Disparities and Disproportionality in Child Welfare: Analysis of the Research

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Papers from a Research Symposium
Convened by the Center for the Study of Social Policy and The Annie E. Casey Foundation
on behalf of The Alliance for Racial Equity in Child Welfare

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Foreword

Established in 2004, the Alliance for Racial Equity in Child Welfare is a national initiative to improve outcomes for children and families of color who are served by the child welfare system and to address and reduce racial and ethnic disparities associated with those outcomes. The Alliance is a partnership among The Annie E. Casey Foundation and its direct services arm, Casey Family Services; Casey Family Programs; the Jim Casey Youth Opportunity Initiative; the Marguerite Casey Foundation; Black Administrators in Child Welfare, Inc.; the National Council of Juvenile and Family Court Judges; birth parents and alumni of the foster care system; and the Center for the Study of Social Policy, the Alliance's managing partner.

The Alliance works to improve services, resources and outcomes for children of color and promotes child welfare policy, practice and programs that benefit all children, families and communities.

Members of the Alliance carry out activities they believe are important in promoting national dialogue and accountability about how children of color fare within child welfare systems. To that end, in July 2010 the Center for the Study of Social Policy (CSSP) and The Annie E. Casey Foundation convened a symposium to discuss a series of papers analyzing and reflecting on current research related to racial differences in child welfare services, treatment and outcomes. This compendium includes those papers: the overall synthesis of the research by John Fluke, Molly Jenkins and Ashleigh Ruehrdanz from the American Humane Association and Brenda Jones Harden from the University of Maryland, and six respondent papers authored by Allan Detlaff, Brett Drake, Robert Hill, Samuel Myers, Susan Wells and Fred Wulczyn. A summary paper prepared by CSSP after the symposium, based on the themes discussed there as well as subsequent research, is included here as well.

CSSP would like to acknowledge and thank Patrick McCarthy, President and CEO of The Annie E. Casey Foundation, who opened the July 2010 symposium (and whose remarks are included in this compendium) for his leadership and support. We are also grateful for the insights and commitment of Brenda Donald, Vice President, The Annie E. Casey Foundation's Center for Effective Family Services and Systems, and Robert Geen, Director of System Reform Policy, Research and Advocacy, The Annie E. Casey Foundation. We extend ongoing appreciation to all the Alliance partners, whose dedication to exploring ways to achieve good outcomes for children and families of color in the nation's child welfare system is making a difference in many ways.

The Alliance for Racial Equity in Child Welfare–Yesterday, Today and Tomorrow

Patrick McCarthy, President and CEO
The Annie E. Casey Foundation

The debate over racial disparity and disproportionality is bound to be enlightening, provocative, and perhaps even a bit contentious. That's nothing we should be afraid of.

Thanks to the research carried out by many researchers, some of whom are with us today, we know that some families of color are disproportionately represented in the child welfare system, starting with reports, to investigations, to interventions, to placement. We also know from that same body of research that alarming racial disparities exist in the system–level and child–level outcomes for kids of color in the child welfare system. Relative to white children, kids of color are more likely to drift in care, less likely to be reunited with families, more likely to experience group care, less likely to find a permanent family and more likely to have poor educational, social, behavioral, and other outcomes. It is no surprise that they are less prepared to succeed in life. It's fair to say that these disparities in outcomes line up all too well with the disparities in outcomes seen in other arenas, such as poverty, housing, employment, and the criminal justice system. To me, it's regrettable given that we have many miles yet to travel in this country on our long and tortured journey toward racial equity and justice.

Yet we must avoid being captured by our own rhetoric, and allowing our analysis and strategy to be muddled by an inadequate understanding of the dynamics of the problems we're trying to solve. All too often, we find ourselves swept along into conclusions and proposed solutions that reflect insufficient consideration of all the available evidence, and much less than rigorous assessment of the full range of plausible explanations and alternative strategies. Especially in the complex and multi–layered relationships that surround issues of race in this country.

People in this room approach the issue of racial disparities and disproportionality in child welfare from different points of view. That's not a bad thing. In fact, we need to welcome differing perspectives. That's how we learn from each other. In fact, we specifically structured this meeting to get input from people with broad perspectives.

When the Alliance for Racial Equity in Child Welfare was first formed in 2004, few people talked about this alarming racial disparity and disproportionality in the foster care system. It certainly existed, but there was no real recognition of it as a problem.

Six years later, the issue is at the forefront of child welfare debates, and much of the credit goes to the tireless work of people in this room – members of the Alliance for Racial Equity in Child Welfare. Today, it's almost impossible to go to a child welfare conference and not find multiple sessions on racial disparities and disproportionality. The topic is front and center not just with child welfare professionals, but also with policymakers who want to achieve greater equity for children of color in their systems.

The Alliance's work has significantly increased awareness of the problem among government officials at all levels. It also has motivated state and local officials to carefully assess racial disparities in their communities and the reasons behind them and begun to pull together promising practices so that people can take action. And the partnership has pushed to intentionally address disparities as a strategy to improve outcomes for all children.

So why are we holding this meeting and why are we looking at John Fluke and Brenda Jones Harden's work? With this meeting, the Alliance is trying to ensure that the best research is brought to bear to better understand the problem. Today and tomorrow, we're looking forward to getting the most complete look at current knowledge and your thoughts about what it means.

Despite all this thoughtful research, this hard work only shows how racial disparities and disproportionality remain enormously complicated issues. So, it's not surprising that there is confusion in the field about what we know and how we discuss it.

Yet I think our understanding today is deeper than ever before.

This is the perfect moment to update our knowledge and re-examine old assumptions. I'm pleased that the Alliance is broadening the coalition of people engaged in this work. It has invited people with diverse perspectives to join them, including judges who are on the frontlines in child welfare cases. The Alliance also has reached out to others who care passionately about these issues – such as the American Public Human Services Administration, Voices for America's Children and the National Indian Child Welfare Association. Broading the coalition will make this organization even stronger and will go a long way to address the problem.

I also believe we can make great strides by improving communication among those who care most about this issue and developing a common language for discussing what we do know. Different terms sometimes mean different things to different people. It's important that we speak clearly about this. I urge you to consider the strength of the evidence as we move forward with our work. Though the evidence is not perfect at this stage, it is important to be willing to draw conclusions, even if tentative, and to recommend a direction and focus to our work product. Even if these conclusions are preliminary, we owe it to ourselves to do our very best to make sense of the existing data.

This is an exciting time in the Alliance's history. As we move forward together, I hope we will do three things:

- Be bold.
- Think big.
- Be open.

We must be bold, and we must think big, if we are serious about bringing about fundamental change, not just in the way child welfare and other systems respond to poor families and families of color, but also in the underlying drivers of child maltreatment and family distress—the problems of poverty, closed-off opportunity, exclusion and structural racism.

And we must stay open. This is the ideal time to update our knowledge and re-examine old assumptions. We need to broaden the coalition of people engaged in this work. By that, I am suggesting we invite people with diverse perspectives – and even diverse research views -- to join us.

The question you will be considering over these two days are critical ones to improving outcomes for vulnerable children and families, especially those of color. We value – and need – the passion and answers you bring to the task at hand.

So, once again, I thank all of you for coming to listen, learn and share.

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The nation's voice for the protection of children & animals™

Research Synthesis on Child Welfare Disproportionality and Disparities

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■ Acknowledgements

■ Introduction

Active and visible research on the topic of racial disproportionality and disparities in child protection and child welfare has been a subject of investigation for more than ten years. This document is an effort to update a previous review and synthesis of the research contained in Robert Hill's *Research Synthesis in Child Welfare: An Update* (October 2006). As was the case for Hill's synthesis, developing an updated explication of the complexities and multi-faceted nature of the role that race and ethnicity play in the child welfare system was extraordinarily challenging. Purposes of this review include identifying new understandings of the issue, gauging progress and helping to identify gaps in the research.

Around the time the Hill (2006) synthesis was written and since its publication, several major national and state initiatives have developed with the aim of impacting disproportionality and disparities in the child welfare system. Much of the work of these initiatives was informed by Hill's review of the research. These initiatives have involved a range of activities from the development of awareness of disproportionality and disparities to the implementation of major system changes regarding policy and practice (Casey-CSSP Alliance for Racial Equity in Child Welfare & the Center for the Study of Social Policy, 2006; Parrish, 2010; Texas Department of Family and Protective Services, 2010). Consequently, a timely review of the current research may help align existing and new initiatives with the most current information.

■ Description of this Literature Review

Because the potential scope of the review was quite broad, a few words about how the review was conducted are warranted. The project called for a compilation and analysis of research related to racial and ethnic disproportionality and disparities in child welfare, primarily focusing on research published since the synthesis by Hill (2006). The analysis also compares some current studies to those previously described by Hill, older studies that are needed for context and earlier studies that may not have been included in the original synthesis but were considered pertinent. However, not every study since 2006 is thoroughly reviewed or described. Furthermore, because there is ongoing research in the area, this analysis included not only research in published, peer reviewed journals, but documents pulled from a broader scope of research and evaluation work available in the child welfare field. In all, over 200 sources were included in the review and over 400 were considered.

Like the Hill synthesis, the review addressed research on child welfare decision-making stages (Child Protective Services or CPS referrals, investigations, substantiations, placement in foster care, exits from foster care and so forth). The review describes the main explanatory frameworks that have been formulated for racial disparities in child welfare and includes some of the associated research findings. It also extends to a broader examination of research that explores the role of race as child welfare interacts with other related systems of service provision.

Literature was identified through several means. Firstly, much of the available articles, reports, slide presentations and other documents were already available to the American Humane Association's review team as a result of other activities and research that the organization carries out. Much of these resources were in electronic form. This information was supplemented by consulting with key research informants, and conducting key word library searches through collections of peer reviewed journals. In addition the review was examined by a group of researchers (see acknowledgments) prior to finalizing the synthesis who provided comments and suggestions for articles and materials that were missed. To the extent possible, electronic documents were obtained and stored in a project library directory for use by the review team.

The literature that was included for this review comes from a variety of sources such as books, both peer-reviewed and non-peer-reviewed journals, reports from different states and counties and presentations from key conferences and other academic gatherings. Keyword searches were performed using the American Humane Association's and the University of Maryland's library access. Databases such as Academic OneFile, Academic Search Complete, Google, Google Scholar, LexisNexis Academic, PsycArticles, PsycInfo, ScienceDirect and SocIndex were searched using keywords. Keywords were also used to obtain reports, presentations and other non-peer-reviewed materials from various state, county, university and agency websites. The keywords included, but were not limited to: disparity, disproportionality, minority overrepresentation, child welfare, race, ethnicity, culture, child abuse, child neglect, maltreatment, child fatalities, juvenile justice, mental health, education and cultural competence.

All literature that was identified was placed into the framework (found in the on-line Appendices A and B). It is important to note that not all literature that is included in the Appendices was used in this literature review. Appendix A briefly describes the nature of the research that was reviewed in the synthesis and describes some features of the research including whether it was quantitative or qualitative, and some information about the data used. Appendix B (which appears as a separate document) is a framework that classifies the literature by topic(s) and includes all of the literature that was identified, even though not all of

the documents in the framework are included in the primary document. These are meant as a resource to the reader or as a starting point for more focused examinations of the literature.

Finally, the review specifically examined findings from the new National Incidence Study (NIS-4) as they relate to racial disparities (Sedlak, McPherson, & Das, 2010). In the original synthesis by Hill, findings from the NIS-3 (1993) indicated that no significant differences in the incidence of child maltreatment were found by race. In turn, this provided a fundamental rationale for supporting the hypothesis that the disproportionality observed in the child welfare system was due to racial biases in the community and the child welfare system. Since the results of the NIS-4 are widely known at this point, it is fair to say that they offer evidence that disparities in incidence are present, thus calling into question some of the basic assumptions of the Hill synthesis. Therefore, an updated discussion of NIS-4 incidence data was needed. This, in turn, places a revised expectation on this review to help clarify the overall research focus on disproportionality and disparities in child welfare and the interpretation of results given at least some need to adjust this important context.

Key Definitions

In considering the research, some definitions specific to the topic are warranted. The following key definitions, derived from Hill's (2006) original synthesis, are offered as a beginning point:

- *Disproportionality*
  "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." (Hill, 2006)
- *Disparity*
  "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." (Hill, 2006)

In a more recent review of concepts, Wulczyn and Lery (2007) formulate a similar set of definitions. However, they are more precise in their use of the term disparities and define the term as "relative rates (i.e., the rate of placement per 1,000 African American children divided by the rate per thousand for white children)" (Wulczyn & Lery, 2007, p. 5). A further conceptual elaboration of these definitions is discussed by Wulczyn and Lery (2007) and by Chapin Hall Center for Children (2008); this elaboration includes the argument that disproportionality is a function of disparities, particularly in the entries and exits of children in the child protection and child welfare system. The theme of entries and exits is explored in more depth in this review from a decision-making perspective.

As part of the ongoing process to refine definitions, Myers (2010) defines the terms disproportionality and disparity as follows:

- *Disproportionality* is the ratio of the percent of persons of a certain race or ethnicity in a target population (e.g., children who are substantiated for maltreatment) to the percentage of persons of the same group in a reference (or base) population. The reference population can refer to the overall population (unconditional) or the population who experiences a specific decision point (conditional).
- *Disparity* is the comparison of the ratio of one race or ethnic group in an event to the representation of another race or ethnic group who experienced the same event. Like disproportionality, the reference

population in the denominator for both groups can refer to the overall population (unconditional) of the group or the population among the group who experiences a specific decision point (conditional). A disparity exists when the ratios being compared are not equal.

Ideally, the terms used to describe the subject of research should be objective. While these definitions and the efforts to make them more precise represent an important starting point for describing the research, readers should be aware that both terms have taken on connotations that the system either favors or hinders one group of children compared to another. In contrast, from a research standpoint, the terms might be best viewed more neutrally. In particular, the use of disproportionality appears to have been adopted as a general descriptor of a problem rooted in concerns about racial inequities and discrimination within the child welfare system. On the other hand, from the perspective of the research literature, there is an emerging view that a focus on disparities rather than disproportionality may be more appropriate, rigorous (Myers, 2010) and productive (Shaw, Putnam-Hornstein Magruder, & Needell, 2008), although that perspective is also questioned (Barth, 2009). Nevertheless, whether viewed from a research or social justice perspective, disproportionality and disparity appear to constitute terms of art at this point in time and form the boundary for the scope of this research review.

Myers (2010), offers a useful definition of discrimination as a further step in refining the role of the terms disproportionality and disparity in the context of concerns about racial equity. According to Myers (2010), discrimination is the unequal treatment of identically situated groups. Such groups can be considered identical with respect to the most important features related to the situation being analyzed; however, being able to define circumstances as perfectly identical is probably not possible. One way of thinking of this from a research perspective is that while disproportionality and disparities can be measured straightforwardly, measuring discrimination is more complicated and requires more sophisticated analytic techniques such as multivariate methods. Nevertheless, the identification of disparities may be the first step in identifying possible discrimination.

In principle, this review addresses the range of racial and ethnic categories typically recognized in the United States (1997). Specifically, race categories include American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander and White. Similarly, there are two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino." Most of the research identified was related to African American children or families and some to Hispanic children and families, with only a very few studies related to the other categories. The exceptions were broad-based national studies such as National Child Abuse and Neglect Data System (NCANDS) or Adoption and Foster Care Analysis Reporting System (AFCARS), where members of the review team isolated specific results by race and ethnicity from general reports or publications.

The review itself is organized into three broad sections: 1) context and explanatory frameworks for disproportionality, disparities and maltreatment incidence; 2) child welfare decision-making stages, including incidence by race and ethnicity; and 3) disparities in services, policy and related systems.

■ Context and Explanatory Frameworks

Racial disproportionality and disparity in child welfare represent a complex phenomenon, emanating from historical, theoretical, epidemiologic, socioeconomic and policy trends that have shaped this service sector over the last several decades. In this section, we offer a conceptual framework for understanding this phenomenon and interpreting the literature that surrounds it. The review is an attempt to integrate the multiple conceptualizations that have been proffered in the literature regarding the role of race and ethnicity in child welfare, as well as to build on the evidence that informs these conceptualizations.

Definitional Issues

Hill's (2006), Wulczyn and Lery's (2007) and Myers' (2010) definitions of racial disproportionality and disparity, which were discussed in the introduction, frame this synthesis of the literature. Within these definitions, there are important subtleties that must be addressed to gain a full understanding of the evidence. First, the term racial disproportionality was coined as a means of capturing the overrepresentation and underrepresentation of certain racial and ethnic groups in the child welfare service sector. As the following sections indicate, racial and ethnic groups are not uniformly overrepresented or underrepresented in the current child welfare landscape. Further, historical entry and exits affect the representation of certain racial groups in the child welfare system. For example, African American children, who are the focus of much of the research in this area, transitioned from being an *underrepresented* group in the child welfare system to an *overrepresented* group over the course of the 20th century (specifically the 1950s to the present day) (Smith & Devore, 2004).

It is also critical to acknowledge that racial and ethnic groups are not homogenous (Garcia Coll, Akerman, & Cicchetti, 2000). There is considerable within-group variability that is not illuminated by our somewhat simplistic measures of race and ethnicity (e.g., African and Caribbean immigrants within the African American population, Southeast Asians within the Asian population and Central Americans within the Hispanic population). Additionally, the expansion of racial and ethnic categories spurred by the United States Census (e.g., biracial) adds additional complexity to how we designate racial groups, and thus to how we examine racial disproportionality.

Further, the common, though non-objective, view of disparity as the provision of unequal treatment raises the question of whether disparate forms of treatment may in fact be more equitable. For example, in the field of education, there has been longstanding controversy over whether equity calls for using distinct approaches to address the particular needs of specific groups (Gandara & Contreras, 2009; Symonds, 2003). Although, in considering the concepts of racial disproportionality and disparity separately in this synthesis, the two concepts are clearly interrelated; disparity potentially increases the likelihood of disproportionality. In fact, some scholars have recommended that disparity is a more useful construct, in that it allows for more refined examination and intervention to counter racial distinctions in child welfare (Lery & Wulczyn, 2009). In the following paragraphs, we offer a comprehensive conceptualization of racial disproportionality and disparity, based on the explanatory theories that have been proffered in the literature and the evidence that supports these various theories.

Explanatory Theories and Related Evidence

There are many theories that have been proposed to explain why racial disproportionality and disparity exist in child welfare. For example, Hines, Lemon, Wyatt and Merdinger (2004) offer four explanations: 1)

parent and family risk; 2) social factors such as poverty and neighborhood risks; 3) race and class bias in the child welfare system; and 4) the impact of child welfare policy on children of color. Similarly, Barth and colleagues (2005) posit that there are three dominant theories to explain racial disproportionality and disparity: 1) disproportionate need of families of color; 2) racial bias among child welfare professionals and agencies; and 3) the multiplicative model, which focuses on the interaction between family risk and the child welfare service trajectory. In an examination of disparities at the front end of child welfare services, Osterling and colleagues (2008) postulate that racial disproportionality and disparity exist because of 1) biased decision-making in the community and among child welfare agency staff; 2) experiences of poverty and oppression, which serve to increase involvement in the child welfare system among families of color; and 3) child welfare system factors, such as agency infrastructure, organizational culture, resources and leadership.

Although each of these conceptualizations of racial disproportionality and disparity are noteworthy, we recognize that the underlying roots of racial disproportionality and disparity are complex and often coexist. This review's focus is on three of the main explanations of the phenomenon: 1) disproportionate and disparate need of children and families of color; 2) racial bias and discrimination in the child welfare system and other ecologies; and 3) child welfare system processes and resources. To this a fourth explanation is offered that geographic context (i.e., region of country, region of state, urbanicity and/or neighborhood characteristics) explains much of the variability in the child welfare involvement and service receipt of families of color. Subsumed within each of these four explanations is a variety of factors that have emerged from the research on racial disproportionality and disparity. In the following paragraphs, the evidence pertinent to each of these four explanations is summarized.

- *Disproportionate and Disparate Need*

    Those who argue that children and families of color have a disproportionate need for child welfare services point to the vulnerability of this population in terms of many social indicators, such as unemployment, homelessness, mental illness, criminality, violence and substance abuse (Bartholet, 2009; Hines, et al., 2004). Perhaps the most pervasive of these social indicators is poverty. The relation between poverty and child maltreatment is supported by considerable research (Drake, Lee, & Jonson-Reid, 2009; Freisthler, Bruce, & Needell, 2007; Sedlak et al., 2010). In a study examining the interaction of Socio Economic Status (SES) and race/ethnicity, Molnar and colleagues (2003) found that although child-directed aggression was more common among African American caregivers, the trend was completely explained by socioeconomic factors.

    Poverty has had a persistently strong relation to minority status in the United States (U.S. Census Bureau, 2007; United States Government Accountability Office, 2007b). For example, despite the economic improvements documented with Welfare Reform, poverty rates have improved little for families of color, although welfare receipt has decreased and employment rates have increased (Moore & Vandivere, 2000). Specific to Hispanic families, Zambrana and Dorrington (1998) have observed that Hispanics with children have higher poverty rates than their non-Hispanic counterparts. Additionally, African American children are more than three times as likely to live in poverty as non-Hispanic White children and up to 14 times more likely to live in neighborhoods characterized by concentrated childhood poverty than are their White counterparts (Drake & Rank, 2009; U.S. Census Bureau, 2007). African American children also have longer stays in poverty and the lowest exit rates from poverty (Duncan, 1999).

    Research on the relation between poverty and child welfare involvement is not a new endeavor; however, the relation is complicated by many factors that may not be explicitly addressed by extant

studies. First there is a lack of clarity with respect to the relationship between family need and family poverty. Although needs and poverty are closely linked, needs occupy a broader spectrum of concerns than poverty alone. For example, a family who is simply unaware of available services in their community would be in need of this information so that they could successfully access necessary resources. Furthermore, the influence of poverty on different facets of the child welfare decision-making process has to be disentangled. For example, the relation between poverty and child protection investigation and substantiation may be distinct from the relation between poverty and foster care placement. We will consider the role of poverty in racial disproportionality and disparity with respect to the broad continuum of child welfare decision-making processes below.

The National Incidence Studies have examined the relation between poverty and child maltreatment incidence. According to data from the NIS-3, children from families with annual incomes below $15,000 were 22 times more likely to experience harm (Barth, 2009). Higher rates of maltreatment were also found for children from low socioeconomic backgrounds in the NIS-4; these children experienced some type of maltreatment at greater than five times the rate of their counterparts from higher socioeconomic backgrounds (Sedlak, Mettenburg, Basena, Petta, McPherson, Greene, & Li, 2010).

However, while poverty has been shown to be a key contributor to both disproportionality and disparities, it does not appear that poverty, *in and of itself*, can fully explain the disparate experiences of families of color in the child welfare system. In fact, the results are mixed. For example, the disparities between substantiation rates for African American and White children were greatest in areas where overall poverty was less severe (Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005). In another study comparing maltreatment rates in African American and White neighborhoods, poverty had less of an effect on African American maltreatment rates, particularly in neighborhoods that were high in social organization (Korbin, Coulton, Chard, Platt-Houston, & Su, 1998). Examining only impoverished families (i.e., Temporary Assistance for Needy Families or TANF applicants), Dworsky, Courtney and Zinn (2007) found that the risk of being investigated for maltreatment was lower among the families of TANF applicants who were African American or Hispanic than among the families of TANF applicants who were non-Hispanic White.

Some research has examined the role of poverty and related factors to the initiation of child welfare intervention. For example, Texas data suggest that poverty and neglect together increased the likelihood of CPS intervention (Texas Health and Human Services Commission and Department of Family and Protective Services, 2006). Sedlak and Shultz (2005), using data from NIS-3, identified parental employment as a factor that had a small influence on the likelihood of investigation. Among children who had an unemployed parent, Sedlak and Shultz (2005) found a non-significant trend toward more investigations of White children (37% vs. 28%). More robust findings in the area of employment were obtained from the NIS-4 (Sedlak et al., 2010), indicating that children with unemployed parents experience maltreatment overall at two to three times the rate of those with employed parents.

A 2009 (Drake et al.) study in Missouri looked at neighborhood and other factors (such as poverty) associated with children whose child maltreatment referrals to CPS were accepted for an investigation. Roughly one percent of the White children in Missouri live in neighborhoods where 40 percent or more of the White children are below the poverty level. For African American children, over 37 percent of children live in neighborhoods where 40 percent or more of African American children are living in poverty. This study found that White children were more likely to be reported in high poverty samples, while African American children were more likely to be reported in lower poverty samples. These

findings appear to suggest that White reporting rates are linked more strongly to poverty than African American reporting rates. Moreover, these findings also indicate that the few Whites who continue to reside in very impoverished neighborhoods are likely to have more risk factors for child maltreatment, such as a lack of education and increased substance abuse issues, than African American families in similar situations. According to this study, African American families who are able to care for their children and keep them safe may be less likely than similarly situated White families to move away from impoverished neighborhoods (Drake et al., 2009).

Others argue that the disproportionate removal of children of color from their families is not necessarily indicative of bad or biased practice (as some claim), but could reflect fair, accurate and safe decision making on the part of the child welfare caseworker or judge. According to Bartholet (2009, p. 6), "there are many reasons to think that the social workers and judges are getting it roughly right in removing [African American] children at the existing racially disproportionate rates." Chiefly, Bartholet (2009, p. 6) highlights the fact that African American families are more likely to live in poverty than White families and "therefore suffer disproportionately from all the related factors that are known predictors of child maltreatment."

The relation between poverty and its concomitants to foster care placement has also been examined. The decision to place a child in foster care often depends on the nature of the caseworker's assessment of family safety and risk, as well as the caseworker's decision-making proclivities (Dalgleish, 1988) and the organizational environment (Baumann, Kern, & Fluke, 1997), including resources that might mitigate risks. In general, lower income families—often families of color—are considered to be at greater risk than families living with more resources, and are consequently more likely to have their children removed from their care (Rivaux et al., 2008). Some have theorized that many unnecessary child removals could potentially be prevented if services were made available and more accessible to poor families at the same rate as they are to those making higher incomes (Rivaux et al., 2008). In other words, it may be the lack of local service availability, rather than CPS agency bias, which could result in higher placement rates for poor families (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010). Notably, there have been some successful legislative attempts to challenge child welfare practices regarding the removal of children from their homes "for reasons solely related to poverty," such as the *State of New Hampshire vs. Robert H.* (1978) case (Eamon & Kopels, 2004, p. 824-825). Nevertheless, removing a child from his or her home may appear to be the only option when resources, such as family based safety services, are not readily available, accessible, or appropriate in the family's community (Texas Health and Human Services Commission and Department of Family and Protective Services, 2006).

Beyond poverty, there are several other risk factors pertinent to the question of racial disparities. For example, substance abuse appears to affect the likelihood of child welfare system involvement as well. In fact, there is some evidence that substance abuse is the strongest predictor of child abuse and neglect (Chaffin, Kelleher, & Hollenberg, 1996). However, data from the NIS-4 suggest that alcohol and drug abuse is only implicated in a small portion of child maltreatment situations, regardless of the type of maltreatment (Sedlak et al., 2010).

Although national data indicate that there are fairly uniform rates of substance abuse across racial/ethnic groups, the consequences of substance use may be different for specific groups (Substance Abuse and Mental Health Services Administration, 2008; USDHHS, 2003). Thus, racial/ethnic minority families, with substance involvement, may have distinct child welfare experiences. There is some suggestion that substance-affected families in the child welfare system are more likely to be White or African American

than Hispanic (Semidei, Radel, & Nolan, 2001; United States Department of Health and Human Services, 1999). According to data obtained from the NIS-3, African American children were much more likely (78% vs. 41%) to receive CPS investigations than White children when a perpetrator's alcohol or drug involvement was mentioned in the initial CPS report (Sedlak & Shultz, 2005).

A major portal to child welfare involvement is substance use during pregnancy, which may vary across racial/ethnic groups. In regard to self-reported prenatal substance exposure, African American and White women of childbearing age report higher recent substance use than Hispanic women and those of other racial/ethnic groups (National Institute on Drug Abuse, 2003). In a study using toxicology screenings during delivery, African American women were found to have more overall substance use, with non-Hispanic White women having the second highest rate of drug use and Hispanic women having the second highest rate of alcohol use (Vega et al., 1993). Another study suggested that African American women were more likely to report cocaine use during pregnancy, whereas White women were more likely to report all other substance use (USDHHS, 1999). Notably, Courtney and colleagues (1996) suggest that there may be higher rates of drug testing among pregnant women of color, which may explain to some extent their higher prevalence rates based on drug testing.

Another risk factor pertains to family structure, specifically single parenthood. Single parenthood is more common among certain minority groups, such as African Americans (U.S. Census Bureau, 2007) and has been associated with a variety of poor child outcomes (McLanahan, 1997). Harris and Courtney (2003) documented that single parenthood was related to disparity in reunification rates for African American children. Analysis from the NIS-3 also showed that children of single parents had an 80 percent greater risk of suffering serious injury or harm—the measure that is equivalent to substantiations—than children living with both parents (Barth, 2009). NIS-4 data corroborated these findings to some extent (Sedlak et al., 2010). Although children with single parents were more likely to experience maltreatment than those living with their married biological parents, children living with single parents *who had cohabiting partners* had the highest rates of maltreatment overall.

Additionally, children in the largest sized families (those with four or more children) were physically neglected at approximately three times the rate of those in single-child families (Barth, 2009). NIS-4 data revealed a more complex pattern with respect to family size (Sedlak et al., 2010). Maltreatment rates remained highest for children in the largest families (i.e., four or more children), but were lowest for children in families with two children and at the intermediate level for children in families with only one child and those with three children. In a recent study, Johnson (2007) found that race was still predictive of child maltreatment substantiation after controlling for many family risk conditions, though the results were somewhat mixed. Specifically, African American children were more likely to be substantiated, but were also more likely to be returned home and less likely to be placed than White children.

Family mental health problems are also associated with child welfare involvement (Dinwiddie & Bucholz, 1993; Egami, Ford, Greenfield, & Crum, 1996; Kotch, Browne, Dufort, & Winsor, 1999). For example, depression has been found to predict both physical abuse and neglect (Chaffin et al., 1996). Intimate partner violence has also been identified as contributing to child welfare system involvement (Bowen, 2000; Edleson, 2004; Tajima, 2000). Specifically, there is a strong association between domestic violence and child abuse; often the quality of care a child experiences is compromised by the violence that exists in families. Finally, the rise in the female prison population (Beck & Karberg, 2001) and the higher likelihood of female prisoners having children (Greenfield & Snell, 1999) have led to increases in the number of children involved in child welfare due to parental incarceration (Swann & Sylvester, 2006).

Although each of the above delineated risk factors may be more common among families of color due to the higher rates of poverty among these populations (U.S. Department of Census, 2007), several caveats are in order. First, few conclusions can be drawn about their contribution to racial disproportionality and disparity per se, due to the lack of child welfare studies that address this specific question. Furthermore, studies which control for socioeconomic status typically find few differences between families of color and their White counterparts in the presentation of these risk factors. For example, there seem to be few differences by race/ethnicity in regard to mental health status, with some research suggesting that families of color have lower rates of certain types of mental illness than their White counterparts (Miranda, McGuire, Williams, & Wang, 2008). However, multiple studies have documented more adverse consequences of mental illness for individuals of racial/ethnic minority groups, as well as disparities in the mental health service receipt of families of color (e.g., Libby et al., 2006; Miranda et al., 2008).

Also germane to the current discussion of disparate needs is the contribution of child risk factors to racial disproportionality and disparity. There is evidence that children with developmental and mental health challenges have different child welfare experiences. For example, children with developmental disabilities are more likely to be placed in non-family facilities (Hemp, 2000). Further, children diagnosed with mental disorders or developmental disabilities, or who have experienced therapeutic foster care or involuntary psychiatric examination, are less likely to have successful exits from care (Becker, Jordan, & Larsen, 2007).

Specific to families of color, research suggests that there are few racial/ethnic differences in the prevalence of developmental and mental health problems among American children (Briggs-Gowan, Horwitz, Schwab-Stone, Leventhal, & Leaf, 2000; Costello, Messer, Bird, Cohen, & Reinherz, 1998). Similarly, scant racial/ethnic differences have been found relative to the mental health status of children in the child welfare system (Burns et al., 2004). Nevertheless, given the high rates of poverty experienced by children of color (Moore & Vandivere, 2000; Drake & Rank, 2009) and the relation of poverty to developmental and mental health risks for children (Duncan & Brooks-Gunn, 1997; Mistry, Vandewater, Huston, & McLoyd, 2002), the contribution of these risk factors to racial disproportionality and disparity in the child welfare system must be considered.

Although not a child risk factor per se, child age is another important contributor to racial disproportionality and disparity in the child welfare system. Some scholars suggest that racial disparity in the child welfare system "is a function of how the system responds to African American families with babies" (Wulczyn et al., 2005). Extant data indicate that the age of the child is an important predictor of maltreatment type and severity, foster care length of stay in substitute care and outcome success (Barth, 1997; Rushton & Dance, 2003; Simmel, Brooks, Barth, & Hinshaw, 2001; Wulczyn et al., 2005). Specifically, several studies suggest that African American infants are more likely to be maltreated (including severe and fatal maltreatment), to have a case investigated and/or substantiated, to enter foster care, to have a longer duration of care and to be placed in adoptive homes than any other demographic group (Barth, 1997; Barth, Courtney, Berrick, & Albert, 1994; Crampton & Coulton, 2008; Jones Harden, 2007; Wulczyn et al., 2005). On the other hand, older children are less likely to be adopted and more likely to re-enter foster care after reunification (Wells & Guo, 1999).

To a more limited extent, the issue of age has been examined with respect to Hispanic children. Barth and colleagues (1994) found that the interaction between age and Hispanic ethnicity decreased children's odds of reunification, whereby the oldest Hispanic children had the lowest odds. Using data from the NSCAW study, Alzate and Rosenthal (2009) found that younger Hispanic children were more likely to

be in placement situations than their older counterparts. Taken together, the results of these studies suggest that the interaction of age and race/ethnicity has important implications for the disproportionality and disparate treatment of children of color in the child welfare system.

- *Racial Bias and Discrimination*

    A second proposition is that the disproportionate representation of minority children in the child welfare system is a result of differential treatment by race, or racial bias (attitudinal dimension) and discrimination (behavioral dimension) (Morton, 1999; Roberts, 2002). Proponents of this theory suggest that differential treatment by race may be external or internal to the child welfare agency or both. Inequitable practices by outside agents operating within their respective institutions that interact with the child welfare system (e.g., hospitals, law enforcement, education, etc.) may lead to greater numbers of children of color referred to the child welfare system. Internal child welfare agency culture and policies may also lead to inequitable treatment of families of color. Additionally, it is possible that some child welfare staff may have biases concerning families of color, which could affect their decision making at every point of the child welfare continuum. Discriminatory practices by child welfare and other organizational personnel are not necessarily intentional. Institutional racism, which may result from policies and practices inherent to the organizations serving vulnerable children and families, has been posited to contribute more to racial disproportionality and disparity than the racism that may be characteristic of individuals involved with children and families in the child welfare system (Hill, 2004; Roberts, 2002).

    There is a small body of research relevant to racial bias and discrimination in the front end of child welfare services, which examines the display of bias by community members and professionals. The majority of these studies are local studies with relatively small samples, thus conclusions that can be drawn from them are limited. What this strand of evidence offers is potential mechanisms by which racial disproportionality exists along the child welfare continuum, which should be tested using more rigorous studies with larger and more representative samples.

    To examine racial bias and discrimination among community reporters, many studies have presented vignettes of child maltreatment, with the race of the perpetrator varying within scenarios. Zellman (1992) documented that participants were more likely to report African Americans, and that physical and sexual abuse vignettes were perceived as more serious for African Americans. In contrast, Hansen, et al., (1997) and Bonardi (2000) documented that respondents were more likely to report White families in child maltreatment vignettes. In a study of college students, Ibanez, Borrego, Pemberton and Terao (2006) found relations between race and reporting behaviors for African American students only. Specifically, African Americans were less likely to endorse reporting for all families, particularly if they had higher levels of ethnic identity and acceptance of corporal punishment. On the other hand, Hong and Hong (1991) reported that Hispanic participants rated child maltreatment situations as more severe than did Chinese participants, but Hispanic participants were not different from non-Hispanic White or African American participants. Additionally, in their study examining Missouri Census and child welfare report data, Drake, Lee and Jonson-Reid (2009) found that African Americans were not overrepresented in reports (as compared to Whites) *when poverty was controlled*, suggesting a lack of evidence regarding racially biased reporting to the Missouri child welfare system.

    Beyond the potential bias and discrimination of community reporters, this question has also been examined with respect to mandated reporters. The explanatory framework here is related to the idea that

particular professions, including those with mandatory reporting responsibilities, may be more likely to bring racial biases to their work. For example, hospitals have been found to have a higher likelihood of reporting families of color than reporting White families for child maltreatment (Lane, 2002). An oft-cited finding is that newborns who test positive for drugs are more likely to be referred to child protective services if their mothers are women of color (Goerge & Harden, 1993; Neuspiel, Zingman, Templeton, DiStabile, & Drucker, 1993). Similarly, referral bias was implicated in a study on racial disproportionality in the state of Washington's child welfare system (Harris & Hackett, 2008). In contrast, Levine and colleagues (1996) did not find that differential referral sources to child protection accounted for the racial disparities observed in their locale. Still, on the whole, the preponderance of evidence suggests that there may be increased maltreatment surveillance in African American communities by external sources which could translate to more CPS referrals for this community (Chaffin & Bard, 2006).

Racial bias and discrimination among child welfare staff has been examined to a limited extent. In a study of child protection intake supervisors, Howell (2008) found that the respondents' race was not related to their decision to investigate. However, the scenarios involving White children were accepted for investigation at a lower rate than those involving African American and Hispanic children. In contrast, Levine and colleagues (1996) found little evidence for racial bias among child welfare workers. In a structural equation model of placement disparities in worker decisions to place children, the race of the worker was not found to be explanatory (Texas Department of Family and Protective Services, 2010). This study further revealed that workers may make attribution errors in their assessments of children of color that are tied to perceptions about other factors, such as poverty. These errors may be less likely among staff, regardless of race, who may have had more exposure to families and children of color (Texas Health and Human Services, 2010). In a more recent study, Rolock and Testa (2005) also found no evidence of racial bias among investigative caseworkers in Illinois. The authors note that children in African American families were "more likely to be indicated" as victims of child abuse and/or neglect, regardless of whether the caseworker was White or African American (Rolock & Testa, 2005, p. 130). Moreover, White caseworkers in this study were also more likely to substantiate a report of child maltreatment than African American caseworkers, regardless of the race of the family in question. The authors suggest that two other factors other than racial bias—type of alleged abuse and region within the state where the abuse occurred—may help explain why White caseworkers are more likely to substantiate maltreatment allegations, regardless of family race (Rolock & Testa, 2005).

Expanding on the theme of bias and discrimination, some research has examined racial or cultural sensitivity among child welfare agency staff. Based on his work in the United Kingdom, Barn (2007) identified two staff perceptions relative to the distinctions between cultures, both of which could potentially lead to racial disproportionality. The first is cultural deficit(ism), in which any non-normative behavior is perceived as deviant. The second is cultural relativism, in which each person is observed and evaluated relative to his or her own culture. Thus, acceptable and unacceptable behaviors are relative to a culture. Cultural relativism may promote racial or cultural sensitivity, whereby an understanding that an individual's behavior is influenced by culture also transcends to an understanding that their needs may also be culturally relative. Jayaratne and colleagues (2008) conducted a study that sheds some light on how workers of different races and ethnicities perceived the importance of a culturally relative approach. They found that African American workers were more likely to perceive race as a critical consideration in case planning and placement decisions than were White workers.

Finally, because staff cultural competence is viewed as a potential antidote to racial disproportionality and disparity, researchers have examined the processes and efficacy of cultural competence on child welfare practice. For example, James and colleagues (2008) addressed the following with staff in Texas as a way to reduce racial disparities: 1) Undoing Racism workshops; 2) cultural competence trainings; 3) community awareness initiatives; and 4) leadership development. The authors noted overall reductions in disparity rates as a result of the Texas initiatives. A recent study evaluating Undoing Racism trainings with community service providers found that participants left the training experience with a feeling of satisfaction, as well as increased knowledge and awareness regarding race, racial dynamics and racism (Johnson, Antle and Barbee, 2009). What is more, most participants anticipated that the training would have a positive impact on both their practice and their motivation to "collaborate to improve the [child welfare] system" as a whole (Johnson et al., 2009, p. 694). Additionally, in a qualitative study on an agency initiative to increase cultural competence among staff, Nybell and Gray (2004) documented that cultural competence must be considered in the context of agency hierarchies, and should lead to a redistribution of power.

- *Child Welfare System Factors*

Service provision to families of color in the child welfare system has been implicated in racial disproportionality and disparity. The disparities that exist in the service receipt of families of color when compared to White families are addressed later in this review. The goal of this section is to identify systemic factors that may contribute to racial disproportionality and disparity in child welfare.

In their review of the research on racial disproportionality, Courtney and colleagues (1996) suggest that there is a broad pattern of inequitable resources available to families of color in the child welfare system, such as housing, counseling and child care services. There have been several studies that confirm such a proposition. For example, in a qualitative study of the Michigan child welfare system, researchers found a lack of an agency infrastructure, including policies, practices and resources, which promoted equitable outcomes for African American families and children (Alliance for Racial Equity in Child Welfare, 2009). Similarly, in an earlier qualitative study of child welfare staff in multiple jurisdictions, participants noted an overall lack of agency resources as a contributing factor to racial/ethnic disproportionality and poor outcomes for children and families of color (U.S. Department of Health and Human Services, 2003). Similarly, while no relevant studies of American Indian children were found, several Canadian studies (Fluke et al, 2010; Trocmé, Tourigny, MacLaurin, & Fallon, 2003) have identified resource inequities as an important factor in greater placement disparities for First Nations children.

Barth (2005) has proposed a multiplicative model to explain the overrepresentation of minority children in the child welfare system. Although Barth acknowledges that family needs and community risk factors foster disproportionality, he posits that the differences at each level of child welfare system involvement accumulate to create the large disparity between the proportions of African American and White children in foster care at each stage. In line with this proposition, there are child welfare interventions at specific decision-making points that have been found to reduce disproportionality. The use of actuarial instruments, as part of a structured decision-making case management system, has some benefits for reducing racial disproportionality and disparity for specific racial and ethnic groups (D'Andrade, Austin, & Benton, 2008). Additionally, Family Group Decision Making (FGDM), which highlights the central role, capabilities and strengths of extended family groups in case planning, has

been documented as a strategy that may reduce disproportionality (Crampton & Jackson, 2007; Texas Department of Family and Protective Services, 2010).

Some research has examined how caseworker characteristics—rather than those of the child or the family—may impact the length of stay for children of color. One study found that children with multiple caseworkers or caseworkers who did not hold a Master's of Social Work degree had significantly longer lengths of stay than children with fewer caseworkers or caseworkers who had earned a higher level of education and training (Ryan, Garnier, Zyphur, & Zhai, 2006). This study's findings show that the caseworker's race had no effect on the length of stay for African American youth, but did impact how long Hispanic youth stayed in care. Hispanic youth with African American caseworkers (as opposed to Hispanic or White caseworkers) had longer lengths of stay than their African American and White peers (Ryan et al., 2006). Likewise, a 2010 evaluation out of Texas (using a Decision-Making Ecology framework) examined many caseworker factors that could influence the decision to remove children from their home, including the caseworker's gender, race/ethnicity, CPS seniority, perception of his or her own interpersonal skills, case skills, training and "worry about liability" (Texas Department of Family and Protective Services, 2010, p. 67). For example, one finding from this evaluation revealed that a caseworker's worry about liability was directly related to disproportionality in the Hispanic Disparity Index, which represents the worker's "individual propensity" for removing a Hispanic youth compared to the likelihood that he or she will remove a White youth. Another finding of interest was that the worker disparity indexes were lower for African American children when the worker caseload consisted of proportionally more African American children, suggesting that exposure may reduce biases. However, the authors of this evaluation note that, in general, most of these worker-level factors were "not highly related to disproportionality in the removal decision" (Texas Department of Family and Protective Services, 2010, p. 67).

Some studies have addressed how cultural competence specifically relates to working with families. For example, Courtney and colleagues (1996) documented that many child welfare workers had not received training on how to engage and intervene with African American and other families of color. In their study of Asian families in the United Kingdom, Humphreys, Atkar and Baldwin (1999) found that the lack of cultural competence among staff resulted in families receiving inappropriate services. Specifically, they noted a lack of appropriate interpreters, of same-race and culturally sensitive placements (e.g., for Sikh, Bangladeshi children) and of culturally appropriate services to support parents' physical and mental health.

Hiring staff of color has also been highlighted as critical to improving the availability of culturally competent services. In a study of worker perceptions of foster parents, a higher proportion of workers of color than White workers thought that children in kinship homes had a stronger sense of belonging than those in non-kinship homes (Beeman & Boisen, 1999). This study, as well as other research, has documented that workers' race influences their perceptions of families (e.g., Pellowe, 1990).

The issue of racial match of staff and families has received some empirical attention, with mixed results. There is some evidence from the psychotherapy field that racial/ethnic matching of therapist and client is somewhat beneficial, in terms of dosage and outcomes (Flaskerud, 1986; Sue, 1998). Race/ethnicity matching may be particularly important for Asian and Hispanic clients, because it provides them with bicultural and bilingual service providers (Lu, Organista, Manzo, Wong, & Phung, 2001). This concept, as well as the issue of cultural competence, will be discussed in more detail later in this review.

- *Geographical Context*

    Although geography does not represent a theoretical mechanism by which racial disproportionality and disparity exist in the child welfare system, the evidence regarding the influence of geography on child welfare outcomes is sufficiently compelling that it warrants discussion herein. Subsumed in this explanatory category is research showing differences in racial disproportionality and disparity across states, counties, population densities (e.g., rural vs. urban districts) and neighborhoods. Studies of racial disproportionality have been conducted in many states, including Illinois, Michigan, Minnesota, Ohio, Texas and Washington. Findings from these studies have confirmed that racial disproportionality exists across the nation, and that magnitude and types of disparity, as well as the population for which the disparities exist, are unique to the geographic location (US Government Accountability Office, 2007b). The broad distributions of disparities at various levels of geography are indicators of differences in how jurisdictions implement policy and practice. Moreover, the geographic variability in rates of racial disproportionality and disparities is largely related to the concentration of poverty found in various geographic regions of the United States.

    Becker, Jordan and Larsen (2007) found that geographic district of residence was the single-most important influence on permanency outcomes in Florida. Similarly, using life table analysis, Crampton and Coulton (2008) found that African American children residing in the city center were far more likely to experience a maltreatment investigation before the age of 10 than were White children residing in the same locale. Additionally, the study found that both African American and White children living in the city center were more likely than were their suburban counterparts to have their maltreatment allegation investigated.

    Freisthler and colleagues (2007) examined 940 census tracts in California to determine what neighborhood factors contributed to maltreatment rates for different racial/ethnic groups. With respect to African American children, higher rates of poverty and higher densities of alcohol outlets were linked to higher maltreatment rates, but increases in population, higher percentages of residents who had moved and a higher concentration of African American residents were linked to lower rates. For Hispanic children, higher rates of maltreatment were associated with poverty, unemployment and female-headed families. Finally, increased maltreatment rates for White children were related to the percentage of elderly people, poverty rates, ratio of children to adults and concentration of Hispanic residents.

    Neighborhood context is also a factor that is emerging in many areas of research, including that of child welfare. Seminal research from the Project on Human Development in Chicago Neighborhoods (Sampson, 2001; Sampson, 2009) has pushed social science scholarship in general to consider the impact of neighborhood factors on child well-being. In this vein, child welfare scholars have documented that child maltreatment occurs at higher rates in disadvantaged areas (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007). As expected, the economic characteristics (e.g., income levels, unemployment rates) of neighborhoods are greatly related to child maltreatment rates, but so too are the social characteristics (e.g., social integration, whereby community members are connected to one another as well as to their surrounding spaces). There is some suggestion that neglect may be more related to economic characteristics, whereas physical and sexual abuse may be more related to social resource factors (Coulton, Korbin, & Su, 1999; Coulton, Korbin, Su, & Chow, 1995).

    In a study examining neighborhood effects on maltreatment rates, Drake and colleagues (2009) found that African American children were more likely to be reported for maltreatment. However, when they considered the racial and poverty status of census tracts together, they found that reporting rates for White families were higher than those for African American families. Examining neighborhood effects on racial differences in foster care populations, Wulzcyn and Lery (2010) found that disparity was lower in counties

with higher poverty rates. In fact, White placement rates were higher in areas with higher White poverty, but there was no link between the poverty and placement rates among African American children. Taken together, the findings from these studies suggest that the higher maltreatment and placement rates found among African American children and families may be attributable to their unique residential context. In other words, unlike White poor families, African American families are more likely to live in racially and socioeconomically segregated neighborhoods and/or in neighborhoods where the degree of childhood poverty is high (Drake & Rank, 2009).

Multivariate Models and a Summary of the Factors

Several multivariate studies have sought to assess the relative impact of race in the presence of other variables. These studies have been conducted with respect to the key child welfare decision points and have included race as one of several factors. One study by Harris and Courtney (2003) used the term family structure to describe the number and gender of parents. Similar terms, such as family characteristics, have also been used to describe potential family risk factors that could lead to maltreatment incidences, removal decisions and/or likelihoods of reunification. Such factors include, but are not limited to, type of alleged maltreatment, prior history of CPS reports, caregiver substance abuse, caregiver mental health issues and family poverty (Pabustan-Claar, 2007; Yampolskaya, Armstrong, & Vargo, 2007). Analyses are also growing increasingly complex in the effort to ferret out more subtle interactions, latencies and multilevel structures in the data consistent with the complexities of the explanatory frameworks (Fluke et al., 2010; Texas Department of Family and Protective Services, 2010; Wulczyn et al., 2009; Yampolskaya et al., 2007). Several studies and reports have documented the relationships between race and such factors, particularly the comparatively high number of families of color who live in poverty. Bartholet (2009) contends that it is these risk factors, rather than racially biased child welfare decision making, that influences the disproportionately high numbers of children of color entering the system, as well as the disproportionately low numbers exiting the system (via reunification).

A number of multivariate studies have sought to determine what specific factors may influence or contribute to the decision to reunify a child with his or her family (Drake & Pandey, 1996; Hines, Lee, Osterling, & Drabble, 2007; Wulczyn et al., 2009). One recent study examining the child, family and system–related factors related to reunification among African American, Hispanic, Asian and White families concluded that when other factors (i.e., welfare eligibility, marital status and type of alleged maltreatment) were taken into account, race/ethnicity was not a "strong predictor" of reunification (Hines et al., 2007). In contrast, a study by Wulczyn et al., (2009) found just the opposite, albeit with somewhat different factors. Using NSCAW data, Wildfire, Barth and Green (2007) explored the likelihood that children would be reunified with their families within 18 months of their first out of home placement episode. Wildfire and colleagues (2007) identified three categories that could potentially predict reunification: child-specific characteristics, familial risk factors and agency or parent actions following the referral to CPS. Study findings reveal that African American infants (0-6 months) and adolescents (10 years and older) were both significantly less likely to return home than their White counterparts even when controlling for child behavior, familial risk factors and agency and parent actions following referral (Wildfire, Barth, & Green, 2007). However, these disparities did not exist for children aged 7 months to 2 years or for those aged 3 years to 5 years, suggesting that neither race nor child age alone can significantly predict the likelihood of reunification (Wildfire, Barth, & Green, 2007). Nevertheless, further research is needed to examine the relationships between reunification, child age and

race – especially given numerous findings that indicate that the majority of infants who enter the child welfare system are African American.

In sum, knowledge gained from research and practice suggests that racial disproportionality and disparity in the child welfare system may be, to some extent, explained by all the aforementioned theories. The evidence regarding disproportionate need is mixed. Although there is a robust relation between family risk and minority status, as well as between family risk and child welfare involvement, the direct linkage between the risks that families of color experience and their disproportionate child welfare involvement is not always clear. In fact, there are studies which control for a variety of family risk factors that still document differences by race (Yampolskaya et al., 2007; Wulczyn et al., 2009, Texas Department of Family and Protective Services, 2010). With respect to racial bias and discrimination, although there is some mixed evidence with respect to reporting, the evidence suggests that community reporters are more likely to report families of color; and several studies suggest that families of color are also more likely to be investigated. The evidence is fairly consistent with respect to child welfare system factors, namely that there is a broad pattern of inequitable service and resource availability for families of color. Finally, a review of the research on geographical context suggests that disproportionality may differ by race depending on region, and that both the economic and social characteristics of the neighborhood or community are related to rates of child maltreatment. Certainly, there is significant overlap in these explanatory theories, whereby child welfare system policy and practice are clearly intertwined with the risks found among children and families, and the potential bias found in staff and agency decision making.

■ Child Welfare Decisions: Racial Disproportionality and Disparity

Child protection and child welfare decision points provide an underlying framework for describing racial disproportionality and disparities. In fact, one perspective regarding child welfare is that its fundamental purpose as an authority of the State is to make and implement decisions regarding children and families (Morton & Holder, 1997). Such decisions are made by various parties throughout the life of a case, from a concerned citizen's decision to report child maltreatment to a worker's decision to make a child eligible for adoption (and everything in between). Given that decisions are one of the primary roles of child protection and child welfare, it is reasonable to focus attention on the nature of these decisions, and to evaluate whether disparities with respect to race exist at each critical decision point.

This section begins with a review of child maltreatment incidence since, for the most part, children and families entering the system come to the attention of the system as a result of child maltreatment. From there, we discuss the research associated with other key decisions in child protection and child welfare.

Incidence of Child Maltreatment

Of considerable interest to the question of disparities and disproportionality in child welfare services is the incidence of child maltreatment and whether it varies by race and ethnicity. To begin this discussion, it is useful to be clear about what is meant by incidence and prevalence and how these concepts apply to child maltreatment, and most importantly, to children's protective and child welfare services. Within the field of epidemiology, incidence is defined as the risk of developing a new condition within a specified period of time (Last, 2001). Incidence is often described as rate and is calculated over an appropriate population base. Prevalence refers to the number of people with a condition in the population at a given point in time, regardless of whether the conditions are new or not, and is also calculated as a rate per unit of the population.

Generally, it is understood that a comprehensive measurement of incidence or prevalence of child maltreatment is not possible because maltreatment is most often not observed except by the perpetrator and victim (Dietz 2002; Sedlak, Mettenburg, et al., 2010). This is particularly true of interfamilial maltreatment, the context of child maltreatment that most often leads to the entry of children and families into the children's protective and child welfare services. Complicating this further is the difficulty in measuring maltreatment in consistent ways across studies, which fully and reliably encompass neglect, physical abuse, sexual maltreatment and psychological maltreatment. This inability to directly measure incidence or prevalence has led to the development of multiple methods to study incidence and prevalence of child maltreatment (Runyan, Dunneb, et al., 2009), all of which have methodological limitations. Primary sources of incidence and prevalence data include self-report surveys, vital records, records of emergency room visits, sentinel studies, health care records, school records and social services administrative data (Sorenson, Joshi, et al., 2008). It is important to keep in mind that each of these sources of data provides a view of incidence or prevalence, but not a complete or even compatible picture of child maltreatment.

Key questions with respect to child maltreatment incidence and prevalence and race/ethnicity include:
- Are there differences in the incidence or prevalence of maltreatment according to race and ethnicity?
- If differences in incidence or prevalence of maltreatment by race and ethnicity exist, can they be accounted for by other factors, such as poverty and family structure?

- If differences in incidence or prevalence of maltreatment by race and ethnicity exist and cannot be accounted for by other measured factors, what is the source of the differences?

From the standpoint of child maltreatment incidence and prevalence with respect to race, few studies exist in the U.S. that have attempted to provide estimates of national incidence. Dietz (2002) reports on secondary analysis of a 1995 nationally representative household survey of parental discipline, conducted by Gallup using a random digit dialing phone survey. The study applies the Parent Child Conflict Tactics Scale (Straus, Hamby, et al., 1998) instrument. The Gallup survey caregivers were asked to respond to questions regarding how children were disciplined, and in particular, what forms of physical discipline were used. While physical discipline (e.g., corporal punishment) may not universally be viewed as constituting child maltreatment, given the range of definitional frameworks, such behavior at the very least places children at risk of harm.

In the study conducted by Dietz (2002), African American caregivers were 1.2 times more likely to use ordinary corporal punishment (e.g., spanking) compared to white caregivers, and 1.7 times more likely to use severe physical discipline (e.g., shaking, hitting the child with an object) within the year preceding the interview. Most importantly, from a methodological perspective, logistic regression was used to assess the factors associated with the incidence of both ordinary corporal punishment and severe forms of physical discipline. Factors included child age, child gender, whether the respondent was female, age of respondent, single parent households, southern U.S. residency, respondent's history of abuse, whether the respondent graduated from high school, whether the respondent was African American, family violence, income of the respondent (less than or greater than 15 thousand dollars per year) and number of children in the household.

Dietz (2002) found that the two factors that were associated with *both* a greater risk of the use of ordinary corporal punishment and severe physical discipline were African American respondents and male children. Other factors associated with the use of ordinary corporal punishment were younger children, female respondents and respondents who were never abused by their own caregivers. Additionally, Dietz (2002) found that factors associated with severe physical discipline were respondents who did not obtain a high school degree and respondents who were southern U.S. residents. Further, families with incomes less than 15 thousand dollars per year were more than 1.6 times more likely to report using severe physical discipline. African American respondents were more than 1.5 times more likely to use moderate corporal punishment and twice as likely to report using severe corporal punishment compared to white respondents. However, the logistic regression model accurately classified 8 percent of respondents who used severe physical punishment.

A more recent study—conducted in late 2002 through the early part of 2003—describes the results of a national U.S. household survey using the Juvenile Violence Questionnaire (JVQ) (Finkelhor, Ormrod, Turner, & Hamby, 2005). For children aged 2 to 17, the instrument used obtained a "broad spectrum" view of childhood victimization ranging from bullying to property related victimization, and included questions on child maltreatment. The questionnaire was administered directly to youth over age 10, with caretakers responding for children under 10 years. For all forms of child maltreatment, there were no differences identified by race or ethnicity. For physical abuse, African American children had lower rates compared to Whites or Hispanics of any race. However, Hispanics of any race had lower rates of psychological or emotional maltreatment compared to Whites or African American children. The results were not analyzed using multivariate procedures, nor are such results available at this time, although such analyses may be available at some future point (Finkelhor, 2010).

The National Incidence Study (NIS)

For this review, the National Incidence Study (NIS) represents an important point of continuity in the presentation of disparities data, as the NIS-4 updates result from the NIS-3 originally reviewed by Hill

(2006). The NIS has been conducted four times at varying intervals since 1978, and is carried under contract to the United States Department of Health and Human Services by WESTAT. A description of overall findings is provided, followed by a description of the results of a supplementary analysis specific to race.

The NIS is a mandated effort of the U.S. Department of Health and Human Services as part of the Child Abuse Prevention and Treatment Act (CAPTA) and is conducted periodically. The latest iteration of this study, NIS-4, is based on data collected in 2005 and 2006. As with prior NIS studies, the main goals of the NIS-4 were to "provide updated estimates of the incidence of child abuse and neglect in the United States and measure changes in incidence from the earlier studies" (Sedlak 2010).

Compared to the self-report household survey described above, the NIS depends on a sentinel methodology directed at professionals (e.g., medical personnel, law enforcement, educators, etc.). The study utilizes a complex sample design, statistical controls to un-duplicate children in the sample, and adjustments for the time frame of the study to obtain annual estimates. The non-child protective services data collection pertains to child maltreatment known to professionals, including child protective services. However, except for the child protective services component of data, the study does not address the maltreatment known only to non-professionals, such as neighbors, relatives and self-reports. The NIS-4 is based on a representative sample of 122 counties and is based on case level data collected from cluster samples of sentinel agencies and child protection investigations.

The findings from NIS-4 also provide an updated look at the estimated incidences of child maltreatment by child race/ethnicity. Beginning with NIS-2, the study employs two standards for estimating child maltreatment incidence: the harm standard and the endangerment standard. The harm standard, used since NIS-1, counts children as maltreated only if they have already experienced demonstrable harm, and is viewed by some as the most reliable measure of maltreatment incidence. The endangerment standard includes situations where professional respondents believe the child is at risk, or where children in the CPS system are identified as substantiated or indicated. Generally, children who meet the harm standard are part of the group of children who meet the endangerment standard.

First and foremost, the NIS-4 reports a statistically significant overall decline in most rates of incidence for both harm and endangerment standards from the NIS-3, including for African American children (with the exception of serious harm, which shows an increase). However, a fundamental change between the reported finding from the NIS-3 and NIS-4 is that relatively greater incidence rates were found in comparing African American children to White and Hispanic children. The relative rates of maltreatment incidence compared by race and ethnicity are described below for the harm and endangerment standards respectively.

- *Overall NIS-4 Findings for the Harm Standard and Endangerment Standards*

    African American and White children differed significantly in their incidence rates of maltreatment of all kinds under the harm standard, 24.0 per 1,000 African American children compared to 12.6 per 1,000 White children. African American and White children also differed significantly in their rates of experiencing maltreatment of all kinds under the endangerment standard, 49.6 per 1,000 African American children compared to 28.6 per 1,000 White children. Thus, the incidence rate for African American children, under both the harm and endangerment standard, was almost two times the rate it was for White children. For all types of maltreatment, African American children were 1.7 times more likely to experience the harm standard, in comparison to Hispanic children (6.7 per 1,000 children). Similarly, when compared to Hispanic children (30.2 per 1,000 children), African American children were 1.6 times more likely to experience the endangerment standard.

    Incidence rates of harm standard abuse (physical and emotional) were also found to be significantly higher

for African American children than other children. Approximately 10.4 per 1,000 African American children were victims of harm standard abuse compared to 6 per 1,000 White children and 6.7 per 1,000 Hispanic children. Thus, abuse incidence for African American children was 1.7 times that of White children and 1.6 times that of Hispanic children. When it came to physical abuse specifically, African American children also experienced significantly higher rates than other children. Approximately 6.6 per 1,000 African American children experienced harm standard physical abuse, nearly twice the rate for White children (3.2 per 1,000). When compared to Hispanic children, African American children had nearly 1.5 times the rate of physical abuse (6.6 compared to 4.4 per 1,000).

Incidence rates of endangerment standard abuse were also found to be significantly higher for African American children than other children. Approximately 14.9 per 1,000 African American children were victims of endangerment standard abuse compared to 8.7 per 1,000 White children and 9.4 per 1,000 Hispanic children. This means that the rate at which African American children are abused under the endangerment standard is 1.7 times that of White children and 1.6 times that of Hispanic children.

The harm standard neglect was also found to be significantly higher for African American children compared to White children. African American children were nearly at 2 times the risk of harm standard neglect than White children (14.7 per 1,000 African American children compared to 7.5 per 1,000 White children). The incidence of neglect under the endangerment standard was also found to be significantly higher for African American children compared to White children. African American children were at 1.6 times the risk of neglect under the endangerment standard than both White children and Hispanic children (36.8 per 1,000 African American children, 22.4 per 1,000 White children and 23.0 per 1,000 Hispanic children). Sexual abuse differences between African Americans and White and Hispanic children were marginally significant ($0.10 > p > 0.05$); approximately 2.6 per 1,000 African American children were sexually abused, which is just about two times the rate of 1.4 per 1,000 White children.

It is important to be clear that the NIS-4 is the first instance with NIS data where higher rates of maltreatment for African American children were found to be statistically different compared to White children. In prior NIS analyses (Sedlak & Schultz, 2005), while point estimate differences were noted, these were not found to be statistically significant. Since this shift in findings has important implications for the field of child welfare and to explore this apparent change in long term findings and assumptions, a supplementary study was conducted by WESTAT to further assess the possible explanations for this difference.

- *Summary of the Supplementary Analysis*

To explore the incidence rate differences by race found in NIS-4, a supplementary analysis was performed by WESTAT to provide a closer examination as to what might lie behind the findings and the departure from the NIS-3 results (Sedlak, McPherson, & Das, 2010). Based on this analysis, the authors concluded that the difference between NIS-3 and NIS-4 may have been due to 1) more precise estimates available for NIS-4 compared to NIS-3 and 2) in a multivariate framework, the relative difference in SES status and other factors, such as family structure, between African American and White families.

The analysis of the hypothesis regarding differences in precision between NIS-3 and NIS-4 begins with a consideration of incidence rates without taking the statistical tests into account. Estimates from the NIS-3 for African American incidence were 31.6 per 1,000 for the harm standard compared to 20.39 per 1,000 for White children. Similarly, the overall endangerment standard incidence rate for African American children was 54.96 per 1,000 compared to 36.5 per 1,000 for White children. When these estimates were tested statistically, neither of these differences was significant. However, when the same test was performed for NIS-4, as described above, the

differences were significant. Tests of this sort are sensitive to the sample size and since NIS-4 was based on a larger sample, statistically significant results were detected that may have been present but were undetected for NIS-3.

The second hypothesis addressed was that differences may have been due to expansion in the differences between African American (and presumably Hispanic) household income. Based on a complex synthetic data construction process for both Census and NIS data, a multivariate logistic regression was performed to assess the likelihood of maltreatment. The model included child's gender, number of children in the household, presence of a parent, family structure, child's age, child's race, parental employment and family SES as independent variables.

The results of this analysis indicated that for the harm standard, factors related to race (e.g., child age, number of children in the household, parental employment and low SES) were associated with increased incidence, but not child race. However, child race did account for increased physical abuse incidence under the harm standard. Turning to the endangerment standard and taking the other factors into account in the model, the child's race did contribute to an increased likelihood of maltreatment overall, as well as to all specific forms of maltreatment with the exception of sexual maltreatment.

A chief underlying assertion of this study's findings is that the impact of SES is one of the major risk factors associated with maltreatment, if not the primary factor. In examining interactions in the data, a key finding was that most differences in incidence between African American and White children were found among the SES families with a greater level of resources (based on a cut point of $15,000 annual income), whereas differences were not identified for children with SES levels below the cut point. The authors of the study suggest that the difference may be due to greater resource disparities between families in the higher SES categories with respect to income or resources, such that African American families in the higher SES may be separated by gaps in income compared to White families. This finding may lend some support to the author's hypothesis that income and resource discrepancies are differentially associated with greater maltreatment incidence. Nevertheless, the authors of the study do caution that the results of the analysis may be compromised since roughly fifty percent of the SES data were missing and it could not be determined if the data were missing at random.

Summary of Incidence

Limitations and concerns abound regarding the three primary sources of data described above: the Gallup 1995 household survey, the Juvenile Victimization Questionnaire (JVQ) and the NIS-4. Among these are data collection instrumentation and definitional concerns, sampling issues, data collection procedures, missing data and so forth. Of the three sources, the NIS-4 clearly provides more complex, nuanced and current data, and offers the most sophisticated multivariate analysis. However, the NIS-4, as is true of its earlier iterations, misses a large number of children who are likely only known among members of the community (e.g., children and family members) and who are outside of the professional child-serving agencies and organizations. The Gallup and JVQ studies, while addressing behavior that occurs in the home, may not fully address behavior that rises to the level of maltreatment or standard of harm that is recognized legally in the U.S. (although even here, the risk of harm appears clear). While the JVQ and NIS-4 addresses Hispanic children, sampling constraints prevented both studies from being able to measure incidence among American Indian children or other smaller racial and ethnic groups. Nevertheless, all three studies provide views of maltreatment incidence at a national level.

With respect to the NIS-4, the hypothesis that disparities between African American and White children are associated with widening income gaps between African American and White families also requires further scrutiny. There is some concern that the primary analysis (Sedlak, Mettenburg et al. 2010) does not adjust for inflation, and that the discrepancies are exaggerated as a result (Drake & Jonson-Reid, in press). This is

especially salient if one considers the first hypothesis that the lack of a difference from NIS–3 data was due to sample precision. If an actual but unmeasured difference was extant at the NIS–3 data collection time frame (1993), then the difference is less a function of a change in income gaps and more due to conditions that are reflected by both NIS–3 and NIS–4. If indeed there has been little change in the underlying incidence between NIS–3 and NIS–4, then other explanations are needed for the apparent disparities. For example, given that so much SES data were missing, it may be that the SES data available to NIS-4 are insufficient to be certain that it did not make a larger impact on the analysis. It might also be productive to pursue other hypotheses, for example, the degree to which specific professional groups may be more likely to identify children of color as harmed or endangered.

Regardless of what underlies these differences, the Gallup and NIS–4 studies share a common finding: bi–variate maltreatment incidence is greater for African American children. The NIS–4 provides no evidence for greater incidence among Hispanic children compared to White children. Unlike these studies, the JVQ provides no evidence for greater maltreatment incidence among African American children, and in fact lower rates of physical abuse compared to White and Hispanic children.

The multivariate analyses found in the Gallup and NIS-4 studies also suggest that whereas household poverty in particular, as well as child age and family structure, are very important factors and moderate the effect of race, they do not appear to fully explain differences in maltreatment incidence for African American children. The findings thus far regarding incidence are by no means definitive and, with the JVQ results, are perplexing. However, the Gallup and NIS-4 results appear to be persistent and are consistent with literature related to child protective services referral and reporting (Drake et al., 2009). Much remains to be done to understand the complexities and sources of disparities in child maltreatment incidence and prevalence.

Incidence and prevalence of child maltreatment is one of the major gateways to the child protection and child welfare system since some proportion of these maltreatment events are the subject of what is reported to child protective services. The apparent incidence disparity of close to two times the number of African American children compared to White children can be viewed as the starting point regarding the disproportionate representation of African American children in the child welfare system.

An important multivariate study by Sedlak & Schultz (2005) of NIS–3 data describes findings that, by and large, suggest that when accounting for other factors among the strata of investigations where reports are made by professionals, African American children were not investigated at a greater rate than White children, with the exception of emotional harm and physical neglect. In contrast, at the time of NIS–3, the related bi–variate analysis indicated that African American children were more likely than Whites to be investigated. However, as pointed out earlier, the NIS–3 found no statistically significant differences in overall incidence either with respect to harm or endangerment. At this point, the missing piece for NIS-4 is whether the investigation rates are statistically different by race (although that could be inferred from the bi–variate analysis of incidence), or whether investigation rates are different if controlled for other factors.

Regardless, from the point of view of initial protective services entry, it is not unexpected that the bulk of service needs and served populations would be correspondingly greater for African American children as they enter the system on their various trajectories. However, even though the provision of child protection and child welfare services should ideally be based on need, the specifics of the decision–making process in child protection and child welfare may result in variations in equitable service provision, or as suggested by Ards and colleagues (2003) in the form of a "racial residual."

■ Decisions: Child Protection and Child Welfare Systems

Child protection and child welfare meet the definition of systems where decisions are made with uncertainty (Swets, 1992). Such decisions (e.g., screening in a referral for investigation) are known to be a function of decision-maker thresholds for action, which may be set independently of knowledge about the case (Dalgleish, 1988). Influence that results in action thresholds can be described as part of the Decision Making Ecology (DME), including case factors, characteristics of the case worker and agency characteristics, as well as other external factors (Baumann, et al., 1997). Thus, disparities (such as those found by race) in child protection and child welfare decision point data may partly result from interactions with non-case related components, such as worker or agency characteristics (Ards, et al., 2003). Indeed, variability in decision-making thresholds is observable at all levels and across all decisions in the child protection and child welfare system, ranging from workers, to local agencies, to states (Wulczyn and Lery, 2007; Becker et al., 2007; Freisthler et al., 2007).

Figure 1 provides a general schematic of the basic entry and exit decisions made as part of the child protection and child welfare process; these decisions generally occur in a defined order. The schematic is incomplete in that the full range of complex processes and decisions are only hinted at. Furthermore, some children and families repeatedly cycle through various sequences of entries and exits. However, by following the flow, the reader can see that families must be referred to child protection before they are assessed/investigated; families are opened for services after they are assigned for assessment, and so forth. Every decision depicted in the diagram represents a point where disparities can emerge and be observed. For example, national data systems like NCANDS, the Multi-State Foster Care Data Archive
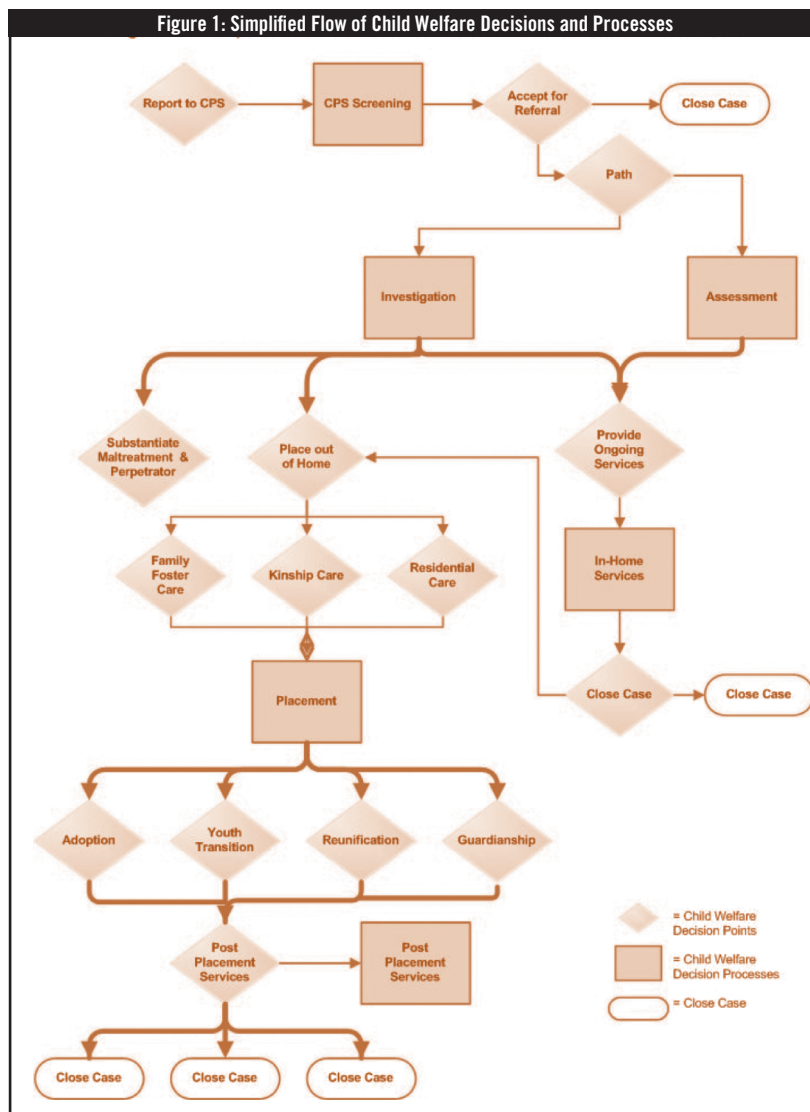
Figure 1: Simplified Flow of Child Welfare Decisions and Processes

and AFCARS and their state counterparts provide metrics for these decisions, and these can be broken down by race.

A major methodological consideration in decision point analysis is how various researchers enumerate disparities and disproportionality in their analyses. Essentially there are two approaches, and they vary depending on the denominator. One common approach is to enumerate children in a particular status or state in relation to the population of children. For example, consider the decision to place a child outside of the home. A population-based enumeration of the rate of African American disparity would be obtained by calculating the rate of African American children in out of home care as of a specific date per 1,000 African American children, compared to the rate of White children in out of home care as of the same specific date per 1,000 White children. The alternative is to use the logically ordered set of decisions as the basis for the denominator so that each decision point analyzed uses as its denominator the number of families or children in the decision that preceded it rather than the population. Continuing with the out of home care example, a logically ordered rate for African American children in out of home care would be divided by African American children in cases opened for services compared to an equivalently calculated rate for White children in out of home care.

Table 1, below, illustrates the difference between using a population and decision-based denominator. Using statewide data from Colorado, the table provides an estimate of disparity ratios for African American children compared to White children along a continuum of CPS referrals to placements. Starting with referrals, each subsequent decision is dependent on the outcome of the prior decision. From the table, the population-based estimates for every decision point show that the likelihood of African American children experiencing a decision outcome is over two times as likely compared to their White counterparts. On the other hand, only for referrals (as the initial decision point the denominator is the population) is the ratio above two when using the decision-based denominator. In fact, at the point of assignment for assessment, the ratio drops below one, indicating that the likelihood of an assessment once referred is less than that of white children.

TABLE 1: Population and Decision-based Denominators, an Example from Colorado							
Colorado - Decision Point Disparity Ratios: African American Children with Respect to White Children							
Referrals to CPS		Assessment/Investigation		Opened Case		Removal From Home	
Population Denominator	Decision Denominator	Population Denominator	Decision Denominator	Population Denominator	Decision Denominator	Population Denominator	Decision Denominator
2006	2.88	2.88	2.81	0.98	2.92	1.04	2.69	0.92
2007	2.60	2.60	2.64	1.02	2.73	1.03	2.39	0.87
2008	2.54	2.54	2.65	1.04	2.48	0.94	3.16	1.28
2009	2.34	2.34	2.42	1.03	2.16	0.89	2.92	1.35

As an illustration of the importance of clarity regarding population or decision-based denominators, consider that one of the possible implications of the Dietz (2002) and NIS-4 studies is that some of the initial disparities in the child protection and child welfare system appear to originate with maltreatment incidence, even though it may be caused by other factors such as poverty. In the presence of the NIS-3 findings (Hill, 2006) indicating that incidence was not greater, the application of population-based disparities for decision points was somewhat less of a concern. Given the new NIS-4 findings, it is more difficult to assert that particular decision points are disparate using only population-based disparity enumerations, since the overall magnitude of population-based racial disparities observed at various decision points may be due to disparate incidence.

Both types of disparity estimates have their uses and methodological challenges, and certainly the population-based rates are often simpler to obtain since they only require data from one child welfare entry point and the appropriate census data. The disadvantage to population-based rates (as illustrated in Table 1) is that they may carry the decision exposure burden associated with prior events and decisions. So while population-based rates are helpful in defining benchmarks and for making cross jurisdictional comparisons, they cannot be used to determine if the target decision is itself being impacted and is the sole or primary source of disparities. In these situations, the source or cause of the bulk of any disparity may lay further up- or downstream in the context of the flow of children and families through the system. On the other hand, logically ordered enumerations with decision-based denominators can isolate decisions that are producing disparities.

Another issue with respect to decision point analysis of disparities is the nature of data collection with respect to race data. Practice standards are increasingly clear that race and ethnicity should be recorded based on the specific identity self-expressed by family members who come into contact with the child welfare system. The degree to which self-identification occurs may vary depending on the decision-making point and, in the case of reporting sources, may be based on whatever implicit or explicit classification approach the reporter uses. These issues are further illustrated by a recent study using NSCAW data where race classification recorded by child welfare workers was compared to self disclosure of race by caregivers and children by race at CPS investigation (Smith, Stambaugh, Morgan, & Ringeisen, 2010). In this study, it was determined that while there was good agreement among all parties (around 90% agreement) with respect to African American and White classification of a subject child, agreement for Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native and Multiple Race classifications ranged between 10 and approximately 50 percent. The agreement for American Indian/Alaska Native was particularly low, with agreement at around 10 and 20 percent between the caregiver and caseworker and the child and the caseworker respectively.

Finally, as stated earlier, the presence (or absence) of disparities should be regarded as neutral with respect to these decisions in the absence of research that addresses their causes and outcomes. In the section that follows, when appropriate and to the extent possible, denominators will be described as part of the presentation of data to aid in distinguishing the type of enumeration.

Referrals to the Child Welfare System

When someone suspects that a child may be at risk of abuse or neglect, they can make a referral to CPS. In the U.S., anyone is able to make a referral to CPS, although certain professionals (e.g., physicians, law enforcement officers, teachers, etc.) are mandated to make reports. Persons with a concern about child maltreatment can contact a local agency or, if one exists, a statewide hotline. Since this is the first point of contact with the child welfare system, it is the first point at which disproportionality can be introduced into the system. According to the United States Department of Health and Human Services Administration for Children and Families, in 2008, there were 3.3 million referrals made of alleged child maltreatment, which included approximately 6 million children. Just over half (57.9%) of the 3.3 million referrals of alleged child maltreatment that were referred to CPS were made by professionals, most of whom are mandated reporters, with the top three referral sources being teachers, lawyers or police officers and social services staff (United States Department of Health and Human Services, 2010).

Given that around half of the referrals to CPS come from mandated reporters, the question of bias with respect to mandated reporters has been examined. As described in the earlier section on explanatory factor,

there is some limited, but persistent evidence that some professional sources of referrals may be more likely to report children of color to CPS.

U.S. state data indicate that while the rates at which children are referred to CPS vary somewhat across the nation, they are similar in the overrepresentation of non-White children. However, there is currently a limited amount of data for this particular CPS decision-making point. In some states, referral level data at the individual child or family level may not be collected by the information system and is therefore lacking except in the aggregate. In other states, the data on race may be missing, in part due to inconsistent policies across jurisdictions concerning whether the race/ethnicity of the alleged victim should be collected by the agency worker who receives the referral. Take for example recent data from Colorado, in which 21 percent of referrals made in 2009 included missing or unknown child race/ethnicity data (Fluke & Parrish, 2010). And, as stated above, unless given the option to self-identify, some families' race or ethnicity may be incorrectly identified by the referral source. Clearly, this shows a need for more consistent policies around the collection of race/ethnicity data at this particular decision-making point to be able to accurately examine the rate at which children from various racial/ethnic backgrounds are getting reported to the child welfare system for possible maltreatment.

Nonetheless, data are available from several states. In 2008, California had 475,897 children referred to the child welfare system. African American children made up 5.8 percent of the child population but accounted for 13.8 percent of the child maltreatment referrals, signifying an overrepresentation at this decision-making point. This is compared to White children who comprised 31.62 percent of the child population and 25.26 percent of the maltreatment referrals; Hispanic children made up 48.89 percent of the child population and 48.8 percent of referrals; Asian/Pacific Islander children made up 10 percent of the child population and 3.75 percent of referrals; and American Indian children made up .47 percent of the child population and .76 percent of the referrals. It is also important to note that in California, in 2008, 7.64 percent (or 36,343 instances) of all referrals to CPS were recorded as missing the race/ethnicity data (Needell et al., 2010).

Data from Washington State indicate that American Indian children are nearly three times more likely than White children to be referred to CPS. American Indian children have the highest rate of referrals in Washington at approximately 100 per every 1,000 children in the child population. African American children in Washington are nearly two times as likely as White children to be referred to CPS. They have the second highest rate of referrals in Washington at approximately 65 per every 1,000 children in the child population. Hispanic children are slightly more likely (1.3 times) than White children to be referred to CPS and they are referred at a rate of approximately 46 per every 1,000 children in the child population (Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008b).

The Colorado Disparities Resource Center (CDRC) has begun to examine data regarding children involved in Colorado's child welfare system. Data from state Fiscal Year 2009 indicate that Black/African American children were referred to CPS at a rate of 149.6 per 1000 child population, Native Hawaiian/ Pacific Islander children were referred at a rate of 136.5 per 1000 child population , Hispanic children were referred to CPS at a rate of 90.8 per 1000 child population, and Multiple Race children were referred at a rate of 75.9 per 1000 child population compared to White children who were referred at a rate of 63.8 per 1000 child population (Fluke & Parrish, Personal Communication, 2010). In Texas, using decision point enumeration, data from 2004 indicate that 65 per every 1,000 children referred to CPS were African American, compared to 34.6 for Hispanic children and 35.5 for White children (Texas Health and Human Services Commission and Department of Family and Protective Services, 2006).

Disproportionality and Disparity and Accepted Reports/Investigations

Once a CPS agency receives a referral alleging that a child has been a victim of maltreatment, a decision must be made to either screen the referral in for assessment or investigation or screen it out. Referrals that are screened in or accepted are then investigated for the alleged maltreatment and assessed for ongoing service needs, now referred to as the report. If CPS agency decision makers do not believe the information provided in the referral meets the criteria for accepting the referral in that state/county, they may screen the referral out and not investigate the situation.

The Child Welfare League of America (CWLA) offers a set of standards for investigating referrals of alleged maltreatment, which specify that the alleged victim must be under the age of 18; that the child's parent or caregiver must be the alleged perpetrator; that at least one allegation must meet the statutory definition of possible abuse or neglect; and that there must be sufficient information for the agency to both identify and locate the child or children who are being referred due to risk of possible maltreatment *(CWLA Standards of Excellence for Services for Abused or Neglected Children and Their Families, 1998)*. In addition, each state has its own reporting laws with specified criteria regarding the investigation or referral, as well as what constitutes child abuse and neglect. Irrespective of criteria or assessment method, the NCANDS reported that there were more than 6.0 million children across all states who were referred to CPS and 3.7 million who received a CPS investigation in 2008 (United States Department of Health and Human Services, 2010), but data regarding the race of children were not available at the national level for referrals.

- *Population-based Denominators*

Similar to referrals, data from different states indicate that, whereas the rates at which non–White children are investigated for maltreatment by CPS vary across the nation, they tend to remain disproportionately high from studies that used population-based enumerations. In Missouri, between 1999 and 2001, reports involving African American children were investigated at a rate of 2:1 compared to White children (Drake et al., 2009). In 2007, in the state of Wisconsin, African American children were investigated for possible maltreatment at a rate 4.6 times that of White children. Whereas African American children made up 8.45 percent of Wisconsin's child population, 24 percent of the reports that were investigated in 2007 involved African American children (Bowman, Hofer, O'Rourke, & Read, 2009). From 1989-1999, in Illinois' northern region, African American children were found to be 4.56 times more likely to have an investigation for maltreatment than any other children in the state; in the central region, they were 3.21 times more likely; in Cook County, they were 3.13 times more likely; and in the southern region they were 2.11 times more likely. This translates to African American children being an average of 3.25 times more likely to be investigated for maltreatment statewide in Illinois than any other children in the state (Rolock & Testa, 2005). In fact, Rolock (2008) found the largest amount of disparity in Illinois to be at the investigation stage, with African American families and children being more likely to be investigated than those of all other races and ethnicities.

Data from Texas indicate that in 2004, 52.9 per every 1,000 African American children were the subject of CPS investigations compared to 27.2 per every 1,000 Hispanic children and 28.7 per every 1,000 White children (Texas Health and Human Services Commission and Department of Family and Protective Services, 2006). Crampton and Coulton (2008), using life table analysis, examined the cumulative likelihood that children between birth and 10 years of age in Cuyahoga County, Ohio would experience at least one maltreatment investigation. They found that 49 percent of African American children and just 21.2 percent of White children were expected to have a maltreatment investigation before their 10th birthday.

- *Decision-based Denominators*

   Using decision point enumerations in Wisconsin, CPS investigates cases involving American Indian children at a rate 3.7 times the rate at which cases involving White children were investigated (Bowman et al., 2009). In 2004, the disparate numbers of children being investigated in Washington State for alleged maltreatment affected American Indian children even more than African American children. For every 1,000 American Indian children who had a report made to CPS, 76.7 were investigated; compared to 50.8 for African American children, 36.1 for Hispanic children, 25.1 for White children and 12.8 for Asian children. This means that American Indian children in Washington were three times more likely to have the CPS report accepted for investigation than were White children; African American children were two times more likely to have their report investigated than White children; and Hispanic children were just slightly more likely than White children to have their report investigated (Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008b). Data from state Fiscal Year 2009 indicates that for American Indian/Alaskan Native children, who had been referred to CPS in Colorado, 72.3 percent of their cases were investigated for maltreatment; Native Hawaiian/Pacific Islander children had 70.1 percent of their cases investigated. Asian children had 65.3 percent of their cases investigated; African American children had 62.9 percent of their cases investigated and White children had 60.9 percent of their cases investigated. This is an interesting finding when compared to the rate at which African American children were referred to CPS in Colorado in the same year—2.3 times the rate of White children based on their population enumerations (Fluke & Parrish, 2010). In 2004, over 85 percent of cases in California involving African American children who were referred to CPS were investigated, compared to 86.7 percent of Hispanic cases, 83.6 percent of Asian cases, 80.2 percent of White cases and 19.1 percent of American Indian cases (Lemon, 2005).

   When examining what may influence the decision to investigate, it appears that there are several factors, including child age, type of maltreatment, the child's relation to the perpetrator, the source of the maltreatment report and geographical context. When it comes to the type of maltreatment being reported to CPS, it appears that there are some factors that affect the likelihood that a report will be investigated. African American children whose CPS report was made for emotional maltreatment were much more likely to be investigated compared to White children who had a report for emotional maltreatment (25% vs. 10%) (Sedlak & Shultz, 2005). One study found similar results for all other types of maltreatment as well, with the exception of sexual abuse (Gryzlak, Wells, & Johnson, 2005). Another study documented that allegations were less likely to be investigated for Hispanic males than non-Hispanic males (53% less) for all types of maltreatment other than physical abuse (Alzate & Rosenthal, 2009). In addition to the type of maltreatment being reported, the severity of the maltreatment may also play a role in disparities. Sedlak and Shultz (2005) found that African American children who suffered fatal or serious injuries were much more likely to have their CPS report investigated than White children with comparable injuries.

   In addition, one factor that appears to impact the likelihood of a report being investigated was the perpetrator's relationship with the child. Among children who were maltreated by a parent other than their birth parent or by a parent substitute, it appears that African American children are more likely to be investigated (Gryzlak, Wells, & Johnson, 2005). However, when the perpetrator is another person, such as a family member or unrelated adult, White children tend to be investigated much more often than African American children (51% vs. 20%). Further, the number of children included on a referral to CPS has made a difference in the likelihood that the referral would be investigated. Referrals regarding children of color were more likely to be investigated than referrals concerning White children when there was more than one child in

the referral, and the referrals were less likely to be investigated when there was only one child in the referral.

Yet another factor that seems to affect whether or not a CPS report will be investigated is the person who recognizes and reports the maltreatment. Gryzlak, Wells and Johnson (2005) found that reports made by professionals, neighbors, or anonymous or missing sources were more likely to be screened in than reports made by either the perpetrator or non-perpetrating parent. Similarly, Sedlak and Shultz (2005) found that when maltreatment was recognized by mental health or social service professionals, African American children's reports were much more likely to be investigated than White children's reports.

Substantiations

Once a CPS report has been screened in and investigated for alleged maltreatment, the next decision to be made is whether or not to substantiate or confirm the maltreatment. This process involves conducting interviews and having face-to-face contact with the alleged child/youth victim, the alleged perpetrator(s), extended family members, teachers, neighbors, doctors and/or police. A medical examination may also take place to ensure that the child/youth is free from injury and/or that he or she receives treatment. A determination of whether the report is founded is usually made by the social worker who conducts the investigation in consultation with a supervisor.

NCANDS data reported in Child Maltreatment 2008 (United States Department of Health and Human Services, 2010) defines child victims as children with at least one substantiated or indicated type of maltreatment. Data from this report show that African American, American Indian and children of multiple races had the highest rates of victimization at 16.6, 13.9 and 13.8 per 1,000 children in the population, respectively. Hispanic and White children had lower rates of 8.6 and 9.8 per 1,000 children in the population, respectively. It was found that 45.1 percent of all victims were White, 21.9 percent were African American and 20.8 percent were Hispanic (United States Department of Health and Human Services, 2010). Similar to investigations, data from across the U.S. indicate that the rate at which reports are substantiated can vary widely.

- *Population-based Denominators*

    In Texas, African American children made up just less than 12 percent of the child population in 2009, yet they made up 20.6 percent of the confirmed cases of child maltreatment (Texas Department of Family and Protective Services, 2010). A report using 2002 data examined Hispanic children in Utah's child welfare system and found that there were a disproportionate number of Hispanic children who had substantiated cases of abuse or neglect. Whereas Hispanic children made up 16.47 percent of the child population, they comprised 33 percent of the 1001 substantiated cases of maltreatment in 2000. It was also found that Hispanic female children were more likely to be referred to CPS and to have their cases substantiated when compared to White children (Church Ii, Gross, & Baldwin, 2005). In 2007, African American children made up approximately 19 percent of the Illinois child population. However, these children were the subjects of 34 percent of all of the indicated or substantiated reports to the Department of Children and Family Services. Compare that to White children who made up 63 percent of the child population and 55 percent of the substantiated reports and Hispanic children who comprised 23 percent of the child population and just 8 percent of the substantiated reports (Rolock & Testa, 2005).

- *Decision-based Denominators*

    Between 2005 and 2008 in Wisconsin, it was found that CPS agencies substantiated slightly fewer cases involving African American children than White children. This means that the substantiation decision

point in CPS did not appear to contribute to the known overrepresentation of African American children involved in the child welfare system in Wisconsin (Bowman et al., 2009). In California, American Indians had the highest substantiation rate (37.4%) in 2004, followed by Asians (30%), Whites (29.75%) and African Americans (26.9%) (Lemon, 2005).

Based on an analysis of the NSCAW data, American Indian children experienced significantly higher incidences, or substantiated cases of sexual abuse and educational maltreatment, yet American Indian children have significantly lower rates of substantiated cases of neglect (Ortega, 2010). Among substantiated cases for Asian and Pacific Islander children, particularly high were the incidences of physical and supervisory neglect (Ortega, 2010).

In sum, the data show that for some children of color, notably African American and Hispanic children, race did not appear to play a role in the substantiation decision. However, it is important to note that advocates and researchers are considering the topic of substantiation in an effort to determine its appropriateness as a CPS decision-making point (Cross & Casanueva, 2009; Drake et al., 2009; Fakunmoju, 2009; Fluke, 2009; Trocmé et al, 2009). While some argue that substantiation should not be used as a CPS decision or classification category and that child welfare should instead focus on identifying children and families at risk and in need of services (Drake, et al., 2009), others argue that the classification of substantiation facilitates better access to services for children and families or that substantiation is needed for purposes of enumeration. Regardless, the decision to substantiate may have fewer consequences compared to other decisions; its relationship to service provision is not direct and thus, its role as an entry point is ambiguous.

Disproportionality and Disparity in Providing Ongoing Services

Once a report of maltreatment is investigated, CPS workers and supervisors must identify whether and what types of services are needed by the child and his or her family. Although the criteria for offering services vary by locale, caseworkers typically base this decision on their assessment of future risk and protective factors, as well as individual needs within the family group. The types of services that each family needs can also vary from child to child and family to family. However, they tend to fall into two broad categories: services provided in the home (i.e., family preservation and support services, provided by the child welfare agency) and those provided once the child has been placed in out of home care (i.e., mental health services, provided by agencies and organizations outside of the child welfare system).

Research indicates that African American families are least likely of all racial groups to receive family preservation services and to experience reunification (U.S. Government Accountability Office, 2007a). Overall, African American families in Texas were less likely than White families to receive in-home family services in three out of eight regions (Texas Health and Human Services Commission, 2006). Likewise, Hispanic families were less likely than White families to receive services in four out of eight regions in the state of Texas (Texas Health and Human Services Commission and Department of Family and Protective Services, 2006).

Disproportionality and Disparity and the Placement Decision

Once a case of alleged child maltreatment has been investigated, child welfare professionals need to decide whether the family should receive in-home services while maintaining their child in the home, or if the child should be removed and placed into foster care. During Federal fiscal year 2008, approximately 269,000 children were removed from their homes as a result of a child maltreatment investigation and 20.9 percent of child victims were placed in foster care (United States Department of Health and Human Services, 2010).

Much like the previously discussed decision–making stages, race has emerged as a factor in placement decisions, especially for African American and American Indian children (Hill, 2006, 2007).

- *Population-based Denominators*

    In fiscal year 2008, African American children made up only 15 percent of the 2008 national child population, yet they comprised 26 percent of children who entered care, as well as 31 percent of the foster care population (U.S. Census Bureau, 2008; U.S. Department of Health and Human Services, 2009). Likewise, although American Indian children made up only 1.3 percent of the 2008 national child population, they comprised 2 percent of children who entered care, as well as 2 percent of the foster care population in fiscal year 2008 (U.S. Census Bureau, 2008; United States Department of Health and Human Services, 2009). In contrast, Hispanic children (which may encompass any race) made up 21.8 percent of the 2008 national population, but comprised 20 percent of children who entered care, as well as 20 percent of the foster care population in fiscal year 2008 (U.S. Census Bureau, 2008; United States Department of Health and Human Services, 2009). Finally, although White children made up 75.9 percent of the 2008 national population, they comprised only 44 percent of children who entered care and 40 percent of the foster care population in fiscal year 2008 (U.S. Census Bureau, 2008; United States Department of Health and Human Services, 2009).

    Similarly, African American children were 2.4 times more likely to be placed in foster care than their percentage in the 2005 national child population, clearly an overrepresentation of African American children being placed outside of the home (Hill, 2007). The rate per 1,000 children was slightly higher for American Indian children, with these youth being 3.0 times more likely to have a foster care placement (Hill, 2007). In contrast, Hispanic, White, Asian and Asian Pacific Islander children were all less likely to receive a foster care placement than their percentages in the 2005 national child population, thus signifying an underrepresentation of these children being placed outside of the home (Hill, 2007).

    Placement statistics can vary according to region or state, and may look different from national level data. Analyses using NCANDS and AFCARS data sets for 2003 have been conducted in Minnesota, North Carolina, Texas and Washington. For example, in Minnesota, American Indian children were 14.0 times more likely to be placed into foster care than their percentage in the state population; African American children were 4.0 times more likely to be placed; Hispanic children were just as likely to be placed; and Asian Pacific Islander children and White children were both less likely to be placed (Hill, 2007).

- *Decision-based Denominators*

    Nationally, in 2005, African American victims of child maltreatment were 36 percent more likely than their White counterparts to be removed from their homes. In 2003, state–level analyses of NCANDS and AFCARS data sets from Minnesota, North Carolina, Texas and Washington (cited above) focused on patterns of racial/ethnic disproportionality and disparity at not only the placement decision–making stage, but also at the investigation and substantiation stages (Hill, 2007). Data from Washington State indicate that the proportion of White children *declined* from 68 percent at investigation to 61 percent at placement, while the proportion of African American children *increased* from 9 percent at investigation to 14 percent at placement (Hill, 2007). Similar disproportionality patterns were also found in North Carolina and Texas. Overall, across these states, the disproportionality rates and disparity ratios for African American and American Indian children tended to be higher than those for children of other races and ethnicities at the placement decision–making stage (Hill, 2007). In contrast, Minnesota data did not reveal

many differences between White children and African American children regarding increased or decreased representation as they progressed "deeper" into the child welfare system (Hill, 2007, p. 9). In other words, both White and African American children in Minnesota were about as likely to be investigated as they were to be placed in out of home care (Hill, 2007).

The decision to place a child is shaped by, among others, the following contributing factors: a prior history of maltreatment; substance abuse; the type of maltreatment; family structure, which may include single parenthood; and the age of the child, with children younger than four years having the greatest likelihood of foster care placement (Hill, 2006; Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008b; Wells, Merritt, & Weisberg, 2008a; Wells, Merritt, & Weisberg, 2008b). Notably, initial findings from a recent statewide analysis in Texas did not show a significant relationship between African American race and the decision to remove a child from his/her home when controlling for such factors as family income, age of the child victim, type of abuse or neglect allegation, referral source and region of the state (Texas Health and Human Services Commission and Department of Family and Protective Services, 2006). However, a reanalysis of the data, which included interactions with poverty and risk, found the likelihood of African American placements to be significantly greater (Rivaux et al., 2008). Other analyses found that American Indian children were significantly more likely than White children to be removed, while Hispanic children were significantly less likely (Texas Health and Human Services Commission & Department of Family and Protective Services, 2006, p. 3). Using a matched pairs design in Minnesota, Wells and colleagues (2008a; 2008b) found that children of mothers with drug problems were more than 9.5 times more likely to go into ongoing placement if they were African American than if the mother's drug problems were present but the race of the child was not noted (Wells et al., 2008a; Wells, et al., 2008b).

Wulzcyn and Lery (2007) have also specifically examined differences in system entry rates at the county level in order to better understand how disparities may vary according to location and population. One study out of Shelby County, Tennessee found an overall low rate of out of home placements, but a high African American to White disparity rate. When compared with their White peers, African American children were 4.2 times more likely to be placed in foster care from 2000–2006, with African American infants being particularly vulnerable to removal (Lery & Wulczyn, 2009; Wulczyn & Lery, 2007). Of note, Shelby County is a mostly urban area with a high degree of racial segregation. While the authors recognize that the study findings are indeed significant, they argue that the factors of urbanicity and segregation could have created a data measurement issue and should be examined with care in future research. Similarly, in a study examining the rate of foster care admissions in 1,034 U.S. counties, Wulzcyn and Lery (2007, p. 25) found that racial disparity rates were generally lower in areas characterized by higher rates of poverty, fewer "educated" adults and more homes headed by single women/mothers. In another county-level analysis, Crampton and Coulton (2008) examined the likelihood that children age birth to 10 years of age would receive at least one foster care placement in Cuyahoga County, Ohio. Using life table analysis, they found that 17.7 percent of African American children were "expected to be placed" at least one time before their 10th birthday; however, just 4.1 percent of White children were expected to experience the same outcome (Crampton & Coulton, 2008, p. 194). Moreover, it was found that geography made a difference and that African American children living in the city center as well as in the suburbs were much more likely to experience at least one foster care placement before the age of 10 (19.8% and 12.7%, respectively) than were White children living in both the city center and the suburbs (12.0% & 1.7%, respectively).

Disproportionality and Disparity and Types of Care

Generally, children in out of home care are considered to reside in one of three basic types of care: family foster care, kinship or relative care and residential or group care. While evidence for disparities in all types of care are apparent from the discussion above, much of the literature regarding disproportionality and disparities (with respect to placement type) specifically addresses placement in kinship care, rather than other types of foster care placements. Broadly speaking, the term "kinship care" can describe any living arrangement in which children are cared for by a relative or by someone with whom they have a close relationship (i.e., godparents or family friends) (Geen, 2003). However, not all states define kinship care in the same way; while some states may choose to use the broad definition described above, others are more specific and limit kin to a more traditional notion of extended family. As of 2003, 24 states (including D.C.) defined kin as only those individuals related to the child by blood, marriage, or adoption; 22 states defined kin more broadly, to include caregivers who had a prior or existing relationship with the child; and five states did not have any definition for kin (Geen, 2003). The way a state defines kin is important and may impact the child and/or caregivers, as kin are usually treated differently than non-kin, "whether through preference, licensing and/or payment" (Geen, 2003).

The custom of kin stepping in to care for children has been well-documented across cultures and over time. For example, during periods of slavery, extended slave kin and/or fellow slaves often played a vital role in childrearing, as it was not uncommon for children and parents to be separated through escape, sale and/or death. To this day, extended kin continue to make active, frequent and important contributions to the everyday care of children in African American families. For example, the term "kinship care" actually originates from recent efforts to describe the importance of extended relatives in African American communities (Geen, 2003).

Much of the literature maintains that African American and American Indian children are more likely to be placed with relatives than their White counterparts (Bartholet, 2009; Geen, 2004; Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008b). Additionally, African American children may be more likely to be placed in kinship care than in non-kinship care. Findings from a 1998 study revealed that 60 percent of children in kinship care were African American versus 45 percent of children in non-kinship placements (Geen, 2003). Similarly, recent research indicates that more than one third of Hispanic children in foster care are living in kinship placements, which represents "the highest rate among all racial/ethnic groups" (Casey Latino Leadership Group, 2009).

It is important to note that not every case of kinship care is the result of child welfare system involvement; extended family members often provide long term care in situations where the child has not been formally removed from his or her parent's home and where no maltreatment has occurred or been substantiated. For example, many kinship care providers temporarily raise children when the parent needs to seek treatment or rehabilitation services for substance abuse issues (Geen, 2003). Moreover, even if the child welfare system is involved in transferring a child to the care of kin, the system may not feel it is necessary to put that child under state custody. For the purposes of this review, and to stay consistent with much of the literature, kinship care without formal child welfare system involvement will be referred to as "private kinship care." Kinship care with child welfare involvement (i.e., with the child under state custody) will be referred to as "kinship foster care."

Many studies indicate that kinship foster care placements have steadily increased since the late 1970s and early1980s, after the *Indian Child Welfare Act* (1978) and the *Adoption Assistance and Child Welfare Act* (1980) were passed. Both pieces of legislation highlight the importance of family and include a preference for placing children with relatives over non-kin caregivers when at all possible. Other factors that have contributed to this recent growth in kinship foster care include greater numbers of children needing to be placed in out of home care; fewer numbers of non-kin foster families willing to care for these children; improved viewpoints of, and approaches to, extended families by the child welfare system (including family-centered policies); and an increased number of court proceedings and decisions that have "recognized the rights of relatives to act as foster parents and to be compensated financially for doing so" (Geen, 2003).

That said, the provision of financial foster care assistance and child welfare services to kin has continued to be generally less than those provided to non-kin families. Some early federal and state policies, such as amendments to Title IV of the 1962 Social Security Act, have authorized financial reimbursements for licensed foster families (Geen, 2003). However, these benefits often did not apply to private kinship caregivers due to a lack of (formal) relationship with the child welfare system, and/or to the fact that these caregivers were frequently not licensed. Indeed, financial compensation of kinship care providers (both private kinship care and kinship foster care) has been, and continues to be, quite a controversial issue. Some believe that relatives should not be paid as much as non-kin foster parents because these individuals are family and thus, have a moral responsibility to care for their own in times of need (Geen, 2003). However, kinship families are likely to have the greatest need for financial assistance, as they tend to be considerably poorer and older in age (i.e., grandparent caregivers) than non-kin foster parents (Geen, 2003). Thus, while it may initially seem appropriate for family members to forego financial subsidies, the reality is that these individuals are often unprepared or do not have the resources to provide for these children without some outside assistance.

Further, some believe that because of kin's status as family, they should not have to meet the same licensing standards as non-kin foster parents, a position that may impact the amount of foster care payments that the family receives. Complicating this issue are the inconsistent kin definitions and licensing standards by state. Currently, states may provide federal TANF child-only grants to any kinship caregiver (regardless of income), provided that he or she "meets the state's TANF definition of a relative caretaker" (Geen, 2003). Thus, depending upon where a foster mother resides, she could potentially receive less financial assistance than if she were to live elsewhere because she either does not fit her state's definition of "kin" and/or because she is not required to obtain foster care licensure (even if she meets or exceeds licensing standards). Moreover, not having to obtain licensure may seemingly benefit the extended family initially, but could ultimately disadvantage both the child and the family as concerns regarding child safety and well-being may arise. In response to concerns about child safety in kinship care homes, the *Adoption and Safe Families Act* (1997) mandates that "relatives must meet the same licensing standards as non-relative family foster homes" in order for states to receive federal foster care funding (Geen, 2003). However, states are allowed continued flexibility regarding licensing standards, and variability across states remains. For example, recent 2008 legislation— the *Fostering Connections to Success and Increasing Adoptions Act*—allows states to waive their individually determined licensing standards for kin in an effort to "eliminate barriers to placing children with relatives" (Child Welfare League of America, 2010).

Whereas many recent policies reflect the argument that placing children with their relatives as opposed

to strangers enhances overall child well-being and long-term outcomes, others in the field emphasize that kinship care providers may not be able to provide as safe an environment for children as non-kin foster parents. Again, because some kin are not required to meet the same licensing standards as non-kin, some believe that relatives may be less equipped to provide a safe and nurturing environment for children than non-relatives. Likewise, some child welfare professionals fear that placing a child with kin could subject the child to an impoverished environment with few resources. Finally, whether consciously or unconsciously, many subscribe to the "apple does not fall far from the tree" argument, which states that parents who maltreat their children were most likely maltreated themselves (Geen, 2003). Thus, placing a child in a home where their own parent may have been abused or neglected would be placing that child in harm's way. Overall, there is a general lack of evidence regarding long-term safety, permanency and well-being outcomes for children raised in kinship care versus those raised in traditional foster care placements (Geen, 2003).

In addition, some contend that kinship placements greatly contribute to the disproportionality of children of color living in foster care. For example, one proposed alternative explanation for the existence of disproportionality among children in placement is that children living with relatives generally stay in out of home care longer than those children placed in traditional foster care, and that longer stays in the system maintain and contribute to disproportionality (Bartholet, 2009; Pabustan-Claar, 2007). In turn, this phenomenon could also affect the data relating to reunification outcomes for children of color, as research has shown that children with longer lengths of stay in out of home care (in both kinship and non-kinship care placements) are less likely to move back in with their families of origin (Pabustan-Claar, 2007).

Other research has suggested that considerable disparities emerge when children are placed with relatives, as kinship care families often do not receive the same level of funding reimbursement, services and/or caseworker contact standards compared to traditional foster families (Geen, 2004; Pabustan-Claar, 2007; Schwartz, 2008). These imbalances, coupled with the fact that kin tend to already be poorer than non-kin, may exacerbate disparate outcomes for children of color. Not only are children of color more likely to be placed with kin than are White children, but they may also be more likely to live with extended relatives, regardless of whether or not they ever come into contact with the child welfare system (i.e., private kinship care) (Smith & Devore, 2004). In 2002, approximately 2.3 million children lived with relatives "without a parent present in the home" (Geen, 2003). Of these 2.3 million children, 1.8 million of them were living in private kinship care. While these statistics do not specifically address the issue of race, they do allude to the prevalence of private kinship care compared to kinship foster care. Notably, this data may not reflect a complete picture of the number of private kinship care placements; since many private kinship care placements are not (or cannot) be accurately tallied, many more disparities may exist due to the unequal funding of private kinship care.

Observations regarding kinship care among communities of color speak to how different races, ethnicities and cultures view the concept of "family," and how many communities of color may view their immediate family as extending further than parents and children to include multiple generations. In general, greater percentages of kinship care placements for children of color likely contribute to the overall service disparities that these children face in the system. In contrast, kinship care placements often stand a better chance than non-kin/traditional foster care of providing a least restrictive environment, as well as increased stability through fewer foster care placement changes, support of the child's cultural identity and traditions and preservation of his or her important familial connections (Pabustan-Claar, 2007).

Reporting and Recurrence

In 2008, according to a multi-state analysis of NCANDS data (Fluke, Shusterman, Hollinshead, & Yuan, 2008), African American and Hispanic children were less likely than White children to be re-reported or to have a re-report substantiated. Similarly, an examination of NSCAW data (Kohl, 2007) found that African American children were no more likely than White children to have a failure of services (indicated by a re-report of maltreatment or a placement following in-home services).

■ Exits from the Child Welfare System

Disproportionality and Disparity and Duration of Care

Children exit the child welfare system in a number of different ways. Typically, these modes of exit include: reunification with their families of origin; adoption; legal and/or subsidized guardianship with substitute caregivers (including kin); institutionalization or transfer to other systems, such as juvenile justice or mental health; or transitioning to independence if they have not found a permanent home once they reach adulthood, usually by age 18. Children of color generally have longer lengths of stay and are slower to exit the system than white children. For example, three years after entering out of home care, African American children living in Illinois are less likely to have exited the system to permanent homes, and more likely to stay in care than children of other races and ethnicities (Rolock & Testa, 2005). Similarly, in the state of Texas, based on multivariate analyses, exits from kinship care are slower for both African American and Hispanic children than they are for White children (Texas Health and Human Services Commission and Department of Family and Protective Services, 2006). This trend, which is seen in many states across the U.S., may be the result of several factors, including a decreased likelihood of both reunification and adoption for children of color (i.e., African Americans) when compared with their White counterparts (Barth, 2005; Bowman et al., 2009; Texas Department of Family and Protective Services, 2010; Texas Health and Human Services Commission and Department of Family and Protective Services, 2006).

Longer lengths of stay may also reflect the greater percentages of children of color who are placed with relatives. Ironically, one report stated that longer lengths of stay for African American children may in fact be due to an increased emphasis on culturally competent service delivery, including the prioritization of kinship placements (which, again, tend to last longer) over traditional foster care placements (Bowman et al., 2009). Similarly, in an effort to be culturally competent, some child welfare agencies may delay placing a child of color with an adoptive family until they find an available family that racially "matches" that child, which has the potential of significantly lengthening that child's stay in care (Bowman et al., 2009).

Reunification

One of the primary permanency goals for children living in out of home care is to reunify with their family and return home. Reunification with the child's family of origin is typically the preferred permanency outcome for children living in out of home placements, as it supports familial and cultural preservation. Children of color often linger in the system due to their slower rates of exit as compared to white children, thus contributing to racial disproportionality statistics in child welfare (Hill, 2006; Texas Health and Human Services Commission and Department of Family and Protective Services, 2006).

• *Decision-based Denominators*

Many studies have noted the existence of racial disparities in reunification, particularly for African American children. Data analyses based on the National Study of Protective, Preventive and Reunification Services (NSPPRS) indicate that African American children are nearly four times less likely to be reunified with their families than are White children (Hill, 2006). This trend is also documented in regional research. A longitudinal study in San Diego found that African American children were significantly less likely to

return to their parents' care than White children (Hill, 2006; Lu et al., 2004). In a multivariate study of time to reunification in a single jurisdiction, Wulczyn, Chen and Orlebeke (2008) found that African American children were less likely than their White counterparts to reunify as quickly.

In addition, some localities, such as the state of Washington, have noted that reunification disparities exist just as often (and in some cases more often) for American Indian children than for African American children. Washington's administrative data from 2004 reveals that when compared to White children, American Indian children were less likely to reunify with their parents within two years (Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008a). On the other hand, African American children were found to be as likely as White children to experience reunification within two years (Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008a). It is important to note that, unlike findings from 2002, these 2004 findings were not statistically significant, thus suggesting that reunification disparities may vary by year in Washington (Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008a). Nevertheless, these data represent a general trend in Washington State regarding the rates of reunification for American Indian and African American children. In addition, one study based on 1995-2000 Colorado Child Welfare Eligibility and Services Tracking (CWEST) data noted that American Indian youth were less likely than African American, Hispanic, Asian Pacific and White youth to have reunification as one of their primary permanency goals (Bussey, 2002). Findings such as these clearly justify a need for more research regarding reunification for American Indian families and tribal communities.

Among the explanations that have been proposed to explain reunification disparities is the issue of kinship care. Some literature indicates that birth family reunification is slower for children in kinship care placements (Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008a), as there may be more urgency to reunify children who have been placed with traditional foster parents than with extended relatives who may be reluctant to actively pursue formal adoption (Dougherty, 2003). As discussed earlier, in some jurisdictions, children of color are more likely to be placed with relatives compared to White children. This trend may consequently contribute to the overall decreased likelihood of reunification for children and families of color in those states and jurisdictions. However, in some states, permanency is not hindered by kinship care. For example, in California, while children placed with relatives are less likely to be reunified with their family of origin, they are at least as likely as children in other placements to be adopted and more likely to exit via subsidized guardianship. Therefore, children living in kinship care are more likely to achieve planned permanency, as opposed to just reunification, than children living in non-kinship care in California (Needell, 2010).

Family structure has also been identified as a factor influencing the likelihood and timeliness of reunification for children of color in foster care. Harris and Courtney (2003) sought to examine the relationships between reunification, race/ethnicity and family structure by analyzing 1992-1996 administrative data from a random sample of African American, Hispanic and White children experiencing their first out of home placement in 57 California counties. Findings from this study revealed that African American children who were removed from single-parent homes were less likely to return to their parent's care compared to White and Hispanic children who had experienced similar situations. Interestingly, Harris and Courtney (2003) also found that Hispanic children who were removed from two-parent homes reunified with their parents earlier than did African American or White children. In California during the 1990s, Hispanic children who were placed in out of home care were more likely to have been removed from two-parent homes, whereas African American children were more likely to be removed from single-parent

homes. Thus, the authors note that the association between race/ethnicity and family structure "worked to the advantage of Hispanics and the disadvantage of African Americans with respect to timeliness of family reunification" (Harris & Courtney, 2003). Overall, these study findings suggest that the relationship between race/ethnicity and family reunification cannot be "accurately understood" without also considering family structure elements (Harris & Courtney, 2003, p. 411).

From the standpoint of bias as an explanation for reunification disparities, a 2007 Minnesota study found that African American children faced worse odds than White children when it came to reunification even when "identical reasons [were] cited for placement." The odds of reunification for an African American child were 1.19 times the odds of reunification for a White child (Washington State Racial Disproportionality Advisory Committee, 2008). Likewise, in Texas, "even when other factors are taken into account," African American children spend significantly more time in foster care, and are less likely to return home than are White and Hispanic children (Texas Health & Human Services Commission, 2006, p. 3). Therefore, whereas race/ethnicity may not appear to be the sole contributing factor in reunification decisions, it cannot be ruled out as one that could considerably influence or predict whether or not a child returns to his or her family.

Finally, some experts in the field question whether strategies focusing on increasing reunification rates for children and families of color can effectively address the issues of racial disproportionality and disparity in child welfare. Whereas most do not dispute that reunification should be the first permanency goal for all children living in foster care, some have observed a relationship between reunification and re-entry into out of home care. For example, at least one study found reunification to be a very strong predictor of system re-entry, especially for White children (Yampolskaya et al., 2007).

Adoption

When reunification is not possible, adoption is typically the preferred mode of exit from the child welfare system. Numerous studies show that race and ethnicity play significant roles in the likelihood that a child will be adopted (Snowden, Leon, & Sieracki, 2008). In 2001, the percentages of children in need of adoptive placements (by race) were as follows: 45 percent African American, 32 percent White, 12 percent Hispanic, 1 percent American Indian, 1 percent Asian/Pacific Islander and 9 percent unknown race/ethnicity (McRoy, 2004).

- *Decision-based Denominators*

In 1997, one study's findings revealed that African American children were five times less likely than White children and two and a half times less likely than Hispanic children to be adopted (Barth, 1997). This study also concluded that African American children were twice as likely to remain in out of home care than be adopted (Barth, 1997). Notably, Barth (1997) found the opposite to be true for White children as they were twice as likely to be adopted as to remain in out of home care placements. Hispanic children were just as likely to remain in care as they were to be adopted. This study, like much of the literature, indicates that African American children are generally subjected to greater adoption disparities than are children of other races and ethnicities.

However, whereas several studies assert that children of color are less likely to be adopted than their White peers, the evidence is not as conclusive as it is with reunification. Recent analyses conducted by the Congressional Research Services show that rates of exit through adoption were comparable for African American and White children in fiscal year 2003 (Hill, 2006, p. 24). Moreover, some research has shown that the likelihood of adoption continues to increase for African American children, and in some cases is actually

greater than it is for white children (Hill, 2006). This trend may be partially due to the fact that White individuals have become more willing to consider the possibility of adopting an African American child than they once were (McRoy, 2002). Notably, the time to finalize an adoption still tends to be longer for African American children, thus adding to their length of stay in the system (Hill, 2006). Still, many are encouraged by these data trends regarding African American adoptions, especially given the fact that there are greater numbers of children of color in the system in need of permanent homes. For example, Wulczyn et al. (2005) indicates that the rates of racial disparities are decreasing due to the increasing rates of adoption of African American infants.

Guardianship

Unlike adoption, legal guardianship (either by relatives or non-relatives) provides permanent living situations for children without necessarily terminating the parental rights of their birth parents. Thus, guardianship may maintain important family bonds, including those shared between parents and children; respect "the wishes of older children" who may want to retain legal ties with their parents even if they want to remain living outside of their parents' home; honor the extended family's cultural traditions and norms; and allow extended kin to care for children with limited "state interference" (Bissel & Miller, 2007). In 2005, in a review of evaluations of seven U.S. states, it was determined that children in non-relative guardianship placements fared as well as children living in "other permanency settings" (CWLA, 2008).

Research indicates that African American and American Indian children are less likely to exit the foster care system through reunification, adoption and legal guardianship than are white children (Tilbury & Thoburn, 2009). Statistics such as these are concerning to many, especially since subsidized guardianship has been identified as a potential strategy and permanency option that could help substitute caregivers (including kin) financially provide for a child without going through an adoption process, thus potentially reducing racial disproportionality and disparities in child welfare (Bissel & Miller, 2007).

Independent Living

Youth who linger in the system often exit the system due to age. If youth are not placed in a permanent home or situation before they reach adulthood, they often "age out" of the system to independent living. According to the CWLA (2008), more than 21 percent of children living in foster care are 16 years or older, and a disproportionate percentage of these youth are "ethnic and racial minorities." With respect to outcomes, using multivariate models, African Americans under the age of 24 who transitioned out of foster care were 18 percent less likely than Whites under 24 to have been employed for four consecutive quarters in California. However, African Americans had 45 percent higher earnings in Minnesota by comparison to Whites who aged out of care (United States Department of Health and Human Services, 2008b). Factors that have been identified to help facilitate successful adulthoods include obtaining a high school degree while in care, participating in training focused on life skills, being involved in extracurricular activities and groups while in care and having access to educational opportunities (i.e., college and/or career training) (Pecora, Williams, Kessler, Downs, O'Brien, Hiripi & Morello, 2003).

■ Services, Policy and Related Systems

Racial Disparities in Service Provision

In this section, research is covered regarding the provision of services (apart from those provided by child welfare/child protective services) to address the needs of families and children who come into contact with the child welfare system. In particular, those services provided by allied and/or community agencies are considered. It is important to state at the outset that there is more limited evidence in this realm of research than there is relative to racial disparity in child welfare decision making. Extant evidence points to disparities in case management, family support, mental health, substance use and other services.

Many of the authors reviewed conjecture that children of color may be less likely to return home because of service disparities that "create [barriers] to both prevention of abuse and reunification when a child has been removed" (CWLA, 2008, p. 3). Indeed, a lack of available services and resources could cause and/or exacerbate the very risk factors that have often been cited as reasons for not reunifying children (of color) with their families. For example, many families of all races/ethnicities are in need of support and services that can help facilitate successful reunification with their children, including access to affordable housing, mental health services and counseling, substance abuse treatment, parenting classes, child care services and home visitation (CWLA, 2008; Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008b).

When services are inaccessible, inappropriate and/or inequitable, it can lead to or expose other disparities that exist within the system. For example, services that are not offered or provided in the language of all clients often create barriers to equal service access and utilization for non-English speakers. A 2009 study found that recent immigrant Mexican families experienced "different paths" to service acquisition than other families, based upon their immigration/documentation status, English-speaking abilities and need for Spanish services (Ayón, 2009, p. 612). Particularly, this study revealed that most caseworkers viewed a family's immigration/documentation status as having little to no impact on their ability to access services, thus contributing to existing service barriers for this population (Ayón, 2009). In addition, according to Dettlaff, Vidal de Haymes, Velazquez, Mindell and Bruce (2009), both documented and undocumented immigrant families are less likely than other families to receive public assistance services (i.e., TANF, food stamps and housing) because of their status as noncitizens. In fact, even if immigrant families are eligible for benefits, many are reluctant to pursue them for fear that their efforts towards obtaining citizenship will be obstructed (Dettlaff et al., 2009). As the immigrant population in the U.S. continues to grow, more immigrant children and families will be in need of services that are accessible, culturally equitable and linguistically appropriate for *all* family members, especially given the fact that most children living in immigrant families differ from their caregivers when it comes to citizenship status (i.e., most children in these families are born in the U.S. and are therefore U.S. citizens) (Dettlaff et al., 2009).

In its report on the disproportionate representation of African American children in the child welfare system, the U.S. Government Accountability Office (2007a) noted that these families experience disparate access to and receipt of support services. In their review of the research in this area, Courtney and colleagues (1996) documented that African American, Hispanic and American Indian children and families received less frequent and lower quality services than their White counterparts. For example, a greater number of African American children are served by public agencies than by private agencies. American Indian families are least likely to receive service recommendations, and family services are least likely to be recommended for African

American and Hispanic children over age seven. Additionally, African American and Hispanic children are least likely to have plans for contact with their families. Rodenborg (2004) documented that families of color were less likely to receive support services to ameliorate risks, such as employment and housing services, even when controlling for poverty. Additionally, Tracy and colleagues (1993) documented that families of color received fewer face to face, follow up, phone, or letter contacts with child welfare social workers than White families, despite experiencing more elevated risks. In contrast, Levine and colleagues (1996) found few differences across racial groups in the types and number of services families received during the child protection phase of service delivery. However, the preponderance of the research suggests that disparity exists in the service receipt of families of color across the child welfare continuum.

Similarly, White children and families in the foster care system received more services and supports than children and foster families of color. Specifically, White foster parents were more likely to obtain educational, counseling and child care services. These foster parents also reported that White children were more likely to receive counseling and family services than children of color who were in foster care (Fein, Maluccio, & Kluger, 1990). As discussed earlier, there is evidence that children placed in kinship care are more likely to come from African American than from Hispanic or White households, and that kinship caregivers receive fewer services (Berrick & Barth, 1994; Grogan-Kaylor, 2000), ultimately resulting in children from African American households being in a placement with fewer service supports.

More recent evidence corroborates the findings that families of color experience disparate treatment while in the child welfare system. For example, families of color across the nation have been found to be less likely to have contact with a child welfare social worker and to receive a full complement of services, including ancillary supports and specialized treatments (*The AFCARS report no. 10*, 2005; Libby et al., 2006).

Children's receipt of mental health services has received the greatest empirical attention in child welfare–related studies. For example, a group of researchers studying child welfare in San Diego, California has consistently documented racial disparities in mental health service receipt for children in the child welfare system. Using foster parent reports, Garland et al., (2000) documented that White children had higher rates of mental health service utilization than African American and Hispanic children. Examining Medicaid claims, Leslie et al., (2000) found that Hispanic children in foster care had fewer mental health visits than White children. A subsequent study revealed that ethnic minority youth identified as maltreated received fewer mental health services than White children, who were more likely to receive services even when the severity of their mental health problems was low (Garland, Landsverk, & Lau, 2003). In this study, the link between problem severity and service use was strongest for African American children. Hispanic children had low mental health service use regardless of problem severity (Garland et al., 2003). Research in Los Angeles (Tingus, Heger, Foy, & Leskin, 1996) and Pittsburgh (Kolko, Selelyo, & Brown, 1999) yielded findings that were consistent with those of the San Diego group, documenting disparities in service receipt for children of color. Further, in a study of children identified with problems relative to attention deficit–hyperactivity disorder, Zima et al., (2000) found that White children were far more likely to receive mental health services than children of color.

The interface between the child welfare and substance use fields has yielded some studies which focus on the receipt of substance abuse services among child welfare-involved families. In the main, African American adults have lower rates of referral and service receipt for substance abuse and mental health difficulties (NIDA). However, Walker, Zangrillo and Smith (1994) documented that while African American child welfare–involved parents were more likely to be referred for drug treatment, their services were less adequate than those provided to White parents. In a study using the NSCAW, Libby and colleagues (2006) found

that among families with alcohol, drug and mental health problems, American Indians were less likely than Hispanics to receive relevant services, but had service receipt that was no different from that of White or African American families.

It is important to note that there are specific services which have been found to reduce racial disproportionality and, by extension, racial disparities in child welfare. For example, Kirk & Griffith (2008) found that family preservation services designed to prevent future maltreatment and foster care placement can reduce racial disproportionality. Additionally, another service strategy that has shown promise in reducing disproportionality and disparity is the family group conferencing (FGC) model (alternately referred to as FGDM), which brings together all members of a child's family and community, including extended relatives and other social networks to devise safety and care plans for the child (Pennell, Turner, & Hardison, 2002; Pennell & Weil, 2000; Wildfire, 2000).

Disproportionality and Transfers to Other Service Systems

Much literature has documented the higher risk of delinquency among youth who have been involved in the child welfare system and/or who have a history of maltreatment (Ryan, Herz, Hernandez, & Marshall, 2007). For example, rates of delinquency are "approximately 47 percent greater for youth associated with at least one substantiated report of maltreatment" (Ryan, et al., 2007, p. 1035; Ryan & Testa, 2005). Young people who spend time in the child welfare and juvenile justice systems concurrently, or those who are transferred from one system to the other, are often called "dual jurisdiction" or "overlap" youth (Ryan et al., 2007). The same racial disproportionality and disparities seen in child welfare are frequently seen in juvenile justice as well. Studies show that African American youth are more likely to be arrested and placed in juvenile detention than are White youth (Ryan et al., 2007). The same study found the child welfare system to be a "significant contributing source" to the overrepresentation of minorities (specifically African American youth) in the juvenile justice system (Ryan et al., 2007).

■ Policy/Practice Implications and Support for Change

Community Development

Given the findings on maltreatment incidence described in this review, community based approaches to child welfare decision making and service delivery may provide the needed and collective support for fundamental changes. Interventions are needed that are effective at improving neighborhoods' abilities to support families, to increase neighborhood efficacy, to help families cope with neighborhood disadvantages and to provide access to culturally accessible services. One effective strategy may be to consult with neighborhood leaders and key stakeholders to help develop policies and create service receipt systems that are better designed to serve families and hold child welfare agencies accountable (Roberts, 2007). The key to community development is engaging communities and working through difficulties as a collaborative team. By recognizing that reforming child welfare and other service systems alone is inadequate to reverse the devastating consequences of neighborhood disadvantage, community-building initiatives seek to transform the social fabric of poor communities themselves by "improving schools, increasing safety, creating jobs, mobilizing civic engagement and expanding services and resources available to families" (Roberts, 2007, p. 5).

Several states have begun to engage key stakeholders in their efforts to educate communities on the types of issues that child welfare systems are currently facing, including the issue of racial and ethnic disproportionality and disparity. Some key strategies that have been identified include town hall meetings and community forums. These strategies have been used as a way to gain the buy-in of residents and community leaders (Alliance for Racial Equity in Child Welfare, 2009). For example, Washington State and the Colorado Disparities Resource Center (CDRC) initiative have included both youth and adult representatives who had previously been involved or who are currently involved in the child welfare system on their advisory committees and councils (Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008a; Parrish, 2010). In addition, the state of Illinois has made efforts to engage key stakeholders in examining and addressing factors that both deter permanency and contribute to racial disproportionality in their child welfare population (Dettlaff, Houston, Brown, Wesley, & Gleeson, 2009). A recent study of Texas' efforts to address disproportionality and disparities used a qualitative approach to gain a more in-depth understanding of the communities' perspective on what factors they felt were contributing to disproportionality in the child welfare system (Dettlaff and Rycraft, 2008). Findings from this study suggest that a shared, collaborative effort between child welfare agencies and communities is best suited as the "safety and well-being of children is a community responsibility" (Dettlaff & Rycraft, 2008, p. 56).

In their examination of community engagement, Rycraft and Dettlaff (2009) conducted focus groups with community members in Texas to identify some of the possible barriers between child welfare agencies and the community, and to provide some recommendations to overcome such barriers. The recommendations provided by community members were specific to addressing disproportionality but could also impact other types of child welfare and community engagement concerns. The recommendations included having the child welfare agency create a positive image and presence in the community, develop a better understanding of the communities that they were serving and form strong collaborations with service providers located in the community (Rycraft & Dettlaff, 2009). Other literature highlights evidence that many poor minority neighborhoods have extremely high rates of child welfare agency involvement and that more research is needed to understand the effects that this involvement can have on communities of color (Roberts 2002; Roberts 2007).

Applying a social model of childhood to child welfare practices promotes an understanding of children as active participants in their communities. Children's participation in decision making is essential for a healthy society; it has been argued that children's participation promotes democratic processes as they become active members of their communities (Lansdown, 1995; Sinclair, 2004). For children who live at home with their parents, decisions are generally made by adults with whom the child has close relationships and frequent contact with. However, children who live in public care do not share the same reality. Decisions are typically made for and about these children, and there are often many adults involved, some of which may not have close relationships with the child. Thus, these adults are often unable to fully understand what is important to that child. Further, as children living in public care are farther and farther removed from important decision-making processes that affect their lives, they are becoming less prepared to transition into independent living situations in which they will need to make decisions for themselves for the long term (Graham & Bruce, 2006).

Preventive Services

- *Family Group Decision Making and Other Family Engagement Approaches*

  Many states have included family-centered approaches in their plans to address the overrepresentation and disparate outcomes for children and families of color in their child welfare systems. One such promising approach is FGDM, which has been defined as having five core criteria (American Humane Association, 2008). These criteria include: 1) having an independent conference coordinator support respectful and honest interactions during the conference; 2) providing agency resources to convene the extended family group and prepare them for their role as "decision making partners;" 3) ensuring that the family group has time to meet and discuss the plan privately; 4) giving preference to the plan developed by the family, once agency concerns have been addressed; and 5) assisting family groups in carrying out their plans by connecting them to appropriate resources and services that will best meet their needs (American Humane Association, 2008).

  Family group conferencing (FGC) is the most prominent and most frequently implemented model under the systems change strategy of FGDM. FGC was legally mandated in New Zealand in 1989 with the passage of the *Children, Young Persons and Their Families Act*. In response to identified issues of institutional racism in their child welfare, as well as youth and criminal justice systems, the New Zealand government implemented FGC in order to address the overrepresentation of Maori children—the country's indigenous people—in care (Connolly, 2004). FGDM is strength-based and actively engages family groups in decision-making processes that concern the safety, well-being and permanency of their children. The family—rather than child welfare professionals and other service providers—takes the lead in crafting a plan that best suits their specific, and often cultural, needs. The referring child welfare worker and his or her supervisor must agree to the plan before implementation, while upholding the family group's basic and core decisions and marshaling resources to implement the plan. Because FGDM strives to expand upon sources of support for the family and children, extended relatives often offer themselves as child placement options in cases where child removal from the home is necessary. FGDM has been used in a variety of settings and situations, such as when child welfare, domestic violence and juvenile justice decisions need to be made.

  In June 2005, Casey Family Programs commenced a 15-month Breakthrough Series Collaborative (BSC) on Reducing Racial Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System (Miller & Ward, 2008). This recent BSC effort focused on working with 13 child welfare jurisdictions around applying strategies that "target institutional and practice biases in order to improve

outcomes for children and families of color" (Miller & Ward, 2008, p. 213). Most of the 13 BSC sites had utilized some form of family-driven decision making, including FGDM (Miller, 2009). According to the BSC report, teams that focused on family engagement in case planning and decision making reported 1) increased numbers of children who remained in their homes, with their families more connected to community resources and support; 2) greater rates of kinship placements when removal from the home was necessary; 3) increased exits from out of home care; and 4) shorter lengths of stay in care (Miller & Ward, 2008).

In Texas (one of the BSC sites), FGDM has been widely implemented in order to achieve "desired measures and outcomes in the areas of practice improvement, policy change and compliance with federal (Child and Family Services Reviews or CFSR) goals and indicators" (Casey Family Programs Texas State Strategy and Texas Child Protective Services, 2007). The practice has proven to be valuable regarding overall family preservation and, in a few areas of the state, families have been offered a family meeting as a preventive measure before more formal state and system intervention was needed (i.e., removal of the child from the home) (Texas Health and Human Services Commission & DFPS, 2006, p. 7). Findings from an ongoing evaluation of FGDM in Texas indicate promising system improvements, including children being placed with kin earlier, as well as reduced lengths of stay in foster care (Casey Family Programs & DFPS, 2007).

A more recent Texas study examined child permanency and well-being outcomes of children whose families participated in FGDM and children whose families experienced traditional child welfare practices (Sheets et al., 2009). Findings from this study suggest that both parents and extended relatives are more satisfied with FGDM conferences than they are with traditional child welfare practice; that children report feeling less anxious if their families participate in FGDM; and that children may be "more adjusted" in kinship placements if their families experienced an FGDM conference (Sheets et al., 2009, p. 1187). Moreover, this study found that when families participated in FGDM, child exits from the child welfare system were faster and child exits to reunification were increased, *especially for African American and Hispanic children* (Sheets, et al., 2009, p. 1187). Additional research suggests that FGDM may also help to decrease foster care placements for children of color, as well as influence increased placement stability for children who are removed from their families of origin (Crampton & Jackson, 2007). Overall, these recent findings underscore the valuable role that FGDM can play for all children and families in child welfare, and suggest that conferences may have particular benefits for communities of color.

In addition, much literature indicates that FGDM is a culturally compatible approach to working with families of color. For example, one study that utilized focus groups with African American, American Indian and Hispanic professionals and non professionals revealed that family group conferences are often culturally compatible with communities of color because the FGC model is typically not a novel concept or practice for these populations. African American focus group participants remarked that it is often customary for African American families to solve problems amongst themselves "as a result of their history of enslavement" and segregation (Lemon, 2005, p. 22; Pennell, 2009). Waites, Macgowan, Pennell, Carlton-LaNey and Weil (2004) found the same to be true in their focus groups with African American, American Indian (specifically Cherokee) and Hispanic communities; participants concurred that FGC was respectful and "congruent with their traditions" (Pennell, 2009, p. 82). Likewise, MacDonald, Glode and Wien (2005) note that the positive experiences with FGC among Canadian aboriginal groups (specifically the Mi'kmaq community) are due to the cultural compatibility of the practice with aboriginal traditions. Additionally, collaborating with relatives to make important group decisions may not be uncommon for families of color, as extended kin tend to already play a large role in the everyday lives and care giving of these children.

FGDM is also an approach that seeks to connect families with accessible resources that exist within their own communities. Often, families identify their needs, and systems work to link them with services that will meet those needs. Because the presence of child welfare agencies tends to be comparatively concentrated in neighborhoods of color, community-based strategies and development are often advised in both the prevention and reduction of disproportionality and disparities in child welfare (Roberts, 2007). Several of the BSC sites (e.g., Texas, Connecticut and Iowa) asked key members of the community, such as ministers and community organizers, to facilitate their family group conferences. In response, they found that family members were more willing to "fully participate" with the overall case planning process (Casey Family Programs, 2009, p. 34). A greater willingness to participate in case planning and to work with agency providers is remarkable, especially for communities of color that may historically, and understandably, mistrust the involvement of the child welfare system. Some in the field contend that making changes in child welfare decision-making processes, such as implementing FGDM, is necessary in order to reform the child welfare system as a whole, and to improve outcomes for all children and families (Roberts, 2007).

However, not all of the literature supports the efficacy or wide implementation of FGDM as a strategy to address racial disproportionality and disparity in child welfare. Some argue that FGDM's successful efforts to increase kinship placements when child removal is necessary are likely to increase disproportionality and disparity statistics for children and families of color. As discussed earlier in this review, children living with relatives often stay longer in out of home care (thus contributing to overrepresentation), and are typically not eligible for the same services or resources as children living in traditional family foster care (thus contributing to service and outcome disparities). Others argue that promoting FGDM for the purposes of family preservation and reduced disproportionality may ultimately compromise the safety of children of color (Bartholet, 2009). One study evaluating FGC in Sweden found that children whose families received a family group conference actually had higher rates of out of home placement, as well as higher rates of subsequent substantiated maltreatment, when compared to children who received traditional child welfare services (Sundell & Vinnerljung, 2004). Possible explanations for these findings include an overall lack of quality and accessible family services in the area, as well as Sweden's socio-cultural climate precluding the full acceptance of FGC throughout the country (Lemon, 2005). Another study found that social workers in Sweden and the UK showed resistance toward referring families to FGC even though their attitudes regarding the practice were largely positive (Sundell, Vinnerljung, & Ryburn, 2001). Possible reasons for this reluctance included fear of losing professional control, fear of being blamed if the family did not follow through with the plan and a general mistrust of extended relatives (Sundell et al., 2001). A greater degree of worker resistance does not only impact the number of families who participate in FGC, but possibly the overall effectiveness of the practice as well. Nevertheless, findings such as these signify a need for more evaluations to measure the short- and long-term impacts of FGDM implementation on systems, children and families.

- *Team Decision Making*

    Team Decision Making (TDM), one of four central practice strategies of the Annie E. Casey Foundation's Family to Family initiative, is another family engagement approach that jurisdictions have used to combat disproportionality and disparity in their child welfare systems and has been identified as a strategy that contributes to the goal of reducing racial disparities in child welfare (Usher, Wildfire, Webster, & Crampton, 2010). Like FGDM, TDM focuses on the engagement of families and community members in child welfare case planning and decision-making processes. Unlike FGDM, the agency professionals maintain responsibility for the decision, while seeking the input of family and community groups. TDM meetings typically occur

within 24-72 hours of imminent placement, when placement changes need to be made, and (in some communities) when a child is reunified with their family (Annie E. Casey Foundation, 2006).

Several participating sites of the recent BSC implemented TDM in their plans to address and remediate disproportionality and disparities. While most findings were positive, at least one county reported significant outcome disparities for families of color even after TDMs were implemented. Upon reflection, these counties discovered that, in some cases, the disparities were due to the fact that White families tended to receive TDM referrals at higher rates than African American and other families of color, thus further increasing service and outcome disparities based on race and ethnicity (Miller & Ward, 2008). In response, this county sought to understand why families of color were not being referred to TDMs at the same rate as White families, and worked with referring social workers to resolve this system issue. Whether or not this trend was due to worker bias is unknown. However, these findings signify the complexity of disparities that families of color often face when involved with child welfare.

A recent evaluation of the Family to Family initiative found that exposure to one to four of the central practice initiative strategies (i.e., TDM; Building Community Partnerships; Resource Family Recruitment, Development and Support; or Self-Evaluation) was significantly related to achieving permanency for all children, regardless of race or ethnicity (Usher et al., 2010). Both White and Hispanic children that had been exposed to at least one central practice strategy were 24 percent more likely to reunify with their families or to exit to kinship care than were children who had not experienced Family to Family (Usher et al., 2010). Likewise, African American children who had experienced at least one Family to Family strategy were 15 percent more likely to reunify or live with a relative than children who had not. Furthermore, when children had greater exposure to more practice strategies, their rates of exit (within one year) increased by 29 percent for Hispanic children, 27 percent for White children and 19 percent for African American children (Usher et al., 2010).

- *Differential Response*

Differential Response (DR), also referred to as Alternative or Multiple System Response, is an approach that reforms the structure of child welfare by allowing the system to respond differentially to screened-in reports of child maltreatment. It contends that families and children are best served when social workers tailor the response to the family's individual safety concerns, circumstances and strengths. Most states implementing DR offer two response pathways: an assessment pathway for low to moderate risk situations, and a more traditional investigation pathway for high-risk cases. Families served through the DR assessment pathway are engaged in the assessment process to identify their needs and are offered services to meet those needs, with no decision to substantiate the incidence of maltreatment or to assign blame. Through its use of an assessment pathway, DR highlights the importance of "intensive and culturally appropriate" family support services that can be applied before, during, and after formal child welfare system involvement (Family to Family, 2008; Lemon, 2005; Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services, 2008a).

Because DR acknowledges the importance of engaging family groups by respecting their unique and diverse needs, many believe that DR shows promise as a system reform strategy for addressing disproportionality and disparity in child welfare. Although research has been somewhat limited in this area, recent studies have begun to evaluate the budding relationship between DR and disproportionality and disparities. One report has highlighted the potential of DR to prevent disproportionality and disparities due to its emphasis on the provision of services for families in need, something that many have theorized

is lacking for communities of color and could partly explain the disproportionate entry rates and disparate outcomes for this population (Lemon, 2005). For example, a recent randomized control trial study of Ohio's Alternative Response Pilot Project revealed that families under alternative response experienced an increase in overall services, and that there was no difference (or disparity) in the number or provision of services between White and African American families (Loman, Filonow, & Siegel, 2010). While the authors of this evaluation note that alternative response had the most positive impact for African American families, they speculate that this finding is more a result of poverty than of race since race was taken as a proxy measure for poverty in this evaluation (Loman, Filonow, & Siegel, 2010). In other words, because "alternative response has its greatest effects among the poorest families in [a] population," outcomes for families of color may likely improve under alternative response (Loman, Filonow, & Siegel, 2010, p. xiv).

Some locations, such as the state of Minnesota, have attested to the positive impact that DR is having on reducing out of home placements and keeping families intact, particularly for African American children and families (Ault, 2007). In 2006, Ohio's Franklin County Children's Services targeted their newly implemented DR program towards African American families, as they had noted that this group experienced higher rates of referral and out of home placements. In 2008, after DR had been in place for two years, Franklin County reported that the percentage of children in state custody that were African American decreased from 54 percent in 2006 (before DR implementation) to 50 percent (in 2008), making it the lowest county percentage in 15 years (National Quality Improvement Center on Differential Response in Child Protective Services, 2009). Likewise, one study analyzing three DR implementation states found that when African American children receiving DR were compared to African American children receiving traditional investigations, two states showed decreased disproportionality for DR cases over a five year period. In addition, as the number of African American children and families in the assessment DR pathway increased in the third state, the number of African American child maltreatment victims decreased (Shusterman & Ortiz, 2008). While it is difficult to say whether DR is solely or primarily responsible for promising findings such as these, it is clear that the approach honors the strengths, perspectives and differences that each family brings to the table, which in effect, could enhance the cultural inclusivity of child welfare. However, additional evaluations are needed to definitively determine the overall efficacy of DR at reducing racial disproportionality and disparities in the child welfare system.

Permanency Approaches

It is important to note that while the authors listed FGDM and TDM under "Preventive Services," they both can be considered permanency approaches as well.

- *Adoption*

    The *Adoption and Safe Families Act* (ASFA) of 1997 thoroughly sanctioned adoption as the primary option for the large number of foster care children who are not able to return home. The act also provided fiscal bonuses to states that increased their number of adoptions. Since the passage of ASFA, the number of adoptions from foster care has continued to grow, from 36,896 adoptions in Federal Fiscal Year 1998 to 50,722 adoptions in Federal Fiscal Year 2000. Federal fiscal year 2006 estimates show 51,000 children had been adopted from foster care (United States Department of Health and Human Services, 2008a). In 2008, the *Fostering Connections to Success and Increasing Adoptions Act* provided further increased opportunities and/or incentives regarding permanency approaches, including adoption, subsidized guardianship (particularly for extended relatives), kinship navigator and family connection efforts, support for youth in care after the age of 18

and access to Title IV-E funds for American Indian and tribal foster care programs (Child Welfare League of America, 2010). For example, *Fostering Connections* enhances financial incentives for states to promote, improve and increase adoptions, with particular mention of the adoption of children with special needs (Child Welfare League of America, 2010).

While many believe increased adoptions provide a beneficial avenue to permanency for children living in out of home care, others maintain that rushing to adopt children out of the system could contribute to a severing of ties with their families of origin. This debate over adoption becomes even more complicated when considering the needs and best interests of children of color, especially when they are adopted by caregivers outside of their racial group. Transracial adoption is a highly contested issue, with strong arguments supporting and opposing it. Supporters believe that transracial adoption offers a valuable resource to children of color, and that White adoptive parents are just as capable of raising children of color, if not more so given the racial privileges they possess (Bartholet, 2009). In contrast, those that prefer same-race adoptions do so, in part, for the sake of long-term cultural preservation, continuity, identity development and well-being for children (Dougherty, 2003; Freundlich, 2000).

The National Association of Black Social Workers (NABSW) has played a prominent role in the transracial adoption debate. In 1972, NABSW released a position statement focusing on "preserving families of African ancestry" and took a "vehement stand against the placement of black children in White homes for any reason" (National Association of Black Social Workers, 1972, 2003). Further, when testifying before the Senate Committee on Labor and Human Resources in 1985, the NABSW President spoke out adamantly against transracial adoption, characterizing it as a form of "race and cultural genocide" (Griffith & Bergeron, 2006, p. 305). In 1994, the NABSW reinforced their 1972 position when they produced a document entitled *Preserving African American Families* (National Association of Black Social Workers, 2003). This document emphasized the importance of preserving African American families through the prevention of unnecessary out of home placements. Particular focus was also paid to reunification with the child's family of origin, kinship care and in-racial adoptions, including specific attention to "the barriers that prevent or discourage persons of African ancestry from adopting" (National Association of Black Social Workers, 2003). While the NABSW's position regarding the preservation of African American families remains committed and steadfast, the organization no longer argues for the complete discontinuation of transracial adoption. Today, the NABSW emphasizes that efforts should be made to place African American children with kin or with African American adoptive families when possible, and that "transracial adoption of an African American child should only be considered after documented evidence of unsuccessful same race placements has been reviewed and supported by appropriate representatives of the African American community" (National Association of Black Social Workers, 2003).

Some studies have found that transracially adopted African American and Hispanic children "exhibit some level of conflict related to racial identity" (Freundlich, 2000, p. 17). For example, a recent study of transracially adopted multiracial/biracial (African American–White) adults examined how being adopted by a White family impacted both their cultural and racial "identity formation" (Samuels, 2010, p. 26). Study interviews revealed that most participants differentiated between their cultural and racial identities and that the two were seldom the same. For example, Samuels (2010, p. 31) quotes one female subject as saying:

> I call myself biracial today. There are times when I say black. I don't ever call myself white…. Culturally, I cannot say I'm black. Culturally, I was raised in a white community and culturally…I identify more with the white community…. [But] I'm a black woman on the street…I know what it's like to be followed in Walgreens.

In other words, this participant (and many like her) was still subjected to racial prejudice as the result of "looking black," but she could not culturally identify as African American because of her experiences growing up in a white family in a white community. Subjects reported that these differences in self-identification not only led to internal conflict, but also to a sense that they did not fully belong in either the White or African American community. Moreover, most participants noted that their "enculturation" as African Americans was an intentional and deliberate process of "relearning," and that it often took place later in life (i.e., college and other adult experiences) (Samuels, 2010, p. 37). One subject remarked (Samuels, 2010, p. 32):

> …I was just searching, seeking out…I was looking for not just a friend, but almost like…
> *kinship* with someone. *Someone*…more like me. And…maybe just being…around this person I
> could get some sense of who I am.

Opponents of transracial adoption argue that internal conflicts such as these can have lasting negative impacts for children of color, as they serve to separate children from their families, communities and cultural backgrounds (Freundlich, 2000). In this view, the definition of a child's "best interests" surpasses safety, permanency and well-being to also include cultural experience, identity, connection and wellness. As a result, several jurisdictions have made concerted recruitment efforts to "match" children of color with adoptive families that resemble them racially, ethnically and/or culturally.

In contrast, proponents of transracial adoption argue that the prevention or evasion of transracial adoption disadvantages children of color because it eliminates viable permanency options and causes more children to linger in the system while they wait for an adoptive family of color to be located (Freundlich, 2000). The essence of this argument is that the obstruction of transracial adoptions limits the number of available adoptive homes for children of color, which in turn increases racial disproportionality in the system (Indiana University School of Social Work, 2008). According to Freundlich (2000, p. 12), proponents of transracial adoption tend to come from a "colorblind individualism" perspective. They believe that children's best interests are achieved through the immediate placement with adoptive families regardless of race and ethnicity, and that racial differences between a parent and child are unimportant. Notably, studies (as of 2000) generally show no differences in overall well-being between children who are adopted in-racially and those who are adopted transracially, except for the aforementioned examples of conflict with racial identity development.

By 1996, two federal laws had been passed that focused specifically on the issue of transracial adoption. The *Multiethnic Placement Act* of 1994 (MEPA) and the *Interethnic Adoption Provisions* of 1996 (IEP) both "prohibit states from delaying or denying a child's foster care or adoptive placement on the basis of the child's or the prospective parent's race, color, or national origin" (Dougherty, 2003, p. 8). At the same time, both pieces of legislation also require that states work to strategically and diligently recruit foster and adoptive families who "reflect the racial and ethnic diversity" of children in need of permanency (Dougherty, 2003, p. 8). In 2003, Child and Family Service Reviews (CFSRs) revealed that the following 14 states' recruitment efforts were given a strength rating: Alabama, Arkansas, Colorado, the District of Columbia, Kentucky, Massachusetts, Michigan, Minnesota, Montana, North Carolina, New Mexico, Oklahoma, Oregon and Pennsylvania (Dougherty, 2003). In order to receive a strength rating, states had to make efforts to identify any relatives who had a good relationship with the child, as well as those that had the ability to care for the child and meet their needs (United States Department of Health and Human Services, 2002). It is important to note that the CFSRs had reviewed 33 states up to this point and had only given a strength rating to

these 14, thus signifying how challenging it often is for child welfare to recruit families of color as adoptive resources for children of color (Dougherty, 2003). Delgado (2000) states that without additional funds being provided to subsidize adoptions, Hispanic families are less likely than others to adopt children due to lower incomes, inadequate housing and employment instabilities. FGDM and TDM have both been proposed as promising strategies to identify families within the child's community who could provide not only placement resources, but also cultural connections and support (Dougherty, 2003).

- *Subsidized Guardianship*

    In 1997, the ASFA explicitly recognized guardianship as one alternative permanency option for children placed in out of home care. Guardianship is a transfer of legal responsibility of children from public authority to private families, and it allows the child welfare case to close. Subsidized guardianship simply means that this transfer of legal responsibility is funded, enabling the families to more easily care for children. ASFA notes that state subsidized guardianship programs make it possible for children to live permanently in the care of a legal guardian, (often a relative), who is able to provide a safe home for that child. Currently, 38 states and the District of Columbia have subsidized guardianship programs. It is up to the jurisdiction to determine which children are eligible for guardianship. In some states, guardianship is only available to children in foster care, where it has been determined that reunification and/or adoption are not appropriate permanency options. In other states, there is ongoing support available to relative caregivers to prevent the child from ever entering foster care. The subsidy amounts, funding sources and number of children being served also vary by jurisdiction. Funding sources for subsidized guardianship can include Federal IV-E waivers and TANF funds, as well as federal, state and even local funds (Bissel & Miller, 2007). The Fostering Connections legislation gives states the option of using federal IV-E funding for kinship guardianship payments, provided that relatives qualify for federal foster care maintenance payments (Child Welfare League of America).

    The lack of services available to kinship caregivers, especially caregivers of color, are compounded by systemic and cultural biases based on the notion that if a child is a victim of maltreatment at the hands of a parent or guardian, the care-giving capabilities of the entire family unit are suspect (Bissell & Miller, 2007). However, finding permanent families for children who are in foster care and are unable to return to their birth parents has been a longstanding goal for child welfare agencies (Testa, 2000). Child welfare agencies are becoming more and more dependent upon extended families to help care for children who have been removed from their parents' care. Some of the reasons why subsidized guardianship is becoming a more practical permanency option for children include allowing children to maintain family bonds (including with their birth parents) and respecting the cultural norms of that child and family. In some cultures, the process of terminating parental rights can defy the "social norms that respect and integrate the values of extended family and mutual interdependence" (Bissel & Miller, p. 6). Subsidized guardianship allows for families to make decisions without child welfare involvement, taking the burden off of the state to care for children while also allowing for limited state interference for families.

    Findings from a three year follow-up of Illinois' subsidized Guardianship Waiver Demonstration (Testa, 2002) supported the "efficacy of subsidized guardianship as a supplementary permanence option to subsidized adoption" (Testa, 2002, p. 155). Subsidized guardianship can provide agencies with one avenue for addressing and reducing racial disproportionality and disparities by moving children out of foster homes and into the homes of appropriate relatives to provide them with care. One challenge facing states that would like to implement subsidized guardianship programs to address racial and ethnic disproportionality and disparities is the lack of research behind it. Additional studies are needed to determine whether subsidized guardianship

has any impact on reducing disproportionality and disparities for children in foster care (Bissel & Miller, 2007; Testa, 2002).

Child Welfare Workforce Development

• *Training*

   As discussed earlier, one theory that has been proposed to explain disproportionality and disparities is the notion that child welfare workers have certain racial and cultural biases that impact their decision-making processes, and thus the outcomes for children and families of color. Thus, much of the literature emphasizes the importance of child welfare workforce training—specifically cultural competence training—as an approach for combating the issues of disproportionality and disparities in child welfare. Although many different definitions for cultural competence exist, the National Association of Social Workers (NASW) defines cultural competence as "the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities and protects and preserves the dignity of each" (National Association of Social Workers, 2007). Other definitions of the term underscore the importance of being knowledgeable, informed and interested in cultures different than one's own (Texas Department of Family and Protective Services, 2010). Thus, it is widely thought that greater exposure to diverse cultures, through training and/or practical experience, is vital to the ongoing process toward cultural competence (Texas Department of Family and Protective Services, 2010).

   Currently, evidence-based research regarding the effectiveness of culturally competent practice at remediating disproportionality and disparities is limited, and some would argue that the research is wholly lacking (Barth, 2009). While many jurisdictions highlight the importance of training their workforce in cultural competence, few studies have been conducted to evaluate whether or not such training truly impacts the decisions made by caseworkers. For example, the Texas Department of Family and Protective Services has taken many steps to research and address their issues of disproportionality and disparities, including incorporating *Undoing Racism* training (developed by the People's Institute for Survival and Beyond) and *Knowing Who You Are* training (developed by Casey Family Programs) into their existing overall training for caseworkers. *Undoing Racism* trainings are intended to increase the awareness of racial disproportionality and disparities among agency staff, while *Knowing Who You Are* trainings "allow child welfare professionals to explore their [own] racial and ethnic identities" (Texas Department of Family and Protective Services, 2010, p. 34). Although Texas believes including these trainings to both be "major achievements in developing remediation plans and increasing cultural awareness," the state has recently highlighted a need to examine "the impact of cultural awareness training on caseworker's actual decisions" in future evaluations (Texas Health and Human Services Commission & Texas Department of Family and Protective Services, 2006, p. 1; Texas Department of Family and Protective Services, 2010, p. 28).

• *Hiring and Recruitment*

   Although research regarding the effectiveness of racial and ethnic matching of child welfare workers and clients is rare, it has been shown to have benefits in other related fields such as psychotherapy. One study found that Asian and Hispanic clients who were paired with a psychotherapist of the same race/ethnicity attended more sessions, dropped out of therapy less often, and had better treatment outcomes than those who had therapists with different racial or ethnic backgrounds (Lemon, 2005, p. 25). However, matching a worker with a family according to race and ethnicity should perhaps be supported with caution. For example, this

same study found that, unlike Asian and Hispanic clientele, treatment outcomes for African Americans and Whites "were not associated" with racial/ethnic therapist matching (Lemon, 2005, p. 25). While agencies may view diversification as an important goal, there is only limited evidence regarding its impact on disparities.

Moreover, cultural matching in child welfare can often be very challenging, particularly in the case of African Americans. Researchers suggest that this may either be due to disproportionately high numbers of African American children in the system, or disproportionately low numbers of African American caseworkers (Lemon, 2005, p. 25). Finally, when thinking about the issue of workforce diversity, it is important to avoid the assumption that people from the same racial or ethnic group will automatically share cultural bonds and backgrounds. Clearly, not everyone from the same racial/ethnic group is the same, and often differences within groups can be just as significant as those between them. Likewise, biased decision making that may lead to disproportionality and disparities can come from both White workers *and* workers of color (Rolock & Testa, 2005; Texas Department of Family and Protective Services, 2010). Thus, promoting workforce diversity, while important for many reasons, should not be the sole strategy employed.

Service Receipt

- *Service Quality*
  ASFA (1997) requires child welfare agencies to extend their responsibilities by focusing on child well-being. This means that child welfare agencies should be taking greater responsibility to ensure that children and families who are involved in their agency are receiving effective, quality services that they need (Bai, Wells, & Hillemeier, 2009).

- *Language*
  The Working Together document (HM Government, 2006) highlights the need for better translation and multilingual services but provides little in the form of detail of how this is to be achieved. More information is needed to demonstrate how consistent, high quality interpretation services may be developed by local authorities for those families who speak little to no English. Many research studies have identified serious deficiencies in interpretation services that have resulted in unfair treatment for some families involved in child protection, particularly those from South Asian and Hispanic/Latino heritage (Brandon, Thoburn, Lewis, & Way, 1999; Brophy, 2003; Farmer & Owen, 1995; Humphreys et al., 1999; Ayón, 2009; Dettlaff et al., 2009).

- *Ancillary Services Coordination*
  Findings from a 2004 study (Hurlburt, et al.) suggest that improved coordination of services between child welfare and mental health agencies, as they relate to the mental health needs of children, may be able to prevent disparities in mental health care use among African American children. Burns et al. (2004) found that, as a group, African American children did not demonstrate elevated mental health needs. However, this study did find that there were significant unmet needs among African American children ages six to 10 years, and that they were less likely than White children in the same age group to receive mental health services.
  Inter-organizational relationships (IORs) between child welfare agencies and mental health service providers may help to facilitate improved service access and outcomes for children (Hurlburt, 2004). English (1998) found that children involved in child welfare services often had health problems that required varying assessments and treatments. It is important for children who are victims of maltreatment to receive (mental

health) services that are appropriate and delivered in a timely manner, especially considering the effects that maltreatment may have on their development over time (English, 1998). Bai and colleagues (2009) suggest that policy makers should begin to develop policies that support the coordination between child welfare and ancillary agencies, such as mental health agencies. Bai and colleagues offer that strategies for interagency collaboration should include activities such as the sharing of important records (i.e., maltreatment reports and medical records), cross-training with staff, addressing budget issues by conducting joint budget planning and resource allocation meetings, and putting into place written agreements that allow activities to be shared between organizations to improve service delivery (Bai et al., 2009).

■ Methodological Issues in Examining Racial Disproportionality and Disparities

As pointed out in earlier sections of this review, there are a range of methodological approaches that have been used to conceptualize and analyze child protection and child welfare disparities. As the research designs presented in this review are considered, it is crucial to keep in mind that the term disparities in a research context should be considered neutral. Furthermore, underlying the entire research effort is the recognition that identifying inequities or discrimination based on race or racism is quite complex. In this section, research methodology identified in the review is briefly examined in an effort to clarify the state of research methodology on this topic in child welfare.

Study design is derived from the nature of the questions being asked. Fundamental questions with respect to disparities and disproportionality can be thought of as following a logical progression from simple to complex:

- Is there evidence for racial disparities in child protection and child welfare?
- If racial disparities are present, can they be attributed to other factors or do they exist independently?
- If they exist independently, what causes them, and are these causes due to inequities or discrimination based on race?
- What is the research base for program, policy, and practice changes that effectively address racial inequities and discrimination?

Based on the review of the research literature, the bulk of studies address the basic question of evidence for disparity. Going down the list, fewer studies are available that can address the more complex questions, and of these none can answer them definitively.

Most studies of disparities and disproportionality in child welfare found for this review have focused on enumerating disparities and disproportionality. That is, they provide information in response to the first question regarding the presence of disparities (Shaw et al., 2008). One trend is that researchers are increasingly focusing more attention on examining disparities rather than disproportionality (Barth, 2009). Much of the basic data regarding disparities that were reviewed consists of data obtained from major national data collection programs including the NCANDS and the AFCARS based on case level administrative data from state agencies. In contrast, the other major federal data collection program, the NIS, relies primarily on sample survey data, although it is supplemented by administrative data concerning CPS agency data at the county level. Further, most of the studies in the review can be characterized as consisting of point in time cross-sectional comparisons between different racial groups at key child welfare decision points (e.g., Lemon et al., 2005; Drake et al., 2009; Bowman, 2009; Lery & Wulczyn, 2009) at the state or county level.

Many of the studies identify possible explanatory factors associated with disparities; that is, they attempt to determine if race has some independent effect on disparities that cannot be attributed to another factor. Several of the cross-sectional studies also incorporate multivariate analyses (Rivaux et al., 2008; Sedlak et al., 2010), which include either the race of the child or caregiver as an explanatory variable, while controlling for other factors such as poverty and family structure. Only one cross-sectional study in this review utilized multi-level multivariate analysis to assess factors including race associated with disparities (Fluke et al., 2010). In addition to the cross-sectional studies, a smaller number of studies also incorporate longitudinal designs, including one multi-level analysis by Yampolskaya (2007) to address longer term events such as reunification.

These studies are most useful in helping to isolate decisions where race can be excluded as an explanatory factor. In addition, these analyses also identify the relative risk and can help determine how important racial factors are in the presence of other factors.

In a related fashion, a few studies describe factors across multiple jurisdictions like those by Lery & Wulczyn (2009) or Drake et al. (2009). By definition, almost any examination of disparities involves a geographic boundary (e.g., national, state, county, neighborhood, or other geographic zone which contains the population of interest). Ards et al. (2003) pointed out the importance of aggregation bias where, for example, a state level disparity may be due to the influence of a few counties, and thus not necessarily applicable to the state as a whole. A corollary is that one type of factor associated with disparities is that which varies systematically from jurisdiction.

The most comprehensive study design was found in the study of disproportionality conducted by Texas (Texas Department of Family and Protective Services, 2006; Texas Department of Family and Protective Services, 2010). Over the course of five years, this study addressed questions about the level of disparities in the child welfare system generally; factors that were attributed to understanding disparities; and, to some extent, an evaluation of policy and practice interventions that were implemented to address disparities.

Limitations of the research cannot be overstated. Despite the implementation and rigor of many of the studies included in the review, the studies identified were mostly descriptive or at best provide a sense of some of the possible causes of disparities. Problems include definitional inconsistencies, instability of estimates, lack of representative data and gaps in data availability, to name a few. Studies of key populations, particularly American Indian children, were rare. None of the studies could be considered definitive. For example, one need look no further than the supplementary analysis of NIS-4 data (Sedlak et al., 2010) for an example of how commonly held understandings of disparities based on research must evolve in the face of better studies and improved methodologies.

With some exceptions, the review found few recent studies based on observational studies or experimental designs, except for vignette studies like those by Ibanez et al. (2006). Despite the effectiveness of experimental designs in identifying causes of racial disparities in other fields (Eberhardt, Davies, Purdie-Vaughns, & Johnson, 2006), studies of this sort were absent in child welfare. Unfortunately, only through a more rigorous identification of the causes of disparities will it be possible to make a clearer objective determination regarding whether they reflect racial inequities or discrimination. The most difficult question pertains to remedies to address inequitable treatment in child welfare; this question was addressed by the evaluation study by the Texas Department for Family and Protective Services (2010). Even though specific interventions as discussed above appear to be promising in mitigating potential inequities and discrimination, the development of our understanding of their efficacy has just begun.

■ Conclusion

Summary of Research Findings

While it has only been since 2006 that Robert Hill prepared a similar research synthesis, the research based examination of race and child welfare services has continued to progress. Given the continued attention and interest regarding the impact of race on child protection and child welfare, the pertinent questions that conclude this review are these:

- What do we think we know and not know about disproportionality and disparities in child protection and child welfare?
- What, if anything, changed about this knowledge compared to where we were in 2006?
- What do we most need to know going forward?

Although present herein is a summary of the evidence on racial disproportionality and disparity, it is important to reiterate that the quality of the studies reviewed varies widely in terms of methodological rigor (see Appendix A). Nevertheless, for the purposes of a preliminary understanding of this area of inquiry, major findings for each of the sections of this synthesis are delineated.

In regard to explanatory theories, racial disproportionality and disparity in the child welfare system may be, to some extent, explained by all the frameworks described in this synthesis. Specifically, there is evidence regarding disproportionate need; however, the direct linkage between the risks that families of color experience and their disproportionate child welfare involvement is not always clear. With respect to racial bias and discrimination, some data do suggest that community reporters are more likely to report families of color, and several studies indicate that families of color are more likely to be investigated and placed, and less likely to be reunified. The evidence is fairly consistent with respect to child welfare system factors, namely that there is a broad pattern of inequitable service/resource availability for families of color. Finally, disproportionality may differ by race depending on the region, and the economic and social characteristics of the neighborhood or community.

The research that examines child welfare decision points reveals the complexity of the phenomenon of racial disproportionality and disparity. The evidence highlights many factors that affect the relation between race and child welfare decision-making, for example, the influence of geographic and community contexts and whether the research was conducted from a population-based or decision-based perspective. This complexity is particularly salient in regard to incidence studies, which have inherent methodological characteristics that limit any conclusions that can be derived from them. The findings are mixed, with some recent national data indicating that African American children have a greater incidence of maltreatment when compared to their White counterparts.

Racial disproportionality and disparity have also been documented in relation to children's involvement with the child welfare system. Specifically, African American children have been found in many studies to have a higher likelihood of being reported to child protective services, although studies considering neighborhood effects (e.g., the interaction between race and poverty) have reported different findings. Similarly, available data suggest that African American children are more likely to be investigated than White children. It is important to note that racial patterns in investigation are contingent upon the identity of the reporter, the relationship of the perpetrator to the child and the type of maltreatment, among other factors. Finally, although there is considerable geographic variation, the evidence suggests that race does not play a

strong role in the substantiation of child maltreatment. Specifically, Hispanic and African American children are not distinct from White children in regard to substantiation rates, though American Indian children may have higher rates of substantiation for particular maltreatment types.

There appear to be distinct patterns of service delivery that children of color receive from the child welfare system. Specifically, African American and Hispanic children are less likely than White children to receive in-home family services. Regarding placement services, African American and American Indian children are more likely to be placed into foster care, and into kinship care. However, placement decisions are heavily influenced by such factors as the prior history of maltreatment, the type of maltreatment, family structure, child age and geographic context. In regard to service receipt outside of the child welfare system, extant evidence points to racial disparities in family support, mental health, substance use and other services.

Finally, exits from the child welfare system for children of color seem to be distinct from their White counterparts. Extant evidence indicates that they have longer lengths of stay, are slower to exit the system and have differential permanency outcomes. Specifically, African American and American Indian children are less likely to be reunified. Although the data are not as consistent as with reunification, African American children are less likely to be adopted, although current trends suggest the adoption of these children is increasing. Additionally, African American and American Indian children are less likely to exit child welfare under legal guardianship of a caregiver. The data are very limited regarding older youth of color who exit the system into independent living, and are inconsistent in regard to the role of race in the outcomes for these youth.

Analysis of Research Findings

The development of scientific knowledge follows a pattern described by Kuhn (1962) where gradually, through the application of scientific methods, the nature of a problem is explored in an effort to determine causality. As predominant explanations of causality emerge, they are investigated in an attempt to establish certainty. However, as often happens, the results of these investigations result in contradictions that undermine the evidence of a particular cause. As these shifts occur from one line of explanation to another, usually a deeper more productive explanation is the result.

Suffice it to say, research in the area of disparities in child welfare has not yet developed robust scientific frameworks that can support the sort of revolutionary shift in causal explanations that Kuhn had in mind. The methodological rigor of the research in this area varies tremendously, ranging from population-based studies to small studies using convenience samples. Typically, these studies are not nationally representative, and when they are, reveal great differences across geographic regions regarding the existence and level of racial disparities. Current evidence provides a complex picture of racial disparities in this service sector, which points to variability across racial/ethnic groups, service recipient cohorts and geographic contexts.

Notably, the field has been beset with an overly simplistic yet scientifically based interpretation of evidence that maltreatment incidence was not different by race. Given the weight of current contradictory evidence and particularly the NIS-4 findings, this simple assertion can no longer be considered valid. Thus, in response to the first question it seems that we now know that differences in incidence by race may be present. On the other hand, while the present weight of evidence indicates that such differences do exist (Dietz, 2002; Drake et al., 2009; Sedlak et al., 2010), these results are contradicted by other data (Finkelhor et al., 2005) so it may be too early to be certain given the very challenging difficulties associated with measuring maltreatment incidence.

Assuming for now that differences by race and ethnicity in incidence exist, there is important research needed to understand it and to identify possible remedies. The presence of poverty and financial resources more generally is clearly a consideration in as much as recent studies, both at the individual child and family level (Dietz, 2002; Sedlak, McPherson, & Das, 2010) and at the level of geography such as census tracts (Drake et al., 2009), indicate that SES accounts for the bulk of the disparity, at least with respect to African American families. Poverty, however, may not be an entirely sufficient explanation. For example, even though they may occur, incidence disparities were not identified between Hispanics and White children by the NIS–4 despite considerable differences in family household income generally. Thus, "protective factors" (Drake, in press) among Hispanic families consistent with the "Hispanic paradox" may be operating to mitigate maltreatment risk. Furthermore, poverty and SES may not fully account for differences by race with respect to incidence (Dietz, 2002). It is critical to consider the risk factors that are associated with poverty, such as substance abuse, mental illness and family structure variables, which may be more likely in specific racial/ethnic groups. As has been suggested in research examining the impact of poverty on child well-being (e.g., Duncan et al., 2010; Chaffin et al.), these factors may more accurately explain the disparities observed in child maltreatment incidence. Obviously, there is a need to develop a much broader and more sophisticated base of research in the area of incidence and race, marking an important change in the overall view of the research problem of disproportionality since the review by Hill.

Beyond incidence, knowledge gains about other decision points in child welfare are less clear and more developmental. *First and foremost, even if the presence of higher incidence of maltreatment among children of color is correct and is the primary source of disparities, disparities in the child welfare system may still be present.*

Multivariate studies which control for a variety of family risk factors identify race differences (Yampolskaya et al., 2007; Rivaux et al., 2008; Wulczyn et al., 2009; Texas Department of Family and Protective Services, 2010) at many decision points but especially entries into care and length of time in care. For the most part, these studies rely on the preceding decision point as a basis for the analysis. For example, studies of placement entry decisions use as the starting point the children and families who receive services (Fluke et al., 2010; Rivaux et al., 2008). Because these studies focus on "downstream" decision points, they provide evidence of disparities even if their magnitudes or effect sizes are smaller when compared to studies that employ population-based disparity ratios. The persistence of these findings as identified in this review are important because they are based on isolating disparities that may be occurring within the child welfare system itself, even though comparatively small. When these studies identify and describe the existence of disparities in the presence of many other factors, they reinforce the possibility that there may be other causes tied to race related explanatory factors, that is: 1) disproportionate need of children and families of color; 2) racial bias in the child welfare system and other ecologies; and 3) child welfare system processes and resources.

A highly productive area found for this review identifies the continuing value of research on geographical context and differences in disparities with respect to geography. Simply put, child maltreatment occurs at higher rates in disadvantaged areas (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Drake et al., 2009; Wulczyn & Lery, 2007). Local differences such as income levels, population density, social integration, disparate service resources and unemployment rates at the neighborhood and even county levels contribute to differences in disparities. Additionally, some suggest that concentrated agency involvement and supervision in neighborhoods of color may not only contribute to racial disproportionality, but also to mistrust throughout the community as a result of increased reporting rates among neighbors (Roberts, 2008).

Research Gaps and Directions

Based on the literature reviewed in this document, there are two main directions for research that seem warranted at this juncture. The first concerns the development of studies of maltreatment incidence, and particularly those based on self-report studies. For many years incidence has not been a subject of concern as those in the child welfare field concerned with disproportionality (particularly at the policy level) operated on the basis of accepting the assumption that incidence of maltreatment by race was the same. This assumption has led to a focus on the child welfare system as the primary point of origin for disparate and thus disproportionate numbers of children of color in the system. While the need for further research with respect to the system is a crucial aspect of the research agenda, the lack of focus on incidence means that major gaps exist in the following areas:

- The existence of racial differences in incidence associated with race need to be confirmed. As described earlier in this review, the measurement issues related to maltreatment incidence are daunting and our methods of measurement to date have not adequately addressed this question. This is especially true when one considers the lack of incidence data regarding American Indian and Alaska Native populations as well as other peoples of color.

- Under the assumption that differences in incidence for race exist, what are the explanatory factors? Certainly the relationship between race and poverty is evident, suggesting a reemphasis on research leading to a better understanding of maltreatment risk and poverty. However, based on the studies found through this review, poverty is a necessary, but perhaps not sufficient, source of explanations regarding maltreatment incidence and race.

- Finally, there are major gaps in terms of approaches to prevention of maltreatment that have been shown to be effective for families and communities of color and that can be scaled up to have an impact on incidence.

When it comes to considering disparities within the child welfare system, there are several research gaps. A primary one is the need to continue to clarify the importance of basing the understanding of disparities on the entry and exit decisions that regulate the flow of children and families through the system. Barth (2005) describes the importance of understanding the cumulative impact of disparities in the child welfare system. Recalling the discussion earlier about the need to examine disparities from the standpoint of decision-based denominators, consider the following simple relationship for entry decisions.

TABLE 1.
$PD_k = e^{(\sum_i \ln(DD)_i)}$
where
PD_k is the population-based disparity ratio for last decision point k, and
DD_i is the decision-based disparity ratio for decision point i.

Using the Colorado data presented in Table 1 (above) as an example, the relationship is applied to the 2008 data. First, the value for PD_k of 3.16 is taken from the table and is the last decision in the sequence for which data are available – removals. Taking the log of each decision-based denominator and summing we get 1.15 = 0.93 + 0.04 – .07 + 0.24. Finally, taking the antilog of the sum we get 3.16.

While this relationship is simple, it allows for the isolation of the impact of any given entry decision on the cumulative population-based disparity of the decisions in the system, and could also be used to determine disparity ratios for decisions where no data exist. For example, if we wanted to know how much the decision to assess referrals contributed to cumulative disparity, we would simply subtract the log value. This yields a new cumulative population disparity ratio of 4.08, which would have been the cumulative population-based disparity if the decision to investigate had not taken place and provides an indication of how important the decision is in reducing the cumulative disparity in this case.

The exercise above underlines the importance of being able to conduct research that focuses much more precisely on the decision making process in the system, or the Decision Making Ecology (DME). In particular, the following specific gap areas are worth considering for further research:

- A broad range of multivariate and multi-level analyses are needed for each decision in the continuum of child welfare services. Such analyses are needed in order to determine if racial disparities exist at the various decision points, and if so, their magnitudes and likely impact on increasing disparities in the system. Multi-level analyses should include measurement of agency-level processes as well as geographical contextual variables which may give rise to racially disparate treatment in the child welfare and other service sectors.

- There continues to be a need for research that examines disparities with respect to American Indian children. Further, more refined analysis of racial groups that examines sub-groups is important. For example, there is some suggestion that the child welfare experiences of Puerto Rican children and families may be distinct from other Hispanic/Latino populations. Similarly, Caribbean and African immigrants are often included in African American samples, thereby obscuring what may be very different child welfare trajectories for these children and families.

- A major research gap is in developing or in applying more meaningful measures for the explanatory factors highlighted in this review: 1) disproportionate need of children and families of color; 2) racial bias in the child welfare system and other ecologies; and 3) child welfare system processes and resources. Measures like poverty, child age and so forth are proxies for needs and while they have a relationship to risk, they may not necessarily get at the underlying causes for those risks. It is critical to objectively measure poverty-related risks (e.g., risks related to disproportionate need, such as substance abuse and mental illness) in families of color in studies on racial disproportionality and disparity.

Policy/Program Recommendations

Although there is the suggestion that improving the quality of child welfare services overall may reduce racial disparities (e.g., Wulczyn et al., 2005), there are specific child welfare policies and practices that seem to contribute greatly to this phenomenon. Specifically, there is evidence that practices at the front-end of the child welfare continuum, practices relevant to children's exits from the system and services provided to families are significantly associated with racial disparities.

It is clear that significant biases may exist at the front end of child welfare services. These biases may be within and outside the child welfare system, including among mandated reporters. Thus, more concentrated efforts need to be made (by child welfare and community partners) with these populations, such as creating awareness around the level of referral disparities in that particular community. Additionally, there is some evidence that the use of more objective risk assessments may reduce the racial disparities found at the child protection investigation phase.

In addition to developing a better understanding of the child welfare Decision Making Ecology, it seems useful to remind ourselves that while the research must address the systematic manifestations of disparities, there may be individuals or even jurisdictions that intentionally or unintentionally make non–needs based decisions. Ongoing efforts to identify and mitigate these problems are needed.

In a related vein, there is a need for rigorous evaluation of current approaches to cultural competence trainings to determine if they impact actual practice and outcomes for all children and whether they are effective in improving outcomes. For this review, we could not identify much evidence for the utility of these approaches to training. This need is especially great, considering federal and state expectations around cultural competence, as well as the large number of jurisdictions listing cultural competence training as a key priority in their jurisdictions.

Kinship care may be a primary source for much of the disparities that are observed, including access to services and lengths of stay in care. On the other hand, kinship care provides something that other types of care simply cannot: the benefit of family and/or known caregivers. Since much of the current work in child welfare is around the importance of family perspective and family preservation, how can the competing outcomes of kinship care for children of color be reconciled? Maintaining family ties may be especially important for children of color, due to the preservation of cultural connections and identity development, both of which are in "the best interest" of these children and youth. Further, policies and practices regarding the permanency of relative placements must be revisited. For example, the use of subsidized guardianship and other policies that may expedite the exit of children in relative placements from the child welfare system may serve to reduce disparities.

There is a need for more rigorous evaluations of specific interventions designed to address disproportionality. To date, few examples of these evaluations were found to exist. Although it is difficult to use random assignment and control groups in child welfare settings, propensity score matching may be a means of conducting more advanced analyses to determine the effectiveness of certain interventions.

Improved data and data collection processes around race and ethnicity are essential for obtaining an accurate picture and for taking appropriate action to address disproportionality and disparities. These data collection procedures can be utilized toward continuous improvement in child welfare service sectors regarding practices with families of color. Particular attention is needed in the area of key decisions such as CPS referral screening, where it is often difficult to collect data on race. Further, child welfare workers need to be aware of racial disparities within their agencies regarding decisions to place and maintain children in foster care. Race needs to be part of the conversation in developing information systems and in developing data collection policies translating into improving services at each point of the child welfare continuum.

There should be more emphasis on how professionals from different systems (i.e., child welfare and juvenile justice) can collaborate to address the needs of "dual jurisdiction youth" of color. Because racial disparities have been noted in other child service sectors (e.g., special education, juvenile justice), it is critical that there be joint service initiatives and funding streams to address the overrepresentation of children of color in these systems. Additionally, whereas families of color may have elevated risks for mental health and substance use challenges, their utilization of formal services for these challenges is often reduced when compared to majority families. As such, it is important that professionals from child welfare collaborate with these adult service sectors as a means of addressing what may be disproportionate need in certain racial/cultural groups.

Since 2006, the state of research with respect to race and child welfare has continued to evolve in the direction of more conceptual coherence and more sophistication. For the first time, a comprehensive effort at

evaluating an initiative aimed at addressing child welfare disparities has been conducted by the State of Texas (Texas Department of Family and Protective Services, 2010). There is increasing attention to the importance of decision theory and to the use of multivariate and even multi–level modeling in an effort to work through some of the complexities associated with developing an appropriate understanding and in devising solutions where needed.

Despite these gains, it must be understood that race has not been a primary consideration in child welfare studies, and while not an afterthought altogether, race often emerges as an important factor when it is included in an analysis. It is only recently that race itself has emerged as a primary focus of study. Viewed in this light, as a legitimate topic of research, studies of race and child welfare have an intrinsic value to the child welfare research initiative, and not merely a fleeting political salience.

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Yampolskaya, S., Armstrong, M. I., & Vargo, A. C. (2007). Factors associated with exiting and reentry into out of home care under Community–Based Care in Florida. *Children and Youth Services Review*, 29(10), 1352-1367.

Zambrana, R. E., & Dorrington, C. (1998). Economic and Social Vulnerability of Latino Children and Families by Subgroup: Implications for Child Welfare. *Child Welfare*, 77(1), 5-27.

Zellman, G. L. (1992). The impact of case characteristics on child abuse reporting decisions. *Child Abuse & Neglect*, 16(1), 57-74.

Zima, B. T., Bussing, T., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school–aged children in foster care: Their relationship to placement characteristics. *Journal of Child and Family Studies,* 9(1), 87-103.

■ Appendix A

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Alzate, M. n. M., & Rosenthal, J. A. (2009). Gender and ethnic differences for Hispanic children referred to child protective services. *Children & Youth Services Review, 31*(1), 1-7.	Secondary Data Analysis of NSCAW CPS Sample, Regression Analyses		x	x			
Ards, S. D., Myers, S. L., Jr.,, Chung, C., Malkis, A., & Hagerty, B. (2003). Decomposing Black-White differences in child maltreatment. *Child Maltreatment, 8*(2), 112-121.	Secondary Data Analysis of NCANDS and NIS-3		x	x			
Bai, Y., Wells, R., & Hillemeier, M. M. (2009). Coordination between child welfare agencies and mental health service providers, children's service use, and outcomes. *Child Abuse & Neglect, 33*(6), 372-381.	Longitudinal analysis from a 36-month period in the NSCAW. Weighted, multilevel logistic regression models tested association between interorganizational relationships and service us and outcomes		x	x			
Bam, R. (2007). 'Race', Ethnicity and Child Welfare: A Fine Balancing Act. *British Journal of Social Work, 3*(8), 1425-1434.	Literature Review	x					
Barth, R. (1997). Effects of age and race on the odds of adoption versus remaining in long-term out-of-home care. *Child Welf are, 7*(2), 285-308.	Longitudinal analysis of children in out-of-home care in California				x		
Barth, R. P. (2005). Child welfare and race: Models of disproportionality. In D. M. Derezotes, J. Poertner & M. F. Testa (Eds.), *Race matters in child welf are: The Overrepresentation of Af rican American children in the system* (pp. 25-46). Washington, DC: Child Welfare League of America.	Literature Review, Editorial/Commentary	x					
Bartholet, E. (2009). The Racial Disproportionality Movement in Child Welfare: False Facts and Dangerous Directions. Unpublished Draft. Harvard Law School.	Literature Review, Editorial/Commentary	x					
Becker, M. A., Jordan, N., & Larsen, R. (2007). Predictors of successful permanency planning and length of stay in foster care: The role of race, diagnosis and place of residence. *Children and Youth Services Review, 29*(8), 1102-1113.	Retrospective study using logistic regression; multivariate analysis		x		x		x

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Beeman, S., & Boisen, L. (1999). Child Welfare Professionals' Attitudes Toward Kinship Foster Care. *Child Welfare, 78*(3), 315-337.	Survey (child welfare professionals)		x		x		
Chaffin, M., & Bard, D. (2006). Impact of intervention surveillance bias on analyses of child welfare report outcomes. *Child Maltreatment, 11*(4), 301-312.	Secondary Data Analysis; (Re-analyzed 3 family service outcome studies)		x		x		
Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse & Neglect, 20*(3), 191-203.	Secondary Data Analysis (Wave 1 and 2 of National Institute for Mental Health's Epidemioiogic Catchment Area survey); Risk models were fecloped using hierarchical logistic regression		x	x			
Church Ii, W. T., Gross, E. R., & Baldwin, J. (2005). Maybe ignorance is not always bliss: The disparate treatment of Hispanics within the child welfare system. *Children and Youth Services Review, 27*(12), 1279-1292.	Retrospective, two year, longitudinal, survival analysis of differential child welfare placement outcomes		x		x		
Coulton, C., Korbin, J., & Su, M. (1999). Neighborhoods and child maltreatment rates. *Child Abuse & Neglect,, 23*(11), 1019-1040.	Sample, Surveys (City of Cleveland)		x		x		
Coulton, C., Korbin, J., Su, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child Development, 66*(5), 1262-1276.	Secondary data analysis, Cross-sectional analysis (Census and Administrative data-county DHS [Cleveland])		x		x		
Coulton, C. J., Crampton, D. S., Irwin, M., Spilsbury, J. C., & Korbin, J. E. (2007). How neighborhoods influence child maltreatment: A review of the literature and alternative pathways. *Child Abuse & Neglect, 31*(11-12), 1117-1142.	Literature Review	x					

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Courtney, M. E., Barth, R. P., Berrick, J. D., Brooks, D., Needell, B., & Park, L. (1996). Race and Child Welfare Services: Past Research and Future Directions. *Child Welfare, 75*(2), 99-137.	Literature Review	x					
Crampton, D., & Jackson, W. L. (2007). Family Group Decision Making and Disproportionality in Foster Care: A Case Study. *Child Welfare, 86*(3), 51-69.	Case Study	x					
D'Andrade, A., Austin, M. J., & Benton, A. (2008). Risk and Safety Assessment in Child Welfare: Instrument Comparisons. *Journal of Evidence-Based Social Work, 5*(1/2), 31-56.	Literature Review	x					
Delgado, R. (2000). Generalist Child Welfare and Hispanic Families. In N. A. Cohen (Ed.), *Child Welfare: A Multicultural Focus*: Allyn & Bacon.	Literature Review, Synopsis	x					
Dietz, T. L. (2002). Disciplining Children: Characteristics Associated with the Use of Corporal Punishment and Non-Violent Discipline. *Child Abuse and Neglect 24*(12), 1529-1542.	Logistic Regression examining validity of model from Gallup Survey data		x	x			x
Dinwiddie, S. H., & Bucholz, K. K. (1993). Psychiatric diagnoses of self-reported child abusers. *Child Abuse and Neglect, 17*(4), 465-476.	Sample, Interviews		x		x		x
Drake, B., Lee, S. M., & Jonson-Reid, M. (2009). Race and child maltreatment reporting: Are Blacks overrepresented? *Children and Youth Services Review, 31* (3), 309-316.	Census and SACWIS data (MS) [no inferential statistics)		x	x	x		
Drake, B., & Pandey, S. (1996). Understanding the Relationship Between Neighborhood Poverty and Child Maltreatment. *Child Abuse & Neglect, 20*(11), 1003-1018.	1990 Census data and Child Protective Services (CPS); Multiple Regression Equations (zip codes)		x	x	x		

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Eamon, M.K. & Kopels, S. (2004). 'For reasons of poverty': court challenges to child welfare practices and mandated programs. *Children and Youth Services Review, 26,* 821-836.	Literature Review, Case Study (court cases and court programs)	x					
Egami, Y., Ford, D., Greenfield, S., & Crum, R. (1996). Psychiatric profile and sociodemographic characteristics of adults who report physical abusing and neglecting children. *American Journal of Psychiatry, 153*(7), 921-928.	Sample, Survey		x		x		
English, D. J. (1998). The Extent and Consequences of Child Maltreatment. *The Future of Children, 8*(1), 39-53.	Literature Review, Editorial/Commentary	x					
Fakunmoju, S. B. (2009). Substantiation and Adverse Appeal Outcomes: Content Analysis and Testing of Drake's Harm/Evidence Model. *Child Maltreatment, 14*(1), 53-68.	Case Reviews	x					
Flaskerud, J. (1986). Diagnostic and treatment differences among five ethnic groups. *Psychological Reports, 58*(1), 219-235.	compared the diagnosis and treatment of white American psychiatric patients to those of black,		x		x	x	
Fluke, J. (2009). Allegory of the Cave: On the Theme of Substantiation. *Child Maltreatment, 14*(1), 69-72.	Literature Review, Editorial/Commentary	x					
Fluke, J. D., Chabot, M., Fallon, B., MacLaurin, B., & Blackstock, C. (2010). Placement decisions and disparities among aboriginal groups: An application of the decision making ecology through multi-level analysis. *Child Abuse & Neglect, 34,* 57-69.	Secondary Data Analysis of Canadian Incidence Study 1998; Multi-Level Logistic Regression Equation		x	x			x
Fluke, J., Shusterman, G., Hollinshead, D., Yuan, Y.T. (2008) Longitudinal analysis of repeated child abuse reporting and victimization: multistate analysis of associated factors. *Child Maltreatment, 13*(1), 76-88.	Secondary Data Anlysis, NCANDS; Survival Analysis		x	x			x

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Freisthler, B., Bruce, E., & Needell, B. (2007). Understanding the Geospatial Relationship of Neighborhood Characteristics and Rates of Maltreatment for Black, Hispanic, and White Children. *Social Work, 52*(1), 7-16.	Sample (3 counties in CA), cross-sectional ecological design; spatial regression		x		x		
Garland, A., Landsverk, J., & Lau, A. (2003). Racial/ethnic disparities in mental health service use among children in foster care. *Children and Youth Services Review, special issue, 25*(5-6), 489-505.	Literature/Research Review	x					
Geen, R. (2004). The evolution of kinship care policy and practice. *The Future of Children, 14*(1), 131-150.	Literature Review	x					
Graham, M., & Bruce, E. (2006). "Seen and Not Heard" Sociological Approaches to Childhood: Black Children, Agency and Implications for Child Welfare. *Journal of Sociology & Social Welfare, 33*(4), 51-67.	Literature Review (social modeling)	x					
Grogan-Kaylor, A. (2000). Who goes into kinship care? The relationship of child and family characteristics to placement into kinship foster care. *Social Work Research, 24*(3), 132.	Logistic Regression using Administrative Child Welfare Data (CA)		x		x		
Gryzlak, B., Wells, S., & Johnson, M. (2005). The role of race in child protective services screening decisions. In D. M. Derezotes, J. Poertner & M. F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 63-96). Washington, DC: Child Welfare League of America.	Sample (Case-Level Data from workers and child welfare agencies, five states, 2,504 unduplicated referrals)		x		x		
Hansen, D., Bumby, K., Lundquist, L., Chandler, R., Le, P., & Futa, K. (1997). The influence of case and professional variables on the identification and reporting of child maltreatment. *Journal of Family Violence, 12*(3), 313-332.	Survey (purchased mailing lists of licensed psychologists and master social workers)	x			x		
Harris, M. S., & Courtney, M. E. (2003). The interaction of race, ethnicity, and family structure with respect to the timing of family reunification. *Children and Youth Services Review, 25*(5-6), 409-429.	Sample, Administrative Data (CA), Regression models		x		x		

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Harris, M. S., & Hackett, W. (2008). Decision points in child welfare: An action research model to address disproportionality. *Children and Youth Services Review, 30*(2), 199-215.	Secondary Data Analysis (Community-Based Focus Groups)	x	x		x		
Hill, R. B. (2004). Institutional racism in child welfare. *Race and Society, 7*(1): 17-33.	Literature Review, Editorial/Commentary	x					
Hines, A., Lee, P., Osterling, K., & Drabble, L. (2007). Factors Predicting Family Reunification for African American, Latino, Asian and White Families in the Child Welfare System. *Journal of Child & Family Studies, 16*(2), 275-289.	Case Record Reviews, Secondary Data Analysis, Random Sampling (stratified by ethnicity, age and servcie type); Multivariate Analysis	x	x		x		x
Hong, G., & Hong, L. (1991). Comparative perspectives on child abuse and neglect. *Child Welfare, 70*(4), 463-475.	Quota Sample (n=150; undergrad student, working-class neighborhoods)		x		x		
Howell, M. L. (2008). Decisions with Good Intentions: Substance Use Allegations and Child Protective Services Screening Decisions. *Journal of Public Child Welfare,*(3), 293-316.	Survey, Sample (Social Services Staff responsible for screening child maltreatment reports); Univariate and bivariate statistics, t-tests, one way ANOVA		x		x		
Humphreys, C., Atkart, S., & Baidwin, N. (1999). Discrimination in child protection work: recurring themes in work with Asian families. *Child & Family Social Work, 4*(4), 283-291.	Qualitative (case reviews, interviews, observation)	x			x		
Hurlburt, M., Leslie, L., Landsverk, J., Barth, R., Burns, B., Gibbons, R., et al. (2004). Contextual predictors of mental health service use among children open to child welfare. *Archives of General Psychiatry, 61*(12), 1217-1224.	Secondary Data Analysis, NSCAW		x	x			
Ibanez, E. S., Borrego Jr, J., Pemberton, J. R., & Terao, S. (2006). Cultural factors in decision-making about child physical abuse: Identifying reporter characteristics influencing reporting tendencies. *Child Abuse & Neglect, 30*(12), 1365-1379.	Sample (Undergrad Psych Students), Questionnaires and Surveys	x			x		

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
James, J., Green, D., Rodriguez, C., & Fong, R. (2008). Addressing Disproportionality Through Undoing Racism, Leadership Development, and Community Engagement. *Child Welfare, 87*(2), 279-296.	Literature Review, Editorial/Commentary	x					
Johnson, E. P. (2007). Racial Disparity in Minnesota's Child Protection System. *Child Welfare, 86*(4), 5-20.	Binary Logistic Regression, Adminstrative Data Analysis		x		x		
Kirk, R. S., Griffith, Diana P. (2008). Impact of Intensive Family Preservation Services on Disproportionality of Out-of-Home Placement of Children of Color in One State's Child Welfare System. *Child Welfare, 87*(5), 87-105	Population (Retrospective-all families involved intensive family preservation services); Adminstrative Data; Survival Analysis		x		x		
Kolko, D., Selelyo, J., & Brown, E. (1999). The treatment histories and service involvement of physically and sexually abusive families: Description, correspondence, and clinical correlates. *Child Abuse & Neglect, 23*(5), 459-476.	Sample. Assessments. T-tests, correlations, changes over time, multiple regression		x		x		
Korbin, J., Coulton, C., Chard, S., Platt-Houston, C., & & Su, M. (1998). Impoverishment and child maltreatment in African American and European American neighborhoods. *Development and Psychopathology, 10*, 215-233.	Census data analysis		x	x			
Kotch, J., Browne, D., Dufort, V., & Winsor, J. (1999). Predicting child maltreatment in the first 4 years of life from characteristics assessed in the neonatal period. *Child Abuse & Neglect, 23*(4), 305-319.	Sample, Interviews	x	x		x		
Libby, A. M., Orton, H. D., Spicer, P., Barth, R. P., Webb, M. B., Burns, B. J., et al. (2006). Alcohol, Drug, and Mental Health Specialty Treatment Services and Race/Ethnicity: A National Study of Children and Families Involved With Child Welfare. *American Journal of Public Health, 96*(4), 628-631.	Secondary Data Analysis of NSCAW		x	x			
Lu, Y., Organista, K., Manzo, S., Wong, L., & Phung, J. (2001). Exploring dimensions of culturally sensitive clinical styles with Latinos. *Journal of Ethnic & Cultural Diversity in Social Work, 10*(2), 45-66.	Both qualtiative and quantitative methods were used, convenience samples, control group	x	x		x		

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Lu, Y. E., Landsverk, J., Ellis-Macleod, E., Newton, R., Ganger, W., & Johnson, I. (2004). Race, ethnicity, and case outcomes in child protective services. *Children and Youth Services Review, 26* (5), 447-461.	Secondary Data Analysis, longitudinal retrospective cohort, Bivariate and multivariate analyses		x		x		x
Marts, E. J., Eun-Kyoung Othelia, L., McRoy, R., & McCroskey, J. (2008). Point of Engagement: Reducing Disproportionality and Improving Child and Family Outcomes. *Child Welfare, 87* (2), 335-358.	Qualitative evaluation	x					
MacDonald, N., Glode, J. and Wien, F. (2005) Respecting Aboriginal Families: Pathways to Resilience in Custom Adoption and Family Group Conferencing. In Ungar, M. (Ed.), *Handbook for Working with Children and Youth: Pathways to Resilience across Cultures and Contexts*. Thousand Oaks, California: Sage Publications. p. 357-370.	No study was conducted; literature review from a book chapter	x					
McRoy, R. (2004). African American Adoptions. In J. E. Everett, S. S. Chipungu & B. B. Leashore (Eds.), *Child Welfare Revisited: An Africentric Perspective* New Brunswick, NJ: Rutgers University Press.	No study was conducted/literature review from a book chapter	x					
Molnar, B. E., Buka, S. L., Brennan, R. T., Holton, J. K., & Earls, F. (2003). A Multilevel Study of Neighborhoods and Parent-to-Child Physical Aggression: Results From the Project on Human Development in Chicago Neighborhoods. *Child Maltreat, 8* (2), 84-97.	Secondary Data Analysis of Project on Human Development in Chicago Neighborhoods (PHDCN), cluster sampling		x		x		
Neuspiel, D., Zingman, T., Templeton, V., DiStabile, P., & Drucker, E. (1993). Custody of cocaine-exposed newborns: Determinants of discharge decisions. *American Journal of Public Health, 83* (12), 1726-1729.	Secondary Data Analysis, retrospective cohort design		x		x		
Nybell, L. M., & Gray, S. S. (2004). Race, Place, Space: Meanings of Cultural Competence in Three Child Welfare Agencies. *Social Work, 49*(1), 17-26.	Qualitative evaluation	x					
Ortega, R. M., Grogan-Kaylor, Andrew, Ruffolo, Mary, Clarke, Jenell, & Karb, Rebecca. (2010). Racial and Ethnic Diversity in the Initial Child Welfare Experience: Exploring Areas of Convergence and Divergence. In M. B. Webb, Dowd, Kathryn, Harden, Brenda Jones, Ladsverk, and Testa, Mark F. (Ed.), *Child Welfare and Child Well-Being: New Perspectives from the National Survey of Child and Adolescent Well-Being.* New York, New York: Oxford University Press.	Secondary Data Analysis of NSCAW		x	x			

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Pabustan-Claar, J. (2007). Achieving Permanence in Foster Care for Young Children: A Comparison of Kinship and Non-Kinship Placements. *Journal of Ethnic & Cultural Diversity in Social Work, 16*(1/2), 61-94.	Secondary Data Analysis of administrative data, bivariate and multivariate analyses		x		x		x
Pennell, J. (2009). Widening the Circle: Countering Institutional Racism in Child Welfare. In S. Strega & Esquao, S.A. [J. Carriere] (Eds.), *Walking This Path Together: Anti-Racist and Anti-Oppressive Child Welfare Practice* (pp. 78-95). Halifax, Nova Scotia, & Winnipeg, Manitoba: Fernwood.	No study was conducted; literature review from a book chapter	x					
Rawal, P., Anderson, T., Romansky, J., & Lyons, J. (2008). Using decision support to address racial disparities in mental health service utilization. *Residential Treatment for Children & Youth, 25*(1), 73-84.	Secondary Data Analysis from the Screening, Assessment, and Supportive Service (SASS) program in Illinois, retrospective		x		x		
Rivaux, S. L., James, J., Wittenstrom, K., Baumann, D., Sheets, J., Henry, J., et al. (2008). The Intersection of Race, Poverty, and Risk: Understanding the Decision to Provide Services to Clients and to Remove Children. *Child Welfare, 87*(2), 151-168.	Secondary Data Analysis from Texas Department of Family and Protective Services, bivariate and multivariate analyses, retrospective		x		x		x
Roberts, D. E. (2007). Toward a community-based approach to racial disproportionality. *Protecting Children, 22*(1), 4-9.	No study was conducted; literature review from a *Protecting Children* article	x					
Rodenborg, N. A. (2004). Services to African American Children in Poverty: Institutional Discrimination in Child Welfare? *Journal of Poverty, 8*(3), 109-130.	Secondary Data Analysis, non-random multi-stage cluster design of the original survey, multivariate analysis		x				x
Runyan, D. K., Dunneb, M. P., & Zolotora, A. J. (2009). Introduction to the development of the ISPCAN child abuse screening tools. *Child Abuse & Neglect, 33*(11), 842-845	No study conducted; description of the development of IPSCAN screening tools	x					
Rushton, A., & Dance, S. (2003). Preferentially rejected children and their development in permanent family placements. *Child & Family Social Work, 8*(4), 257-267.	Prospective and longitudinal data, multivariate and bivariate analyses		x				x

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Ryan, J. P., Garnier, P., Zyphur, M., & Zhai, F. (2006). Testing the Effects of Caseworker Characteristics in Child Welfare. *Children and Youth Services Review, 28*, 993-1006.	Secondary Data Analysis, administrative data from Illinois		x		x		
Ryan, J. P., Herz, D., Hernandez, P., & Marshall, J. (2007). Maltreatment and Delinquency: Investigating Child Welfare Bias in Juvenile Justice Processing. *Children & Youth Services Review, 29*, 1035-1050.	Secondary Data Analysis from Los Angeles County Department of Child and Family Services (child welfare and juvenile justice administrative data), bivariate		x		x		
Samuels, G. M. (2010). Building kinship and community: Relational processes of bicultural identity among adult multiracial adoptees. *Family Process, 49*(1), 26-42.	Qualtiative evaluation	x					
Sampson, R. (2009). Disparity and diversity in the contemporary city: Social (dis)order revisited. *British Journal of Sociology, 60*(1), 1-31.	No study conducted; literature review/editorial/commentary	x					
Schwartz, A. (2008). Connective Complexity: African American Adolescents and the Relational Context of Kinship Foster Care. *Child Welfare, 87*(2), 77-97.	Qualitative evaluation (comparative, exploratory study)	x				x	
Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., et al. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress* Washington, D.C.: U.S. Department of Health and Human Services (DHHS) Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) and the Children's Bureau	Sentinel interviews, secondary data analysis from multiple sources, including NCANDS	x	x	x	x		
Sedlak, A. J., & Shultz, D. (2005). Racial Differences in Child Protective Services Investigation of Abused and Neglected Children. In D. M. Derezotes, Poertner, J., & Testa, M. F. (Ed.), *The Overrepresentation of African American Children in the System: Race Matters in Child Welfare* (pp. 97-117). Washington, DC: Child Welfare League of America.	Secondary Data Analysis of NIS-3, regression models		x	x			
Semidei, J., Radel, L. F., & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare: Journal of Policy, Practice, and Program, 80*(2), 109-128.	No study was conducted; literature review from an article	x					

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Shaw, T. V., Putnam-Hornstein, E., Magruder, J., & Needell, B. (2008). Measuring Racial Disparity in Child Welfare. *Child Welfare, 87*(2), 23-36.	No study was conducted; literature review/commentary	x					
Sheets, J., Wittenstrom, K., Fong, R., James, J., Tecci, M., Baumann, D. J., et al. (2009). Evidence-based practice in family group decision-making for Anglo, African American and Hispanic families. *Children and Youth Services Review, 31*(11), 1187-1191.	Secondary Data Analysis from the Texas Online Management System and Likert scale interviewing/survey		x		x		
Simmel, C., Brooks, D., Barth, R. P., & Hinshaw, S. P. (2001). Externalizing sypmtomatology among adoptive youth: Prevalence and preadoption risk factors. *Journal of Abnormal Child Psychology, 29*(1), 57-69.	Secondary Data Analysis from a longitudinal data set/population survey called California Long-Range Adoption Study (CLAS)		x		x		
Sinclair, R. (2004). Participation in practice: Making it meaningful, effective and sustainable. *Children & Society, 18*(2), 106-118.	No study was conducted/literature review from an article	x					
Smith, C. J., & Devore, W. (2004). African American children in the child welfare and kinship system: from exclusion to over inclusion. *Children and Youth Services Review, 26*(5), 427-446.	No study was conducted/literature review from an article	x					
Snowden, J., Leon, S., & Sieracki, J. (2008). Predictors of children in foster care being adopted: A classification tree analysis. *Children and Youth Services Review, 30*(11), 1318-1327.	Retrospective secondary Data Analysis of AFCARS, univariate and multivariate analyses		x	x			x
Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of Child Maltreatment with the Parent-Child Conflict Tactics Scales: Development and Psychometric Data for a National Sample of American Parents. *Child Abuse & Neglect, 22*, 249-270.	Description of the conceptual and methodological approaches used and psychometric data for a nationally representative sample of 1,000 U.S. children		x	x			
Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*(4), 440-448.	No study was conducted/literature review from an article	x					

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Sundell, K., Vinnerljung, B., & Ryburn, M. (2001). Social workers' attitudes towards family group conferences in Sweden and the UK. *Child & Family Social Work, 6*(4), 327-336.	Questionnaire, sample	x			x		
Swets, J. A. (1992). The science of choosing the right decision: Thresholds in high stakes diagnostics. *American Psychologist, 47*(4), 522-532.	No study/editorial/co	x					
Tajima, E. (2000). The relative importance of wife abuse as a risk factor for violence against children. *Child Abuse & Neglect, 24*(11), 1383-1398.	Secondary Data Analysis of the National Family Violence Survey (nationally representative sample), bivariate		x	x			
Testa, M. F. (2002). Subsidized guardianship: Testing an idea whose time has finally come. *Social Work Research, 26*(3), 145.	Experimental design		x		x		
Tilbury, C., & Thoburn, J. (2009). Using racial disproportionality and disparity indicators to measure child welfare outcomes. *Children and Youth Services Review 31*, 1101-1006.	No study was conducted/descriptive article	x					
Tingus, K. D., Heger, A. H., Foy, D. W., & Leskin, G. A. (1996). Factors associated with entry into therapy in children evaluated for sexual abuse. *Child Abuse & Neglect, 20*(1), 63-68.	Secondary Data Analysis, retrospective design		x		x		
Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating Between Substantiated, Suspected, and Unsubstantiated Maltreatment in Canada. *Child Maltreatment, 14*(1), 4-16.	Secondary Data Analysis of the CIS-2003, bivariate and multivariate analyses		x	x			x
Trocmé, N. M., Tourigny, M., MacLaurin, B., & Fallon, B. (2003). Major findings from the Canadian incidence study of reported child abuse and neglect. *Child Abuse & Neglect, 27*(12), 1427-1439.	Secondary Data Analysis from a retropsective survey, national and random sample, multi-stage sampling design		x	x	x		

Citation	Brief Description of the Data	Qualitative	Quantitative	National Data	Local Sample	Comparison Group(s)	Multivariate Analyses
Waites, C.M., Macgowan, J., Pennell, J., Carlton-LaNey, I. and Weil, M. (2004). Increasing the Cultural Responsiveness of Family Group Conferencing. *Social Work 49*, 2	Qualitative and quantitative, focus group	x	x		x		
Zellman, G. L. (1992). The impact of case characteristics on child abuse reporting decisions. *Child Abuse & Neglect, 16*(1), 57-74.	Secondary Data Analysis of a National Survey, clustered and stratified random sampling		x	x			
Zima, B. T., Bussing, T., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics. *Journal of Child and Family Studies, 9*(1), 87-103.	Randomly selected stratified sample, survey, bivariate analyses		x		x		

A Research Synthesis on Child Welfare Disproportionality and Disparities

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This research synthesis documents important advances in the understanding of disproportionality and disparities in the child welfare system. Yet it also identifies important gaps in the current body of research. Disproportionality and disparities have most significantly affected African American children, and as documented in this synthesis, the current body of research examining these phenomena primarily focuses on this population of children. While this synthesis reviews a small number of studies that have documented disparities affecting Hispanic children, few studies exist that have examined the causes of these disparities, and even fewer exist that address disproportionality among Hispanic children. This is largely due to the fact that Hispanic children have historically been underrepresented in the child welfare system at the national level. However, focusing on these national statistics obscures significant statewide differences in which Hispanic children are considerably overrepresented in some states while underrepresented in others. Few studies have explored this, despite the fact that the number of states in which Hispanic children are overrepresented has nearly doubled in the last decade.

As documented in this synthesis, Hispanic children made up 21.8 percent of the U.S. population in 2008, but comprised 20 percent of children who entered care and 20 percent of the foster care population in fiscal year 2008 (U.S. Census Bureau, 2008; USDHHS, 2009). However, current trends at the state level point toward the growing need to examine disproportionality and disparities among Hispanic children and to develop strategies to address these issues. In 2005, the Race Matters Consortium calculated state and national disproportionality rates for Hispanic children using data from the 2000 U.S. Census and the 2000 AFCARS (Hill, 2005). This analysis revealed that Hispanic children represented 17.0% of the child population and 13.5% of children in foster care. However, in the state analysis, **Hispanic children were overrepresented in 10 states and underrepresented in 39 states.** Similar analyses were recently conducted by the Alliance for Racial Equity in Child Welfare using U.S. Census and AFCARS data from 2006 (Alliance for Racial Equity in Child Welfare, 2010). **These analyses revealed that the number of states in which Hispanic children were overrepresented nearly doubled from 10 states in 2000 to 19 states in 2006.** Overall, rates of disproportionality of Hispanic children increased in

33 states from 2000 to 2006.

Underrepresentation. At the same time that these data document increasing overrepresentation of Hispanic children in certain states, there is growing concern regarding the underrepresentation of Hispanic children in others. Of the 30 states in which Hispanic children were underrepresented in 2006, 9 states had considerably high rates of underrepresentation, where Hispanic children were represented at a rate less than half their proportion in the general child population. Although underrepresentation may be viewed positively, it may also indicate that Hispanic children in need of intervention are not being properly identified. This is a particular concern for children in immigrant families, where more than 80% of young children live with at least one non-citizen parent and nearly half live with an undocumented parent (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004). These parents are likely to be particularly fearful of contact with the child welfare system, and are likely to avoid contact with other social service systems due to concerns over their immigration status. Thus, children in immigrant families may be less likely to come into contact with many of the social service systems that serve as mandated reporters to child welfare agencies. Members of immigrant communities may also be hesitant to report cases of child abuse due to the potential consequences to family members who are undocumented (Kuehn, Vericker, & Capps, 2007).

Ultimately, both overrepresentation and underrepresentation have implications for the safety and well-being of Hispanic children. Research concerning the factors contributing to disproportionality of Hispanic children is very limited, although a small number of studies, as documented in this synthesis, have identified disparities at certain entry and exit points that may contribute to disproportionality. However, much additional research is needed to enhance our understanding of disproportionality and disparities affecting Hispanic children. What are the factors contributing to the increasing overrepresentation of Hispanic children? At what decision-making points do disparities exist and what are the sources of those disparities? What are the factors contributing to underrepresentation in certain states? Is underrepresentation an indication that children in need of services are not being properly identified? Although research has begun to address some of these issues, the body of research addressing Hispanic children's experiences in child welfare is limited.

At the same time that additional research is needed to further understand the disproportionate representation of Hispanic children and disparities they experience when compared to children of other races, it is important that research begins to address disparities within the population of Hispanic children, particularly as they result from child and parental nativity and immigration status. Historically, research on Hispanic children in child welfare has ignored these differences and instead has compared them as a homogenous group to children of other races. Yet recent research has documented significant disparities among Hispanic children that point to the need for further awareness and understanding of this issue. A recent study conducted by the Urban Institute examining the Texas child welfare system found that although Hispanic children as a whole were slightly underrepresented in substitute care in fiscal year 2005 (40.2% compared to 44.7% in the child population), Hispanic children of U.S.-born parents were overrepresented, while immigrant Hispanic children and U.S.-born children of Hispanic immigrants were both considerably underrepresented, resulting in an overall appearance of underrepresentation when viewed as a collective (Vericker, Kuehn, & Capps, 2007). This study also identified significant disparities in the placement settings and permanency goals of children in substitute care. Immigrant children and children of Hispanic immigrants were significantly less likely to be placed with relatives than children of U.S.-born Hispanics, and immigrant Hispanic children were less likely to have case goals of reunification or relative adoption than U.S.-born Hispanic children. Each of these findings warrants further study to identify the sources of these disparities and to determine if these patterns hold true in other states.

Additional research has begun to identify other important differences between Hispanic children of immigrants and Hispanic children of U.S-born parents that may help to explain some of the disparities documented in the Urban Institute study. Data from the National Survey of Child and Adolescent Well-being (NSCAW) indicate that while overall rates of maltreatment between Hispanic children of immigrants and Hispanic children of U.S.-born parents do not differ, Hispanic children of immigrants are significantly less

likely than Hispanic children of U.S.-born parents to live in homes with several risk factors associated with maltreatment including active drug abuse, poor parenting skills, recent histories of arrest and high family stress (Dettlaff, Earner, & Phillips, 2009). Hispanic children of immigrants are also more likely than Hispanic children of U.S.-born parents to live in homes with both biological parents and in communities identified as safe and supportive. Again, further research is needed to determine if these findings are repeated in studies using other data sources. Yet, advances in this line of research are considerably limited, as data on nativity and immigration status are not collected by most states or in national reporting systems such as the Adoption and Foster Care Analysis and Reporting System (AFCARS) or the National Child Abuse and Neglect Data System (NCANDS). Although this is likely due to concerns regarding confidentiality and the protection of this information, policies are needed that address the safe collection and storage of this data to facilitate a better understanding of disparities within the Hispanic population.

Finally, although there is a great need for additional research examining disproportionality and disparities as discussed in this and other responses, it is important to emphasize that disproportionality and disparities cannot be addressed without substantive changes within child welfare systems and in how they have historically responded to children and families. At the system level, child welfare agencies need to develop community partnerships that emphasize reducing disproportionality and disparities by safely maintaining children in their homes and communities. Few successful models for engaging in these community partnerships exist and barriers are immense; yet, child protection must be viewed as a community responsibility and child welfare systems need to embrace models of family preservation in partnership with communities for meaningful change to occur.

As is the case with many federal and state social service systems, child welfare agencies have traditionally functioned in isolation. Historically, child welfare agencies have viewed themselves as the sole provider of child protection services and calls to broaden these services to improve outcomes have focused solely on expansions within the system. This is supported by the multitude of federal and state laws and policies that direct the functions and practices of child welfare agencies, creating a culture lacking in collaboration. This isolation

has resulted in a social service system that is largely separated from the families and communities whom it serves.

Over the past two decades, many have called for reform that involves broadening the response of child welfare agencies through the inclusion of community partners that become part of child protection systems (Farrow, 1997; Shirk, 1998). These calls were further supported by the Child and Family Services Reviews, which emphasized the importance of bringing the community into the discussions and decisions regarding child welfare practices. Child welfare agencies are now expected to work with community leaders, key stakeholders, affiliated service providers and families to address the issues impacting children and families. Yet, child welfare systems have struggled to embrace this concept and few examples of successful community collaborations exist. As a result, the majority of initiatives to address and reduce disproportionality have been located within the system, focusing on reducing bias at the front end of the system through anti-racism training and eliminating barriers to permanency once children enter care.

Yet, child welfare systems must recognize that disproportionality is not a problem that can be addressed in isolation. The safety, permanency and well-being of children is a community responsibility. This includes community members, community service providers, law enforcement, the court system, schools, local government and other community stakeholders. To be successful, a strategic plan for community engagement must be developed through a coalition of child welfare administrators and key community stakeholders that emphasizes developing and utilizing support systems within the community to monitor the safety of children and providing services to reduce risk while maintaining children in their homes. This requires that child welfare agencies be willing to commit to family preservation as the preferred model of practice and to community partnership and development as a means of ensuring the safety and stability of children within their communities. Where resources do not exist in communities for strengthening families and protecting children, child welfare agencies need to work with community leaders to develop them. This may also require staff with specific expertise in community development and organizing to facilitate these efforts.

Beyond the commitment of child welfare agencies, communities must be willing to not only partner with child welfare agencies but also acknowledge their own role in contributing to the problem. Many communities lack the resources necessary to safely maintain children in their homes and will need to work in partnership with child welfare agencies to develop those resources. Yet, the burden is on the child welfare system to begin the process of engagement to facilitate these partnerships. In doing so, child welfare agencies need to recognize the barriers that exist to community engagement. These include fear, distrust and a perception of child welfare agencies as harmful within many communities of color. Overcoming these barriers will require a longstanding commitment that begins with efforts to promote healing and a change in those perceptions. Partnerships with community agencies or key community leaders may be necessary to facilitate trust in the larger community.

Finally, more research is needed that evaluates strategies to engage in community partnerships and their outcomes. Although a small number of evaluations of community partnerships exists (Center for Community Partnerships in Child Welfare, 2005; Omang & Bonk, 1999; Onyskiw, Harrison, Spady, & McConnan, 1999; Usher, Wildfire, Webster, & Crampton, 2010), a sound blueprint for child welfare community partnerships has not been established and community involvement has yet to be institutionalized within child welfare systems. Further research documenting these partnerships and their outcomes is needed to facilitate broader systems change that improves outcomes for children of color, their families and communities.

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This research synthesis is written in response to *The Research Synthesis on Child Welfare Disproportionality and Disparities* written by John Fluke, Brenda Jones Harden, Molly Jenkins and Ashleigh Ruehrdanz (The Research Synthesis). The focus of the response will be confined to issues related to events that occur in child protective services, specifically three topics: 1) the desirability of child welfare system participation, 2) the current evidence base in child welfare and 3) the relationship between child welfare participation and participation in other systems.

Is Racial Disproportionality Always Undesirable? The Social Justice Perspective

The powerful historical and contemporary factors contributing to racial inequity are beyond dispute. However, the issue at hand has to do with specific future policy actions relative to the child welfare system. The question of the desirability or undesirability of racial disproportionality in child welfare is important because many people, particularly policy makers, may assume that disproportionality is always a problem. The social justice perspective refers to placing a high moral value on serving all members of our society with fairness and without discrimination or bias. Additionally, a social justice perspective includes the moral necessity of helping those members of our society most in need. The question is therefore, "is racial disproportionality desirable or undesirable?" The issue should not be "are child welfare services and interventions provided across races proportionate to population levels?" but instead should be "are child welfare services and interventions provided across races proportionate to need?" If, for example, the need (as measured, perhaps, by best estimates of actual maltreatment rates) in the Black community approaches twice the level of need in the White community, then the national roughly 2:1 Black/White disproportionality in validated reports (DHHS, 2008) is a desirable outcome, not a problem to be addressed.

This may, in fact, be the case. The primary national estimate of actual maltreatment rates is the NIS. While the NIS-1 found no racial difference, the NIS-2, NIS-3 and NIS-4 did find substantial differences, although they were nonsignificant in the NIS-2 and NIS-3 due to the large standard error in those iterations (Drake, & Jonson-Reid, 2010). Under the

endangerment standard, the Black/White disproportionality ratio in the NIS–2 was 1.87:1. The Black/White disproportionality ratio in the NIS–3 was 1.51:1. The Black/White disproportionality ratio in the NIS–4 was 1.73:1. These are not very different from the 2006 NCANDS Black/White racial disproportionality figure of 1.85:1 (Sources: Sedlak, Hantman, & Schultz, 1997; Sedlak, McPherson, & Das, 2010; DHHS, 2008). We are therefore left with the question: "If officially validated child maltreatment Black/White disproportionality is consistent with estimates of actual maltreatment, why would we seek to change that?" A policy goal of reducing disproportionality may have a socially just intent, but may, in fact, work against social justice. I consider this a very serious issue which needs to be addressed prominently in any revision.

The Current Evidence Base

Evidence for the Bias Explanation: As described in the research synthesis, the literature on bias is "limited" in terms of conclusions that can be drawn and best seen as forwarding "potential mechanisms," which can be "tested using more rigorous studies with larger and more representative samples." In other words, the field is currently at a stage of theory generation and discovery/detection of possible relationships and effects. As a result, when one reads the primary sources, some of the effects are slight. The findings are often contradictory, sometimes old, based on small studies using designs which cannot answer key questions and which commonly show only small effects. If anything, this suggests that large degrees of bias *might not* exist, as very strong and general effects could quite possibly result in a clearer picture emerging from the preliminary studies.

Evidence for the Risk Explanation: The relationship between poverty and child maltreatment is probably the most scientifically certain and largest magnitude effect in the field of child welfare research. There is virtual unanimity in the literature, with the findings from the various NIS iterations being representative in showing a many–fold increase in risk among poor families. The draft acknowledges this, although not in such forceful terms. It correctly addresses the very intriguing manner in which

emerging research suggests that race may not impact Blacks and Whites in exactly the same ways and the authors are kind enough to quote my own work in this area. My issue is that the focus on these relatively minor differences in how poverty affects Blacks and Whites may obscure the overarching issue: *poverty powerfully affects both Blacks and Whites relative to child maltreatment.*

Put simply, the current research clearly shows that poverty matters, strongly supporting the "risk" explanation. The current research does not clearly show the presence of large amounts of bias. The draft should be modified to clarify this in such a way as to be crystal clear to policy makers.

The Impact of Other Differences

The Impact of Other Differences on Disproportionality in Child Welfare for African American Children: What do we know about other forms of racial disproportionality between Blacks and Whites and how can this help frame the discussion? Many of the below data are covered in the draft, but they are not always presented in a way which would best help policy makers understand the broader context. NCANDS (DHHS 2008) showed a Black/White disproportionality ratio in verified child welfare reports of 1.85:1 in 2006. The NIS–2 through NIS–4 showed endangerment standard Black/White ratios of between 1.51:1 and 1.87:1, as described above (Sedlak, Hantman, & Schultz, 1997; Sedlak, McPherson, & Das, 2010). General infant mortality in the United States shows a Black/White disproportionality ratio of 2.37:1 (Heron, Hoyert, Murphy, Xy, Kochanek, & Tejada–Vera, 2009) and other child health indicators are in line with this number. Black children are 2.87 times more likely to be poor than White children (DeNavas–Walt, C., Proctor, B., & Smith, 2009) and are 7.1 times as likely to live in areas of concentrated poverty (Drake & Rank, 2009). Official child maltreatment victimization rates are within the range of NIS estimates, *lower* than the Black/White infant mortality ratio, *lower* than the Black/White poverty ratio and *far lower* than the Black/White concentrated poverty ratio.

Let's assume Black/White disproportionality in the child welfare system can be reduced to a 1:1 level relative to population. How could that be defended from a

social justice perspective? In my view, it is not morally supportable to set a goal in which services to Black children are less than their rates of known risk (poverty), estimated actual maltreatment (NIS), or known death (infant mortality) compared to whites. Nobody wants a system in which the state fails to provide needed services to Black children in a misguided attempt to attain the "right" racial breakdown of children investigated or served.

The Impact of Other Differences on Disproportionality in Child Welfare for Hispanic Children: Hispanics are not disproportionately represented, compared to Whites, in NCANDS, the NIS, or in infant mortality rates, although they are about 3 times as likely to be poor as whites (Sedlak, Hantman, & Schultz, 1997; Sedlak, McPherson, & Das, 2010; Heron, Hoyert, Murphy, Xy, Kochanek, & Tejada-Vera, 2009; DeNavas-Walt, C., Proctor, B., & Smith, 2009). This is consistent with the well known "Hispanic Paradox," which relates to many Hispanic health outcomes. Again, NCANDS data are consistent with our best indicators of need, and, like Blacks, there is no disconnect between the rate at which Hispanics are served by CPS and our best estimates of their need to be served by CPS.

Conclusions

There is very clear and strong evidence, based on the relationship between child maltreatment and poverty, that Black children are at greater risk of child maltreatment than Whites. We have the NIS estimates rates of actual maltreatment disproportionality, which are similar to national official CPS disproportionality at the victimization level (NCANDS). We have new and not yet conclusive research on the issue of bias in child protective services. It strikes me as unlikely that bias could be a large factor. If CPS system bias were operative and powerful, one would expect NCANDS disproportionality ratios to be much higher than the other described ratios. They are not.

■ *Recommendation 1:* **Reducing Black/White disproportionality should not be a general policy goal.** CPS has already achieved congruency between Black/White disproportionality in *the occurrence of CPS investigations* and Black/White disproportionality *in the need for CPS investigations*. Any implicit suggestion

that disproportionality in child welfare is necessarily a problem should be radically changed.

■ *Recommendation 2:* **Identifying and responding to Black/White disparity should be a policy goal, but before action takes place clear research findings are necessary.** Discovering and dealing with racially unfair practices should be a policy goal. However, racially unfair treatment can only be dealt with if it can be clearly identified. Future research is necessary to determine effective solutions. Without actionable findings, any strategies developed are not working directly to impact a specific inequity.

■ *Recommendation 3:* **Put bias in child protective services in perspective.**
• Does racial bias exist in CPS?
• Does CPS bias cause disproportionality?
• Can disproportionality be reduced by addressing CPS bias?

The answer to all of these questions is the same: "Possibly, but certainly not to a very large degree."   It is difficult to see how policies geared to reducing presumed bias in CPS can have much of an effect upon disproportionality or any other outcome. This should not be taken to minimize the urgent moral necessity of making sure CPS is free of racial bias and that racism is decisively dealt with when encountered. However, such efforts will not have meaningfully large and beneficial effects in reducing disproportionality for the simple reason that CPS bias is almost certainly not driving disproportionality.

■ *Recommendation 4:* **Mitigate risk for Black children.**
The obvious solution to reducing CPS racial disproportionality is to create a nation in which Black and White children do not face radically dissimilar risks. Absent this, the best possible course of action is to mitigate the effects of the risks which exist. The draft shows evidence that disproportionality in child welfare may be partly driven by disproportionality in local resources (Fluke, Chabot, Fallon, McLauren, Blackstock, 2010). This is an actionable finding. Fostering local resources and cultivating relationships with existing

community resources may be one viable way for child welfare to move forward, especially in low income areas. Another way is for CPS agencies to move forward to establish policies more directly focused on risk mitigation, particularly risks associated with poverty. For example, availability of crisis financial services, temporary rent assistance, or similar programs may help minimize the impact of the risks differentially facing Black children.

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Research Recommendations

In order to enhance the quality of research on disproportionality and disparities, several recommendations for future research will be offered. However, each recommendation for future research will be preceded by a brief description of relevant background context.

NIS-4 Background Context

How do the racial analyses of the National Incidence Study of Child Abuse and Neglect (NIS) reviewed in the prior synthesis (Hill, 2006) compare with the racial analyses of the NIS reviewed in the latest synthesis (Fluke et al., 2010)? The 2006 synthesis reviewed NIS-3 data that were collected in 1993, while the 2010 synthesis reviewed NIS-4 data that were collected in 2005-2006. The bivariate NIS-3 analyses (Sedlak & Broadhurst, 1996) revealed no significant differences in maltreatment rates between black and white children, while the bivariate NIS-4 analyses revealed that black children were significantly more likely than white children to experience maltreatment (Sedlak et al., 2010).

The multivariate NIS-3 analyses (Sedlak & Schultz, 2005)—which controlled for relevant risk factors (i.e., family income, family structure, parent labor force status and number of children in household)—continued to find no significant racial differences for most types of maltreatment. However, the NIS-3 did reveal significant racial differences in *two* forms of maltreatment—emotional maltreatment and physical neglect—where white children had significantly *higher* maltreatment rates than black children. Moreover, controlling for family income, while the NIS-3 revealed significant racial differences (i.e., white rates were *higher* than black rates) in maltreatment among the lowest income group (under $15,000), it revealed no significant racial differences among the higher two income groups ($15,000–$29,999 and $30,000 and over). On the other hand, the NIS-4 analyses that controlled for household SES (which comprised three components: household income, parental education and poverty program participation) obtained results that were the reverse of the NIS-3 results. While the NIS-4 revealed no significant racial differences in maltreatment among low SES households, it

obtained significantly higher maltreatment rates for black than white children in the not-low SES households.

It is important to underscore a major flaw in most comparisons of NIS–3 and NIS–4 racial analyses: the omission of the risk level (Harm or Endangerment Standard) of the children under study. The Harm Standard consists of children who are at much higher risk of maltreatment than the children included in the Endangerment Standard. It is rarely noted that *all* of the multivariate NIS–3 racial analyses were conducted on children who met the *higher risk* Harm Standard, while the multivariate NIS–4 racial analyses were conducted on children who met *both* Standards—Harm and Endangerment. No multivariate racial analyses in the NIS–3 were conducted under the Endangerment Standard. Consequently, the most appropriate comparison of the multivariate racial analyses between the NIS–3 and NIS–4 is to examine the results for higher risk children who met the Harm Standard. In fact, the finding of no significant racial differences in maltreatment in NIS–3 is almost identical to the finding of no significant racial differences in maltreatment in NIS–4—under the Harm Standard! Significant racial differences in NIS–4 were found—under the Harm Standard—*only* among the *not-low SES* households (where black rates were higher than white rates) that experienced physical abuse. In sum, the most important difference between the multivariate racial analyses in the NIS–3 and NIS–4 is that the results in NIS–4 are more complex than the results in NIS–3. While almost no significant racial differences in maltreatment were found in NIS–3, the presence or absence of significant racial differences in NIS–4 depends on the risk level (Harm or Endangerment Standard) and risk factors (household SES or family structure) that are controlled for (See Table A).

NIS–4 Future Research

The complexity and diversity of racial findings in NIS–4 require additional research. One question that should be investigated is, "Why were there **no** significant racial differences in four of the five types of maltreatment regarding higher risk children under the Harm Standard, while there **were** significant racial differences in four out of five maltreatment types regarding lower risk children under

the Endangerment Standard?" Another question that should be addressed is, "If the quality of the three components (i.e., household income, parental education and poverty program participation) of the SES measure were markedly improved, would there still be significant racial differences among children living in not-low SES households?" Another issue that deserves attention is, "What factors account for the widely conflicting (blacks have greater risks than whites, whites have greater risks than blacks, and blacks and whites have equal risks) racial findings when family structure is controlled for under the Endangerment Standard?" Finally, child maltreatment researchers should no longer confine their analyses *only* to risk factors that *increase* maltreatment and need to expand their research to incorporate protective or resiliency factors that are likely to *reduce* rates of maltreatment. Some protective factors or cultural strengths that should be included in racial studies of child maltreatment are: type and frequency of mutual support between extended kin, extent of informal and formal child care by relatives, strong religious orientation, high self-esteem, etc. (Hill, 1999).

Institutional Racism Background Context

The 2006 synthesis and the 2010 synthesis have another characteristic in common: neither one was able to identify any systematic empirical studies that examined the role of institutional or systemic racism as a determinant of racial disproportionality or disparities in child welfare. In order to adequately understand the dearth of research studies that focus on the impact of institutional racism on the social and economic functioning of families and children of color, it is useful to describe the evolution of this term in the public dialogue. One of the earliest usages of this concept was in the conclusions of the 1968 Report of the National Advisory Commission on Civil Disorders (more popularly known as the "Kerner Commission Report"):

> What white Americans have never fully understood—but what the Negro can never forget—is that white society is deeply implicated in the ghetto. White institutions created it, white institutions maintain it and white society condones it.
>
> (U. S. National Advisory Commission on Civil Disorders (1968). The *Report of the National Advisory Commission on Civil Disorders*. New York: Bantam Books, p. 2)

Moreover, several social scientists who conducted research for the Kerner Commission expanded on this concept by preparing a comprehensive monograph that examined the functioning of institutional racism in various sectors of life for people and communities of color (Knowles & Prewitt, 1968). More specifically, this work described the overt and covert effects of institutional racism on black people and communities in such institutions or systems as education, employment, administration of justice, health, politics and the media. Over the past four decades, many scholars have prepared treatises and monographs that examined the continuing significance of institutional or systemic racism on various racial and ethnic groups, such as American Indians, African Americans, Latinos, Asian Americans and Native Hawaiians (Better, 2004; Bonilla–Silva, 2003; Feagin, 2006). Yet, it is important to note that there have been few works that have focused on the impact of institutional racism on families and children that are in the child welfare system (Billingsley & Giovannoni, 1972; Roberts, 2002; Everett et al., 2004; Hill, 2004). But none of these works have involved systematic empirical analyses of the effects of institutional or structural racism on racial/ethnic disproportionality and disparities in child welfare. There is an urgent need to conduct more rigorous analyses of the extent to which institutional or systemic racism increases or maintains racial/ethnic disproportionality and disparities among children and families of color in the child welfare system.

Institutional Racism Future Research

Clearly, there is a lack of research on disproportionality and disparities that attempts to systematically assess the role of institutional racism or structural discrimination as an explanatory factor. A major reason for this paucity of studies is the difficulty of operationalizing racism or

TABLE A: NIS-4 Race Differences in Child Maltreatment Under Harm and Endangerment Standards[*]			
Type of Maltreatment	**Harm Standard**	**Endangerment Standard**	
		SES	*FamStructure*
All Maltreatment	No	No (Low SES) Yes (Not Low)	No (B=W)[4] Yes (B>W)[1] Yes (W>B)[2]
Physical Neglect	No	Yes (W>B)[5]	No
Sexual Abuse	No	No	No
Physical Abuse	No (Low SES) Yes (Not Low)	No (Low SES) Yes (Not Low)	Yes (B>W)[1] Yes (B>B)[3]
Emotional Maltreatment	No	No (Low SES) Yes (Not Low)	No (B=W)[4] Yes (B>W)[1] Yes (W>B)[2] Yes (B>B)[3]

Family Structure or SES Conditions:
B>W[1] = Black risks higher than Whites with (a) unmarried parents or (b) single parents with a cohabiting partner.
W>B[2] = White risks higher than Blacks with (a) married, but not biological parents or (b) single parent with no cohabiting partner
B>B[3] = Blacks higher than Blacks with (a) single parent and no partner or (b) married biological parents
B=W[4] = Both races equal risks with (a) married biological parents or (b) children without any parents
W>B[5] = White risks higher than Blacks only in low SES households

*Unless otherwise noted, maltreatment risks are greater for Black than White children.

discrimination at the institutional or structural level. One approach to address this issue is to examine the impact of external institutions or systems on disproportionality and disparities in child welfare. For example, more research should focus on answering this query, "To what extent do racial disparities in special education and juvenile justice systems contribute to racial disparities in child welfare?" One of the most innovative research investigations to address the impact of systemic discrimination on racial disproportionality and disparities in child welfare was conducted by Myers and colleagues (Ards et al. 2003) in Minnesota. This study was designed to examine the extent to which aggregation bias might lead one to conclude there were no disparities among various nonwhite groups in substantiated cases at the state level, when there might be wide racial disparities in substantiation at the county level. The researchers created a measure of racial discrimination as an "unexplained residual" to systematically gauge its

effects on disproportionality and disparities at the state and county levels. Similar studies of the impact of systemic discrimination on disproportionality and disparities need to be replicated in many other states.

Policy Recommendation

Federal Funds for State and County Interventions. Currently, federal funds to assist states and counties interested in reducing racial disproportionality and disparities are woefully inadequate. Many states and local areas have a keen interest in monitoring and assessing the effectiveness of various interventions. Unfortunately, most of the tools and technical assistance for local areas have been provided by private foundations, most notably, the Casey-Center for the Study of Social Policy (CSSP) Alliance for Racial Equity in Child Welfare with limited funds. I concur with a recommendation in the U.S. Government Accountability Office (US-GAO, 2007) report that the federal government needs to play a stronger role in providing funds and technical assistance to states and counties that want to reduce disproportionality and disparities among children of color in child welfare.

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University of Minnesota ~ November 18, 2010

Introduction

The excellent report, "Research Synthesis on Child Welfare Disproportionality and Disparities" by Fluke, Harden, Jenkins and Ruehrdanz, provides a long overdue starting point for re-examining the conceptual frameworks used to discuss race and ethnicity within the child welfare system. My comments are designed to help establish some conceptual clarity surrounding the terms "disproportionality" and "disparity" used often interchangeably in discussions about race/ethnicity and child protective services reporting, substantiation, out of home placement and reunification. My comments are divided into three sections. In the first part, I provide a critique of the underlying report. In the second part, I offer a primer on disproportionality and disparities and establish that these two closely related concepts yield potentially different measures when there are many different races and ethnicities. In a third section, I offer some thoughts about the direction of future research on racial and ethnic disparities in the child welfare system.

■ *Part 1:* **Comments on the Research Synthesis**

The review by Fluke et al. is a very thorough and detailed review of the social work literature on racial and ethnic disparities in the child welfare system. The original title of the review could well have been "A Research Synthesis on *Racial* Disproportionality and Disparities in Child Welfare" given that there are other types of disparities (e.g., gender, disability, income, immigration status, etc.) not addressed. The literature reviewed is primarily that from the social work and related literatures, underscoring both the dearth of analyses outside of these domains and the significant attention paid by social work researchers to this important problem.

Throughout the original report there was a confusing mixture of the terms "child welfare system" and "child protective services." This is a symptom of what one finds in the literature itself. Researchers in this area need to be careful about intermingling terms about child maltreatment with terms concerning the child welfare system itself. It is always helpful to graphically show those decision points within the child welfare system that are being

addressed in any review and those that are not addressed. For example, very little is said about disability in the original review, even though there are significant racial and ethnic disparities in this component of the child welfare system. It is reasonable to narrow one's focus to that aspect of the child welfare system that relates to child maltreatment, its causes and its consequences. But, in doing so, one must be cautious about referencing other entry or exit points within the system. The relevance of foster care, for example, might be either as an entry or exit point from child maltreatment or it might be relevant as a larger systematic component of the child welfare system itself. Thus, authors need to define narrowly the focus to avoid this confusion of what disproportionalities or disparities are relevant.

Missing from the original literature review were key contributions from the economics literature. For example, recent papers by Christina Paxson, Jane Waldfogel and Anne Case, while not directly dealing with racial disparities, nevertheless account for and measure racial effects that are central to testing for the presence of racially disparate outcomes. The fact that economists have rarely focused on racial disparities in the child welfare system in their modeling or in their empirical analyses is worthy of mention in and of itself. It is worth attempting to uncover the reasons and the justifications for this relative absence of race-analysis of child welfare within the economics literature, given the relatively widespread acknowledgement of the racial and ethnic dimensions of the child welfare system in the social work and related disciplines.

One reason for wanting to know more about what economists have to say about race/ethnicity and child welfare is the heavy emphasis in the literature reviewed on the causes of racial disparities or disproportionalities in child welfare. Economists have a lot to say about causation and it would be helpful to know whether the economic models of racial or ethnic disparities in child welfare differ in their predictions from explanations derived from other disciplines. Just as important as a discussion of *causes* is a discussion of the *consequences*. The next big review and synthesis of disparities and disproportionalities in child welfare should detail the

consequences of racial and ethnic disparities at each modal point in the progression from entry into the child welfare system to exit from the system.

The strongest and most illuminating part of the review concerns interventions. It is always helpful to know what programs worked, why they worked and whether there is any reasonable expectation that successful programs can be replicated elsewhere. Still unresolved, however, is whether the evaluations of the various interventions meet the standards required in order to state with certainty that the interventions worked. More details about the evaluations of these interventions would help readers judge. They write that few of the interventions have been evaluated using experimental designs. Ultimately, the reader wants to know what interventions have resulted in reductions in racial disparities. At first glance it appears that the most important lesson from evaluation studies is that we do not know for sure what works to reduce racial disparities in child maltreatment. But, there may be more to the story than this. This appears to be the uncharted territory for future research on racial disparities in the child welfare system.

■ *Part 2: A Primer on Disproportionality vs. Disparity*

In this section of my comments, I want to discuss what I think is a major area of misunderstanding in the literature regarding disparity vs. disproportionality in the child welfare system. The discussion is generic to any disparity vs. disproportionality, although it is perhaps best illustrated by the problem of "overrepresentation" of "children of color" in the child welfare system.

First, let's consider some terminology. Below, the Greek letter delta represents disproportionality in child abuse. When delta is greater than one we will mean that there is an overrepresentation of a group (say blacks) among the abused population. Another way of saying the same things is that there is a disproportionate representation of blacks among the abused, wherein their share of the abused population exceeds their share of the at-risk population. More formally,

$$d \ = \ \frac{\% \text{ blacks among abused}}{\% \text{ blacks among population}}$$

An extremely important algebraic relationship exists between a) the ratio of the share of blacks among the abused to the share of blacks among the at–risk population and b) abuse rates of blacks and all persons. It turns out that delta is also equal to the ratio of the black abuse rate to the overall abuse rate as demonstrated in the figure below:

$$\delta = \frac{\left[\dfrac{\#abused, blacks}{\#abused}\right]}{\left[\dfrac{\#blacks}{\#population}\right]} = \frac{\left[\dfrac{\#abused, blacks}{\#blacks}\right]}{\left[\dfrac{\#abused}{\#population}\right]}$$

Black share of abused population → Black abuse rate →

← Black share of at-risk population ← Overall abuse rate

Thus, disproportionality, as understood as a measure of "overrepresentation" or disproportionate representation of a group among the abused, is algebraically equivalent to *abuse rates for the group that exceed that of all groups combined*. While the algebraic relationship between these two measures is not necessarily obvious, it does underscore the flaw in attempts to "explain" the racial disproportionality in abuse by claiming that there are racial disparities in abuse rates. There is no *causal* relationship between the overrepresentation of blacks among those abused and blacks' higher abuse rates. The relationship is tautological!

The probabilities comprising the ratio on the right in the above figure (the ratio of black abuse rates to overall abuse rates) can be stated as conditional and unconditional probabilities. The black abuse rate can be unconditional, meaning it is measured over all at–risk children, or it can be conditional, meaning it is measured on a subset of at–risk children, such as those who have come into contact with the child welfare system, or those who have been reported or suspected by mandated reported of abuse. What this means is that the measurement of delta will be sensitive to what subsets of the population are examined.

Moreover, one can measure delta at different points along the pathway from entry to exit from the child welfare system. The measurement can be made at the report, investigation, substantiation, service determination, or out–of–home placement stages within the child

protective services. And, each of these measures can be based on either conditional or unconditional probabilities. A value of delta greater than one at one point along the pathway need not necessarily mean that delta is greater than one at another point. Relatively small values of delta along cumulative parts of a path conceivably can add up to large values.

Now, to complicate matters a bit, consider another measure, say, alpha, equal to the abuse rate (the denominator in the right hand side expression in the figure above). This abuse rate can be written separately for whites and blacks and denoted by $alpha^B$ and $alpha^W$, where the superscripts B and W denote blacks and whites respectively. A *disparity* in the abuse rates for blacks and whites means that $alpha^B$ is not equal to $alpha^W$ or alternatively that the ratio of the two probabilities, $alpha^B/alpha^W$, is not equal to one. Many analysts focus on this ratio–sometimes called the *disparity ratio*–and argue that when the ratio is greater than one there is a disproportionate representation of blacks among those who are abused, or alternatively that whenever there is a disproportionality there must also be a disparity. This is not generally true when there are more than two different groups (whites vs. blacks) and when among non–whites there are widely differing abuse rates. The reason is that it is entirely possible for blacks to have higher abuse rates than whites but for their abuse rates to be about the same as the overall abuse rates if there are other non–white groups, e.g., American Indians or Hispanics, who also have high abuse rates, resulting in overall abuse rates that are higher than white abuse rates. Moreover, it is possible for there to be a disproportionality, wherein black abuse rates are higher than overall abuse rates, but there not to be a disparity between blacks and whites. This might occur when Asian abuse rates are much lower than abuse rates for blacks or whites even when black and whites have the same abuse rates, causing the overall abuse rate to be much lower than the black abuse rate.

Thus, it is important to realize that racial disproportionality is neither necessary nor sufficient for a finding of disparities between groups. This complicated and perhaps surprising finding stems from a very simple algebraic relationship.

Now, one can go further to establish that neither a disparity nor disproportionality is necessary for there to be discrimination. By discrimination I mean differential treatment of identically situated individuals. Discrimination can occur against Asians even if Asians appear not to be overrepresented or to exhibit higher abuse rates than whites. In fact, in the face of discrimination, Asians might have higher abuse rates than they otherwise would have.

The measurement of disproportionality and disparity can be subject to bias. By "bias" it is understood here to mean that actual disproportionality measure or disparity ratio is not equal to the observed disproportionality measure or disparity ratio. A finding of "bias" is not necessarily the same as a finding of "racial discrimination," and correcting for "bias" requires modern statistical techniques, the subject of the research of Ards et al. (1998).

A quick illustration of one type of bias of particular interest to researchers in the area of child maltreatment is warranted. The example below concerns the problem of aggregation bias. Consider a situation where there are 10,000 persons, with 1,000 blacks and 9,000 whites. Thus blacks represent 10 percent of this population. Of those 10,000 persons, assume that 100 are reported as abused. But, among blacks, assume there are 30 reports of abused persons and among whites there are 70 reports of abused persons. Then, blacks–who represent 10 percent of the overall population–are more heavily represented among those reported to be abused. They represent 30 percent of reports. In short, they are three times as likely to be among the abuse reports as they are to be in the general population. The measure of disproportionality, delta, is equal to three.

Now consider a situation where the data on population and abuse reports are disaggregated by welfare recipiency. Now consider a situation where the data on population and abuse reports are disaggregated by welfare recipiency. The example in the table shows that among the population and those reported as abused there are both welfare recipients and those who are not welfare recipients. In the illustration above, there are 600 blacks on welfare and 600 whites on welfare. There are 28 blacks reported as abused and 28 whites reported as abused. Among welfare recipients, the black share of those reports

Case: Aggregation

	Population				Reported	
	Blac	Whit			Blac	Whit
Welfar	60	60	Welfar		2	2
Non-	40	840	Non-		2	4
Tota	100	900	Tota		3	7

Blacks =   Blacks =

$$\tilde{\delta} = 3$$

is exactly the same as the black share of the population: 50 percent. Thus, within the welfare population there is no disproportionality and delta is equal to one. Among those not receiving welfare, blacks account for 4.45 percent of the population and 4.45 percent of those who are reported to be abused. The value of delta is equal to one. There is no disproportionality. The appearance of overrepresentation of blacks among those reported to be abused in this instance is solely due to the fact that blacks are overrepresented among those who are on welfare.

■ *Part 3:* *Directions for Future Research*

Aside from the obvious need in child welfare research to standardize terminology and to account for biases such as those illustrated in the previous section, there are nine areas of research warranting further attention. I briefly describe them below.

1. **Consequences of racial disproportionalities/racial disparities in child maltreatment.** Conspicuously absent from the literature review and the summary and synthesis is an analysis of: "Why do we care about racial disparities?" The next line of future research on racial disproportionality needs to detail what the consequences are for individuals, families and communities of racially disparate child maltreatment outcomes. The next generation of research should explore the following types of questions: Costs to society of racial disparities; long term and short term impacts of racial disparities on the provision of services, on efficiency and effectiveness of service delivery; effects of racial disparities in child reports, investigations,

substantiations and referrals on subsequent racial disparities in adult arrests, incarcerations and involvement in the CJS; effects of racial disparities in child maltreatment on racial disparities in adolescent and young adult intimate partner violence, early pregnancy, school drop-outs, test scores, employment and welfare dependency.

2. **The effectiveness of alternative interventions designed to reduce racial disparities.** Texas, California and many other states have undertaken massive intervention strategies to a) better identify persons at risk of child maltreatment; and b) help reduce racial disparities. Many of these interventions have been evaluated and many of the instruments used in the interventions have been widely distributed to other agencies. But, what do we know about the effectiveness of these interventions? How transportable are the interventions from one location to another? Much quasi-experimental and experimental work needs to be done to answer these questions.

3. **Resilience in racial minority communities.** One recurring theme of research on child maltreatment is that minorities are disproportionately found in the CPS because of disproportionate exposure to risk factors associated with maltreatment. Intentionally or unintentionally, much of the research that shows disproportionate involvement of African American and American Indian children in the CPS points to defects (or "risk factors") that these children and their families bring to the system. The interpretation is that if these minorities had fewer risk factors (or personal or family defects) then there would be less disproportionality. Even if true, this perspective fails to acknowledge the resilience of many minority families and their communities. The thesis of dysfunction and cultural deprivation is countered by the pockets of evidence of families that seem to surmount the impossible. More efforts should be made to document these success stories and to understand the conditions and the parameters that would permit replication of such resilience and success elsewhere.

4. **Resolving the methodological and statistical issues.** The present review seems to show that not

much advance has been made in the critical area of measuring selection bias, aggregation bias and differentiating between disparities and discrimination. Moreover, virtually nothing in the report speaks to the issue of *statistical discrimination* in the Aligner-Cain-Phelps models vs. *market discrimination* (or tastes for discrimination) in the Becker sense. These methodological issues are central to the debates among economists about the nature of disparities and discrimination. When social workers use the terms "bias," "disparity," and "disproportionality" almost interchangeably, they contribute to confusion and misunderstanding. When analysts use data such as NIS and NCANDS putatively to measure bias, disparity and/or discrimination, they must be aware of the nontrivial statistical biases inherent in using data gathered from truncated samples and surveys that have complex stratification strategies. There is a lot of room for improvement in how the NIS and NCANDS data sets (as well as state and county data sets) are analyzed.

5. **The problem of heterogeneity.** Race is a social construct. The social construction of race has changed dramatically over the past several decades. Most of the research on racial disproportionality proceeds as if "African American" or "Hispanic" are static constructs. Rather, these designations mean different things at different times and in different places. Disaggregating race/ethnicity into immigration status, country of origin, skin color, accent, and other components of the social construction of race will help researchers understand better the underlying causes of racial disproportionality in the changing child welfare system.

6. **Welfare Reform and devolution.** The research reported on racial disproportionality spans several major epochs of changing welfare and child protective services. On one hand, there has been a major retrenchment in welfare recipiency and reform of the welfare system. On the other hand, especially since 2008, there has been a massive reduction in public service funding in part as a result of government budget cutbacks in the face of a severe recession. An

important research agenda examines the impacts of these budget cutbacks and this retrenchment on racial disparities in the child welfare system. Do cutbacks reduce racial disparities by eliminating unnecessary reports and referrals that disproportionately affect minorities? Or, do cutbacks and retrenchment enhance racial disparities?

7. **The role of race among providers and child welfare workers.** African Americans are disproportionately found among public sector workers. They are often found in large numbers as case workers and social workers in child welfare agencies in large metropolitan areas. Is there a relationship between the disproportionately among child welfare workers and children in the child welfare system? Has the relationship changed over the years?

8. **State legislation.** Many states, like Minnesota, have passed laws mandating studies of racial disparities. The purpose of the laws ostensibly is to make transparent the public sector outcomes related to child welfare, criminal justice, traffic stops, etc. What impact, if any, have these laws had on disproportionality in child protective services? Another area requiring further exploration is the area of differing definitions of child abuse and neglect across states. How much of state variations in *definition* can explain differences in racial disparities in reported and substantiated abuse and neglect? For example, in Minnesota the law states (Section 626.556) that neglect constitutes a *failure to protect a child from conditions or actions that endanger the child's physical or mental health.* By way of contrast, Wisconsin defines neglect as: *Failure, refusal, or inability … to provide … shelter so as to seriously endanger the physical health of a child.* (Wisconsin Statute 48.981 Abused or Neglected Children and Abused Unborn Children, Section 1, Subdivision (d)). The operable term here is <u>*inability,*</u> clearly distinguishing the laws in Minnesota and Wisconsin. Even within a given state there can be wide differences in the interpretation of the law. In Minnesota, one county interprets the law to mean *failure to provide guidance and/or protection, which results in child being at risk of physical harm or exploitation.* Other county provides this interpretation of the law: *Failure to protect: a) Caretaker does not act to protect child from a person who poses physical or sexual threat to children; b) child resides with convicted*

untreated sex offender; or c) abuse between siblings or other children in household and caretaker does not act to protect children. Thus, there are different definitions across states and different interpretations within states that could explain variations in the rates of reported and substantiated abuse and neglect. Analysis of these definitional differences might go a long way to explaining the huge variation across states in the measured racial disparities.

9. **Quality of Data.** One of the central concerns in making claims about racial disparities and racial disproportionalities is whether the claims are based on accurate and reliable data. Much child abuse and neglect is unobserved. Observed, however, are reports, substantiations, investigations and referrals/placements. In short, what we know from official data is information about the *responses* to child abuse and neglect and not about underlying child maltreatment. The result is that we must use administrative data and data on reports in order to make inferences about underlying child maltreatment. While the NIS data are helpful, they cannot guide state or local decision makers both because the data are survey data and also because of the inherent limitations in the NIS survey design. Future research, then, should focus on how to produce administrative data that more closely mirror or monitor underlying child maltreatment rates. This is a research agenda that would focus on producing higher quality data at each decision point that can be matched back more readily to actual maltreatment incidence.

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Abstract

When discussing the problem of racial disproportionality[1] in child welfare services it is easy to set up a spurious argument suggesting either staff racism or differential rates of maltreatment lead to disparate services and outcomes (Bartholet, p. 874). Yet the complexity of the problem as evidenced by its longstanding and pervasive nature (Fluke, Harden, Jenkins and Ruehrdanz, 2010), would suggest this is a fallacy of bifurcation, constructing an either/or question when the truth is actually a different and more complex alternative altogether (Woods, Irvine and Walton, 2004). To promote such a discussion is an overly simplistic and logically flawed treatment of one of the most troublesome and pervasive psychological, social and economic problems of our time (disproportionality in services and outcomes across all health and social domains) (Waters & Eschbach, 1995). It diverts thinking and resources from identifying the various causes of disproportionality and disparity[2] in all of their observed expressions, describing how they interact and determining what actions might aid in their reduction.

Race, Poverty and Disproportionality

Fluke, Harden, Jenkins and Ruehrdanz (2010) join Barth (2005), Courtney (1996), Hill (2006) and many others in seeking to illuminate the problem. In response to the supplementary analyses of data from the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4, Sedlak, McPherson & Das, 2010), which indicates some racial differences in maltreatment rates at income levels, Fluke et al. identify race as a proxy for poverty. They postulate abject poverty and associated social disorganization experienced disproportionately by African Americans and American Indians/Aboriginal peoples are risk factors for maltreatment and subsequent child welfare services involvement. Interestingly, whites who are in similar circumstances may be more likely to be endangered by physical abuse (Sedlak, McPherson & Das, 2010) and to be

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[1] Simply put, representation that is disproportionate to that population's representation in the population (Casey Family Programs, n.d.).
[2] Disparity refers to unequal treatment when all other characteristics are held constant (Casey Family Programs, n.d.).

reported than African Americans (Drake, Lee & Jonson-Reid, 2009), but the sheer rate at which African Americans live in these conditions results in overall disproportionate representation in reporting (Drake, Lee & Jonson-Reid, 2009).

Fluke et al. (2010) also note race has been associated with case disposition when controlling for a variety of factors including socioeconomic status (SES), particularly with respect to out-of-home care entries and exits (African American Disparities Committee of Minnesota, 2006; Rivaux et al., 2008; Texas Department of Family and Protective Services, 2010). Still, some of these findings are again tied to other factors that interact with race such as longer stays in kinship care. More African American children go into kinship care and kinship care placements tend to be longer than other placement types (Chipungu, Everett, Verduik & Jones, 1998); there is a suggestion in some studies (Goerge, Wulczyn & Harden, 1995) that their stay in kinship care placements tend to be longer than other placement types, but the findings are not always consistent (Chipungu, Everett, Verduik & Jones, 1998; Winokur, Crawford, Longobardi & Valentine, 2008).

Nevertheless, selected studies continue to identify race as a factor in predicting case disposition when all other known risk factors are controlled (Texas Department of Family and Protective Services, 2006). In one fairly consistent finding, African American drug abusing moms are more likely to have more intrusive intervention, from reporting to placement decisions, than white drug abusing moms when controlling for other case characteristics (see, for example, Chasnoff, Landress & Barrett, 1990; Sedlak & Schultz, 2005; African American Disparities Committee, 2006).

Systemic issues also have an impact on child welfare disproportionality, including for example, disproportionate criminal justice processes, educational disparities, access to services and collaboration among services (Fluke, Harden, Jenkins and Ruehrdanz, 2010). To illustrate, qualitative analyses in one recent study revealed law enforcement officers were responsible for placing a higher proportion of African American children as a result of law enforcement involvement with families. The officers were more likely to arrange for informal temporary care for white children than African American children and more likely to take African

American children into formal out-of-home care. Further analyses suggested that drug raids, which occurred more frequently in African American homes than White, were associated with the African American placements (Skrypek, Wells & Rockymore, 2008).

Disproportionality and Bias

Some studies may not show obvious disproportionality in case processing but do appear to yield information about potential biases when race and case characteristics are examined in interaction with one another. The Minnesota study of 103 matched pairs of African American and White children yielded few racial imbalances and no significant differences at the decision points following the substantiation decision (African American Disparities Committee, 2006). However, one of the most telling findings was the degree to which race, in interaction with other variables such as maltreatment history, was predictive of placement even when controlling for other case characteristics. Using a maltreatment scale scored from 0-3, children's cases were assigned one point for each of the following wherever they were noted in the case record: 1) an existing prior maltreatment report, 2) numerous prior maltreatment reports and 3) maltreatment was known to be multi-generational for at least one parent. When the case concerned a child with at least one African American parent, the odds of experiencing ongoing placement were three times that of a White child with the same degree of maltreatment history, for every additional point on the scale. The other variables controlled for in this analysis were child's age, number of children in the household, mother's drug problems and/or problems with the law, extensive parental substance abuse, worker negativity toward the case as evidenced by comments in the record and parental lack of cooperation (Skrypek, Wells & Rockymore, 2008).

Race and Bias in North America

Findings such as these lead one to turn to what we know about race and bias in North America today. Racism is less acceptable and more often decried (Krysan & Faison, 2008), but continuing racial bias exists in many subtle ways throughout our society. The United States Department of Housing and Urban Development Study of *Discrimination*

in Metropolitan Housing Markets, Phases 1, 2 and 3 (Turner and Ross, 2003; Turner, Ross, Galster and Yinger 2003; and Turner and Ross, 2002) reported discrimination for housing rentals and for purchasers who were African Americans, Hispanics, American Indians, Asians and Pacific Islanders. In one study of discrimination in the workplace (Pager & Quillian, 2005), respondents' willingness to hire ex-offenders, particularly African American ex-offenders, in a survey of potential employers was not supported in fact with White and African American applicants. Ex-offenders were less likely to receive a call-back after an interview than survey results suggested and African American ex-offenders were much less likely to receive a call-back than their White counterparts. If we rely on the reported attitudes and hiring practices of the potential employers for an indication of bias, we would be greatly mistaken.

> Survey questions indicating a liberalizing of racial attitudes among white Americans have been cited widely as evidence supporting the declining significance of race in American society. But if the items analyzed in this study have any bearing on survey responses more generally, we have reason to question that changing public opinion on matters of race has any necessary correspondence to the incidence of discrimination.
>
> (Pager & Quillian, 2005, p. 374)

Clearly, unexpressed or implicit bias is even more difficult to address. One of the most persuasive studies of unconscious or implicit bias was conducted on capital-sentencing outcomes (Eberhardt, Davies, Purdie-Vaughns & Johnson, 2005). Recognizing that killing a White person rather than a Black one increases the likelihood of a death penalty and that Black defendants were more likely to be sentenced to death than Whites, the authors looked at how people apply racial stereotypes in their decision making. Using standardized pictures of 600 defendants, whose jury trials reached the death penalty phase between1979 and 1999, they asked people who did not know the origin of the pictures to rate each one on how stereotypically Black the person appeared to be. The researchers did not define the stereotype but invited people to use their own criteria. Those data were then combined with existing data (aggravating and mitigating circumstances, severity of the murder, defendant's socioeconomic status, victim's

socioeconomic status and the defendant's attractiveness (also independently rated by naive raters)) to predict the death sentence. When the victim was white, defendants who appeared to be more stereotypically Black (divided at the median) were more than twice as likely to receive the death sentence than those who were less stereotypically Black. It is highly unlikely that over twenty years of sitting juries would be knowingly biased by a person's skin colour. Yet the bias is evident and cannot be explained away. The degree to which physical features can, unbeknownst to the decision makers, affect life and death decisions; and the consistent negative bias against more stereotypically Black men is alarming. This finding alone should convince all people in human services that constant vigilance and training regarding potential biases is warranted. This vigilance should occur at all levels of decision making, from legislation and funding decisions to worker case processing.

Zárate (2009) suggests that as long as race can be used as a predictor of quality of life, racism exists. Untangling the relationships between poverty, education, health, employment and income do not minimize the ultimate truth: if you are African American or American Indian/ Aboriginal/Pacific Islander you are more likely to be poor, less likely to graduate high school and likely to earn a fraction of the income of your White counterpart.

Recognizing that the problems of racism are so entwined in the fabric of our society, it is clearly beyond any one sector's ability to resolve the issue. Certainly economic, family support, health and educational interventions are required in attempting to redress hundreds of years of denial of these assets. That does not absolve any of us, however, from taking responsibility for recognizing and attempting to address our own biases. It is in this spirit that child welfare agencies seek to constantly improve cultural competence and decision-making.

Addressing Bias, Aspiring to Cultural Competence and Establishing a Climate of Cultural Safety

Professionals who serve others constantly aspire to better understand the perspectives, communication and needs of diverse populations so the services provided will match those needs. Examples of mistaken communication and cultural gaffes abound in the medical and human service

literature (example: Fadiman, 1998). More subtle instances of the same problem are less easily recognized and more easily committed (Humphreys, Atkart & Baidwin, 1999). Natural errors and biases in decision making that are not necessarily culturally related compound the problem and are actually geared to perpetuating the current state of affairs rather than intervening in the system and altering its foundation and processes (Munro, 1999; Gambrill, 2005). Further, larger social systems continually reinforce the current status quo. The only solution to perpetuating the problem of bias in its many forms is to recognize it, name it and find effective means to rectify it.

Attempts to address potential sources of error in child welfare practice have taken many forms. For example, efforts to improve decision making have included risk assessment instruments and safety assessment guidelines (D'Andrade, Austin & Benton, 2008). These tools are meant to standardize the information reviewed by workers and channel that information into decision-making aids. There has been some question about the degree to which these instruments are culturally biased (Baird, Ereth & Wagner, 1999) and efforts to address bias in the instruments where it was found to exist (Minnesota Department of Human Services, 2010). Currently the U.S. Children's Bureau is supporting demonstration projects and evaluation research in an effort to further systematize the information collection and analysis processes through the use of the Comprehensive Family Assessment Guidelines (U.S. Children's Bureau, 2007). Cultural awareness has been suffused into these tools in an attempt to contextualize the information collected and to incorporate the diverse array of customs and cultures that are represented in the child welfare service population.

Parallel to concerns about flawed decision-making processes, the ability of the service provider to understand and be responsive to these diverse cultures has been an ongoing subject of discussion (Casey-CSSP Alliance for Racial Equity in Child Welfare, 2010). Initiatives to be responsive to needs of diverse populations have variously been called cultural sensitivity, cultural competence and now, cultural safety (Hughes & Farrow, 2006; Fulcher, 2002). All of these initiatives have the shared goal of heightened awareness, sensitivity and responsiveness. Each,

successively, has grown closer to identifying barriers to achieving this elusive goal. Most recently, cultural safety, growing out of nursing education in New Zealand beginning in the late 1980s (Smye, V., Josewski, V. & Kendall, E., 2010), has retained the idea of increased cultural sensitivity but also recognized it is not possible to become expert in understanding another's culture; and that attempting such a feat often perpetuates stereotyping by offering homogenized training about specific racial, ethnic, or cultural groups. These efforts contribute to misunderstandings by assuming that cultures are monolithic and without internal variation.

To move beyond assuming that one can become competent in another's culture, cultural safety recognizes power differentials in the current social structure and emphasizes recognizing and respecting the validity and meaning of another's culture; forming equal, rather than paternalistic, partnerships with them; and understanding how political, economic and social institutions are designed to carry on discriminatory practices from generations ago, even without deliberate acquiescence of those administering them today. It is a helpful step forward because it includes a holistic approach to understanding another's lived experience on many levels. The focus ranges from one-to-one inter-personal communication in a service setting to the laws and policies that consistently disadvantage some groups and promote others. For a more thorough explication of cultural safety, see Smye, Josewski & Kendall, 2010. Yet, with all of its conceptual advancements over cultural sensitivity and cultural competence, cultural safety as implemented to date has shown promise but has not yet resulted in measurable widespread improvements in the service delivery system (Wilson, 2008; Johnstone & Kanitsaki, 2007).

Fluke et al. correctly note that research on the effectiveness of any of these approaches has been slim or missing altogether. Recent efforts have been undertaken to engage and monitor the system to determine the degree to which targeted efforts at system change have made a difference (Texas), but more is needed.

Future Directions

Most notably, what is needed is a holistic perspective on

the problem, such as Texas (Texas Department of Family and Protective Services, 2010) has demonstrated, to be applied on a larger scale. What do we already know that would aid in ameliorating disparities? Setting aside law and policy for another paper, it would be fruitful to begin with the community. Bell (2009) provides a multi-layered model for intervention with diverse communities that demonstrate evaluation at each level of intervention. As suggested in the above discussion of developing ability to effectively work with people from diverse backgrounds, community holds the key. Developing relationships with the people in the community, understanding how the community functions and contributing as much as possible to the well-being of the community is an essential place to start. Through reaching out, providers and researchers learn about that specific community and pave the way for developing more informed and respectful partnerships. Research about community engagement and mobilization would help inform this work.

Attending to research in addressing bias in assessment and decision making, a great deal more work is needed to evaluate the effectiveness of different approaches. Additionally, an effort to integrate what is known from the social and cognitive psychological literature on the effectiveness of efforts to alter bias with the efforts to enhance the cultural responsiveness and sensitivity of child welfare services has been lacking. Research on reducing automatic stereotyping suggests a number of possible courses: 1) intervening in people's belief systems, 2) recognizing the existence of stereotypes and showing people how to avoid applying or acting on them and 3) interrupting the process by helping people identify with new groups that include formerly stereotyped members. Caution is warranted, however, because each of these approaches requires specific methods of intervention that, if not followed, could actually result in reinforcing stereotypes rather than alleviating them (Stangor, 2009).

The last major target for development with respect to one-to-one service delivery is to continue to support and foster research on the effectiveness of various psychosocial interventions for different populations in different locations to build a body of relevant knowledge on service effectiveness for all people. See for example, Wells,

Sherbourne, Miranda, Tang, Benjamin & Duan (2007). This article reports on a nine year follow-up to a randomized, controlled clinical trial to examine the use of quality improvement interventions for racial and ethnically diverse patients and examines the potential of these interventions for reducing racial and ethnic disparities in mental health outcomes.

Partnering with the community, rigorously evaluating interventions that seek to improve cultural responsiveness of services delivered, integrating literatures and research from converging fields of study and supporting ongoing rigorous research on effectiveness of specific interventions with diverse populations can be undertaken in a coordinated way to promote the goals of reducing disparities in the health and human services. These efforts can, over time, make a considerable difference in the quality of services received and the resulting outcomes for people of all racial, ethnic and cultural backgrounds.

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Introduction

For reasons that will become clear, in regard to disparity in the child welfare system, I am reluctant to offer much advice in the areas of policy or practice that go beyond raw generalities in large measure because there is simply too much research that has yet to be done. I suppose then that my main policy and practice recommendation is that we invest more in understanding the issue of disparity lest we increase the risk of adopting practices that exacerbate rather than alleviate the problem. This is not to suggest that we sit back idly while we await findings from the latest research. Rather, it reflects my view that defining problems is itself a critical action step because so much of what happens next is dependent on how well the problem is defined in the first instance. A great deal of important work has already been done. Nevertheless, a great deal more effort needs to be spent addressing a handful of fundamental research questions (and their policy and practice implications) before we can reasonably expect to make progress on such a deep and important problem. To that end, I point out a few of my concerns in this short essay.

Review

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

Definitions. There are two terms used frequently to describe the over–representation of black children in the child welfare system: disproportionality and disparity.[1] Throughout the

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

literature, disproportionality is often paired with disparity (i.e., disproportionality and disparities) even though using both terms interchangeably tends to conflate their respective meanings and to cloud the discussion. Starting with disparity, the ratio of black child foster care admissions per 1,000 black children to white child admissions per 1,000 white children (i.e., the disparity ratio) is a measure that describes population-based differences in the likelihood of placement in out-of-home care (or maltreatment, depending on the issue). Apart from its technical definition, disparity in this instance describes something that happens to children at rates that differ by race. Disproportionality, on the other hand, is merely a comparison of two populations – the composition of the population of children in foster care as compared to the population of children in the general population is a common example. The latter provides very useful summary information but says little about how the differences came about. If, for example, one wanted to understand why there are more black children in foster care, one has to understand what happens to children – the process of entry into and exit from out-of-home care. More pointedly, disproportionality observed in the foster care system emerges over time as a by-product of admission and exit rate disparities. Unless disproportionality is disaggregated both conceptually and empirically, it is quite difficult to construct robust explanatory models. With that in mind, the field of child welfare knows very little at all about admission rate or exit rate disparities beyond the fact that they exist. I say this for reasons related to what follows.

Dependent variables. The second core issue has to do with the choice of dependent variables in research that addresses if and why black children have different experiences in the child welfare system. Most of the research in the field places the race effect on the independent variable side of a model that has some service event as the dependent variable (e.g., the likelihood of placement following substantiation). When race effects (i.e., the coefficients attached to race/ethnicity

in the model) persist in the presence of other covariates, one has evidence that children have different experiences based on their race or ethnicity, net of other factors. Studies of this type establish that otherwise "similar children" have different experiences—i.e., there is a disparity based on race/ethnicity after controlling for other characteristics.

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

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

To start, much of the literature on disparity focuses on the issue of poverty and whether over-representation is a function of the fact that poverty is more common among black families. One way to answer this question is to ask whether there are more reported child victims in places that have more children growing up in poor families.[2] Figure 1, which shows each state's paired poverty/maltreatment rate (the blue diamond), depicts the basic relationship between child poverty and maltreatment.[3] As expected, there is a positive relationship between poverty and maltreatment in that on average states with higher poverty rates have higher maltreatment rates.[4]

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

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

[4] The solid line in center of the graph is a standard regression line, produced using a standard linear model: $y = a + bx$, where y is the predicted victimization rate, a is the intercept, x is the poverty rate and b is how much the predicted victimization rate changes given a change in the poverty rate (the slope).

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

Starting with white child poverty and maltreatment, Figures 2 and 3 clarify this point. In Figure 2, the relationship between poverty and maltreatment is positive for white children. However, the relatively 'steeper' regression line suggests that for a one-unit change in the rate of poverty one can expect a larger change in maltreatment rates (at the state level) than is true for children generally (i.e., without regard for race/ethnicity as shown in Figure 1).

The central point of why it is important to understand disparity as a dependent variable is found in Figure 3, which shows the black child poverty/ maltreatment relationship. For black children, the poverty/maltreatment relationship is for the most part missing: with a unit change in state child poverty, one can expect to find almost no change in maltreatment rates. [5] In other words, the presumptive relationship between poverty and maltreatment, as measured at the state level is extremely weak and to the extent one sees a relationship in this selection of states, the data suggest that one is likely to encounter a somewhat lower black child maltreatment rate in

FIGURE 1: Child Victimization Rates by Child Poverty Rates and State: 2006

FIGURE 2: White Child Victimization Rates by White Child Poverty Rates and State: 2006

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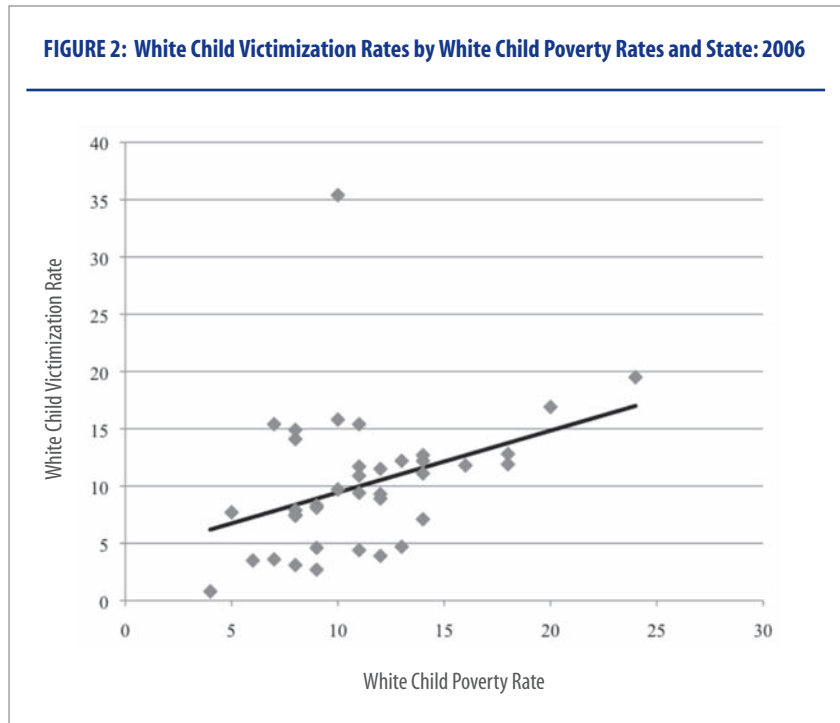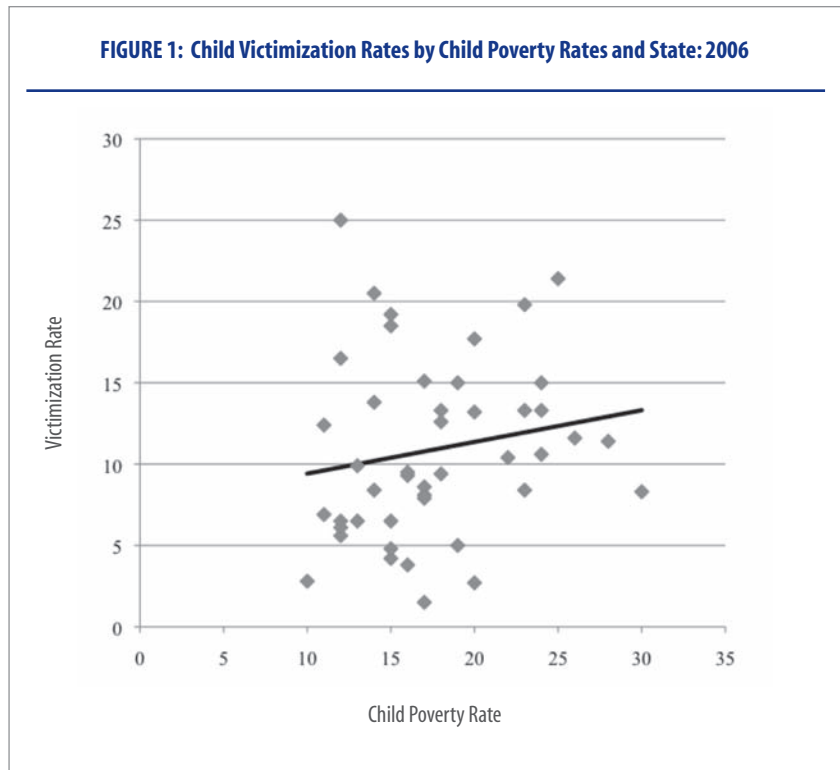
[5] There are other features of Figures 2 and 3 worth noting. The range of values and the relative variation around the regression line are two such features. The scope of the paper does not allow for a full discussion of these issues and what they might mean for the questions at hand.

FIGURE 3: Black Child Victimization Rates by Black Child Poverty Rates and State: 2006
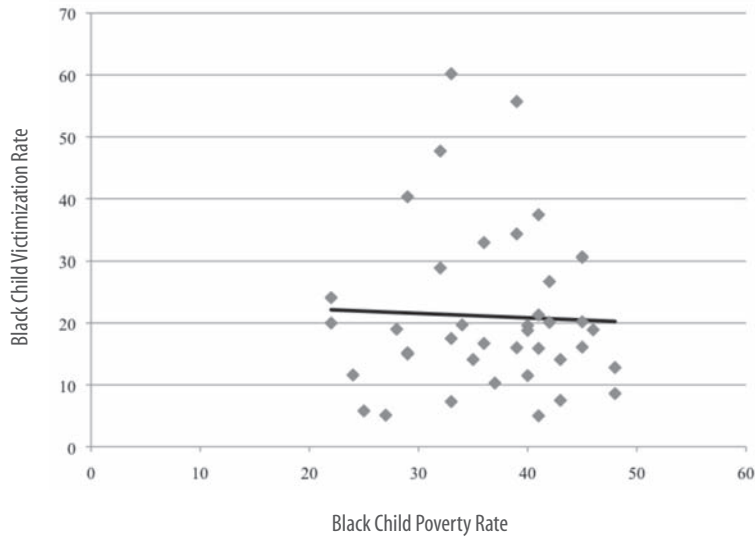
FIGURE 4: Maltreatment Disparity by Child Poverty Rates and State: 2006

states with higher black child poverty rates.[6]

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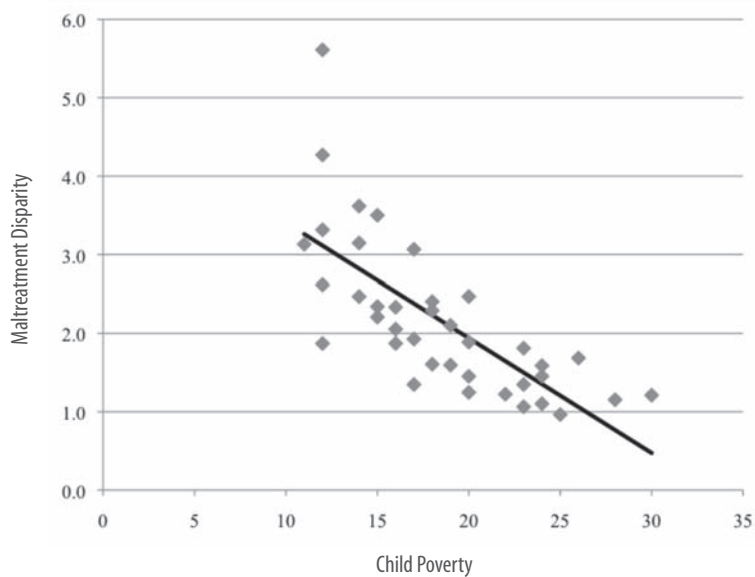er for black children (21 victims per 1,000 children) than white children (10 victims per 1,000 children). The relative rate (disparity ratio) is roughly 2 to 1, which *is* the statistic around which much of the discussion has taken place. However, the question of how poverty and disparity are related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

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

The same data, controlling for race–specific poverty rates, are presented in Figures 5 and 6. Again these data reveal

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6   It is important to note that issues of spatial scale are important: counties, zip codes, or census tracts might be better units of analysis. However, the findings reported here are not too different from prior work, including Brett Drake's work and Claudia Coulton's research in Cleveland. See, for example, Drake, Brett, Sang Moo Lee, and Melissa Jonson-Reid. (2009). "Race and Child Maltreatment Reporting: Are Blacks Overrepresented?" *Children and Youth Services Review* and Coulton, Claudia J., Jill E. Korbin, Marilyn Su, and Julian Chow. 1995. "Community Level Factors and Child Maltreatment Rates." *Child Development* 66 (5): 1262-1276.

a similar pattern: disparity is greatest in states with the lowest poverty rates, whether one is considering white child poverty or black child poverty.

These are relatively simple data. To understand what the data mean, one would have to examine the problem more deeply. However, that is precisely the point. What is it about states that have low poverty rates but high disparity rates? Why does the relationship between poverty and maltreatment differ so greatly by race? What is the meaning of the poverty/maltreatment relationship in the context of a larger narrative about differential treatment?[7]

Although it would be relatively easy to dismiss these data, the findings parallel results reported by Brett Drake and colleagues (2007) who found in Missouri that although black children were more than twice as likely to be reported for maltreatment, reporting rates were actually higher for whites than for blacks in some contexts.[8] In that study, census tracts were the unit of aggregation.

In addition, the analysis of placement rates, reported in Table 1, suggests the same pattern. These data, which are for a collection of roughly 1000 counties throughout the U.S., show that when race specific placement rates are compared with race specific poverty rates, one finds a relationship that differs depending on race. One also finds that placement rate disparities are greater in counties with lower overall poverty rates. In other words, the findings (for counties as

FIGURE 5: Maltreatment Disparity by White Child Poverty Rates and State: 2006
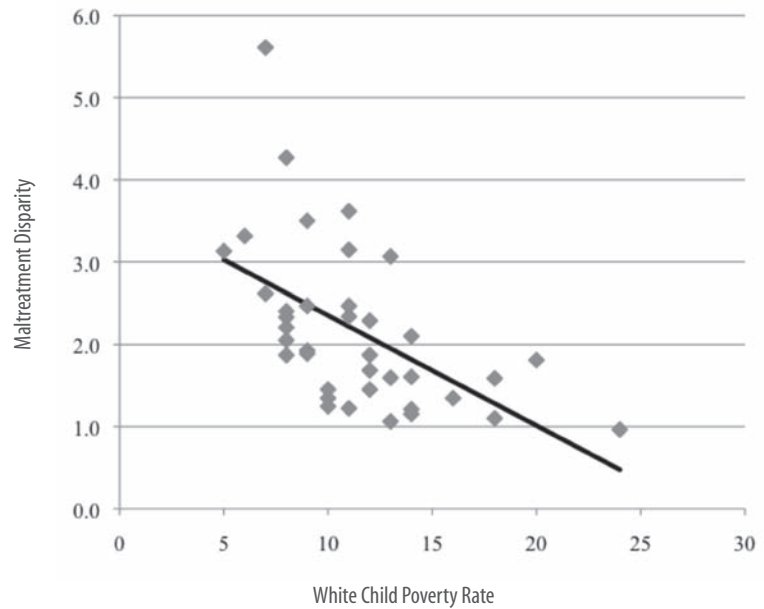
FIGURE 6: Maltreatment Disparity by Black Child Poverty Rates and State: 2006

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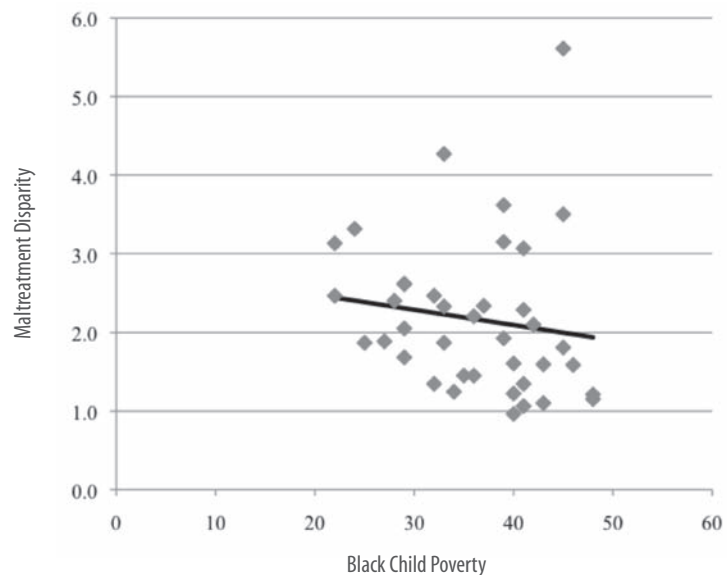
[7] These questions echo a point made earlier. Official reports are just that. However, in calling attention to the difference between official and true incidence, one tacitly acknowledges that the processes whereby children come to attention of child protective services is a main source of concern,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

[8] Drake, Brett, Sang Moo Lee, and Melissa Jonson-Reid. (2009). "Race and Child Maltreatment Reporting: Are Blacks Overrepresented?" *Children and Youth Services Review.*

opposed to states) resemble those reported for state maltreatment rates.

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

The findings do illustrate why a more or less exclusive focus on mean differences in maltreatment and placement rates tells an important but ultimately limited story. Across different spatial scales or other units of analysis, if one were to consistently find lower disparity rates in places with higher poverty rates, then one has to develop richer hypotheses to account for those differences. From a research perspective, the possibilities are compelling. One has to ask whether this is a function of structural differences in communities with higher concentrations of poor children. Relative differences in service availability or service quality could conceivably account for mean values that are higher for blacks and negatively sloped regression lines. Or, it could be that the relationship between child welfare service utilization and race differs, as in the case of cross–level interactions (e.g., the relationship between poverty and maltreatment depends on the level of poverty in the surrounding community). These are questions that have

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

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

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

received far too little attention despite the fact that their answers could dramatically influence the way we think about the problem and how we act so as to reduce disparity.

Policy and practice recommendation – future directions

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

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

In other disciplines, one reads about system effects. In the services literature, distinctions between access (or availability), utilization, and quality play an important part in whether services benefit families. The field (child welfare)

has addressed these topics, to varying degrees, though not in a systematic, theoretically guided manner. We do not know enough about the impact of organizations on outcomes for children. There are hundreds, if not thousands, of organizations providing child welfare services. Although there is every reason to believe organizational factors influence what happens, we have almost no systematic knowledge in this regard. In this context, service quality has to be more clearly defined and then studied.

Finally, one of the enduring features of the child welfare system in the United States is its local character. Running counter to that is the strong tendency to paint the entire field with a single, broad brush even though there is plenty of evidence to suggest that this is unwise. What is not clear is whether it is important to have one definitive statement regarding any one set of findings. It seems, given the diversity of individuals, settings, and systems that one might expect different findings depending on a whole host of local factors. If so, then the burden of any given local system is to understand patterns in that area so that stakeholders can respond accordingly.

Racial Equity in Child Welfare: Key Themes, Findings and Perspectives

Frank Farrow, Susan Notkin, Dennette Derezotes, Oronde Miller
Center for the Study of Social Policy

B**y most measures of child well-being, African American, American Indian, Hawaiian and Alaska-Native children who are involved in the nation's child welfare system have worse experiences** and outcomes than do white children. Although the situation varies significantly across states and local jurisdictions, African American and American Indian children served by child protective services and child welfare agencies generally enter care more often, stay longer in care, are reunified with their families less frequently and move into adoption only after longer periods of time than do white children.

Child welfare administrators, judges, and advocates in many states are focusing new attention on the needs of children of color who come to the attention of child-serving systems as they work to achieve safety, a permanent loving home and conditions of well-being for every child they serve. To support that effort, in July 2010 the Alliance for Racial Equity in Child Welfare convened a distinguished group of child welfare researchers and practitioners for a Research Symposium on Racial Disproportionality and Disparities, an opportunity to review and analyze what current research can tell us about the differences. This paper summarizes information presented and discussed at the symposium, examines additional research and data published since last year, provides an analysis of the areas where research is clearest and where findings remain inconclusive, and points to the areas where better knowledge is most urgently needed.

The persistence of disparate outcomes demands a deeper understanding of the story behind the data. Symposium participants reviewed current research on these and other questions: What are the reasons for the differences? What factors contribute to them, and to what extent does research help identify the factors? Are they explained by need? To what extent are the gaps in outcomes becoming less or more severe? What patterns characterize outcomes for children of color as they move through the system? Does research suggest strategies that might improve outcomes for children of color, as part of efforts to improve outcomes for all children and families that receive child welfare services?

Consensus emerged that more research is needed in order to answer any of these questions comprehensively. Some patterns underlying the disparate outcomes are clear but the causes of those patterns are complex, involving multiple factors. This creates the need for caution in interpreting any single research finding, and it also signals an urgent need to both deepen the knowledge base while simultaneously acting as wisely – and urgently – as possible based on what is known.

The summary presented here draws heavily from a paper prepared for the symposium by John Fluke and Brenda Jones Harden, and we frequently combine their findings with additional research and perspectives provided by other symposium authors and participants. In some instances, we introduce data that were not available at the symposium to paint a fuller picture of the issues that participants addressed. This paper is not intended to represent consensus among all symposium participants. Instead, it provides an additional perspective to the discussion and viewpoints expressed at the meeting.

The paper has four parts:

- The first section provides definitions for two core concepts in the discussion, *disproportionality* and *disparity*, and presents data that illustrate recent changes in the representation of children of color in child welfare services. The data set the stage for a more detailed analysis of differential outcomes.
- The second section describes frameworks for understanding the different outcomes and experiences of children of color in child welfare services. As part of one such framework, this section also summarizes evidence related to a complicated and controversial issue: the extent to which race is associated differentially with child maltreatment.
- The third section presents what is known about how children of color fare in child welfare services when this question is examined through a "pathway" analysis of the system's major decision points.
- The fourth section identifies directions for future research.
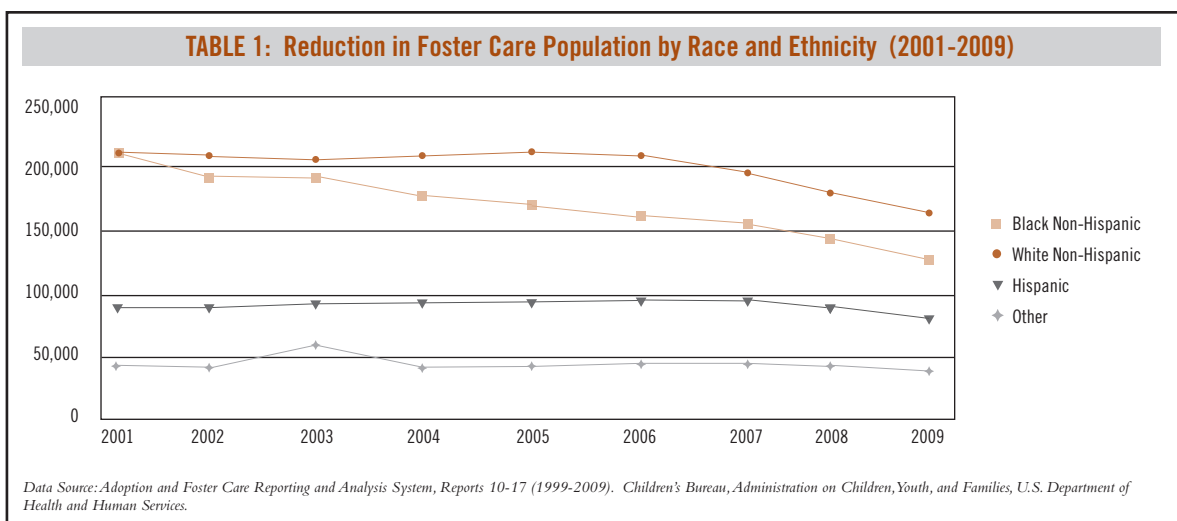
■ Definitions and Data

The terms *disparity* **and** *disproportionality,* used to denote patterns of representation and outcomes affecting children of color who come to the attention of child protection/child welfare systems, have not always been clearly defined. Moreover, their connotations have shifted in the literature on racial equity in child welfare (Fluke, Harden, et al., 2010; Myers, 2010).

 Symposium participants adopted the following definitions, based on a proposal by Samuel Myers in a paper he wrote for the meeting (Myers, 2010):

- *Disproportionality* **is the result of comparing the representation of one group experiencing an event** *to its representation in another event.* For example, in 2009 African American children represented approximately 14% of the general population and 30% of the foster care population. Dividing the representation in the population by the representation in care (30/14) yields a ratio that can be termed the disproportionality rate, which in this example has a value of 2.14. Put another way, African American children are in foster care at approximately twice the rate of their presence in the general population.
- *Disparity* **refers to differences that appear when comparisons are** *made across racial and ethnic groups.* The differences can be in outcomes, treatment, access to resources and/or services and in other domains. For example, the likelihood of African American children being reunified with their birth family within the first six months of foster care, compared with the likelihood of reunification for white children, would reveal a disparity that reflects differences between the groups studied.

These definitions require two caveats. First, although most measures will show differences by race and ethnicity in terms of child welfare outcomes, it is important to examine additional data and information to determine the meaning and positive or negative value associated with these differences. Second, symposium participants generally agreed that a focus on *disparities* rather than *disproportionality* may be more appropriate, rigorous (Myers, 2010), productive (Shaw, et al., 2008) and more likely to be a measure of outcomes rather than of representation.

Data on the representation of sub–populations in the child welfare system show that, overall, the number of children in foster care decreased dramatically over the last decade, dropping by approximately 121,774 children (22%), or from 544,999 children in 2001 to 423,225 children in 2009 [U.S. Department of Health and Human Services (DHHS), 2010]. The decrease is attributable more to changes for African American children than for white children, as shown in Table I (DHHS, 2010). The number of African American children in care decreased from 205,074 to 127,821 during this period, a drop of 38%. The number of white children also decreased significantly during this period but at a slower rate, from 205,549 children in care in 2001 to 167,235 in 2009, a decrease of 19%. The number of Hispanic children in foster care during this period also decreased slightly, from 89,950 to 86,581, a decrease of 4%.

TABLE 1: Reduction in Foster Care Population by Race and Ethnicity (2001-2009)

Data Source: Adoption and Foster Care Reporting and Analysis System, Reports 10-17 (1999-2009). Children's Bureau, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services.

TABLE 2: Percentage, Disproportionality Rate, Rate per Thousand and Disparity Ratio Indices by Race and Ethnicity for Children in Out-of-Home Care in the United States, 2009					
Race/ Ethnicity	**Estimated Child Population (0-17 years, 2009)[1]**		**Children in Out-of Home Care[2]**		**Disproportionality Rate**	**Rate Per Thousand[4]**	**Disparity Ratio (compared to white children)[5]**
	%	#	%	#			
Alaska Native/ American Indian	1	664,797	2	8,491	2.25	12.8	3.17
Asian	4	3,177,693	1	2,603	0.14	0.8	0.20
Black	14	10,493,119	30	127,821	2.14	12.2	3.01
Native Hawaiian/ Other Pacific Islander	.002	125.296	0	792	1.11	6.3	1.56
Hispanic or Latino	22	16,750,075	20	86,581	0.91	5.2	1.27
White	55	41,225,410	40	167,235	0.71	4.1	1.28
Two or More Races	3	2,111,825	5	21,584	_	_	_
Unknown/ Unable to Determine	-	-	2	8,118	_	_	_
All Children	100	74,548,215	100	423,773	_	_	_

1. 2009 Child population estimates obtained from the Annie E. Casey Foundation's KIDS COUNT program, (http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?lo ct=2&by=a&order=a&ind=103&dtm=424&ch=a&tf=38).
2. Children in out-of-home care data source: Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2009 data (October 1, 2008 through September 30, 2009).
3. The disproportionality rate is a comparison of the percentage of children of a particular race or ethnicity in the child welfare system to the percentage of the same group in the general population.
4. The rate per thousand is the number of children of a particular race or ethnicity that are represented in the child welfare system for every 1,000 children of the same race or ethnicity of children in the general population.
5. The disparity ratio is the comparison of one race or ethnicity to another race or ethnicity. In this table, comparisons are made between the disproportionality rate for each race/ethnicity to that of white children.

Even with these changes, however, African American children continue to have the highest rates of representation in foster care. An African American child is almost three times as likely to be in foster care as a white child. American Indian children are also more than two times as likely to be in foster care as their white counterparts. In 2009, there were 13 American Indian children in foster care for every 1,000 American Indian children nationally, compared to 14 per 1,000 African American children and 5 per 1,000 white children (DHHS 2010). Table 2 summarizes these data on disproportional representation in 2009.

In sum, Tables 1 and 2 illustrate that African American, American Indian, Latino, Asian and white children were all disproportionally represented nationally in foster care in 2009 (i.e., their representation in the child welfare system was at a different rate than their representation in the general population). For African American children, these patterns are changing rapidly; for Hispanic children and American Indian children, there is gradual or very little change.

The differential representation of children of distinctive racial and ethnic groups within foster care is a combination of two functions: (1) the number of children of different races and ethnicity coming into care; and (2) what happens once a child enters the foster care system, especially in terms of how quickly children exit the system by race and ethnicity.

Here, too, recent data from the U.S. Department of Health and Human Services (DHHS) show that patterns are changing. Table 3 shows entries to and exits from foster care for all children from 2001 to 2009. During this time, the number of children entering care decreased by 41,415 children, from 296,001 in 2001 to 254,586

TABLE 3: Entries and Exits into Foster Care for All Children, 2001-2009

Data Source: Adoption and Foster Care Reporting and Analysis System, Reports 10-17 (1999-2009). Children's Bureau, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services.
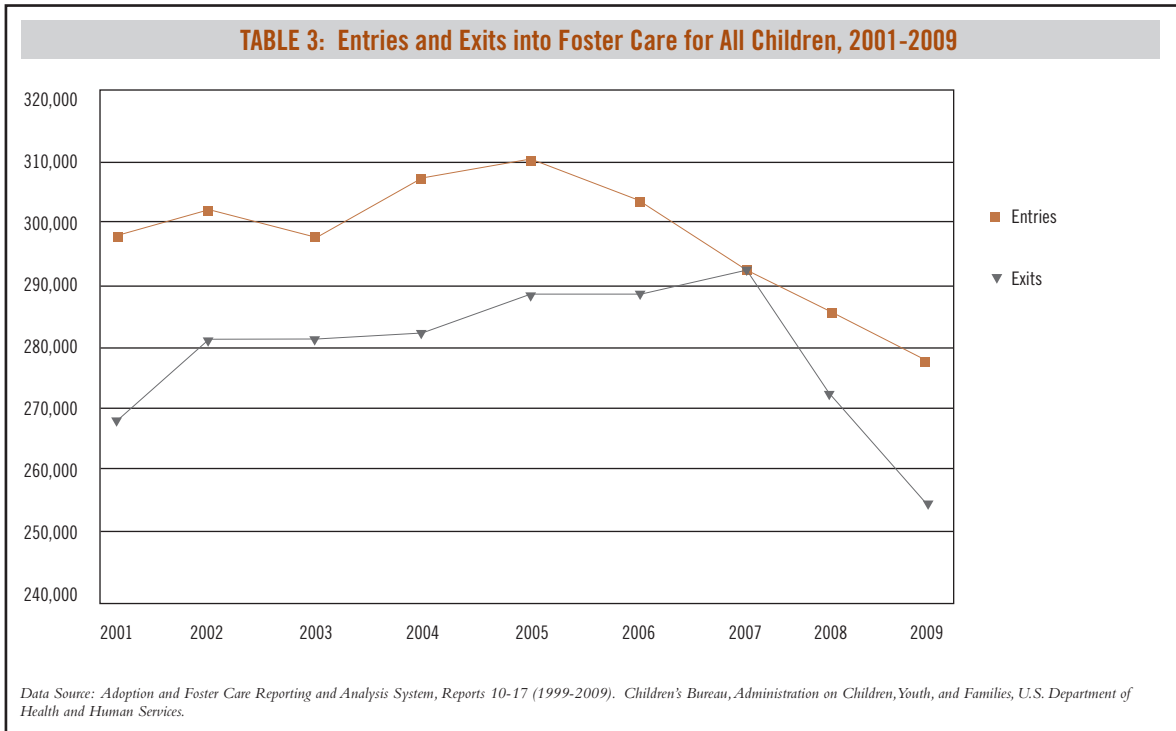
in 2009. During the same time, exits from care increased, from 269,000 in 2001 to a high of more than 280,000 in 2007, falling to 275,695 in 2009. The combined changes resulted in approximately 121,774 fewer children in the system between 2001 and 2009 (as displayed above in Table 1).

Within these overall trends, the patterns of change in entry and exit rates are different for African American children than for white children. Table 4 shows that entries for African American children decreased over

TABLE 4: Entries and Exits into Foster Care for African American Children, 2001-2009

Data Source: Adoption and Foster Care Reporting and Analysis System, Reports 10-17 (1999-2009). Children's Bureau, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services.
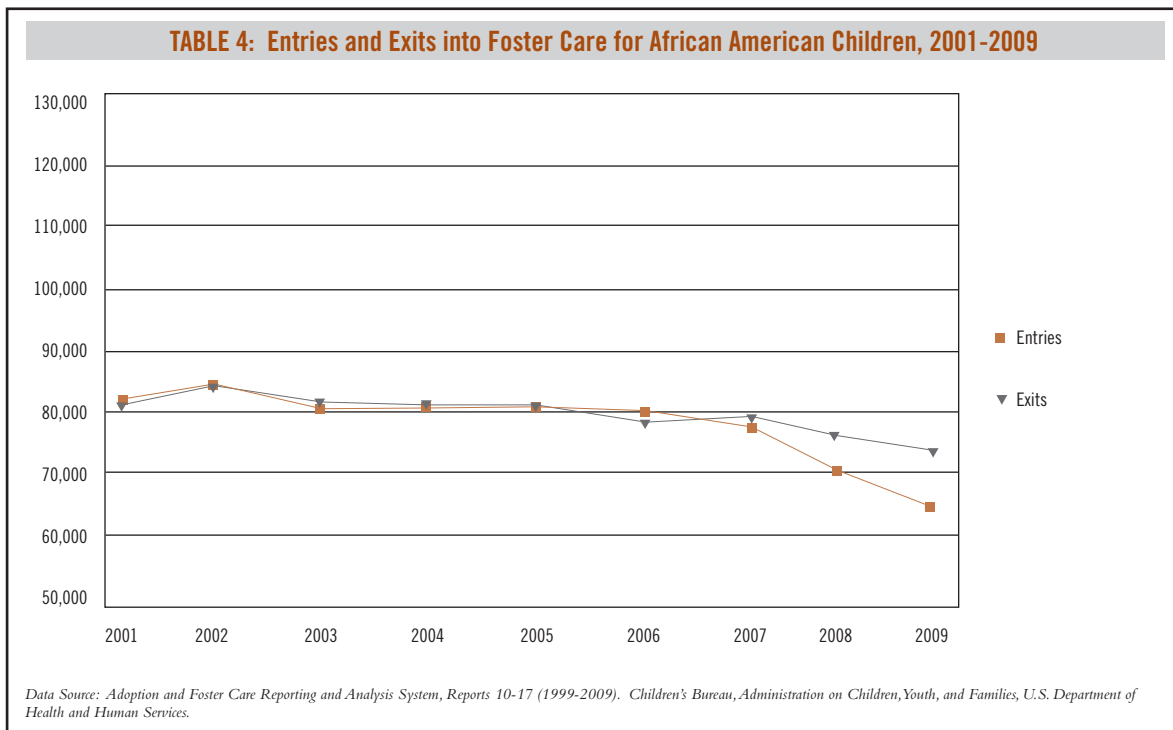
this time span by 19,028 – a dramatic drop that is proportionally greater than the decrease in entries for the population as a whole. The number of overall exits from care for African American children, however, has not increased as it has for all children. In fact, during this period the annual number of exits from care for African American children actually decreased, from 81,356 per year in 2001 to 74,264 per year in 2009, a drop of approximately 9.5%. The result was that the disproportional representation of African American children in care during this period declined less than would have been true if the exit rates for African American children had paralleled the pattern shown for all children.

Unfortunately, the DHHS data on entries and exits from foster care are most reliable for white and African American children; the trends for other racial/ethnic groups during this period are not as clear. More analysis is needed to understand trends for all racial and ethnic groups.

Entries and exits are each influenced by numerous factors as children move through the child welfare system, and here again we find differential patterns by race/ethnicity. Figure 5 portrays the changes in representation of different racial and ethnic groups at various points of the decision "pathway" through the system in 2009. Several patterns are noteworthy.
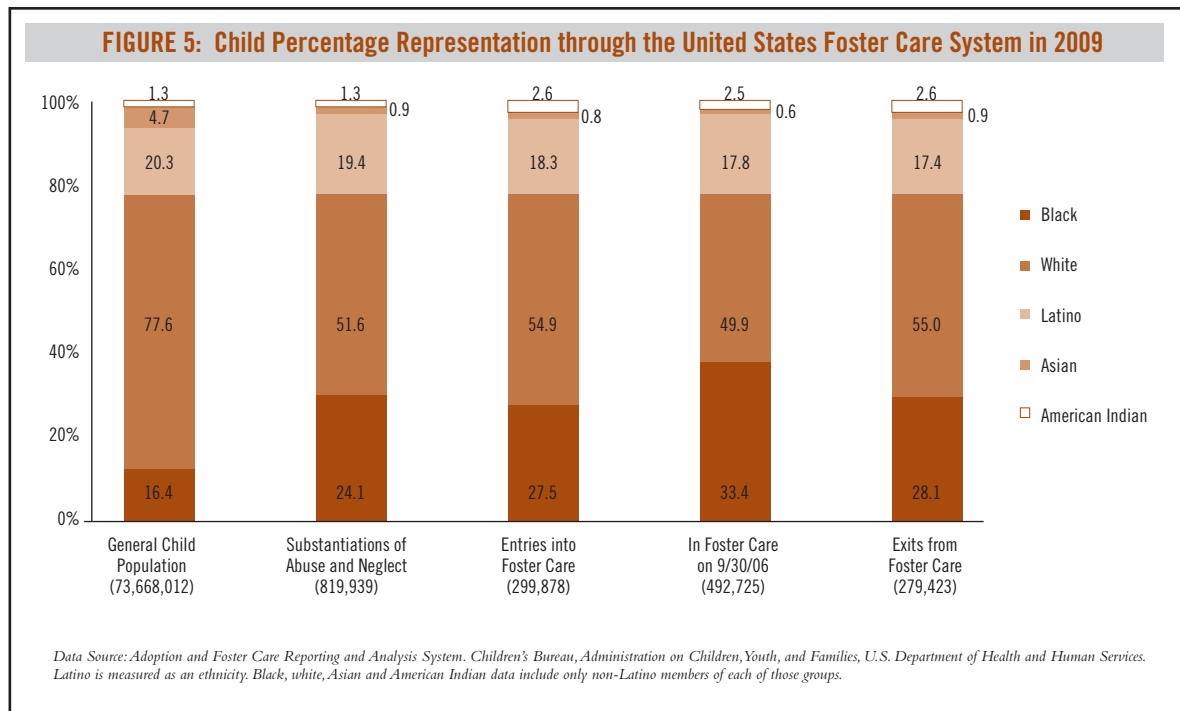
First, African American children make up an increasing percentage of children in care as a series of decisions about their care are made: 24.1% of the children for which a substantiation of abuse or neglect is made; 27.5% of the children who enter foster care; and 33.4% of the children who were in care on September 30, 2009. In terms of exits from care, African American children represent 28.1% of exits. A similar pattern occurs for American Indian children; although the numbers of children in care nationally are much smaller, and thus the pattern shown is less obvious.

FIGURE 5: Child Percentage Representation through the United States Foster Care System in 2009

Data Source: Adoption and Foster Care Reporting and Analysis System. Children's Bureau, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services. Latino is measured as an ethnicity. Black, white, Asian and American Indian data include only non-Latino members of each of those groups.

The DHHS data in Figure 5 are more recent data than were available to symposium participants, and thus show different trends than the data reviewed as part of the Fluke and Harden paper. However, these data still point clearly to racial and ethnic disparities in child welfare system involvement when aggregating data at the national level.

A second point agreed upon by symposium participants is that, when developing strategies to address such disparities, data need to be examined at the state, county, and neighborhood level.   Detailed data analysis and research have shown that these patterns can vary widely by state and local jurisdiction (Fluke, Harden et al., 2010; Hill, 2007; Wulczyn and Lery, 2010).

Third, although most of the available data and research related to issues of disproportional representation and disparities in child welfare outcomes are related to African American and American Indian children, the lack of information for other ethnic groups does not mean that those populations do not face similar challenges, merely that data are more limited for other groups. The data that are available indicate patterns of disproportional representation that require further analysis.

For example, 2006 data show that Latino children were overrepresented in the child welfare system in 19 states, an increase of 9 states from 2000 (Dettlaff, 2010). This illustrates the need to look at data state by state, because data on the representation of Latino children viewed at a national level show a minimal disparity ratio (1.2; see Table 2). Data on Latino children also reinforce the need to look at the story behind the data. The fact that in other states Latino children are represented in the child welfare population in smaller numbers than their representation in the general population can also signal that Latino children who need intervention are not being properly identified. Some researchers have raised this as a particular concern for children in immigrant families, a population in which more than 80% of young children live with at least one non-citizen parent and nearly half live with an undocumented parent (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004). Researchers speculate that these parents may be particularly fearful of contact with the child welfare system and avoid contact with other social service systems due to concerns over their immigration status (Dettlaff, 2010).

In sum, viewed over time, data reveal patterns of differential representation of children of different racial and ethnic backgrounds in child welfare services (particularly in foster care) and of different/disparate outcomes. These patterns are both persistent, in that the broad patterns last from year to year, and are changeable in their dimensions, as the recent DHHS data indicate. What factors account for these patterns and are possible sources of explanation for them? Symposium participants discussed several frameworks to explain these differences, as the next section explains.

■ Factors that Affect Differential Representation and Disparate Outcomes

Researchers have identified several factors that contribute to disparate patterns of representation in the child welfare system and outcomes for children of different racial and ethnic groups. For example, Barth (2005) and colleagues suggest three theories to explain racial disproportionality and disparity: (1) disproportionate need of families of color, (2) racial bias among child welfare professionals and agencies, and (3) a multiplicative model that focuses on the interaction between family risk and the cumulative impact of decisions made by professionals while the child and family are involved with the child welfare system.

In their research synthesis, Fluke, Harden, et al. identify four factors that can influence representation in the system and contribute to disparate outcomes: (1) disproportionate and disparate need, (2) child welfare policies and procedures, (3) geographic and neighborhood context, and (4) racial bias and discrimination.

In considering these and other frameworks, an important variable is the point at which we examine the patterns of differential representation and disparate outcomes. In analyzing the patterns by which children are *reported* to child welfare agencies, factors of disproportionate need and risk, as well as

geographic and neighborhood context, are particularly important. In analyzing patterns of representation and outcomes *once children and families are brought to the attention of child welfare agencies, once they begin receiving services from child welfare agencies and as they move through the system*, need continues to play a role but it also becomes important to learn as much as possible about the potential impact of child welfare policies and procedures, over which child welfare agencies have more direct control.

The information presented at the symposium (augmented by some research findings newly available since that time) suggests the following overall perspective:

- Multiple factors contribute to the patterns of representation and disparate outcomes of children of color receiving child welfare services.

- *Need for intervention* is one of several critical factors. Recent research indicates that there are differences in the need for "child welfare intervention" by race and that African American children are at greater risk of child maltreatment than white children. The research indicates that this is largely attributable to the high correlation between maltreatment and poverty and the higher rates of poverty experienced by African American families. A close analysis of the data, however, reveals complexities and highlights the challenges involved in asserting systematic racial differences in rates of maltreatment. Moreover, it should be noted that most children living in poverty (regardless of race) do not experience maltreatment. And every analysis of need should be accompanied by the reminder that even when some level of agency intervention is warranted, placement into foster care is not necessarily the most appropriate child welfare intervention for most of these children.

A close look at the association of race and the incidence of maltreatment reveals the complicated relationship between race and incidence when other factors that are highly correlated with maltreatment are taken into account. The Fourth National Incidence Study of Child Abuse and Neglect (NIS–4), which provides the most recent data on this issue, found that incidence of child maltreatment does in fact differ by race, a finding that differs from earlier cycles of the National Incidence Study of Child Abuse and Neglect. The *"Supplementary Analyses of Race Differences in Child Maltreatment Rates in the NIS-4"* examined these data closely and concluded that:

> …the finding is at least partly a consequence of the greater precision of the NIS–4 estimates and partly due to the enlarged gap between Black and White children in economic well-being. Income, or socioeconomic status, is the strongest predictor of maltreatment rates, but since the time of the NIS–3, incomes of Black families have not kept pace with the incomes of White families (Sedlak, McPherson, & Das, 2010, p. 1).

The *Supplementary Analyses* further found that patterns of disparate risk by race varied by risk level, type of maltreatment, family structure, and other risk factors. In certain situations, African American children were found to be at higher risk; in others, white children were at higher risk. Thus, when looking at the NIS-4 findings it is essential to examine the complex interactions of race, socioeconomic status, family structure and categories of maltreatment. (A more detailed analysis of the need factor and the NIS-4 findings appear in next section.)

- Once a child comes to the attention of child welfare services, evidence suggests that the cumulative impact of case decisions, resource allocation, system policies and procedures and geographic context contribute to different patterns of representation and to disparate outcomes. The degree of influence these factors have is almost certain to vary by jurisdiction.

- More research is needed to understand the interaction of these factors and how each is associated with differential patterns of representation and outcomes. In particular, more research is needed about local

patterns of representation, including how and why these vary by race and ethnic group and by the neighborhood/community context in which families live.

- As additional research improves our understanding of how the factors interact, the policy and practice imperative remains: (1) to ensure that *all* children and families in the child welfare system achieve the desired outcomes of safety, permanence and well-being; and (2) when outcomes are observed to be systematically worse for children and families of color, efforts intensify to ensure that their needs are met and equitable outcomes are achieved.

The remainder of this section looks at the preponderance of research associated with each of the four factors in the framework used by Fluke, Harden, et al.: disproportionate and disparate need; child welfare policies, processes and resources; geographic and neighborhood context; and racial bias and discrimination.

Disproportionate and Disparate Need

The perspective of this summary is that there is evidence of increased risk factors for African American children prior to their entry into child welfare services, and after entry a combination of factors, including need as well as agency policy and procedures and access to resources, contribute to disparate outcomes.

In this context, understanding the available data about need involves examining what is known about the incidence of child maltreatment. Child maltreatment rates are generally defined by *incidence* and *prevalence* (Fluke, Harden, et al., 2010). *Incidence* is the rate of maltreatment and is calculated over an appropriate population base. *Prevalence* refers to the number of people with a condition in the population at a given point in time, regardless of whether the condition is new or not; prevalence is also calculated as a rate per unit of the population.

Capturing actual incidence or prevalence of maltreatment is difficult because abuse and neglect are most often observed only by the perpetrator and victim. Data captured on incidence and prevalence of maltreatment in self-report surveys, vital records, emergency room visit records, sentinel studies, health care records, school records and social services administrative data are different from the measures of reports and substantiations of abuse and neglect collected by the child welfare system and are considered a more valid assessment of actual need than reporting data (Fluke, Harden, et al., 2010; Sorenson, Joshi, et al., 1998).

Only a few studies in the United States have attempted to provide national estimates of the incidence of maltreatment by race. These include the Gallup Household Survey (Dietz, 2002); the 2002 Juvenile Victimization Questionnaire (JVQ) (Finkelhor, et al., 2005); and the series of National Incidence Studies of Child Abuse and Neglect (NIS), the most current of which is the NIS-4 (Sedlak, Mettenburg, et al., 2010) with the subsequent NIS-4 Supplementary Analyses of Race Differences in Child Maltreatment Rates (Sedlak, McPherson & Das, 2010). Both the Gallup Survey and the NIS-4 found that when comparing the rates of maltreatment incidence for different races, looking only at race, African American children experienced maltreatment at higher rates than white and Latino children.

Because NIS-4 is the study most often cited when trying to understand the incidence of abuse and neglect, we provide a more complete analysis of that study's findings here. NIS-4 found that more than 1.25 million children in the United States experienced maltreatment during the NIS–4 study year (2005–2006). Of these children, 44% were abused and 61% were neglected. Fifty-eight percent of the abused children were physically abused and 24% were sexually abused (Sedlak, et al., 2010). Importantly, the total number of children experiencing maltreatment decreased from the findings of NIS-3. The declines in sexual abuse and physical abuse are consistent with trends in child protective service data gathered by the National Child Abuse

and Neglect Data System, the National Crime Victimization Survey, and the Minnesota state student survey (Fluke, Harden, et al., 2010).

NIS-4's finding that maltreatment rates were higher for African American children than for white children for certain categories of maltreatment was the first time in the NIS series that this finding was significant. (This pattern had been noted in previous NIS data analysis, but not at a level of statistical significance). As indicated earlier, the Supplementary Analyses indicated that these findings were due both to the NIS-4 estimates being more precise than prior studies and to the "…enlarged gap between Black and White children in economic well-being."

To further examine the relationship between race and other predictors of maltreatment, the NIS-4 researchers conducted multi-factor analyses that examined the interaction of race, maltreatment incidence and risk factors such as family structure, household income, overall socioeconomic status, family size, parent's employment and parent education. The findings from these analyses clarified that different racial and ethnic groups were, in fact, identified as being at higher risk for certain types of maltreatment but the patterns of risk were not consistent. That is, in some instances (e.g., when analyzed by type of maltreatment and socioeconomic status or family situation), African American children were at higher risk; in other instances, white children were at higher risk. When correlated with race, the effects of just two factors—socioeconomic status and family structure—illustrate how complex the interactions are and why it is difficult to generalize from the NIS-4 findings.

With respect to socioeconomic status, no differences in the incidence of maltreatment were found by race for families with incomes below $15,000 per year – the families identified by NIS-4 as "low socioeconomic status" and the poorest families in terms of resources. The differences in the incidence of maltreatment by race were observed only for families that were classified as having "non-low socioeconomic status"—in NIS-4's terms, families having incomes of $15,000 per year or more. However, the NIS-4 category of "non-low socioeconomic status" does not further differentiate income distribution by race for income levels above $15,000 per year, despite the fact that patterns of income distribution between African American and white families are very different throughout the income range. This is one of several methodological differences between the NIS-3 and NIS-4, complicating comparisons of the NIS-3 and NIS-4 findings as it relates to race and incidence of maltreatment (Hill, 2010).

For this reason, the authors of the *Supplementary Analyses* noted that the analysis of maltreatment incidence by race and income is incomplete and leaves major questions unanswered. Would differences in the incidence of maltreatment by race persist if the relationship between race and income/socioeconomic status could be examined at all income levels? It is impossible to say, because the NIS-4 data do not provide the information for this analysis (Sedlak, et al., 2010).

The *Supplementary Analyses* found similar complexity when family structure and other predictors of child maltreatment were factored into the analyses along with socioeconomic status. When this was done, the authors found that different racial and ethnic groups were, in fact, identified as having higher rates of maltreatment for specific types of maltreatment and for different family compositions; however, these differences were not all in one direction. African American children experienced higher risk in some situations, and white children experienced higher risk in others. For example, the study found that:

> Black children were…at comparatively elevated risk when living with unmarried parents
> or a single parent with a partner in the household, whereas the risk for white children in
> those circumstances was considerably lower. At the same time, white children appeared to
> have somewhat higher risk than black children when living with married parents who were
> not both biologically related to them and when living with a single parent who had no
> cohabiting partner (Sedlak, McPherson, & Das, p. 2).

In sum, the NIS-4 findings indicate that when looking at the relationship of race and incidence and only at those two issues, African American children experience child maltreatment at higher rates than white children. In their research synthesis, Fluke, Harden, et al. conclude it is possible to state (based on NIS-4 findings) that differences in maltreatment are associated with race, appear to be persistent, and are consistent with literature related to child protective services referral and reporting. They refer to this most recent finding as perplexing, noting the inconsistency with previous NIS and other national studies, which find no racial disparities in maltreatment incidence. They similarly state that the findings thus far are by no means definitive (because of the methodological and other challenges described above). The authors of the NIS-4 *Supplementary Analyses* conclude that "the final multi-factor models revealed that race did have effects on risk in certain maltreatment categories, even after the effects of other important predictors were considered" (Sedlak, McPherson, & Das, p. 1). However, because black children and white children may be at comparatively higher or lower risk depending on their situation (e.g., socioeconomic status, family structure), the pattern of race differences in maltreatment incidence are not always present in one direction. For this and similar methodological challenges, NIS-4 Supplementary Analyses co-authors conclude that race differences found in this report must be interpreted with caution.

Looking beyond NIS-4, Drake, et. al. (2011) compared rates of victimization and high-risk indicators such as infant mortality and concluded that higher rates of child maltreatment among African Americans were less likely driven by racial bias in child protection reporting and more likely the result of increased levels of risk within black families.

In light of the current state of research on this issue, and recognizing that researchers interpret the findings of these studies differently, we strongly recommend further research to better understand the complicated interaction among race, risk factors and the incidence of maltreatment. We believe that further understanding the complexity of this research is critically important so that child welfare professionals (both within and outside of public child welfare agencies) can develop and provide more effective supports to families of children who are most likely to experience maltreatment. Moreover, we believe this research should be expanded to understand the role of protective factors and promotive factors which may mitigate the likelihood of maltreatment incidence.

Child Welfare Policies, Processes and Resources

Administrative policies and procedures that result in differential (and lesser) access to services for children of color in the child protective and child welfare systems are among the most consistent factors that contribute to disparate outcomes, as indicated by research over many years. Several studies have found a broad pattern of inequitable resources made available to African American children and families involved with the child protective and child welfare systems, including in-home services, housing, counseling and child care services (Fluke, Chabot, et al., 2010; Courtney, et al., 1996; U.S. Department of Health and Human Services, 1997). Accumulated evidence also points to disparities in African American children and families' access to case management, family support, mental health treatment, substance use and other services (Berrick & Barth, 1994; Courtney, et al., 1996; Grogan-Kaylor, 2000; Fein, Maluccio & Kluger, 1990; Libby, et al., 2006; Washington State Racial Disproportionality Advisory Committee & the Department of Social and Health Services, 2008; San Jose State University, 2004).

Research is less available about resource inequities for American Indian families, and in fact there seems to be no research that documents American Indian families' patterns of access to services compared with the access of African American families, although several Canadian studies have identified resource inequities as important

factors in greater placement disparities for Canada's First Nations children (Fluke, Chabot, et al., 2010; Trocmé, Tourigny, MacLaurin & Fallon, 2003).

Finally, in addition to service access, broader patterns of agency infrastructure and lack of resources have been described as associated with disparate outcomes for children of color in child welfare services (Center for the Study of Social Policy, 2009).

Geographic and Neighborhood Context

A third factor in this framework is the impact of "place"—that is, where children and families live and the characteristics of those neighborhoods—on patterns of differential involvement in, access to and outcomes of child welfare services. To a great extent, the issues examined here are about the association of poverty with maltreatment and with the patterns of response to real or perceived threats to children by child welfare agencies.

Research is clear that child maltreatment investigations occur at higher rates in disadvantaged areas (Coulton, Crampton, Irwin, Spilsbury & Korbin, 2007). This link between neighborhood characteristics and reported child maltreatment investigation rates leads most researchers to conclude that economically distressed areas have higher maltreatment reporting and substantiation rates, although poverty by itself is not an explanatory factor of maltreatment incidence (Gustavsson & MacEachron, 2010). More information is needed to understand what factors in neighborhoods where poverty exists are most closely associated with maltreatment incidence.

Research indicates several different possible associations of race, geography/neighborhoods and involvement in the child welfare system (Fromm, 2004; Garbarino & Costelny, 1992; Sampson, Raudenbush & Earls, 1997). In examining the impact of living in neighborhoods of poverty on a child's chances of entering foster care, Lery and Wulczyn (2010) found that racial disparities between African American and white children were lower in counties with higher poverty rates. With this finding, it is possible to hypothesize that the relationship between poverty, risk factors and placement into out of home (foster) care is similar for African American and white children. However, Lery and Wulczyn (2010) also found that white placement rates were higher in areas with higher white poverty, but the same was not found in African American areas. This suggests that the hypothesis that African American and white children in poverty experience and negotiate the interplay of risk factors and involvement in foster care in the same way may not be correct.

As the body of research continues to grow examining the relationship between high-poverty neighborhoods, risk factors and maltreatment, it is becoming clearer that while there is a difference in the impact of poverty on maltreatment placement for black and white children, the nature and source of this difference remain unknown (Wulczyn, 2010).

Three different hypotheses have been posited by researchers to explain the association among poverty, neighborhood context, child maltreatment and child welfare involvement: (1) Because African American children are more likely to live in neighborhoods of high poverty, they are more likely to be reported to the child welfare system (Drake & Rank, 2009); (2) rates of out-of-home placement for minority children are greater in communities where the proportions of minorities are relatively small (the "visibility hypothesis") (Jenkins & Diamond, 1985); and (3) the strengths of black families include a resiliency that may serve as a protective factor in reducing maltreatment rates in poor neighborhoods (Boyd-Franklin, 2003; Hill, 1998; McAdoo, 1982; Nelson, Cross, Landsmen & Tyler, 1996).

These are not necessarily alternative theories: all can be true, and they can be true to different degrees in different neighborhoods. The presence of these different lines of thought illustrate that the relationship

between poor and high-poverty neighborhoods, maltreatment, and child welfare agency response is not yet fully understood. However, the fact that there are relationships between these three elements is undeniable, and thus geographic and neighborhood context is an important factor in the framework advanced by Fluke and Harden.

Racial Bias and Discrimination

The fourth factor that Fluke and Harden suggest contributes to differential patterns of representation and outcomes in child welfare services is racial bias and discrimination. Research studies specifically documenting bias in child welfare services are limited, however, so this element of the framework is supported in part by emerging research in child welfare and research from other fields.

Cognitive behavior theory describes *biases* as the attitudes that one holds and *discrimination* as the resultant behaviors one engages in based on these attitudes. These biases can influence the decisions made by individuals (Nosek, Banaji & Greenwald, 2002) and systems (Hill, 2004; Roberts, 2002). Biases can be either conscious (explicit) or unconscious (implicit), and although the two types of bias may not be consistent, each affects how decisions are made.

In a study of racial bias that has extended for more than 20 years, researchers found that, of more than 43 million people who have taken an online survey examining their implicit and explicit biases toward African Americans and white people, 80% had more positive reactions and responses to white people than to black people—a finding that included 50% of the black participants (Nosek, Banaji & Greenwald, 2002). Other studies have also identified general racial biases and discrimination against African Americans as well as biases in decision-making against African Americans in related service fields (Davila, Espinoza & Myers, 2008; Eberhardt, Davies, Purdie-Vaughns & Johnson, 2005; Green, et al., 2007; Myers, et al. 2007; Myers, 2003; Pager & Quillian, 2005).

With a more narrow focus on reporting of maltreatment, research suggests that reporting of maltreatment to child protective services may be a consequence of increased surveillance by both mandated and community reporters in African American communities (Chaffin & Bard, 2006). Findings in this area must be interpreted carefully, however, because different researchers have come to different conclusions. In a study of Missouri data, for example, Drake and Rank (2009) initially found higher surveillance rates in relation to African Americans, but when they controlled for poverty they found that reporting of African Americans for maltreatment was proportional (that is, it was consistent with the percentage of African American families in the high-poverty population). These researchers concluded that the higher surveillance (i.e., reporting) rates were to be expected in areas of high poverty.

Research has demonstrated that racial disparities, bias and discrimination exist in key public systems including health care (Burgess, et al., 2007), housing and financial lending (Williams, et al., 2005), employment (Bertrand & Mullainathan, 2004), schooling and education (Drakeford, 2006; O'Connor & Fernandez, 2006) and juvenile justice (Pope & Snyder, 2003). While research on bias in child welfare services and its relationship to child welfare decision-making is not robust, the strong findings of bias in decision-making in other fields makes it reasonable to suspect that bias is present in child welfare decision-making as well—hence the inclusion of this factor in Fluke and Harden's framework. Moreover, analysis of some child welfare agencies' operations (at the request of those agencies' leaders) is beginning to document the ways in which system policies, procedures and "ways of operating" can contribute to the comparatively poor outcomes for children and families of color (Center for the Study of Social Policy, 2009). More research is needed to better understand the nature, extent, and effect of bias in the types of decisions and agency processes discussed in this paper.

The next section of this paper focuses more intensively on one part of this framework: what is known about the relationship between different decision-making points within child welfare systems and their impact on outcomes for children of color.

■ Relationship among Child Welfare Decision-Making Stages, Representation and Outcomes

As noted previously, experts generally agree that decisions made within child welfare agencies influence patterns of representation and outcomes for children of color in the system. This influence begins with decisions about whether to accept a report of child maltreatment; proceeds through decision points related to the type and nature of care; and concludes with decisions related to a child's release (exit) from care, hopefully to a permanent, nurturing home and successful subsequent independence. To assess racial differences in services and outcomes along this "pathway" of decisions, we must examine what happens to children and families at each sequential decision-making stage and what role, if any, research suggests that race and ethnicity play in determining outcomes.

First, however, we repeat the caveat that more research is needed, at each stage for which data exist, to better understand how decisions contribute to the patterns. Child welfare decisions are interactive and cumulative, collectively influencing how children fare within the system. Thus we need to understand each decision point, as well as the interactions across them, more fully. [In fact, Morton, et al. (2011) argue that changing the denominator to reflect the population prior to the decision point, rather than the general population, holds promise for a more nuanced analysis of disparities and disproportionality.]

The summary that follows looks at the decision points sequentially, as most children and families would experience them.

DECISION 1: Whether to Investigate

> *The preponderance of evidence suggests that the rates at which reports are accepted for investigation vary greatly for children of different races and ethnicities, and that reports of maltreatment of African American children are investigated at higher rates than those for white children.*

Once a child protection agency receives a referral alleging that a child has been a victim of maltreatment, agency staff make a decision regarding the appropriateness of the referral. It is the responsibility of the child protective system worker who receives the report to determine whether there is sufficient and relevant evidence to warrant an investigation. Each state has definitions of abuse and neglect, as well as guidelines for investigative screenings and for making a decision to "substantiate" a case or not.

Research shows that African American families are much more likely to be investigated for maltreatment reports than are white families, whether compared to all children in the population or to all children reported to child protection hotlines (Fluke, Harden, et al., 2010). Regardless of the type of reported maltreatment or its source—i.e., whether emotional maltreatment, alleged maltreatment by a parent or child fatalities—the pattern of more investigations of African American families seems to hold true (Sedlak & Schultz, 2005). One study found similar results for all types of maltreatment except sexual abuse, for which investigations were higher for white families (Gryzlak, Wells, & Johnson, 2005). This study also found that African American families are more likely to be investigated when the alleged perpetrator is a parent, whereas white families are more likely to be investigated if the alleged perpetrator is someone other than a parent, such as another family member or non-relative (Gryzlak, Wells, & Johnson, 2005).

DECISION 2: Substantiations of Abuse and Neglect

The preponderance of evidence indicates that race and ethnicity are not strongly correlated to rates at which maltreatment is substantiated.

The substantiation of abuse and neglect is the only decision point within the child welfare system for which current research indicates no association with race and ethnicity. *[Note: The role of race and ethnicity in deciding who receives a goal of "aging out"—often referred to as APPLA, or "another planned permanent living arrangement"—also is unclear. This is due to a lack of research rather than research that rules out race and ethnicity as a factor in decision-making (Fluke, Harden et al., 2010)].*

DECISION 3: Receipt of In-Home Family Services

Research indicates that African American and American Indian children are less likely than white children to receive services in their family home.

The decision whether to serve children in their homes or remove them is a critical one, not only because it has the power to disrupt family unity but also because it often determines the future trajectory of a family's involvement with the child welfare system. Research shows two patterns. First, African American children are much less likely to receive family preservation services and are more apt to be removed from their families than white children in similar situations (U.S. Government Accountability Office, 2007; Fluke, et al., 2001; U.S. Department of Health and Human Services, 1997).

Research also shows disparities by income: lower-income families, often families of color, are less likely to receive in-home services (Fluke, Chabot, et al., 2010). Several researchers theorize that many child removals could be prevented if services were made available and more accessible to poor families at the same rate as they are to people who earn higher incomes (Fluke, Chabot, et al., 2010; Rivaux, et al., 2008). Because a greater percentage of African American children live in poorer communities, this could impact their rate of removal. Consequently, the development of accessible family preservation services for poor families could help to decrease the number of African American children removed from their homes.

DECISION 4: Placement into Out-of-Home Care

White children are less likely to enter out-of-home care than are children of other races and ethnicities, especially African American and American Indian children.

Research indicates that African American and American Indian children are significantly more likely to be placed in out-of-home care than are white children—and, conversely, white children are much more likely to be served in their own home (U.S. Government Accountability Office, 2007; Fluke, et al., 2011). A 1994 study conducted by the U.S. Department of Health and Human Services Administration for Children and Families revealed that African American children were more likely than white children to be removed from their families and placed in out of home (foster) care, even when their respective families had the same characteristics and problems (or lack of problems). Consistent patterns have been found in more recent studies conducted in California (San Jose State University, 2004) as well as Texas (Rivaux, et. al., 2008). However, it is important to note that most of the research related to disproportionate rates of foster care placement for minority children does not revolve around the actual decision to place them, but instead examines the role and impact of kinship care.

DECISION 5: Placement into Kinship Care

African American and American Indian children are much more likely to be placed in kinship care than white children.

Kinship care provides children with the continuity of family and known caregivers and can help decrease the number of lost connections (e.g., to school, to community) that children experience when removed from their parents. Kinship care is most broadly defined as any living arrangement in which children are cared for by a relative or by someone with whom they have a close relationship, such as godparents or family friends (Geen, 2003). Most areas of the country, and indeed most cultures, traditionally have kin care for children when their families face short-term or longer-range challenges. However, the definitions of kinship care and the structure of kinship care programs differ widely by community. In addition to all of the children currently in formal child welfare kinship placements, there are 1.8 million children living in informal or private kinship placements. Formal kinship care families often do not receive the same level of funding reimbursement, services, and/or caseworker contact standards when compared with traditional foster families (Geen, 2004; Pabustan-Claar, 2007; Schwartz, 2008).

The picture is further complicated by the fact that, despite the benefits of kinship care, extended lengths of stay for children in formal child welfare kinship placements contribute to the over-representation of children of color in the child welfare system (Geen, 2003). Consequently, kinship care in its current configuration can be a large contributor to the disproportional representation of children of color in the child welfare system.

DECISION 6: Length of Stay

Children of color generally have longer stays outside the home than do white children.

The average length of stay for the 463,000 children in foster care on September 30, 2008 was more than 26 months. As shown in Table 6, of the children who had been in foster care for three years or more, nearly 42% were African American, 31% were white and nearly 20% were Latino. For white and Latino children, these percentages did not differ significantly from the overall representation of the respective races in foster care, but for African American children the difference was nearly 11% higher than their representation in the system.

TABLE 6: Rates of Representation of Children in Care for More Than 3 Years by Race/Ethnicity, September 30, 2008			
Race/Ethnicity	Total Representation in the child population	Children in Care more than 3 Years	Difference
African American	30.1%	41.8%	+11.7%
Hispanic	18.2%	19.9%	+1.7%
White	30.5%	31.2%	+0.7%

Data Source: Children's Bureau, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services. (2010).

DECISION 7: Exits from Care

Children of color have different permanency outcomes than do white children.

For all types of exits combined, research indicates that African American and American Indian children are less likely to exit the foster care system through reunification, adoption and legal guardianship than are white children (Tilbury & Thoburn, 2009).

African American children are less likely to be reunified with their families than are white children. Limited data on reunification rates for American Indians suggest that American Indian children are also less likely than white children to be reunified with their families, and in some situations they are also less likely than African American children to be reunified.

Reunification with a child's family of origin is typically the preferred permanency outcome for children living in out-of-home placements, as it supports familial and cultural preservation (Fluke, Harden, et al., 2010). Although race/ethnicity does not appear to be the sole contributing factor in reunification decisions, it cannot be ruled out as a factor that could considerably influence or predict whether or not a child returns to his or her family. Specifically, African American children are less likely to be reunified with their families than are white children (Hill, 2006; Lu et al., 2004; Wulczyn, Chen & Orlebeke, 2008). In some localities, American Indian children are as likely (and in some cases more likely) not to be reunified with their families as are African American children (Washington State Racial Disproportionality Advisory Committee & Department of Social and Health Services, 2008a).

Rates of exiting care to adoption are comparable for African American and white children. However, race and ethnicity play significant roles in the length of time required for children to move into adoptive placements. African American children take longer to become adopted than white children.

When reunification is not possible, adoption is most often considered the preferred mode of exit from the child welfare system, as it is the most legally permanent solution. Numerous studies show that race and ethnicity affect the likelihood of adoption (Fluke, Harden, et al., 2010; Snowden, Leon, & Sieracki, 2008). The percentages of children in need of adoptive placements are racially disproportional as a result of the different lengths of stay. In 2009, of the children awaiting adoption, 30% were African American children, 38% were white children, 22% were Hispanic children, 2% were American Indian children, 1% were Asian/Pacific Islander children, 6% were children listed with two or more races and 2% were children of unknown race/ethnicity (DHHS, 2010). While the percentage of white children awaiting adoption is greater than the percentage of African American children, the representation is disproportional when we compare it to the representation of African American and white children in the general population: for African American children, 30%/16.4% = 1.83; for white children, 38%/77.6% = .49.

In earlier analyses, white children were found more likely than African American children to be adopted. Recent research indicates this phenomenon has begun to change, with rates of exit through adoption comparable for African American and white children (Hill, 2006). In fact, Wulczyn, et al. (2005) found that African American children exited care via adoption at greater rates than did other ethnic groups. Wulczyn suggests that one reason for this shift is the increased number of adoptions of African American infants. At the same time, adoption finalizations still take longer for African American children than for white children (Hill, 2006).

Data are very limited regarding older youth of color who exit the system through independent living (or "aging out"), and the data are inconsistent regarding the role of race and ethnicity in outcomes for these youth. According to CWLA (2008), more than 21% of children in foster care are 16 years or older, and a disproportionate percentage of them are "ethnic and racial minorities" (Fluke, Harden, et al., 2010). However, a lack of research leaves us unable to link older youth exiting the system through independent living with race/ethnicity.

<u>**DECISION 8:**</u> **Re-Report Substantiation**

African American and Latino children are less likely to be re-reported for child welfare services and to have a re-report substantiated than are white children.

In a longitudinal analysis of the National Child Abuse and Neglect Data System, Fluke, et al. (2008) found that between the years of 1988 and 2002, compared to white children, African American (.87), Hispanic (.87) and Asian and Pacific Islander children (.60) were less likely to be re-reported within 24 months of their first report. Children of mixed races were 1.3 times more likely than white children to be re-reported.

■ Moving Forward: Areas for Further Study

Racial and ethnic disparities in child welfare have captured the attention of researchers, advocates, administrators and policymakers. Some suggest that these disparities should be expected, given the influence of poverty and other related factors on child maltreatment rates (Wulczyn, 2010). Others posit that the disparities in resources, treatment and services experienced by children of color complicate any analysis that solely examines the role of race and poverty (Fluke, Harden, et al., 2010; Sedlak, et al., 2010).

The second hypothesis does not negate the potentially powerful influence of poverty but suggests that it is important not only to understand community and family characteristics but also to examine how child welfare systems function to meet the needs of children and families of color. Even though African American children seem to experience greater incidence of child maltreatment, which could explain why there is higher reporting of African Americans to the child welfare system, the data also suggest that children and families of color are not receiving services and supports at the same level as are white children and families. This represents unfair treatment and could potentially contribute to the poorer outcomes for children of color once they came to the attention of the child welfare system.

The research paper prepared for the symposium and discussion of it at the event highlighted both the existence of new knowledge about racial equity in child welfare and the need for more research to better understand child welfare participation, the effectiveness of the child welfare system, and child welfare outcomes for children of color. Participants identified the following questions as particularly important to pursue.

1. What is known about the effectiveness of current efforts to better meet the needs of children of color in the child welfare system, and have these efforts decreased disparities in child welfare?

Over the last decade, several policies and practices have been designed and implemented in jurisdictions throughout the country to better meet the needs of children of color in the child welfare system. However, two main questions remain: (1) How have these policies, programs and practices affected outcomes for children of color and disparities in the jurisdictions in which they are implemented; and (2) to what extent can such policies, programs and practices be generalized to other jurisdictions throughout the country? Evaluations of these programs could provide valuable information to the field of child welfare as jurisdictions work to achieve racial equity.

2. *How can our understanding of disparities and disproportionality be advanced by relying on the immediately prior decision point as the denominator of analysis?*

Several researchers have advocated for such an analysis (e.g., Fluke, Myers, Morton, Ocasio, Simmel), but there has not been a complete analysis of decision points that begins at investigation and progresses through exits from the system. Such an analysis could shed light on this issue.

3. *What is the experience of children and families of color in the child welfare system, and what does this experience suggest about the types of policies, practices, resource allocation and community supports that could help improve safety, permanence and well-being results?*

Qualitative analyses highlighting the institutional practices and policies that may contribute to poorer outcomes for children of color could supplement the field's understanding of how systems can more effectively respond to the needs of children and families of color. While recent work has begun to shed light on these institutional policies and practices (Center for the Study of Social Policy, 2009), there is more to be learned through an expansion of these and related organizational assessments and qualitative institutional reviews.

4. *To what extent, and how, do system policies, procedures, resources and practices contribute to disparate outcomes within the system?*

Several studies have presented a broad pattern of inequitable resources being made available to African American children in the child welfare system, such as housing, counseling and child care services (Center for the Study of Social Policy, 2009; Courtney, et al, 1996). Correspondingly, while no relevant studies of American Indian children were found, several Canadian studies have identified resource inequities as an important factor in greater placement disparities for First Nations children (Fluke, et al, 2010; Trocmé, Tourigny, MacLaurin & Fallon, 2003). To improve outcomes for children of color, it will be important to evaluate comparative levels of services across races and develop racially equitable levels of services for children of color.

5. *What factors contribute to extended lengths of stay in kinship care, and what programming could help attain permanency for children in that situation?*

Families that provide formal kinship care usually do not receive the same level of funding reimbursement, services and/or caseworker contact as traditional foster families (Geen, 2004; Pabustan-Claar, 2007; Schwartz, 2008). Increasing the levels of funding, services and caseworker contact to match non-kin foster care can improve outcomes. In addition, proactive strategies that engage kinship caregivers in the permanency planning process (either in support of reunification, as permanency resources themselves or in support of other permanency options) can improve permanency rates for children in kinship foster care. Additional research is needed to study the impact of different kinship models linked to permanency.

6. *How does geography influence child welfare representation by race and ethnicity?*

Many studies reveal differences in the level of disparities in outcomes for children of different races and ethnicities by geographic location (Derezotes & Poertner, 2005; Fluke, Harden, et al., 2010; and Wulczyn, 2010). Factors that correlate with child welfare participation by geography include racial composition and segregation, neighborhood socioeconomic conditions, collective efficacy, and child welfare system functioning. A deeper understanding of the way in which those factors influence racial and ethnic disproportionality would help inform the field.

7. *Do differences within race and ethnicity produce dissimilar outcomes?*

Research on race and ethnicity to date has looked at basic racial and ethnic identifications in secondary data sets. Other components of the social construction of race, such as immigration status, country of origin, skin color and primary language, have the capacity to influence child welfare participation (Myers, 2010). An effort to examine the influence of these additional factors on the impact of disparities in child welfare could expand our knowledge of the interactions between race and child welfare system participation.

8. *How do outcomes in other systems influence child welfare system participation?*

Children of color experience disparities in health, education, mental health, justice, social welfare, housing and other systems that influence family functioning. Further study is needed to understand how disparities in other systems can affect participation in the child welfare system.

■ Conclusion

From the symposium papers and the discussion among participants, several overarching conclusions emerge. First, research confirms that the outcomes for children of color who receive services from child welfare agencies—especially for African American and American Indian children—continue to lag behind those for white children. Second, more research is needed in order to understand why this continues to be true. While research has effectively documented specific problems for children of color in many parts of the child welfare system, additional research must provide a deeper and more operational understanding of the factors that contribute to these poorer outcomes and the solutions that can yield better ones.

Third, and perhaps most importantly, action to improve outcomes for children of color in child welfare systems must proceed simultaneously with new research. Using the best research and practice knowledge available, administrators, case workers, advocates, parents and young people receiving services from the system must work now to assure that *all* children helped by the system are safe, have permanent nurturing homes and are physically and emotionally healthy and successful in school. For the children of color for whom these outcomes remain distant, and for their families, extra efforts are needed to ensure these results.

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