



Disproportionality of Minorities in Child Welfare: Synthesis of Research Findings

Prepared for Race Matters Consortium

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The disproportionality of minority children has been a major concern of child welfare for decades. Andrew Billingsley and Jeanne Giovannoni (1972) were among the first scholars to focus on the overrepresentation of African American children in their seminal work, “Children of the Storm: Black Children and American Child Welfare.” By 2000, children of color accounted for six out of ten of the more than 550,000 children in foster care, while comprising only three out of ten of all children in this country.

Why has this situation endured despite many government initiatives over the years to reduce the number of minority children in foster care? Its persistence may be due to the fact that the child welfare field is characterized by two conflicting perspectives. One camp views this overrepresentation as appropriate, since minorities have higher levels of poverty, single-parent families, and joblessness, they are perceived to be at greater risk of child maltreatment and in greater need of child welfare services than non-minorities (Bartholet 1999; McCabe et al, 1999; Pelton 1978). The opposing camp, however, considers overrepresentation to be a problem, since minorities are not believed to maltreat their children more than Caucasians. This group feels that systemic changes are needed to change child welfare policies and practices to reduce minority disproportionality (Holton 1990; Morton 1999; Roberts 2002). Yet, another major concern is, regardless of one’s position, “Are there disparities

between the treatment and services provided to minorities and non-minorities by the child welfare system?”

Thus, this research summary will focus on two dimensions of disproportionality: (a) *disproportionate representation*, i.e., the over- or under-representation of minority children in child welfare as compared to their representation in the general population; and (b) *disproportionate treatment*, i.e., the disparate treatment or services provided to minority children as compared to those provided to similarly-situated Caucasian children. Clearly, disproportionate treatment is strongly correlated with disproportionate representation, since disparate treatment of minority children at various stages of the child welfare processes is likely to contribute to their over- or under-representation. But in order to adequately understand disproportionality in child welfare, it is important to assess the role of “child-oriented” services in related systems. Consequently, this summary will have four objectives:

1. Describe the impact of related systems on child welfare
2. Summarize major research findings about disproportionality
3. Discuss implications for further research on this issue
4. Present implications for policies to reduce disproportionality

Impact of Related Systems

Services to low-income children and families in related fields can make important contributions to the disproportionate representation of minorities in child welfare. We will briefly describe the impact on child welfare of systems in the following areas: welfare assistance, mental health, and juvenile justice.

Welfare Policies

Welfare policies are intrinsically linked with child welfare policies. In order for families to be eligible for Title IV-E funds, they must qualify for public assistance (formerly AFDC, now TANF). However, the welfare reform act passed in August 1996 restricted eligibility for foster care. The law limited eligibility for Title IV-E to only those foster children who would have been income eligible for AFDC as of July 16, 1996. As time passes, it is likely that fewer children will meet this standard, and states will be able to claim decreasing amounts of federal reimbursement for their foster care programs. Nevertheless, the majority of children in foster care are from families that relied on or qualified for public assistance (Goerge and Lee 2001). Since minority children are overrepresented on the welfare rolls, it is to be expected that they would also be disproportionately concentrated in child welfare.

Although most research on the impact of the 1966 welfare reform act has not yet revealed large effects on child welfare, some studies have found that it has contributed to increases in the foster care rolls in several states (Shook 1999; Slack 2002). Yet, it is important not to focus solely on the growth of foster care cases as a measure of the impact of welfare reform, since most children in the child welfare system receive services in their homes.

In subsequent years, however, this legislation may be responsible for sizable growth in the number of children entering child welfare, especially after many recipients reach their five-year lifetime limits, and if the nation experiences a prolonged recession. Moreover, adults, who have been sanctioned for not complying with welfare regulations and lose their total family benefits, may have their children placed in foster care because of neglect or abuse. In addition, to reduce their welfare rolls, many states are placing their “child-only” cases that are headed by kin caregivers into the child welfare system—while continuing to pay them TANF assistance, rather than the higher foster care IV-E stipends. In short, an assessment of disproportionality in child welfare would not be complete without examining the impact of welfare policies.

Mental Health

Mental health institutions play an important role in the concentration of minority children in child welfare. Several studies have revealed that mental health professionals, who had internalized stereotypes of African Americans as being more violent or aggressive, more often diagnosed African American patients as schizophrenic than white patients (U. S. Surgeon General 2001). African American youth are more likely than Caucasian youth to be prescribed psychiatric medications (such as Ritalin) in order to control their “aggressive” behavior. African American students are more likely than Caucasian youth to be labeled as “mentally or educationally retarded” and assigned to special education programs or schools (Smith and Chunn 1989). In fact, between 30 percent and 41 percent of children in foster care receive special education services (Day, Williams and Yu 2002). Moreover, African American youth are more often referred to secure correctional facilities, while Caucasian youth with the same violent behavior and psychopathology are referred to mental health services as outpatients (McCabe et al, 1999; Stenho 1982).

Furthermore, diagnoses based on racial stereotypes by well-meaning clinicians are more likely to result in higher rates of placement of African American children in foster care than Caucasian children (Whaley 1998). While most African American children have few mental disorders upon entering foster care, their mental health deteriorates the longer they remain in the system due to periodic residential moves and inadequate psychological services (Curtis, Dale and Kendall 1999). Clearly, the differential delivery of mental health services contributes to the disproportionate representation of minorities in the child welfare system.

Juvenile Justice

The juvenile justice system is an important source for recruiting children of color into child welfare. Minority youth, especially African Americans and Hispanics, continue to be overrepresented in juvenile institutions. Many studies show that racially disparate treatment occurs at various stages of juvenile processing. For example, African American youth are more likely than white youth—with the same offenses: to be referred to juvenile court to be detained prior to trial in secure facilities, to be formally charged in juvenile court, to be waived for disposition in adult courts, and to be committed to a juvenile or adult correctional institution (Youth Law Center 2000).

Moreover, about 15 percent of foster children were placed because of delinquent behavior or status offenses.

But not only do juvenile justice policies contribute youth to the child welfare system, but child welfare also provides recruits for the juvenile and adult justice systems (Green 2002). Studies have found that maltreated children are more likely than non-maltreated children to engage in delinquent behavior as youth that eventually leads to incarceration (Wiebush, Freitag and Baird 2001). Many youth who age out of the foster care system often end up in correctional institutions (Jonson-Reid and Barth 2000). The majority of incarcerated felons in many states were formerly wards in the foster care system. Furthermore, the disproportionate incarceration of minority parents also fuels the child welfare system. In 1999, over two-thirds of incarcerated mothers reported that their children were being cared for by relatives (inside and outside of foster care) or in non-related foster care homes (U. S. Department of Justice 2000). Thus, juvenile justice is both the source of children entering child welfare as well as the recipient of youth leaving that system (Mauer 1999).

Limitations of Findings

Before discussing findings from research on disproportionality, it is important to provide some caveats. Contradictory results might be presented that may be due to differences in study design or methodological deficiencies:

- Findings from national surveys may be compared to findings from surveys that are restricted to states, counties or other local areas that limit their generalizability.
- Results from cross-sectional studies may be compared with findings from longitudinal studies that follow the same families or individuals over time.
- Findings from studies that are based on direct interviews with respondents may be compared to findings from studies that rely solely on administrative records.
- Findings from studies that have samples of a broad range of minority groups may be compared with findings from studies that only include one or two minorities.

A major methodological weakness of many child welfare studies is the poor quality of data or non-existing data on

many minority groups, especially Hispanics, American Indians and Asians and Pacific Islanders. Due to the sizable numbers of African Americans and their broad geographic dispersion, most studies usually include them in their samples. On the other hand, there are fewer studies of Hispanics, due to their smaller numbers in the child welfare system. Moreover, many findings about Hispanics are uneven as a result of the poor quality or non-existing data in administrative records that classify this group in an inconsistent manner. Hispanics are often combined with Caucasians in the case records of various states. But the fewest child welfare studies are of American Indians or Asians and Pacific Islanders due to their smaller numbers and uneven geographical distribution. Consequently, most child welfare studies have found African Americans to be overrepresented. However, some studies have found Hispanics to be overrepresented, while others have found them to be underrepresented. And, the paucity of studies of the representation of American Indians and Asians and Pacific Islanders in the child welfare system has obtained mixed results. Nevertheless, in 1996, for example, the following minorities were disproportionately represented nationally:

1. African American children were 7.4 times more likely to be reported in the CPS population than in the general population.
2. Hispanic children were 3.2 times more likely to be reported in the CPS population than in the general population.
3. American Indian children were 4.4 times more likely to be reported in the CPS population than in the general population. (Ards, Myers, and Malkis 2002)

Disproportionate Representation

National Incidence Studies

A major question to be addressed in assessing the extent of minority disproportionality is, "Are minorities at greater risk of child maltreatment than non-minorities?" The National Incidence Studies (NIS) is one of the few national surveys to provide an answer to this question for African Americans. Unfortunately, it was not able to include adequate numbers of other minorities in its sample. Prior to the implementation of the first NIS by DHHS in 1980, there was widespread criticism of the poor quality of the data reported to Child Protective Services (CPS). For the CPS

had an overrepresentation of maltreatment reports from public agencies serving low-income families and an underrepresentation of maltreatment reports from private doctors and facilities that served middle- and upper-income families. In short, many decision-makers wanted to know, “How many children who were abused or neglect were not being reported to CPS?”

Consequently, NIS was designed to obtain data from two sources: (a) CPS submits information about cases that were investigated; and (b) specially-trained community professionals (in hospitals, clinics, schools, child care facilities, etc), who serve as sentinels, submit maltreatment cases that were or were not reported to CPS. As a result, NIS provided nationally representative estimates of the incidence and prevalence of child abuse and neglect at three points in time—1980, 1986, and 1993.

What groups did NIS find to be at greater risk of child maltreatment? NIS found the highest rates of maltreatment among families with low income, single-parents, parents not in the labor force, and large numbers of children. Since African Americans have higher levels of these risk factors than Caucasians, it was expected that they would also have higher rates of abuse and neglect. Yet, no significant differences in the overall incidence of child maltreatment between African Americans and Caucasians were found in any of the three waves of NIS (Sedlak & Broadhurst 1996). Moreover, when various risk factors were controlled for in NIS-3, child maltreatment rates were found to be significantly higher among Caucasians than African Americans (Sedlak & Schultz 2001).

Since some researchers have doubts about these unexpected findings, there have been critiques of NIS. However, some criticism has been about the absence of features that were never part of its sample design. For example, NIS has been faulted for having insufficient numbers of community residents (such as neighbors, friends and relatives) as sentinels. Yet, pre-NIS pilot studies suggested that its sentinels should be limited to community professionals who were in settings that come in contact with children, since it was not feasible to incorporate community residents. Moreover, NIS was described as having a “sample selection bias” related to the initial reporting of maltreatment cases, when NIS was designed to collect data at the subsequent stage of investigation—and not at the reporting stage (Ards, Chung & Myers 1998; Sedlak, Bruce and Schultz 2001). However, in response to such concerns, DHHS continues to conduct exploratory studies to expand the number of sentinels

from a broader range of settings to enhance data quality in future NIS surveys. Other national surveys (Gelles and Straus 1979), moreover, have obtained findings similar to the NIS regarding the lack of racial differentials in child maltreatment rates. On the other hand, a number of other studies have found higher rates of child maltreatment among African Americans than Caucasians (Cappelleri, Eckenrode and Powers 1993; Gil 1970; Jason et al, 1982; Lauderdale, Valiunas and Anderson 1980; Speary and Lauderdale 1983).

Decision-Making Stages

In order to systematically examine minority disproportionality, the Race Matters Consortium developed a model to track decision-making regarding the caseload flow of children through the child welfare system. The factors that workers consider in making decisions vary, as do factors in the assessments of the severity of risk and the level of intervention required (Williams 1997). In a review of the literature on child welfare decision-making, Harris, Tittle, and Poertner (2001) identified five decision-making factors: safety, child characteristics, parent characteristics, family characteristics and child welfare system characteristics. This model was used to identify research studies of the disproportionate representation of minority children at various decision-making points of child welfare processes. It also facilitated the identification of gaps where there may have been few studies at some decision points. Thus, this summary of research findings will examine studies of disproportionality at the following decision stages: reporting, investigation, substantiation, placement into foster care, exits from care, and reentry into care.

Reporting

Which families are more likely to be reported to CPS? Most research suggests a strong correlation between social class and child abuse and neglect. Most studies have found that child maltreatment is reported more for low-income than middle- and upper-income families (Gelles 1982; O’Toole, Turbett and Nalepka 1983). Research has revealed that doctors are more likely to diagnose physical injuries among poor families as “abuse” and as “accidents” among affluent families (Katz, et al 1986; McPherson and Garcia 1983).

Are minorities more likely to be reported for maltreatment than whites? In Illinois, African American children are reported to CPS at three times the rate of Caucasian children (Rolock and Testa 2002). Hampton and Newberger (1985) found that hospitals overreported

abuse and neglect among African Americans and underreported Caucasians. Three-fourths of African Americans were reported for maltreatment, compared to 60 percent of Caucasians. A study of children under three years old who experienced pediatric fractures found that minority children (53%) were more than twice as likely as Caucasians (23%) to be reported for suspected physical abuse. Even when one controlled for the likelihood of abuse injury, minority children continued to be reported more for abuse than Caucasian children (Lane et al, 2002). Research also revealed that African American women were more likely than Caucasian women to be reported for child abuse, when their newborns had tested positive for drug use (Chasnoff, Landress and Barrett 1990; Neuspiel et al 1993). On the other hand, many studies have not found racial differentials in the reporting of child maltreatment. These studies have concluded that the strongest predictors of reporting are: severity of injury, cases with prior reports and history of family problems (Hampton 1991; Newberger et al, 1977; Wolock et al, 2001).

Investigations

After receiving reports of alleged child maltreatment, child welfare agencies screen them to decide which ones should be referred for investigation. Sizable minorities of cases reported for child maltreatment are not referred for investigation (Tumin and Geen 2000). According to NCANDS data, 40 percent of the three million referrals to CPS in 1999 were screened out, while 60 percent were screened in and investigated. An analysis of 2000 NCANDS data by Fluke et al (2002) revealed that the average investigation ratios among African Americans (1.59) in all five states were higher than the investigation ratios among Caucasians (.85). On the other hand, the investigation ratios among Hispanics (.92) were only somewhat greater than the ratios among Caucasians, while the investigation ratios among Native Americans (.64) and Asian and Pacific Islanders (.44) were much lower than Caucasians. In short, African Americans appear to be investigated disproportionately more than Caucasians and other minorities. However, a longitudinal study of child maltreatment reports in New Jersey found no differences in rates of investigation between African Americans (20%) and Caucasians (23%) (Wolock et al, 2001). While a re-analysis of NIS-3 data did not find that race alone had any effects on investigation, it found strong interactions between race and severity of injury and type of maltreatment (Sedlak and Schultz 2001). For example, this reanalysis found higher rates of investigation for

African Americans than Caucasians: (a) among children who were emotionally maltreated or physically neglected; (b) among children who suffered serious or fatal injuries; (c) when reports came from mental health or social service professionals; and (d) when the parents were substance abusers.

Substantiation

Are there racial differentials in substantiation? A comprehensive review of studies of the substantiation of child maltreatment reports identified four key predictors: status of reporter, prior reports of maltreatment, type of maltreatment and the race or ethnicity of the victim or family (Zuravin, Orme and Hegar 1995). Substantiation was more likely: when the reports were made by professionals, when there had been prior reports of abuse or neglect, when the report was for physical abuse rather than neglect, and when the family was African American or Hispanic. According to 1995 NCANDS data, African Americans had higher rates of substantiation than their percentage in the general population in all but one state (Yegidis and Morton 1999). On the other hand, using NCANDS datasets from 1993-1995, Ards, Chung and Myers (1999) did not find disproportionate substantiation rates among African Americans in the various states.

Yet, Fluke et al, (2002) proposed another index to measure disproportionate substantiation rates (or "victim ratios") that divide the proportion of children who were substantiated by the proportion of children who were investigated. Using this index on 2000 NCANDS data, the researchers found the average substantiation ratios among African Americans (1.07) in all five states to be only somewhat higher than the ratios among Caucasians (.96). However, the substantiation ratios among Hispanics (1.03) and Asian and Pacific Islanders (1.05) were almost as high as the ratios among African Americans, while the ratios among Native Americans (1.28) were much higher than the ratios among African Americans and Caucasians (.96). It is also important to note the substantiation ratios among Hispanics, Native American, and Asian Americans were much greater than their investigation ratios—which was the reverse of the patterns among African Americans. In short, Hispanics, Native Americans and Asian and Pacific Islanders had greater disproportionality among substantiations than investigations.

On the hand, Ards, Myers and Malkis (2002) contend that to properly assess racial substantiation, it is important to distinguish between *racial disproportionality* (i.e, the ratio

of a minority's share of the substantiated population compared to its share of the general state population) and *racial disparities* (i.e., a minority group's disproportionality ratio compared to the majority's group disproportionality ratio). This analysis of substantiation in Minnesota revealed that it was possible to find racial disparities for some minority groups that had no racial disproportionality. The researchers also found that, when one uses the child population as the base, racial disparities and racial disproportionality in substantiation were much higher among African Americans and American Indians than among Caucasians and Asians.

Several studies using other datasets have concluded that African Americans are overrepresented in the rate of substantiations (Capellari et al., 1993; Hampton 1978). Although Baird (2001) also found that African Americans were more likely than Caucasians to be substantiated, he did not find any racial differences in subsequent substantiation. Moreover, while Rolock and Testa (2001) revealed that African American children were more likely to be substantiated than Caucasian children, the rates of substantiation did not differ according to the race of the investigators.

However, Goerge and Lee (2001) found that African Americans were less likely than Caucasians to be substantiated. Some studies found other factors that interact with race regarding substantiation: welfare benefits, family structure, parental education (Goerge and Lee 2001; Baird 2001). For example, Barth, Green and Miller (2001) found that African American children receiving public assistance were more likely to have their allegations substantiated. In sum, most studies revealed racial differences in rates of investigation and substantiation.

Placement in Foster Care

Once maltreatment allegations have been substantiated, child welfare agencies have three options: (a) to close the case without any services; (b) to provide services in the home; or (c) to place the children into foster care. We shall now focus on racial differentials related to foster care placement. Nationally, among children receiving child welfare services, the majority of African American children (56%) were placed in foster care, while the majority of Caucasian children (72%) received services in the home (U. S. Children's Bureau 1997). Many studies have found that children of color are more likely than Caucasian children to be placed in foster care (Barth, Green and Miller 2001; Goerge and Lee 2001). Moreover, Groeneveld and Giovannoni (1977) found that among

neglected children, minorities were more likely than non-minorities to be placed in foster care. Needell, Brookhart and Lee (2002) found that African American children were more likely than Caucasian children in California to be placed in foster care, even when controlling for other factors: age, maltreatment reason, and neighborhood poverty.

Westat researchers conducted an interesting test of the role of race in foster care placement based on the 1994 National Study of Protective, Preventive and Reunification Services (NSPPRS) Delivered to Children and Families (U. S. Children's Bureau 1997). A major objective of the NSPPRS was to document the number and characteristics of children and families based on a nationally representative sample of 2,109 children who received in-home or out-of-home child welfare services between March 1, 1993 and March 1, 1994. They found that children who were more likely to receive in-home services were: older when entering the welfare system, lived in two-parent families, had at least one employed parent, no parent who abused drugs, the family relied on earnings and not on AFC, they lived in low crime neighborhoods and had no prior openings. Racial comparisons revealed, as expected, that African American children were less likely than Caucasian children to have these advantaged characteristics that were correlated with receiving in-home services. The analysts posed the question, "If African American children had the same advantaged characteristics as Caucasian children, would the probability of receiving in-homes services be the same for both racial groups?" However, the data revealed that African American children with advantaged traits were still more likely to be placed in foster care than comparable Caucasian children. A re-analysis of the NSPPRS data by Hill (2001) revealed that the child's race continued to be a strong determinant of foster care placement, even when combined with other predictors: abuse allegations, child disability, parental substance abuse, and Medicaid benefits.

Yet, there are many other studies that have not found race to be a significant predictor of foster care placement. Harris, Tittle and Poertner (2001) found no effect of race (of either the child or caretaker) on the decision to place a child in care vs providing in-home services in Illinois. Zuravin and DePanfilis (1999) also found that race had no significant effect on the probability of foster care placement among families in Baltimore with substantiated child maltreatment. Similarly, other studies found no race effects on the decision to place children into foster care, controlling for other factors (Katz et al, 1986; Lindsay 1994; Runyan et al, 1981). There are inconsistent results

regarding the importance of race or ethnicity in decisions to place children in foster care. A major reason for these conflicting findings is the confounding of race and class, and the failure to separate the poverty attributes of the family or community from race or ethnicity.

Exits from Foster Care

Most studies have revealed that major contributors to the disproportionality of minority children are their slower rates of exit from care. Courtney and Wong (1996) developed estimated exits from foster care in California through adoption, reunification and running away. Their analysis suggested that African American children had much lower probabilities than Caucasian children of becoming adopted or reunified, but not a significant difference of running away. Barth, Webster and Lee (2000) also found that African American children had lower probabilities of reunification and adoption than Caucasian children in California. The study in Arizona by McMurdy and Lie (1992) also revealed that Caucasian children were twice as likely to return home as African American children. Based on the re-analysis of national (NSPPRS) data by Hill (2001), Caucasian children (34%) were four times more likely to be reunified than African American children (9%). Moreover, race continued to be a strong predictor of reunification, even when combined with other factors: age of entry, parental job skills, parental substance abuse problem, and services provided to caretaker. An analysis of the Multi-State Data Archive (MSDA) revealed that Caucasian children were twice as likely to be adopted than African American children (Wulczyn et al. 1999). Researchers also found that adoption finalizations for African American children took much longer than for Caucasian children (Barth, Courtney and Berry 1994). Clearly, the slower rates of reunification and adoption of children of color contribute to their overrepresentation in the child welfare system.

Reentry

Are there racial differences in the rates of re-entry into foster care? Re-entry rates for children who leave foster care and return range about 20 percent in the first three years after leaving (Wulczyn et al. 1999). If African American children are more likely to re-enter foster care, this could substantially contribute to their disparate representation. Higher re-entry rates might also suggest that the higher rates of placing African American children in foster care are important for their protection. The strongest correlate of re-entry is the length of stay in foster care, with shorter foster care stays and younger ages at

entry related to higher re-entry rates. Wulczyn et al., (1999) contend it is important to distinguish two components of re-entry: re-entry *impact* and re-entry *rate*. The re-entry impact measure is the proportion of *all* children who enter care who later re-enter care. To be part of the impact measure, you must have left foster care. The re-entry rate, however, is the proportion of children who leave foster care who return to foster care (this measure often excludes children who left foster care for adoption because they are difficult to track back into foster care). Based on an analysis of MSDA data for five states, the researcher found no significant differences in: (a) re-entry impact rates between Caucasians (18%) and African Americans (16%); and (b) re-entry rates between Caucasians (20%) and African Americans (22%). A study of maltreated children in Oklahoma by Terling (1999) also found no significant differences in re-entry rates between African Americans and Caucasians. About 37 percent of the children from both races reunited with their families re-entered the system with three and a half years.

Moreover, based on risk assessments in about a dozen jurisdictions, Baird (2001) found no statistically significant differences in the subsequent substantiation rates of African Americans and Caucasians, when controlling for risk level of maltreatment. Thus, there appears to be little support for the belief that higher re-entry rates among African American children contribute to their overrepresentation in child welfare.

Community Factors

This examination of minority disproportionality cannot be concluded without also focusing on the importance of community factors. Studies consistently suggest that overrepresentation may have less to do with the race or ethnicity of minority groups and more with the disadvantaged characteristics of the communities in which they reside. For example, a study of poor communities in Chicago revealed that the neighborhoods that are currently occupied by African Americans were the same neighborhoods with high rates of child maltreatment when occupied by European immigrants almost 100 years ago (Testa and Furstenburg 2002). Moreover, Korbin et al (1998) conducted an in-depth study of maltreatment rates in low income African American and Caucasian neighborhoods in Cuyahoga County, Ohio. The researchers found somewhat lower maltreatment rates among African Americans than Caucasians and concluded that child maltreatment was determined more by the impoverishment of the neighborhoods than the race of

the residents. Garbarino and Kostelny (1992) found a strong relationship between reports of child abuse and neglect and socioeconomic characteristics of communities. In the neighborhoods where maltreatment was higher than expected, the informants had a difficult time saying anything good about the community, and knew less about community services that were available. They also assumed the lack of formal or informal support systems, described the physical context as depressing, and perceived extensive gang activity. In contrast, where maltreatment was lower than expected, informants expressed more positive attributes about the communities.

Disproportionate Services

We will now examine the extent to which there are racial disparities in the delivery of services to children of color (Institute of Medicine 2002; U. S. Surgeon General 2001). Racial differences were found in the NSPPS study of child welfare services in three areas: parenting skills, caretaker substance abuse problems, and housing problems. Caucasian families with housing problems were offered housing services more than African American families with housing problems. On the other hand, African American caretakers with substance abuse problems were more likely to be offered substance abuse services than Caucasian caretakers with substance abuse problems. Similarly, African American caretakers with parenting problems were more likely to receive parenting services as Caucasian caretakers with parenting problems. Thus, these findings are mixed, since African American were offered more services than Caucasians regarding parenting and substance abuse problems, while Caucasians were offered more services than African Americans to address housing problems (U. S. Children's Bureau 1997). The National Black Child Development Institute (NBCDI) survey, however, revealed that drug-abusing parents received more inadequate services than parents whose children were placed in foster care for other reasons (Walker, Zangrillo and Smith 1994).

Child welfare research consistently finds that minority children are at a disadvantage regarding the range and quality of services provided, the type of agency to which they are referred, the efficiency with which their cases are handled, the support their families receive, and their eventual outcomes (Courtney et al, 1996; Daniel, Hampton and Newberger 1983; Fanshel 1981; Jeter 1963; Maluccio and Fein 1989; Olsen 1982).

A secondary analysis by Close (1983) of the 1977 national survey of social services revealed that African American

and Hispanic children had fewer visits with their families, less contact with workers, and fewer services overall than Caucasian children.

A study of the foster care system in New York found that African American and Hispanic children were less likely than Caucasian children to be placed in agencies that had superior outcome records, irrespective of their entry-level characteristics (Gurak, Smith and Goldsen, 1982).

Saunders and Nelson (1993) report that the child welfare system is less responsive to the needs of African American families than the needs of Caucasian families in: (a) delaying intervention until their problems are perceived as chronic; and (b) failing to address the most pressing problems, such as poverty, ill health, inadequate housing and unsafe neighborhoods. Several studies have found that African American and Hispanic children in foster care consistently receive fewer or poor quality mental health services than Caucasian children—even after controlling for many other important factors (such as need, income, insurance status, maltreatment type, and severity of mental health problem) (Garland, Landsverk and Lau 2002). A comprehensive review of child welfare research concludes that there is “a pattern of inequity, if not discrimination, based on race and ethnicity in the provision of child welfare services” (Courtney et al, 1996: 112).

Kinship Care

Kinship care is a relatively new form of foster care placement that may contribute to the disproportionality of minorities in child welfare. Since African American (29%) and Hispanic (23%) children are about twice as likely as Caucasian children (14%) to be placed with kin, it is important to examine service disparities that are correlated with this type of placement (U. S. Children's Bureau 1997). With the advent of crack cocaine and HIV/AIDS in inner cities in the 1980's, the number of children placed with relatives soared. Between 1986 and 2000, for example, the proportion of foster children living with kin went from 18 percent to 25 percent (Barbell and Freundlich 2002). In many large cities today, most foster children are living with kin. But kin caregivers are disproportionately disadvantaged. A national survey of kinship care families revealed that over half (55%) of the relative caregivers had no spouse, 36 percent had less than a high school degree and 41 percent had incomes below the poverty level (Ehrle, Geen and Clark 2001). Relative caregivers have a median age of 50 years and two-thirds are grandmothers. Unlicensed kin caregivers receive the lower TANF payments (that average about

\$200 per month, depending on the number of children) and not the higher foster board payments (that range from \$356 to \$431, depending on the age of the child). Moreover, despite their eligibility, sizable numbers of kinship care families do not receive important government benefits: 72 percent receive no welfare benefits, about half (47%) receive no Medicaid support, and 40 percent receive no food stamps (Ehrle, Geen and Clark 2001). Many studies have also found that kin caregivers are less likely than nonkin foster parents to receive foster parent training, respite care, educational or mental health assessments, individual or group counseling, or tutoring for their children (Chipungu et al 1998; Dubowitz et al 1993; Iglehart 1994).

On the other hand, there are advantages to relative placements, such as greater residential stability. Children with non-relatives (33%) are three times more likely to be moved to different homes than children in kinship care (10%). Kin care is also an important cultural strength for family preservation and continuity until biological parents are able to assume primary responsibility for their children (Hill 1977; Hill 1999; Scannapico and Jackson 1996). Yet, some studies have found kin placements to be related to the longer periods that African American children remain in foster care (Iglehart 1994; Scannapico et al, 1997; Wulczyn and Goerge 1992). According to NSPPRS data, however, African American children spend about the same time in foster care whether they were with kin (32.9 months) or nonkin (27.2 months) (U. S. Children's Bureau 1997). An analysis of the Multi-State Foster Care Data Archive (MSDA data) also did not find that kinship care was a major contributor to the longer stays of African American children in foster care (Barth 2001). Testa (2001) also examined the relationship between kinship care and length of time in foster care based on administrative record data in Illinois. By tracking kin cohorts using a proportional hazards analysis, he found that the kinship disadvantage diminished over time. Thus, he concluded:

“...whereas children who entered kinship foster care in the early 1990's were 43 percent less likely than children in non-related foster care to find permanent homes with their caregivers, children who entered kinship foster care in FY 1997 were 57 percent more likely to be adopted or taken into private guardianship by their caregiver.” (Testa 2001: 13-9)

Summary

What do we know about minority disproportionality in the child welfare system? The causes of disproportionality are multifaceted, since they operate at various levels: individual, family, community, child welfare system and social policies. At the individual level, causal factors may be correlated with: (a) the risk factors among the children, such as mental disorders, physical disabilities, antisocial actions, and delinquent behavior; (b) the risk factors among the parents and families, such as poverty status, emotional instability, substance abuse, poor parenting practices, homelessness, unemployment, and use of severe disciplinary measures. Risk factors at the community levels may also contribute to disproportionality: large concentrations of poverty, high rates of crime and substance abuse, high levels of child maltreatment, pervasive joblessness, weak informal networks, and inadequate formal supports. The context and work environment of the child welfare system may also be important causal factors: size of caseload, turnover of staff, worker biases, racial and ethnic diversity of workers, extent of professional training, lack of bilingual staff, few minority-run agencies as providers, and systemic racism. The priorities of various public policies may also be important contributors to disproportionality: favoring out-of-home placement over family preservation; promoting the termination of parental rights over family reunification, and providing greater financial support and services to non-kin over kin caregivers.

Other child-oriented systems contribute markedly to the overrepresentation of children of color in child welfare. Welfare policies, for example, are intrinsically linked with child welfare policies, since one must first qualify for public assistance before one is eligible for foster care IV-E funds. While the 1996 welfare reform act has not yet had a major impact on the child welfare caseload, its effects are likely to be felt in future years, due to: the expiration of five-year lifetime limits, continuing increases in “child-only” cases, and a slow growth economy. Mental health systems also contribute to the concentration of minority children in child welfare. Since minority youth are more often perceived as having a learning disability or aggressive, they are more likely to be diagnosed as “mentally retarded” or prescribed medications to control their “belligerence.” Thus, there is a strong correlation between the overrepresentation of minority children in special education programs and their disparate representation in foster care. Minority children are also more likely than

non-minorities to be taken from parents with “mental” disorders or to be placed in foster care for parental neglect or antisocial behavior. The juvenile justice system continues to be an important source for channeling minority youth into child welfare. About 15 percent of foster children were placed because of delinquent behavior or status offenses. Moreover, two-thirds of incarcerated mothers report that their children were being cared for by relatives (inside and outside of foster care) or in non-related foster homes.

What does research tell us about racial differentials related to child maltreatment? Indeed, many studies that have been conducted in various localities across the nation have found higher rates of maltreatment among minorities than non-minorities. However, several national studies have obtained contradictory findings. Most importantly, all three waves (1980, 1986, 1993) of NIS found no significant differences in overall child maltreatment between African Americans and Caucasians. On the other hand, NIS data consistently found higher maltreatment rates among low social and economic groups. Yet, when socio-economic factors are controlled for, maltreatment rates are *lower* among African Americans than Caucasians. While there have been many critiques of NIS, many of them have focused on features that were not part of the original sample design. On the other hand, DHHS continues to conduct exploratory studies that are responsive to these concerns in order to enhance the quality of data in future NIS surveys.

To what extent are there racial differentials at various decision-making stages in the child welfare system? Are minorities more likely to be reported than non-minorities? The research evidence appears to be mixed. There is a large body of research that concludes that African Americans are more likely to be reported than Caucasians. But there are equal numbers of studies that have found no racial differentials in reporting. Since most studies have found strong class differentials, it is possible that these conflicting findings may be due to the difficulty of separating race from class. On the other hand, there appears to be more agreement regarding racial disproportionality in investigations and substantiations. Many researchers have found higher rates of investigations and substantiation among African Americans and other minorities than among

Caucasians. However, the results are mixed with respect to racial differentials in foster care placement. Once again, there are numerous studies that have found higher rates of placement among African Americans than Caucasians. Yet, there are almost as many other studies that have not found race to be a significant factor in foster care placement.

Conflicting research findings about race and other decision-making may result from various methodological differences: scope of the study (national vs local); unit of analysis (child, family, worker or agency); source of data (administrative records vs interviews); analytic strategy (bivariate correlations, multiple regressions, etc); and the failure to adequately separate race from class. Studies that employ comparable methodological designs and rigorous statistical techniques, however, tend to find race effects (alone or in interaction with other factors) regarding the reporting of maltreatment and the placement of children in foster care.

Are there racial differentials regarding exit from care? There is widespread agreement that since minorities are likely to remain in care longer than non-minorities, they have slower exit rates. For example, African Americans are less likely to be adopted or reunified than Caucasians. However, these differences are likely to diminish over time.

But the slower rates of reunification and adoption of children of color contribute to their overrepresentation in the child welfare system. Moreover, most studies agree that minority children have the same probability of re-entering the child welfare system as non-minorities. Thus, there is little support for the belief that higher re-entry rates among African American children contribute to their overrepresentation in child welfare.

There is also much consensus among studies about disparities in the delivery of services to minorities. Minority children are at a disadvantage regarding the range and quality of services provided, the type of agency to which they are referred, the efficiency with which their cases are handled, the support their families receive, and their eventual outcomes. These service disparities are very evident with regard to kinship care families. Despite their disadvantaged

status, kin caregivers receive less economic assistance and fewer social and psychological services than non-related caregivers. In sum, researchers have been more successful at documenting the prevalence of racial disparities in child welfare processes and services than in explaining why these inequities are occurring.

Research Implications

What implications does this synthesis have for future research on minority disproportionality in the child welfare system? First, it is essential that this issue be assigned high priority as an important area of inquiry in order to enhance the quality of services and outcomes for all children regardless of race, ethnicity or class. Second, more researchers should heed the following suggestions, which were offered after a comprehensive review of the literature on race and child welfare:

“It is an inescapable conclusion of this review that race and ethnicity should be better acknowledged in future child welfare research. We encountered many studies in which these factors were not even mentioned as variables, although the sample size and location of the study would have lent themselves to such analysis. The failure or unwillingness to at least acknowledge the relationships among race, child welfare services, and child welfare outcomes may only serve to invite uninformed speculation about the reasons for these relationships. Whenever methodologically possible child welfare researchers should include race as an explanatory factor in research designs and consider their theoretical justification for doing so (i.e, why does the researcher think that race might play a role?” (Courtney et al, 1996: 127)

This summary of research on disproportionality has revealed that the relationships between race/ethnicity and disproportionate representation and treatment are complex. A research agenda is needed that is reflective of all minorities, sensitive to the resilience of low-income families, multi-level, multi-methods, and rigorous analytic techniques. Accordingly, the following topics of this research agenda will be discussed:

1. Developing common definitions of important terms
2. Increasing the inclusion of different racial and ethnic groups
3. Acknowledging the variation of family contexts and functioning

4. Understanding the variation of geographic contexts
5. Examining the contexts and operation of the child welfare system
6. Enhancing methodological approaches and techniques

Common Definitions

The quality of research on disproportionality will not be improved until more common definitions are developed for important terms. Based on the working definitions developed by the Race Matters Consortium, it is important to distinguish between disproportionate representation and disproportionate treatment. The first concept refers to the over- or under-representation of minorities in child welfare as compared to their representation in the general population. The second concept refers to disparities or differential treatment or services provided to minorities as compared to the services provided to comparable non-minorities. The disproportionality measures developed by Fluke et al (2002) and Ards, Myers and Malkis (2002) appear to be very promising in increasing our understanding of the different dimensions of disproportionality. Researchers might replicate these measures in different localities on a broad range of racial and ethnic groups. Moreover, the field definitely needs to develop common definitions of child maltreatment. Despite much progress over the years to identify various forms of “abuse” and “neglect,” many different circumstances are encompassed within these terms. These maltreatment classifications are very important, since the majority of children in foster care are placed for neglect, rather than abuse. The type of protocols to assist NIS sentinels to identify child maltreatment might be emulated and tested by researchers at the state and local levels. More efforts need to be placed on developing more culturally-sensitive tools to measure risk factors that are correlated with maltreatment. The risk assessments developed by Baird (2001) and Johnson (2001) should be considered for further testing and replication, since their use appeared to minimize racial and ethnic differences. Such tools need to be tested on a broad range of racial and ethnic groups in a variety of localities. On the other hand, the field also needs to develop tools to assess protective factors and resiliency among low-income families. Such measures might also assist workers to more effectively target services and resources to families.

More Inclusion of Racial and Ethnic Groups

Research on minority disproportionality will not make any advances unless aggressive actions are taken to be more inclusive of the broad range of racial and ethnic groups.

Most child welfare studies with minorities in the sample usually include African Americans, mainly because of their relatively larger numbers and geographic dispersion. But special efforts should be undertaken to include other minorities, notably Hispanics, American Indians and Asians and Pacific Islanders. Since these groups are concentrated in specific regions and localities, such sites might be selected purposively in order to obtain sizable numbers of these minorities. Whenever possible, every effort should be made to over-sample minority groups to enhance the generalizability of the findings. Research on minorities must also be sensitive to the heterogeneity within each of these groups. "Hispanics," for example, encompass widely differing "Latino" cultures among Puerto Ricans, Mexicans, Cubans, and South and Central Americans. Similarly, "Asians," include diverse cultures among Chinese, Japanese, Koreans, Cambodians, Vietnamese, East Indians, etc. Similar cultural diversity exists among Native Americans and Pacific Islanders. African Americans are also not monolithic, since they include growing numbers of immigrants from the Caribbean, South and Central America and the continent of Africa. Moreover, more research is needed on the varying use of child welfare services by minorities based on recency of immigration. In addition, researchers will have to use data collection instruments that have been translated into the languages of linguistic minorities and will need to hire multi-lingual staff. Most importantly, special initiatives should be implemented to develop and use common classifications of the various minority groups in child welfare administrative records in different states. Too often, Hispanics are either combined with Caucasians, or are included in "other nonwhites" with American Indians and Asians and Pacific Islanders. Furthermore, with the steady growth in multiracial groups, it is important for child welfare researchers to conduct more studies of the children of racially mixed parents.

Variation in Family Contexts and Functioning

Researchers in child welfare must acknowledge the heterogeneity of low income populations and recognize that they are not monolithic. While poor families share their economic status with others, they have diverse values, beliefs, aspirations, coping styles, socialization patterns and child-rearing practices that are sometimes more similar

to those of middle-income families. It is also very important not to prejudge the functioning of a family based solely on its structure. In fact, many studies have revealed that many single-parent families function more effectively than many two-parent families. Thus, it is necessary to understand the complexity of relationships between race, class, gender and child welfare systems. Research on disproportionality must first identify any risk factors in the family or community that might increase the likelihood of child maltreatment. Second, however, it is important to also identify protective (or resiliency) factors that might mediate those risk factors to reduce child abuse or neglect. Thus, researchers must identify the presence or absence of informal support from extended family networks and the degree of access to services and assistance from formal agencies, churches and other organizations. It is also useful to learn about the family's past involvement with child welfare and other systems to better understand their trust or distrust of those agencies.

Variation in Geographic Contexts

In order to enhance understanding of disproportionality, it is important for research to be targeted to local sites at either the state or county levels. Research studies have indicated that since minority disproportionality may differ widely within states and counties, it is necessary to disaggregate the analyses. Studies are needed that examine differences in disproportionality between: urban and rural areas, urban and suburban areas, low income and middle-income communities, and among low income neighborhoods that vary in rates of child maltreatment. Moreover, geographic contexts should be selected that would enhance the inclusion of traditionally-omitted minorities in research studies. In addition, representative samples of minority groups should be selected within specific geographic contexts that would permit the generalizability of findings.

Contexts of Child Welfare System

Research on disproportionality must examine the context and operation of the child welfare system in order to more effectively assess the impact of systemic factors. An important contextual factor that studies should consider is the extent to which other systems (such as welfare, mental health, police, juvenile justice, hospitals, special education, etc) contribute to the disproportionality of minorities in child welfare. It is also interesting that

most of these systems also have an overrepresentation of minorities. They also have close links with child welfare, since they are major sources of referrals of cases

to child welfare. Moreover, more research is needed on the impact of policies in external systems on child welfare. For example, studies are needed on the consequences of welfare policies (such as the termination of families from its rolls due to full family sanctions or reaching five-year lifetime limits, etc) on child welfare caseloads. Research is also needed of the effects of other systems (such as juvenile justice, mental health, hospitals, and special education) on disproportionality in child welfare. For example, studies are needed to explain why such high proportions (between 30% and 41%) of youth in foster care receive special education services. Moreover, research is needed on the reasons for the intrinsic links between juvenile justice and child welfare systems. Studies are also needed: (a) to understand the multiple causes of disproportionality; (b) to determine the contribution of institutional racism to minority disproportionality in child welfare; (c) to assess the impact of the child welfare “culture” and working environment on the decisions that are made at various stages of child welfare processes; and (d) to identify promising practices that are successful in reducing disproportionality. While major focus has been on the overrepresentation of minorities in child welfare, more research is needed on underrepresentation. More studies should examine the underrepresentation of poor whites in the child welfare system, and why some minorities (such as Asians) consistently appear to be underrepresented. Do these groups have patterns of child maltreatment that are unrecognized and untreated?

Enhancing Methodological Techniques

In order to more adequately understand the causes, prevalence and consequences of disproportionality in child welfare, the quality of the research must be enhanced. In addition to more common classifications of variables in administrative record data, more surveys and direct interviews are needed to supplement record data. More longitudinal studies are needed that track children from the stage of reporting of maltreatment to their exit from the system. There also should be more comparative studies that explain why some poor minority children are reported to CPS, while other poor minorities are not reported. There is an urgent need for experimental and quasi-experimental designs with systematic control or comparison groups. More multi-method approaches should be implemented that incorporate both quantitative

and qualitative strategies. Improved measures, such as experimental audits, should be employed to detect unconscious prejudice and racism among workers and supervisors. More rigorous statistical techniques, such as logistic regressions, event history, proportional hazard analyses, etc. should be used in studies of disproportionality. These improved techniques should facilitate analyses that disentangle race from class, and risk factors in families from risk factors in communities.

Policy Implications

This summary has many implications for public policies. First, we will identify policies in systems outside child welfare that might reduce minority disproportionality. Second, the implementation of policies in the child welfare system to reduce disproportionality will be discussed. The following systems related to child welfare will be addressed: welfare, mental health, and juvenile justice.

Welfare Policies

Since it is not possible to place children into foster care unless their families are receiving or eligible to receive public assistance, more sensitive welfare policies should be developed. Consequently, disproportionality in child welfare can be reduced, if there were family-strengthening welfare policies that: (a) enhanced the job skills of parents; (b) provided affordable child care for low-income parents who might work non-traditional hours, such as night shifts or on weekends; (c) provided health insurance for workers who are employed in jobs with no health benefits; (d) provided transitional and subsidized housing for low income families; (e) removed the 5-year limits on lifetime assistance in order to permit the rehabilitation of hard-core recipients with multiple handicaps, such as high school dropouts, police records, physical or emotional disabilities, and alcohol and drug addiction; (f) permitted employability credits for recipients who receive vocational training or attend two-year community colleges; and (g) provide more adequate funds and services to kin caregivers of “child-only” families to prevent them from entering the child welfare system

Mental Health Policies

Mental health systems could reduce disproportionality in child welfare and racial and ethnic disparities in mental health services if the recommendations in the U. S. Surgeon General’s (2001) report on “culture, race and ethnicity” were adopted. Some of those recommendations included:

promoting better cultural awareness among mental health professionals; enhancing awareness among mental health professionals of unconscious stereotyping and biases that might contribute to racially differential diagnoses; developing mental health services that are tailored to various minorities; providing more funds to expand the number of minorities at all levels of the mental health professions; conducting more research into different mental health issues among various racial and ethnic minorities; and mounting an aggressive campaign to educate the general public about the racial and ethnic disparities in mental health services.

Moreover, the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) mandated school districts to track and reduce disproportionate representation of minorities in special education programs. Consequently, several policy initiatives have been recommended to reduce minority disproportionate representation in special education (Salend, Garrick-Duhaney and Montgomery 2002). Some of the recommendations include: developing and maintaining a database to continually monitor and track the representation of minorities at all stages of special education processes; equalizing access to quality pre-referral and ancillary services to avoid inappropriate placement in special education; including greater representation of racial and ethnic minorities on the planning team responsible for making the placement decisions; using more culturally competent curricula and instructional materials; and recruiting and retaining a culturally diverse special education staff.

Juvenile Justice

The close relationships between the overrepresentation of minorities in the juvenile justice and child welfare systems dictate the need to develop more culturally sensitive policies to reduce minority disproportionality. In 1992, disproportionate minority confinement (DMC) was elevated to one of the four “core” priorities of OJJDP. In the 2002 amendments, the legislation required states to not only address and reduce disproportionate minority confinement in secure facilities, but also disparate treatment of minorities at all stages of juvenile justice processes. Recommendations to reduce disproportionate representation include: requiring states to develop a database to track representation at all stages of processing; requiring states to conduct periodic reports on the progress made toward reducing disproportionality;

including racial and ethnic diversity among the team responsible for developing community-based strategies to reduce disproportionality; identifying promising practices among states that are successful in reducing disproportionality among minorities; and enhancing the cultural competence of personnel (police, social workers, counselors, judges, etc) to reduce disparate treatment of minorities.

Child Welfare

However, the strongest impact of reducing disproportionality in child welfare must come from developing culturally sensitive policies in this field. Recommendations to reduce disproportionality include: (a) providing funds to assign higher priority to preserving children within families than in placing them outside their family networks; (b) providing resources to use kin caregivers as an—outside the system—placement of children who must be removed from their biological parents; (c) providing stipends and support services to kin that are equal to those provided to non-kin; (d) establishing subsidized guardianship as a permanency option that is eligible for IV-E funds; (e) providing financial incentives to states to achieve high rates of family preservation and family reunification; (f) revising ASFA to extend its timetable for TPR’s to be commensurate with the actual amount of time that is needed to achieve stable recovery from alcohol or drug abuse; (g) amending MEPA/IEPA to reaffirm the consideration of race, culture and heritage as a priority factor in placing minority children with foster or adoptive parents; and (h) increasing the racial and ethnic diversity of community-based agencies that provide child welfare services.

There is also a need for child welfare policies that resemble those in juvenile justice or special education, such as: requiring states to develop and maintain a database to track the representation of minorities at all stages of child welfare processes; requiring states to conduct periodic studies of the amount of progress they have made toward reducing minority disproportionality; expanding the racial and ethnic diversity of professionals (police, teachers, doctors, counselors, social workers, etc) who are responsible for identifying and reporting child maltreatment; and enhancing the cultural competence of CPS personnel to increase their awareness of unconscious stereotypes and biases that might contribute to disproportionate representation and disparities in services delivery.

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