three points in time—1980, 1986, and 1993. A major objective of NIS was to incorporate data on maltreatment cases that were *not* likely to be reported to CPS hotlines.

Consequently, NIS was designed to obtain nationally representative child maltreatment data from two sources: (a) from cases that were referred to CPS for investigation and (b) from specially trained community professionals or "sentinels" (in hospitals, clinics, schools, childcare facilities, etc.) who reported to NIS those maltreatment cases that may or may not have been reported to CPS. This additional maltreatment data on cases likely to be accepted for investigation were submitted to NIS-3 from a nationally representative sample of 5,600 community professionals in 842 agencies serving 42 counties.

The NIS studies used two standards to classify child maltreatment: (a) a more restrictive *Harm Standard* and (b) a broader *Endangerment Standard*. For maltreatment to be countable under the Harm Standard, it was necessary for the child to have suffered *demonstrable* harm. In addition, the Harm Standard generally required that a child must have been *moderately* harmed for the abuse to be classified as "abuse," while it required that a child must have been *seriously* harmed by neglect before classifying it as "neglect."

The Endangerment Standard, on the other hand, is much less stringent. While the Endangerment Standard includes all cases that meet the Harm Standard, it adds other children. These children may not have yet been harmed by maltreatment but are in circumstances that put them in danger of being harmed, based on the judgments of community professionals/sentinels or CPS agencies.

Based on the Harm Standard, NIS-3 estimated that about 1.6 million children in the nation were maltreated in 1993 at a rate of 32.1 per 1,000 children. This was almost twice as large as the 931,000 children who were maltreated in 1986 (as reported in the prior NIS-2 study) at a rate of 14.8 per 1,000 children. Based on the Endangerment Standard, however, NIS-3 estimated that about 2.8 million children were maltreated in 1993 at a rate of 41.9 per 1,000. These figures were twice as large as the 1.4 million children who were maltreated in 1986 at a rate of 22.6 per 1,000 children.

The NIS-3 findings also revealed many expected patterns of child abuse and neglect. Under the Harm Standard, for example, children in families with incomes under $15,000 had abuse and neglect rates (47.0 per 1,000) that were 2.3 times the rates for children in families with incomes between $15,000-$29,999 per year (20.0 per 1,000), and 22 times the rates for children in families with annual incomes of $30,000 or more (2.1 per 1,000). Similarly, children in mother-only families had maltreatment rates (26.1 per 1,000) that were almost twice as high as children in two-parent families (15.5 per 1,000) (Sedlak & Broadhurst, 1996).

Its findings regarding racial differences, however, came as a surprise. Whether one used the Harm Standard or the Endangerment Standard, NIS-3 revealed no statistically significant differences in overall maltreatment rates between black and white families. Similar findings related to race also appeared in NIS-1 and NIS-2. Moreover, after controlling for various risk factors (including income and family structure), NIS-3 found significantly lower rates

of maltreatment for black families relative to white families (Sedlak & Broadhurst, 1996; Sedlak & Schultz, 2005). Based on a secondary analysis of NIS-1 and NIS-2 data, Ards (1992) found that black communities had lower rates of child maltreatment than white communities, once such factors as income level, unemployment rates, and whether the areas were urban or rural were statistically controlled. Moreover, Korbin, Coulton, Chard, et al. (1998) obtained similar findings by comparing maltreatment rates in low-income black and white neighborhoods in Ohio. While the white neighborhood had less poverty than the black neighborhood, it had higher rates of child abuse and neglect. Strong extended family networks in black families and communities may serve as a protective factor in reducing the extent of child abuse and neglect (Boyd-Franklin, 2003; Cazenave & Straus, 1979; Hill, 1999; Nelson et al., 1996).

These surprising findings of NIS have drawn criticism (Ards & Harrell, 1993; Ards, Chung, & Myers, 2001). Some scholars have contended that these results may be due to the omission of community residents (such as neighbors, friends, and relatives) as sentinels (Ards, Chung, & Myers, 1998). Indeed, this is a weakness in NIS. But the lack of community residents as sentinels was not an inadvertent omission; it was part of the NIS design.

Pre-NIS pilot studies revealed that it was not possible to develop a scientifically acceptable approach that would incorporate community residents. Thus, it was concluded that the NIS sentinels would be limited to community professionals in more formal settings who came in contact with children (such as teachers, childcare directors, etc). The accusation that the NIS race findings may be due to "sample selection bias" is not well founded; it is not appropriate to use the NIS database to develop estimates of "bias" for the *initial* stage of reporting, when NIS only has data for the *later* stage of investigation (Morton, 1999b; Sedlak, Bruce, & Schultz, 2001).

Other scholars (Barth, 2005), however, have contended that these surprising findings may be due to an undersampling of urban counties in the NIS design. But even if more urban counties had been included, it does not necessarily follow that NIS would have found significant racial differences in child maltreatment. The determination of racial differences in maltreatment is not based on whether the number of urban counties has increased or not. In fact, between NIS-2 (in 1986) and NIS-3 (in 1993), the total number of sampled counties rose by about 45 percent—from 29 to 42. Despite this sharp increase, however, NIS-3 reconfirmed the findings of NIS-2 that no significant differences in maltreatment rates between black and white families occur. Although the NIS methodology has been challenged, it remains the most definitive source of data on the incidence of child maltreatment at the national level. Some of these concerns have been addressed in the design of NIS-4, which was launched in 122 counties throughout the nation in 2005.

Minority Disproportionality

What are the rates of disproportionality for the various racial/ethnic groups? The disproportionality rates for out-of-home placements at the national level are provided in Table 1 for five racial/ethnic groups based on 2000 AFCARS and census data. These rates were derived by dividing the proportion of those groups in foster care by their proportion in the census population. Blacks (2.43) and American Indians (2.16) are the two most overrepresented groups, and they are represented in foster care at twice their proportions in the census populations. But Hispanics (0.79) are underrepresented to a similar extent as non-Hispanic whites (0.76), and Asian/Pacific Islanders (0.39) are sharply underrepresented. It is important to note, however, that sub-national analyses reveal that Hispanics, Asian/Pacific Islanders, and American Indians are often overrepresented in many states and counties (Hill, 2005c). Interestingly, although Hispanic families are just as likely to be poor as black families, Hispanic children are more underrepresented in the child welfare system. Some researchers have suggested that the differences in family structure between blacks and Hispanics might be an explanatory factor (Hines, Lemon, Wyatt, & Merdinger, 2004; Morton, 1999a; U.S. Census Bureau, 2005). As mentioned earlier, this summary will focus mainly on blacks in child welfare, since they are the focus of most studies on disproportionality. However, where available, studies of other nonwhite minorities will be referenced.

Table 1
Disproportionality Rates for Children in Foster Care by Race/Ethnicity in the United States, 2000

RACE/Ethnicity	(A)	(B)	
	2000 Census	2000 AFCARS	Disproportionality Rates
Total Children	100.0	100.0	
Non-Hispanic Whites	60.9	46.0	0.76
Non-Hispanic Blacks	15.1	36.6	2.43
Non-Hispanic Indians	1.2	2.6	2.16
Non-Hispanic Asians/PI	3.6	1.4	0.39
Hispanics	17.0	13.5	0.79

Source: 2000 Census and 2000 AFCARS data.

RACE AND CPS DECISION MAKING

In order to systematically examine minority disproportionality, a model was developed by the Race Matters Consortium to track decision making regarding the caseload flow of children through the child welfare system (Derezotes, Poertner, & Testa, 2005). The factors that workers consider in making decisions vary, as do factors in the assessments of the severity of risk and the level of intervention required (Williams, 1997). In a review of the literature on child welfare decision making, Harris, Tittle, and Poertner (2005) identified five decision-making factors: child safety, child characteristics, parent characteristics, family characteristics, and child welfare system characteristics.

The Consortium model was used to identify studies of the disproportionate representation of minority children at various decision-making stages of child welfare processes. It also facilitated the identification of gaps in research at some decision stages. Thus, this summary of research findings will examine studies of disproportionality at the following decision stages: reporting, investigation, substantiation, placement into foster care, exit from care, and reentry into care. Unfortunately, due to the dearth of studies that have focused specifically on racial differences related to the opening of cases, this decision-making stage will not be included in this summary (Lu, Landsverk, Ellis-MacLeod, et al., 2004; Morton, 1999a). However, a study of risk levels and decision making around services in Minnesota found that African American victims were significantly overrepresented in initial maltreatment reports, they were more likely to be reported for neglect than abuse, they were generally at higher risk, and they were more likely to have their cases opened for ongoing CPS services than Caucasian victims (Lyle, 2003). Because of the dearth of research on racial/ethnic disproportionality at various stages of CPS decision making, the studies included in this summary were selected from a wide range of sources, including articles in peer-reviewed journals, books, and reports by government and non-government organizations.

Reporting

Which families are more likely to be reported to CPS? Since there is a strong association between poverty and child maltreatment, poor children are overrepresented in child welfare. While poverty does not cause maltreatment, the effects of poverty appear to interact with other risk factors (such as depression, isolation, teenage pregnancy, unemployment, substance abuse, and domestic violence) to increase the likelihood of maltreatment (Drake & Zuravin, 1998; English, 1998; Giovannoni, 1995; McRoy,

[2] The Race Matters Consortium is a national think tank that was formed in 2001 to address the issues of racial disproportionality and disparities in the child welfare system.

2004; Rose & Meezan, 1995, 1996). Consequently, abuse and neglect reports come from community professionals who disproportionately serve low-income groups. For example, the top three sources of reports to CPS hotlines in 2003 were educational staff, law enforcement officials, and social service personnel (U.S. DHHS, 2005). Several studies have revealed a class bias in CPS reports. Research studies have found child maltreatment to be reported more often for low-income than middle- and upper-income families with similar presenting circumstances (Drake & Zuravin, 1998; Jones & McCurdy, 1992; O'Toole, Turbett, & Nalepka, 1983; Pelton, 1978). For example, research has revealed that doctors are more likely to diagnose physical injuries among poor families as "abuse" and to diagnose them as "accidents" among affluent families (Katz, Hampton, Newberger, et al., 1986; Lane, Rubin, Monteith, & Christian, 2002; McPherson & Garcia, 1983).

Are minorities more likely to be reported for maltreatment than whites? Based on a reanalysis of NIS-1, Hampton and Newberger (1985) found that both public and private hospitals overreported abuse and neglect among blacks and underreported maltreatment among whites. Among the 805 cases of child abuse and neglect that came to the attention of hospital staff, 75 percent of black families were reported for maltreatment, compared to 60 percent of white families. In a study in Pittsburgh, Nelson, Saunders, and Landsmen (1993) found that black families were more likely to be reported for maltreatment than white families. Similarly, a study in Philadelphia of children under 3 years of age who experienced pediatric fractures found that minority children (53 percent) were more than twice as likely as whites (23 percent) to be reported for suspected physical abuse; even when one controlled for the likelihood of abuse injury, minority children continued to be reported more for abuse than white children (Lane et al., 2002). Jenny, Hymel, Ritzen, et al. (1999) reviewed missed cases of abusive head trauma and found that inflicted injuries were more often overlooked in white children compared with minority children.

Research also revealed that black women were more likely than white women to be reported for child abuse when their newborns had tested positive for drug use (Chasnoff, Landress, & Barrett, 1990). In a study in New York City, Neuspiel, Zingman, Templeton, et al. (1993) found that prior child welfare history and the mother's race were the strongest predictors of foster care placement of children for maternal substance abuse. In a longitudinal study in San Diego, Lu et al. (2004) found that blacks were more likely to be reported for maltreatment than whites, while a study in three California counties revealed that black children were more often referred for maltreatment than white children (Albert, 1994). Moreover, Ards, Myers, Malkis, et al. (2003) found that blacks and American Indians were six times more likely than whites to be reported for child maltreatment in Minnesota.

Other studies have not found racial differentials in the reporting of abuse and neglect. These studies concluded that the strongest predictors of reporting are severity of injury, cases with

prior reports, and history of family problems (Hampton, 1991; Levine, Doueck, Freeman, & Compaan, 1996; Newberger, Reed, Daniel, et al., 1977; Wolock, Sherman, Feldman, & Metzger, 2001). But most research studies on this issue have found race to be an important factor in submitting reports to CPS hotlines.

Investigations

After receiving reports of alleged child maltreatment, child welfare agencies screen them to decide which ones should be referred for investigation. Many cases reported for child maltreatment are not referred for investigation (Tumin & Geen, 2000). According to NCANDS data, 32 percent of the 1.4 million referrals to CPS in 2003 were screened out, while 68 percent were screened in and investigated (U.S. DHHS, 2005).

To what extent is race a factor in screening decisions? Research has been conducted on those factors that workers consider in making decisions about reports of abuse and neglect. Johnson and Wells (2000) reviewed studies that examined the explanations that workers gave for screening out reports for investigation. Some of the reasons given were that the reports were outside the legal definition of maltreatment, that the victim was not a child, that the perpetrator was not a caregiver, or that the reports were outside the CPS's jurisdiction.

Zuravin, Orme, and Hegar (1995) also examined CPS screening decisions but did not rely solely on the explanations of workers. In addition to using administrative data on maltreatment reports for a large urban city, those researchers also coded detailed written reports by workers at the initial stage of reporting as well as at the stage of case disposition. Their study found that reports were screened most often:

- when the children were older
- when the perpetrator was a male or a parent
- when the report was from a professional (medical or other)
- when the allegations were more severe
- when the report was made during the winter or spring

These were the strongest predictors, but the researchers also found race to be a strong predictor of screening decisions. More specifically, children who were black were more likely to be screened in for investigation of maltreatment than children who were white (Zuravin et al.). A study by Gryzlak, Wells, and Johnson (2005), however, did not find that race alone was a factor in screening decisions. The study did reveal that black families were more likely to be screened in for investigation for neglect and physical abuse, while white families were more likely to be screened in for investigation for sexual abuse.

An analysis of 2000 NCANDS data in five states by Fluke, Yuan, Hedderson, and Curtis (2003) revealed that blacks were twice as likely to be investigated as whites. On the other hand, Hispanics were nearly as likely to be investigated as whites. But Native Americans and especially Asian and Pacific Islanders were much less likely to be investigated than whites. Other researchers found blacks to be investigated more than whites as a result of potentially biased risk assessment methods (Brissett-Chapman, 1997; English, Aubin, Fine, & Pecora, 1993).

While a reanalysis of NIS-3 data did not find that race alone had any effects on investigation, it found strong interactions between race and severity of injury and type of maltreatment. Sedlak and Schultz (2005) found higher rates of investigation for blacks than whites (a) among children who were emotionally maltreated or physically neglected, (b) among children who suffered serious or fatal injuries, (c) when reports came from mental health or social service professionals, and (d) when the parents were substance abusers. Most research studies suggest that race alone or race interacting with other factors is strongly related to rate of investigation.

Substantiation

Are there racial differentials in substantiation? According to NCANDS data, about four out of ten cases that were investigated in 2003 resulted in substantiation or indications (U.S. DHHS, 2005). A comprehensive review of studies of the substantiation of child maltreatment reports identified four key predictors: status of reporter, prior reports of maltreatment, type of maltreatment, and the race or ethnicity of the victim or family (Zuravin et al., 1995). Substantiation was more likely when the reports were made by professionals, when there had been prior reports of abuse or neglect, when the report was for physical abuse rather than neglect, and when the family was black or Hispanic. In an urban county in Ohio, Sabol, Coulton, and Pouousky (2004) found that black children in the child welfare system were three times more likely to be the subject of substantiated reports by their tenth birthday than white children.

Using data from 1993-2000, a study in Minnesota found that black reports of maltreatment were over six times more likely to be substantiated than white reports. Moreover, even after controlling for factors such as type of maltreatment, characteristics of the child and the perpetrator, county, and type of reporter, substantiation rates were still significantly higher for children of color than for white children (Ards et al., 2003). Similarly, Rolock and Testa (2005) revealed that black reports were more likely to be substantiated than white reports in Illinois. Several studies using other data sets also concluded that blacks are overrepresented in the rate of substantiation (Baird 2005; Cappelleri, Eckenrode, & Powers, 1993; Hampton,

1986). Eckenrode, Powers, Doris, Munsch, and Bolger (1988) found that for physical abuse reports in New York State, race was the only demographic characteristic having an effect on substantiation rates.

Based on an analysis of 2000 NCANDS data for 84 counties in 5 states, after controlling for several factors, Fluke et al. (2003) found that maltreatment reports to CPS hotlines for blacks and Hispanics were more likely to be substantiated than reports for whites. Other studies identified several factors that interacted with race regarding substantiation: welfare benefits, family structure, and parental education (Baird, 2005; Barth, 2005). For example, Barth found that black children receiving public assistance were more likely than white children to have their allegations substantiated.

Moreover, a study in Missouri found that for reports of physical abuse and neglect, those for children of color were more likely to be substantiated than those for white children (Drake, 1996). Based on 1995 NCANDS data, Morton (1999a) found that blacks had higher rates of substantiation than their proportion in the general population in 40 states (Yegidis & Morton, 1999). Conversely, using NCANDS data sets from 1993–1995, contrary to expectations that substantiation rates for blacks would be higher in states with high proportions of blacks, Ards, Chung, and Myers (1999) found lower substantiation rates for blacks in those states. Furthermore, a study by Levine et al. (1996) in upstate New York did not find any significant differences in substantiation between whites and blacks. Over all, however, almost all of these studies found racial differences in the substantiation of reports of child abuse and neglect.

Placement in Foster Care

Once maltreatment allegations have been substantiated, child welfare agencies must decide whether services are to be provided in the home or whether the child is to be placed in foster care. According to 2003 NCANDS data based on reports to CPS hotlines, 15 percent of substantiated children were placed in foster care while the remaining 85 percent received services in the home. These data also reveal that children who are neglected are more likely to be placed in foster care than children who are physically or sexually abused (U.S. DHHS, 2005).

To what extent is race a factor in foster care placements? An analysis of the 2003 NCANDS data identified the following predictors of the decision to place children in foster care: prior history of maltreatment, children younger than four years of age, and maltreatment type (i.e., children who were physically abused were more likely to be removed from their homes than children who were sexually abused). But this analysis also revealed that race was a strong

predictor of out-of-home placement. Black children who were victims of child maltreatment were 36 percent more likely than white victims of abuse and neglect to be placed in foster care (U.S. DHHS, 2005).

Westat researchers examined the role of race in foster care placement based on the 1994 National Study of Protective, Preventive and Reunification Services Delivered to Children and Families (U.S. Children's Bureau, 1997)(NSPPRS). A major objective of the NSPPRS was to document the number and characteristics of children and families, based on a nationally representative sample of 2,109 children who received in-home or out-of-home child welfare services between March 1, 1993 and March 1, 1994. This study revealed that children who were more likely to receive in-home services had the following advantaged characteristics: they were older when they entered the welfare system, they lived in two-parent families, they had at least one employed parent, neither parent abused drugs, the family relied on earnings and not on AFDC, they lived in low crime neighborhoods, and they had no prior CPS history.

Racial comparisons revealed, as expected, that black children were less likely than white children to have these advantaged characteristics, which were correlated with receiving in-home services. The analysts posed the question, "If black children had the same advantaged characteristics as white children, would the probability of receiving in-home services be the same for both racial groups?" The data revealed that black children with advantaged traits were still more likely to be placed in foster care than comparable white children (U.S. Children's Bureau, 1997). A reanalysis of the NSPPRS data (Hill, 2005a) revealed that

the child's race continued to be a strong determinant of foster care placement, even when combined with other predictors: abuse allegations, child disability, parental substance abuse, and Medicaid benefits.

Analyses of 2000 NSCAW data revealed that at every age level, black children were more likely to be placed in foster care than whites or Hispanics (Wulczyn, Barth, Yuan, Jones-Harden, & Landsverk, 2005). But the researchers found the highest rates of out-of-home placement to be among infants under one year old—regardless of race or ethnicity. Black infants had a placement rate that was 3.4 times the rate for one-year-old black children, while the comparable figure for white and Hispanic children was 2.4. Moreover, among all three race/ethnic groups, children who were 15 years old at the time of initial placement had the highest foster care placements of any age group over 4 years old. For example, 15-year-old black children had out-of-home placement rates that were 40 percent higher than the rate for 11-year-old black children. Comparable placement figures for Hispanic and white children were 25 percent and 64 percent, respectively.

The initial round of Child and Family Services Reviews (CFSRs) found race/ethnicity to vary significantly as a function of the type of case (in-home versus foster care) in its national sample. Black children (as well as American Indian/Alaska Native children) were significantly more likely than white children to be among the foster care cases than the in-home cases (Stoltzfus, 2005). Other studies also found that children of color were more likely than white children to be placed in foster care (Barth, 2005; Goerge & Lee, 2005; Plantz, Hubbell, Barrett, & Dobrec, 1989). Needell, Brookhart, and Lee (2003) found that, after controlling for such factors as age, maltreatment reason, and neighborhood poverty, black children were more likely to be placed in foster care than white children in California. In a longitudinal study in San Diego, Lu et al. (2004) found that, after controlling for gender, age, and reason for referral, black children were still significantly more likely to be placed in foster care than white children. And a study of foster care in Michigan found that black children were about three times more likely than white children to be placed in foster care (Michigan Department of Human Services, 2006).

But other sub-national studies did not find race to be a significant predictor of foster care placement. Harris et al. (2005) found no effect of race (of either the child or caretaker) on the decision to place a child in care versus providing in-home services in Illinois. Zuravin and DePanfilis (1999) also found that race had no significant effect on the probability of foster care placement among families in Baltimore with substantiated child maltreatment. Similarly, other studies found no race effects on the decision to place children into foster

care, controlling for other factors (Katz et al., 1986; Lindsay, 1994; Runyan, Gould, Trost, & Loda, 1981). Some of these findings are in conflict regarding the role of race in the decision to remove children from their homes. But there is much consensus among the more recent national-level studies—all of these found race to be strongly correlated with out-of-home placements. It can, therefore, be concluded that race is an important factor that affects the decision to place children in foster care.

Exits from Foster Care

Most studies have revealed that major contributors to the disproportionality of minority children are their slower rates of exit from care (Goerge, Wulczyn, & Harden, 1994; Wulczyn, 2004). Courtney and Wong (1996) developed estimates of exits from foster care in California through adoption, reunification, and running away. Their analysis suggested that black children had much lower probabilities than white children of becoming adopted or reunified but not a significant difference of running away. Barth, Webster, and Lee (2000) also found that black children had lower probabilities of reunification and adoption than white children in California. A longitudinal study in San Diego found that black children were significantly less likely to be reunified with their parents than white children (Lu et al., 2004). A study in Arizona by McMurty and Lie (1992) also revealed that white children were twice as likely to return home as black children. A Congressional Research Service study found that white children exiting care in fiscal year 2003 were more likely to be reunified than black children (Stoltzfus, 2005).

Based on a reanalysis of national (NSPPRS) data by Hill (2005b), white children were about four times more likely to be reunified with their families than black children. Moreover, race continued to be a strong predictor of reunification, even when combined with other factors such as age of entry, parental job skills, parental substance abuse problems, and services provided to caretaker. Recent studies indicate that the likelihood of adoption for black children has increased, however, even surpassing the likelihood of adoption of white children (Wulczyn, 2000, 2003). The analysis by the Congressional Research Services revealed that the proportions of black and white children exiting care for adoption in fiscal year 2003 were comparable (Stoltzfus, 2005). While Wulczyn et al. (2005) found that black children exited care via adoption in higher numbers than other ethnic groups, adoption finalizations for black children still take longer than for white children (Barth, 1997; Barth, Courtney, & Berry, 1994; Courtney, 1994; McRoy, Ogelsby, & Grape, 1997). Clearly, the slower rates of reunification and other exits of children of color contribute to their overrepresentation in the child welfare system.

Reentry

Are there racial differences in the rates of reentry into foster care? Reentry rates for children who leave foster care and return average about 20 percent in the first three years after leaving (Wulczyn, Brunner, & Goerge, 1999). If black children are more likely to reenter foster care than white children, this could contribute to their disparate representation. Higher reentry rates might also suggest that the higher rates of placing black children in foster care are important for their protection. The strongest correlate of reentry is the length of stay in foster care, with shorter foster care stays and younger ages at entry related to higher reentry rates. Based on an analysis of Multistate Foster Care Data Archive (MSDA) data for six states, although the highest reentry rates were found among blacks and whites, the study found no significant differences in those rates between the two groups (Wulczyn et al., 1999).

Of the children reunited with their families in Oklahoma, 37 percent reentered the system within 3.5 years. Although race was one of the correlates of reentry, Terling (1999) found no significant differences in reentry rates between blacks and whites. An analysis based on NCANDS data also found no racial differences in rates of maltreatment recurrence (U.S. Office of Assistant Secretary for Planning and Evaluation, 2005). Moreover, based on 14 risk assessment studies conducted in about a dozen jurisdictions, when controlling for risk level of maltreatment, Baird (2005) reported that no statistically significant differences were found in the subsequent substantiation rates between blacks and whites when controlling for risk level of maltreatment. Thus, there appears to be little support for the belief that higher reentry rates among black versus white children contribute to the overrepresentation of blacks in child welfare. The reentry rates seem equally high, indicating a more general failure on the part of rehabilitation, services, or possible flaws in the reunification decision making.

Community Factors

This examination of minority disproportionality must also assess the role of community factors (Drake & Pandey, 1996). Studies suggest that overrepresentation has less to do with the race or ethnicity of the residents and more to do with the disadvantaged characteristics of the communities in which they reside. For example, a study of poor communities in Chicago revealed that the neighborhoods that are currently occupied by blacks were the same neighborhoods that had high rates of child maltreatment when occupied by European immigrants almost 100 years ago (Testa & Furstenberg, 2002). Moreover, Korbin et al. (1998) conducted an in-depth study of maltreatment rates in low-income black and white neighborhoods in Cuyahoga County, Ohio. The researchers found somewhat lower maltreatment rates among blacks than whites, and they concluded that child maltreatment was determined more by the poverty of the neighborhoods than by the race of the residents.

Moreover, while some studies have found concentrated poverty to be related to higher rates of child maltreatment (Garbarino & Sherman, 1980; Steinberg, Catalano, & Dooley, 1981), others have not found economic deprivation to be the sole factor producing negative outcomes for children (Ards 1992; Coulton & Pandey, 1992). Other community attributes found to pose extreme risk to children and adolescents are high concentrations of female-headed households, high crime rates, and high concentrations of families living in public housing (Hines et al., 2004).

In order to explain the mechanisms through which concentrated poverty may affect child maltreatment rates, several studies investigated the mediating role of a community's level of social organization (Coulton, Korbin, Su, & Chow, 1995; Coulton, Korbin, & Su, 1999). The researchers found child maltreatment rates to be correlated with several determinants of community social organization, such as concentration of female-headed households, excessive numbers of children per adult residents, household and age structure, population turnover, and geographic proximity to other poverty areas. Race and ethnicity, however, were not examined as a factor in this study (Coulton et al., 1995).

To adequately understand the breadth of the negative effects of the overrepresentation of black children in child welfare, Roberts (2002) argued that it is not enough to examine the effects of community characteristics on placement decisions. One should also assess the impact of placement decisions on the black community as well as on blacks as a group.

Accordingly, Roberts asserted:

> The disproportionate removal of individual Black children from their homes has a detrimental impact on the status of Blacks as a group. Excessive state intervention in Black family life damages Black people's sense of personal and community identity. Family and community disintegration weakens Blacks' collective ability to overcome institutionalized discrimination and to work toward greater political and economic strength. (pp. 236-237)

> Family disintegration leads to community disintegration. The material impact of family disruption and supervision is intensified when the child welfare system's destruction is concentrated in inner-city neighborhoods… Everyone in the neighborhood has either experienced state intrusion in their family or knows someone who has. Parents are either being monitored by caseworkers or live with the fear that they may soon be investigated. Children have been traumatized by removal from their homes and placement in foster care or know that their parents are subject to the State's higher authority. (pp. 240-241)

These observations suggest that those who desire to reduce racial disparities in child welfare services at various decision stages might pay more attention to how the structure and functioning of communities affect child welfare decisions. But it is also important to examine how these decisions at various stages impact the structure and functioning of inner-city communities of color.

Visibility Hypothesis

Researchers have also examined the extent to which the overrepresentation of black children in foster care may be affected by the racial composition of the geographic areas in which they reside. Most of these studies have focused on the "visibility hypothesis" of foster care placement. According to this thesis, the rates of out-of-home placement of minority children are higher in localities in which the proportion of minorities is relatively small (i.e., where they are more visible) than in local areas where the proportion of minorities is relatively large. Indeed, Jenkins et al. (1983) were among the first to confirm the existence of the visibility hypothesis. They compared the proportions of minority children in each county based on the 1980 Census with the proportions of minority children in foster care in the same counties based on the special 1980 out-of-home survey conducted by the U.S. Office of Civil Rights.

These researchers found that the visibility pattern existed only for black children and not for any of the other three minority groups (American Indians, Asians, and Hispanics). More specifically, their findings revealed that black children were twice as likely to be placed in foster care in counties where they comprised 5 to 10 percent of the population than in counties where black children comprised 30 to 50 percent of the population (Jenkins & Diamond, 1985).

DISPARITIES IN TREATMENT

These findings were confirmed two decades later by Garland, Ellis-MacLeod, Landsverk, and Ganger (1998), and by Barth, Miller, Green, and Baumgartner (2001). For example, based on 1997 NCANDS data from 16 states, Barth and his colleagues found that black children who lived in counties where they comprised less than 5 percent of the population were more likely to be placed in foster care than black children who lived in counties where they comprised more than 15 percent of the population. Thus, to adequately understand the overrepresentation of children of color in foster care, it is necessary to also examine external factors that relate to the geographic context (especially, their racial and ethnic composition) of the child welfare system.

DISPARITIES IN TREATMENT

Numerous studies have found racial disparities in services to people of color in a wide range of fields (Institute of Medicine, 2002; Krieger 2003; U.S. Children's Bureau, 1997; U.S. Surgeon General, 2001; Van Ryn & Fu, 2003; Williams, Neighbors, & Jackson, 2003). Research studies in child welfare have revealed racial disparities regarding the following: fewer and lower quality services, fewer foster parent support services, fewer contacts by caseworkers, less access to mental health services, less access to drug treatment services, and higher placement in detention or correctional facilities (Courtney, Barth, Berrick, et al., 1996; Everett, Chipungu, & Leashore, 1991; Fein, Maluccio, & Kluger, 1990; Garland, Landsverk, & Lau, 2003; Maluccio & Fein, 1989; McRoy, 2004; NBCDI, 1989; Stenho, 1990; Tracy, Green, & Bremseth, 1993; Urquiza, Wu, & Borrego, 1999).

A secondary analysis of NSPPRS data found racial differences in various areas when the need for child welfare services was matched with the actual receipt of services by blacks and whites. For example, 80 percent of blacks needing housing services did not receive them, compared to 65 percent of whites with comparable housing needs (Rodenborg, 2004). Lu and colleagues (2004) also revealed that racial/ethnic background was strongly correlated with differential access, differential assessment, differential treatment, and differential outcomes in child welfare.

Saunders, Nelson, and Landsmen (1993) found that the child welfare system was less responsive to the needs of black families than white families in (a) delaying intervention until their problems were perceived as chronic and (b) failing to address the most pressing problems, such as poverty, ill health, inadequate housing, and unsafe neighborhoods. Several studies revealed that black and Hispanic foster children received fewer or poorer quality mental health services than white children—even after controlling for several important factors (such as need, income, insurance status, maltreatment type, and severity of mental health problem) (Curtis, Dale, & Kendall, 1999; Garland et al., 2003).

Kinship Care

Services to kin families are another example of racial disparities in service delivery in child welfare (Berrick, Barth, & Needell, 1994). While "informal adoption" or the rearing of children by extended family members has been a cultural trait of blacks for generations, it was not until the 1980s that the term "kinship care" was coined to denote families in which relatives raised their kin within the child welfare system (Geen, 2003; Hill, 1977). Black and Hispanic children are about twice as likely as white children to be placed with kin (U.S. Children's Bureau, 1997). With the advent of crack cocaine and HIV/AIDS in the inner cities in the 1980s, the number of children placed with relatives steadily rose. Between 1986 and 2003, for example, the proportion of foster children living with kin went from 18 percent to 23 percent. In many large cities today, most foster children are living with kin (Barbell & Freundlich, 2001).

Research has revealed that, despite their disadvantaged economic status, kin caregivers receive fewer services and benefits and lower financial assistance than non-related caregivers (Alstein & McRoy, 2000; Chipungu, Everett, Verdick, & Jones, 1998; Gennaro, York, & Dunphy, 1998). Many kinship care families do not receive important government benefits: 72 percent receive no welfare benefits, about half (47 percent) receive no Medicaid support, and 40 percent receive no food stamps (Ehrle, Geen, & Clark, 2001). While some kinship care families do receive full foster care payments, many do not and instead rely on lower TANF (formerly AFDC) payments, while non-relative foster families receive the higher IV-E boarding home stipends.

Research studies have also found that kin caregivers are less likely than non-kin foster parents to receive foster parent training, respite care, educational or mental health assessments, individual or group counseling, or tutoring for their children (Chipungu et al., 1998; Dubowitz, Feigelman, & Zuravin, 1993; Iglehart 1994; Leslie et al., 2000). This may be due in part to societal expectations that family members should not be paid or should be paid less for caring for their family members because of "filial obligations" to care for relatives (Schorr, 1980).

But kin placements may contribute to longer stays for children in their care (Courtney, 1994; Iglehart, 1994; Scannapico, Hegar, & McAlpine, 1997; Wulczyn & Goerge, 1992). An analysis of trends in lengths of stay between 1990 and 1994 in five states revealed that children in kinship placements remained for longer periods of time than children in non-kinship placements in four of those states (Chipungu et al., 1998). On the other hand, studies have revealed many advantages to kinship placements, such as family continuity and

greater residential stability (Westat, 2003). Children placed with non-relatives are three times more likely to be moved to different homes than children in kinship care (Geen, 2003). Kinship care is also an important cultural strength for family preservation and continuity until biological parents are able to resume primary responsibility for their children. Moreover, extended family networks have served as a protective factor in mediating child abuse and neglect among black families (Cazenave & Straus, 1979; Gould, 1991; Hill, 1999; McPhatter, 1997; Scannapico & Jackson, 1996).

A comprehensive review of child welfare research concludes that there is "a pattern of inequity, if not discrimination, based on race and ethnicity in the provision of child welfare services" (Courtney et al, 1996, p. 112). But some researchers characterize these racial disparities as manifestations of institutional or structural discrimination (Bent-Goodley, 2003; Better, 2002; Day, 1979; Everett, Chipungu, & Leashore, 2004; Hill, 2004; Holton, 1990; Morton, 2000; Roberts, 2002; Rodenborg, 2004). This suggests that reforms beyond worker selection, training, and supervision are needed.

IMPACT OF RELATED SYSTEMS

Services to low-income children and families in related fields can make important contributions to the disproportionate representation of minorities in child welfare. The role of child-serving institutions in three areas—public welfare, mental health, and juvenile justice—will now be briefly described.

Public Welfare

Do public assistance policies contribute to disproportionality in child welfare? Public welfare is intrinsically linked with child welfare. In order for states to be reimbursed by the federal government for their Title IV-E child welfare in-home and out-of-home services, the families served must be eligible for public assistance (TANF). Such requirements are a major reason why both systems have an overrepresentation of poor children and families. But the welfare reform act of 1996 further restricted eligibility for foster care by limiting eligibility for Title IV-E child welfare services and benefits only to those foster children who would have been income-eligible for AFDC as of July 16, 1996. As time passes, it is likely that fewer children will meet this standard and that states will be able to claim decreasing amounts of federal reimbursement for their foster care programs. Nevertheless, the majority of children in foster care are from families that rely on or qualify for public assistance (Goerge & Lee, 2005). Since minority children are overrepresented on the public welfare rolls, it is not surprising that they would also be disproportionately concentrated in child welfare.

Research on the impact of the 1996 welfare reform act on child welfare has been mixed. Many studies have found that welfare reform had little or no effect on child welfare (Geen, Fender, Leos-Urbel, et al., 2001; Shields & Behrman, 2002). But most of this research focused on the foster care caseload. Since about 85 percent of the children in child welfare remain in their homes, these studies fail to also examine whether welfare reform has increased the number of maltreated children who are receiving services at home (U.S. DHHS, 2005). But studies that have focused on the broader child welfare population have found that public welfare policy changes had strong effects on the child welfare system (Courtney, 1999; Fein & Lee, 2003; Goerge & Lee, 2005; Paxson & Waldfogel, 2000; Shook, 1999; Slack, 2002). Moreover, it is important to note that most welfare reform studies have omitted any assessment of the impact of "child-only" TANF families—most of whom are not counted in child welfare but may receive services from that system as kinship care families.

Mental Health

What role do mental health systems play in the treatment of minority children and families in child welfare? Maltreated children who enter child welfare constitute a group at high risk for serious impairment in various mental health and developmental domains. For these children, the additional stressors of parental separation, multiple out-of-home placements, lack of appropriate caretaking by foster parents, and a failure by the system to identify or address medical and psychological issues may compound their preexisting problems (Garland, Landsverk, Hogh, & Ellis-MacLeod, 1996; Simms & Halfon, 1994).

Mental health diagnoses of children based on racial stereotypes by well-meaning clinicians are often likely to contribute to longer stays in foster care for black children than white children (Harris, 1990; Horowitz, Simms, & Farrington, 1994; Whaley, 1998). Numerous studies reveal that children of color have less access to or receive lower quality mental health services than white children (Curtis et al., 1999; Garland, 2003; Garland & Besinger, 1997; Garland et al., 2003; Kolko, Seleyo, & Brown, 1994; Leslie et al., 2000; Leslie, Hurlburt, Landsverk, et al., 2004; McCabe, Yeh, Hough, et al., 1999). In a longitudinal study in San Diego, Garland et al. (2000) found that, after controlling for several factors (such as age, gender, type of maltreatment, and severity of emotional/behavioral problems), black and Hispanic youth were still significantly less likely to receive mental health services than white youth.

Several studies have revealed that mental health professionals who had internalized stereotypes of blacks as being more violent or aggressive more often diagnosed black patients as schizophrenic than white patients (Manning, 2004; U.S. Surgeon General, 2001; Wade, 1993). Minority youth are more likely than white youth to be prescribed psychiatric

medications (such as Ritalin) in order to control their "aggressive" behavior. Minority students are more likely than white youth to be labeled as "mentally or educationally retarded" and assigned to special education programs or schools (Salend, Garrick-Duhaney, & Montgomery, 2002; Smith & Chunn, 1989); in fact, between 30 percent and 41 percent of children in foster care receive special education services (Day, Williams, & Yu, 2002). Moreover, minority youth are more often referred to secure correctional facilities, while white youth with the same violent behavior and psychopathology are referred to mental health services as outpatients (McCabe et al., 2000).

Juvenile Justice

What are the relationships between the juvenile justice and child welfare systems? According to the research literature, childhood maltreatment is strongly correlated with delinquent behavior (Morris & Freundlich, 2004). Studies have found that maltreated children are more likely than nonmaltreated children to engage in delinquent behavior that eventually leads to incarceration (English, Widom, & Brandford, 2001; Maxfield & Widom, 1996; Smith & Thornberry, 1995; Wiebush, Freitag, & Baird, 2001). A study in New York City revealed that most of the adolescents entering the child welfare system were actually returning; they had been in child welfare initially and then entered the juvenile justice system (Armstrong, 1998).

Youth of color, especially blacks and Hispanics, continue to be overrepresented in juvenile institutions. Many studies show that racially disparate treatment occurs at various stages of
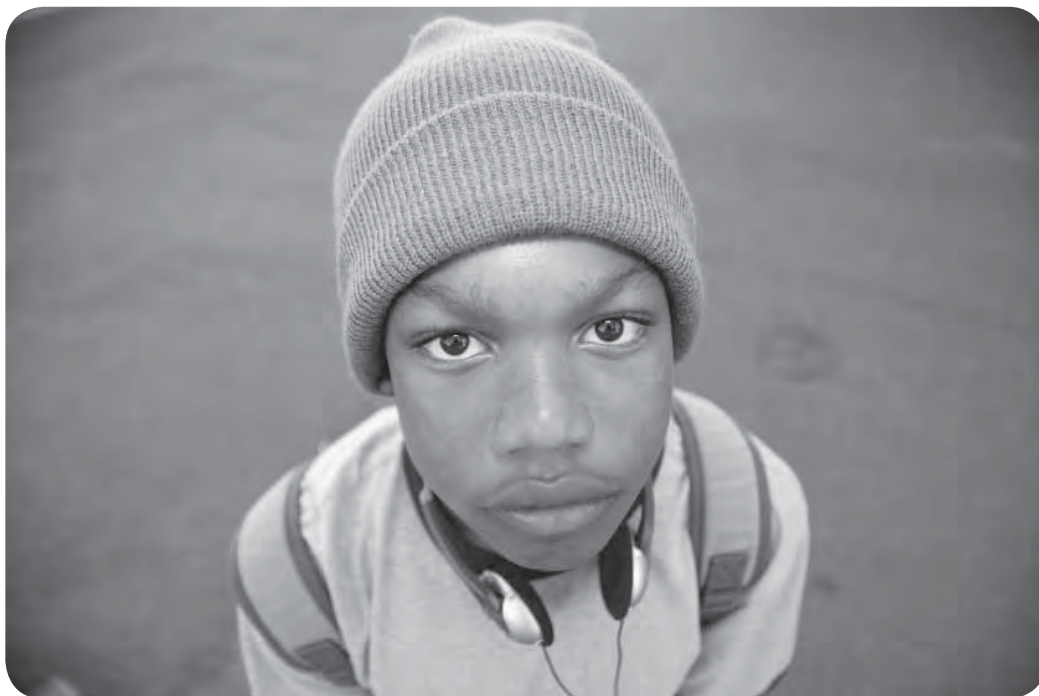
juvenile processing. For example, black youth are more likely than white youth—with the same offenses—to be referred to juvenile court in order to be detained prior to trial in secure facilities, to be formally charged in juvenile court, to be waived for disposition in adult courts, and to be committed to a juvenile or adult correctional institution. According to one study, about 15 percent of foster children are placed in child welfare because of delinquent behavior or status offenses (Youth Law Center, 2000).

A small but disproportionate percentage of youth who age out of the foster care system often end up in correctional institutions (Jonson-Reid & Barth, 2000a, 2000b, 2003). Children of incarcerated parents are also likely to be placed in the child welfare system. Over two-thirds of incarcerated mothers said their children were being cared for by relatives—inside and outside of the foster care system (U.S. Department of Justice, 2000). Thus, the correctional system may also contribute to the overrepresentation of children in child welfare (Mauer, 1999).

SUMMARY OF LITERATURE SURVEYED

What do we know about minority disproportionality in the child welfare system? Before discussing findings from the research on disproportionality and disparities, it is important to provide some caveats about the limitations of the studies in this summary. Although they provide very important data on this issue, all of the studies have shortcomings. Consequently, some of the contradictory results presented might be due to differences in study design or methodological strategies:

- Findings from national surveys were compared with findings from surveys based on states, counties, or other local areas; this limits their generalizability.

- Some local or county studies were included because they might be more sensitive to local community variations and the factors that might need to be addressed by promising practices.

- Results from cross-sectional studies done at one point in time were compared with findings from longitudinal studies that follow the same individuals over time.

- Findings from studies based on direct interviews with respondents were compared with findings that relied solely on administrative records.

- Findings from studies with samples of a broad range of minority groups were compared with findings that only included one or two minorities.

Despite differences in study design and methodology, this summary of the literature revealed much consensus about disproportionality. While there were conflicting results among the earlier studies, there is much more consensus among the more recent ones. Moreover, many of the recent studies examined the impact of race on CPS decision making while controlling for various risk factors. Thus, there was widespread agreement about the role of race at most stages of CPS decision making. Most of the studies reviewed here identified race as one of the determinants of decisions at the stages of reporting, investigation, substantiation, placement, and exit from care. The only stage where no racial differences were identified concerned rates of reentry into the child welfare system.

What do we know about disparate treatment in child welfare? The literature contains overwhelming evidence about the existence of racial disparities. Most of the studies reviewed reveal that minority children more often have negative experiences in the child welfare system than white children. Children of color are more likely to be removed from their families, receive fewer vital services and lower financial support, remain in care for longer periods of time, and are less likely to be reunified with parents. Moreover, disproportionate numbers of minority youth who age out of the system have a wide range of emotional, mental, educational, and behavioral problems and may become homeless, prostitutes, criminals, and drug addicts. On the other hand, it is important to underscore the fact that many youth who age out of foster care are able to make successful transitions to adulthood as productive citizens of society. Thus, these results do not indict the entire child welfare system; however, they underscore the inequitable access of many needy children and families to the important services that the system has to offer.

Although this summary concludes that race is a factor in CPS decision making at various stages and that there are disparities in the treatment of minority children and families, we are not able to identify the causes of minority disproportionality based on these studies. Almost all of the research reviewed focused on the presence or absence of disproportionality and disparities, and not directly on their causes. Thus, one must not assume that when racial differences are evident, they invariably are the result of intentional (or unintentional) bias, prejudice, or racism. It is possible for racial differences to occur due to nonracial reasons. On the other hand, some racial differences may indeed result from race-related factors. This summary of the literature is not able to provide answers in either direction. More rigorous research is needed with a more direct focus on the causal factors of disproportionality and disparities, including studies that test differing strategies to reduce this problem.

RESEARCH IMPLICATIONS

What implications does this synthesis have for future research on minority disproportionality and disparities in the child welfare system? It is essential that this issue be assigned high priority as an area of inquiry in order to enhance access to quality services for all children, regardless of race or ethnicity. The following suggestions were offered by Courtney et al. (1996) after a comprehensive review of the literature on race and child welfare:

> It is an inescapable conclusion of this review that race and ethnicity should be better acknowledged in future child welfare research. We encountered many studies in which these factors were not even mentioned as variables, although the sample size and location of the study would have lent themselves to such analysis. The failure or unwillingness to at least acknowledge the relationships among race, child welfare services, and child welfare outcomes may only serve to invite uninformed speculation about the reasons for these relationships. Whenever methodologically possible, child welfare researchers should include race as an explanatory factor in research designs and consider their theoretical justification for doing so (i.e., why does the researcher think that race might play a role?). (p. 127)

Future Research

More studies are needed on the extent to which disproportionality exists at various stages of CPS decision making and whether disparate treatment occurs in the services provided to all minority children and families (i.e., American Indian, Alaska Native, Asian, Native Hawaiian, other Pacific Islander, Hispanic, and black). There is need for more research on the role of race in opening (or not opening) CPS cases. More analyses of longitudinal databases (such as NSCAW) are needed to more adequately address the issues of disproportionality and disparities at various CPS decision-making stages. Other areas needing further exploration include:

- Studies that examine the role of community protective factors (such as strong extended families, churches, and informal and formal support networks) on child maltreatment rates among minority and white families. There should be more research on the factors that are related to successful outcomes for children and youth while in child welfare and after leaving it.

- Studies assessing the impact of community characteristics on CPS decision making and the impact of CPS decision making on the structure and functioning of families in inner-city communities. Additional studies are needed on disproportionality at sub-national levels, such as states, counties, and communities.

- Studies on the causes of racial/ethnic disproportionality and disparities. To be conducted effectively, these studies should incorporate study designs that use qualitative and quantitative methods to obtain relevant data at various levels, including the individual, family, community, organizational, and institutional.

- Additional studies on the relationships between child welfare and external systems (such as public welfare, mental health, juvenile justice, and education) to determine the extent to which these external systems may or may not contribute to racial ethnic disproportionality and disparities in child welfare.

- In-depth assessments of innovative strategies and promising practices designed to prevent or reduce racial/ethnic disproportionality and disparities in child welfare; these studies are urgently needed.

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Acknowledgments

Casey-CSSP Alliance for Racial Equity in the Child Welfare System

CSSP is a nonprofit public policy organization that develops and promotes policies and practices that support and strengthen families and help communities to produce equal opportunities and better futures for all children. We work in partnership with federal, state and local government, and communities and neighborhoods—from politicians who can craft legislation, state administrators who can set and implement policy and practice, and networks of peers, community leaders, parents and youth to find workable solutions to complex problems.
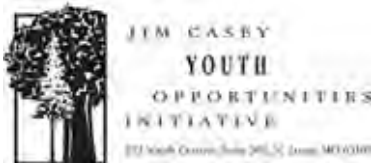
Casey Family Programs is the largest national foundation whose sole mission is to provide and improve—and ultimately prevent the need for—foster care. The foundation draws on its 40 years of experience and expert research and analysis to improve the lives of children and youth in foster care in two important ways: by providing direct services and support to foster families and promoting improvements in child welfare practice and policy. The Seattle-based foundation was established in 1966 by UPS founder Jim Casey and currently has an endowment of $2 billion.
www.casey.org

The **Marguerite Casey Foundation** was created by Casey Family Programs in 2001 to help expand Casey's outreach and further enhance its 37-year record of leadership in child welfare. Based in Seattle, the Marguerite Casey Foundation is a private, independent grant-making foundation dedicated to helping low-income families strengthen their voice and mobilize their communities.
www.caseygrants.org

Jim Casey Youth Opportunities Initiative was created in 2001 by Casey Family Programs and the Annie E. Casey Foundation. Based in St. Louis, the Initiative is a major national effort to help youth in foster care make successful transitions to adulthood.
www.jimcaseyyouth.org

The **Annie E. Casey Foundation** is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs.
www.aecf.org

Casey Family Services was established by United Parcel Service founder Jim Casey in 1976 as a source for high-quality, long-term foster care. Casey Family Services today offers a broad range of programs for vulnerable children and families throughout the Northeast and in Baltimore, Maryland. The direct service arm of the Annie E. Casey Foundation, Casey Family Services operates from administrative headquarters in New Haven, Connecticut, and eight program divisions in Connecticut, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island, and Vermont.
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