



Courts Catalyzing Change: Achieving Equity and Fairness in Foster Care

Honorable Patricia Martin, NCJFCJ Secretary, Chicago, IL

Honorable Bode Uale, Honolulu, HI

Honorable Louis Trosch, Charlotte, NC



Purpose of this Presentation

- Define the problem
- Highlight a national partnership to address racial/ethnic disproportionality and disparities in the dependency court system
- Engage in a dialogue about solutions
- Discuss components of a national agenda and next steps for implementation



Defining the Problem

- Minority Children are disproportionately and often over-represented in the child welfare system.
- Disproportionality = a particular racial or ethnic group is represented within a social system at a rate or percentage that is not proportionate to their representation in the general population.



Disproportionality in Child Welfare

- “...all states have a disproportionate representation of African American children in foster care. As of 2000, the child welfare system in 16 states had extreme rates of disproportionality that were more than three and one-half times the proportion of children in color in the state’s total child population.”
 - Robert B. Hill, Overrepresentation of Children of Color in Foster Care in 2000 – Revised Working Paper, March 2005
- “In states where there is a large population of Native Americans, this group can constitute between 15% to 65% of the children in foster care.”
 - Casey Family Programs, Framework for Change (April, 2005)
- “Hispanic/Latino children may be significantly over-represented based on locality (e.g., Santa Clara County, CA: Latino children represent 30% of child population, but 52% of child welfare cases).”
 - Congressional Research Service. August 2005. Race/Ethnicity and Child Welfare



Defining the Problem

Minority Children in the child welfare system have received disparate services, treatment, and outcomes.

Disparity = unfair or unequal treatment of one racial or ethnic group as compared to another racial or ethnic group.

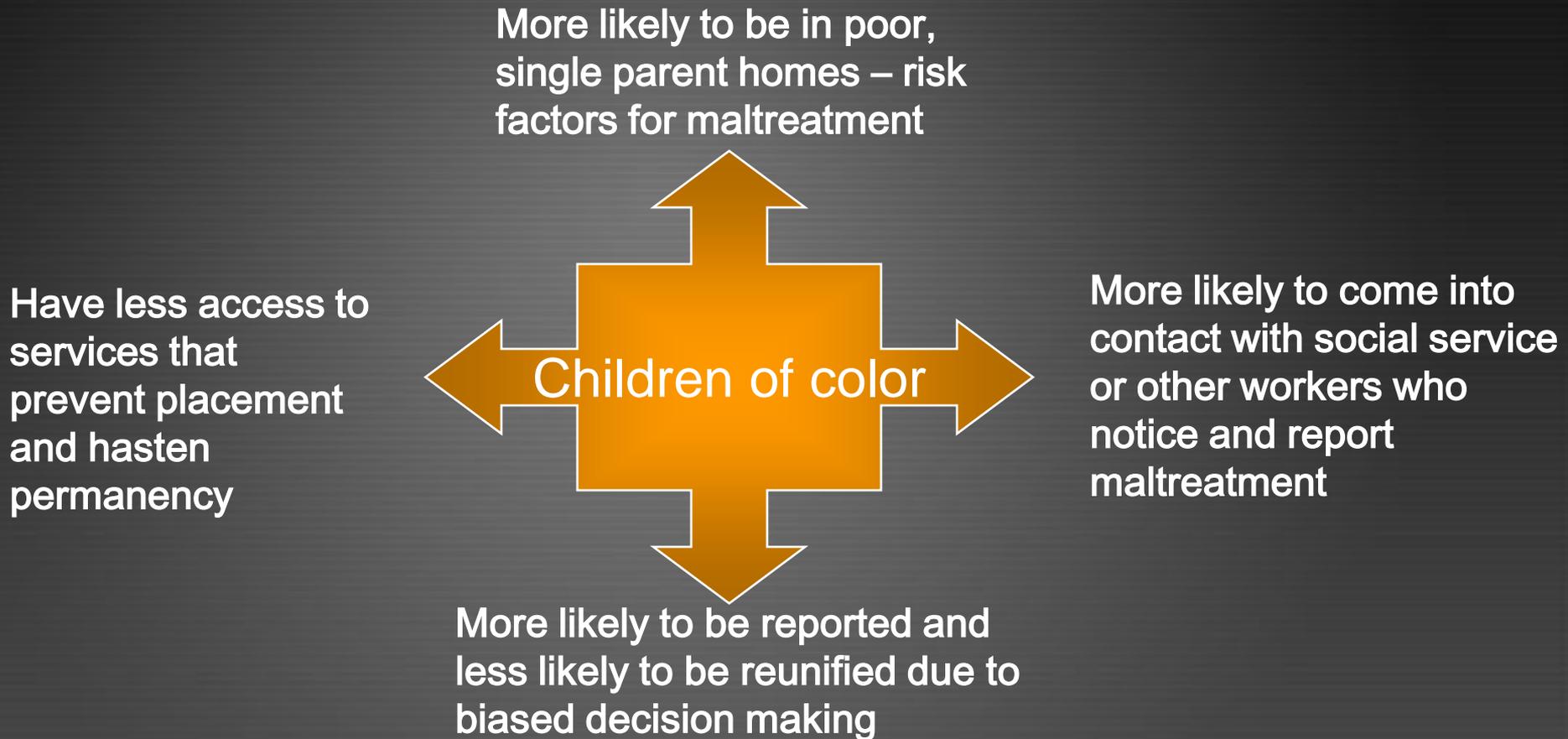


Disparities in Child Welfare

- “African Americans are investigated for child abuse and neglect twice as often as Caucasians.”
 - Yaun, J. J. Hedderson and P. Curtis, Disproportionate representation of Race and Ethnicity in Child Maltreatment: Investigation and Victimization , *Children and Youth Services Review*, 25 (2003): 359-373 – Places to Watch.
- “African American children who were determined to be victims of child abuse were 36% more likely than Caucasian children to be placed into foster care.”
 - U.S. Department of Health and Human Services (2005).
- First round of CFSRs shows that white children achieve permanency outcomes at a higher rate than children of color.
 - National Child Welfare Resource Center (2006).



Disproportionality Theories: Research



Adapted from Congressional Research Service. August 2005. Race/Ethnicity and Child Welfare.



Disproportionality Theories: Child Welfare Administrators, Supervisors, Workers

Greater visibility of
minority families
for reporting of
maltreatment

Lack of familiarity with
other cultures and with
what
constitutes abusive
behavior

Media
pressure to
remove
children

Poverty and related
issues, such as
homelessness

Lack of community
resources to address a
range of issues,
such as substance abuse
and domestic violence



Courts Catalyzing Change

- Jointly funded by Casey Family Programs and OJJDP

Mission

- Bring together judges and system experts to set a national agenda for court-based training, research, and reform initiatives to reduce racial/ethnic disproportionality and disparities for children and families in the dependency court system.



Courts Catalyzing Change

Goals

- Create and disseminate judicial tools, policy and practice guidelines and associated action plans that dependency court systems can use to address disproportionality and disparities
- Re-evaluate federal, state and local policy and make recommendations for changes or improvements.
- Examine *all* decision points in the dependency court system to determine where action can be taken.



Courts Catalyzing Change

Project History/Timeline

- Casey Breakthrough Series Collaborative
- Partnership with NCJFCJ
 - Recognized Need for Judicial Leadership
 - NCJFCJ Committees
 - Model Courts National Goal (OJJDP)
 - Advisory Group Meeting
 - Steering Committee Meeting
 - National Call to Action Work Group Meeting



Courts Catalyzing Change: A National Agenda

Statement of Principles

- Minority children and families must be an integral part of the planning and problem-solving process.
- Judges – as the final arbiters of justice – must be leaders in their communities on the issue of disproportionality and disparity in the child welfare system.
- Broad-based, multidisciplinary alliances and honest collaboration must be formed to effectively and comprehensively reduce disproportionality and disparate treatment.
- Reducing racial disproportionality and disparities in the child welfare system must be linked with a broader effort to eliminate institutional and structural racism.



CCC National Agenda: Key Components

- I. Engage national, state and local stakeholders and community partners
- II. Transform judicial practice
- III. Participate in policy and law advocacy
- IV. Examine and employ research and data
- V. Impact service array and delivery



Engage National, State & Local Stakeholders & Community Partners

NCJFCJ & Casey leadership will ...

- Take the lead to establish partnerships with national organizations in the field and encourage them to pursue reducing disproportionality and disparities in the child welfare system as a top priority.
- Serve as a clearinghouse for judges and courts nationwide regarding information and activities related to this effort.
- Learn from and build upon the work of other national organizations who have developed successful approaches to reducing the overrepresentation of minority children and families in the child welfare system.
- Reach out to federal policy makers and federal entities to educate, garner support and bring attention to this issue.



Engage National, State & Local Stakeholders & Community Partners

NCJFCJ Model Court Lead Judges will...

- Engage local and state judicial leaders and court administrators to promote the reduction of disproportionality through action-oriented and solution-driven statewide advisory committees, task forces and educational forums.
- Lead their local community in developing a plan to reduce racial disproportionality and disparities in the child welfare system by convening local minority families, community leaders, governmental agencies, schools, faith based leaders and community based providers in community forums, town hall meetings and collaborative planning sessions.
- Raise awareness about disproportionality and disparate treatment by communicating with national, state and local media about the pervasiveness of the problem as well as efforts and initiatives to reduce disproportionality and disparate treatment.



Transform Judicial Practice

NCJFCJ & Casey Leadership will ...

- Re-examine the NCJFCJ *RESOURCE GUIDELINES* through a racial-equity lens and develop a specific set of judicial decision making tools directed at reducing disproportionality and disparate treatment.
- Develop and promote judicial education, training and guidance on the issue of disproportionality and disparity in the child welfare system.
- Develop formal feedback processes for children and families who are involved with child welfare proceedings.



Transform Judicial Practice

NCJFCJ Model Court Lead Judges will ...

- Examine personal bias and prejudice to understand and moderate its impact on judicial decision-making.
- Practice and promote principles of therapeutic jurisprudence through family engagement both in court and in the child welfare case planning process.
- Conduct thorough hearings examining all decision points and make well reasoned findings on the record.
- Commit to training and education for themselves and their colleagues in the juvenile court.
- Address racial disproportionality and disparity issues at each decision point in a case.
- Ensure services are culturally appropriate.



Participate in Policy & Law Advocacy

NCJFCJ & Casey Leadership will ...

- Identify and examine state and federal laws and policies that drive children into the child welfare system in a racially biased way and identify model laws that combat this problem.
- Seek the active participation of federal lawmakers, administrators and relevant government agencies and departments to develop a cross-systems and collaborative approach to evaluate and amend laws and policies that perpetuate disproportionality and disparities.
- Work to ensure that CFSR outcomes and performance measures assess overrepresentation, disproportionality and disparity in the child welfare system and that program improvement plans (PIPs) require solutions to negative findings in this area.
- Work with HHS to ensure that CIPs provide incentives and funding to jurisdictions working to reducing disproportionality and disparate treatment.



Participate in Policy & Law Advocacy

NCJFCJ Model Court Lead Judges will...

- Seek the active participation of state and local lawmakers and relevant government agencies and departments to develop a cross-systems and collaborative approach to dismantling state and local laws and policies that perpetuate disproportionality and disparity for minority children and families.
- Seek statewide uniform ethical guidelines regarding the judiciary engaging in community advocacy that enable the judiciary to fully participate as an active member of systems and community reform and improvements efforts.
- Promote open child welfare hearings and encourage community members to become aware of the decision-making process.
- Work within their state and jurisdiction to promote retaining judges in juvenile court and advocate against policies and laws that rotate judges through juvenile court rather than allowing judges to develop expertise in this area.
- Promote the full scale (hotline to permanency), statewide implementation of Structured Decision Making processes and tools.



Examine Research & Employ Data

NCJFCJ & Casey Leadership will ...

- Promote a multi-disciplinary, multi-level approach to data analysis in the area of disproportionate representation and disparate treatment of children and families of color to ensure a jurisdiction's ability to effectively analyze barriers, challenges and opportunities to reducing this problem.
- Develop and define measures of well-being, safety and permanency in relationship to reducing disproportionate representation and disparate treatment for minority children and families in the child welfare system.
- Promote uniform use and acceptance of these measures on a local, state and national level (CIP, SANCA, CFSR).
- Identify and answer critical data-related questions about disproportionality and disparate treatment.
- Provide forums for ongoing education and technical assistance to local, state and national leaders and key decision-makers by national research entities that have examined and analyzed data related to disproportionality and disparate treatment.



Examine Research & Employ Data

NCJFCJ Model Court Lead Judges will ...

- Improve understanding of local child welfare system and court data around the issue of disproportionality and disparate treatment.
- Assess and improve local jurisdictions' capacity to collect and analyze data related to disproportionality and disparate treatment within each child serving entity and within the court system.
- Collect and evaluate data at the case level, by judge and by jurisdiction.
- Create opportunities within own jurisdiction for discussing the meaning of the data and underlying causes of disproportionality and disparate treatment.
- Select outcome measures and develop strategies to improve permanency-related outcomes for children of color in the child welfare system.
- Take the lead in educating colleagues and system partners about using local data to analyze causes for disproportionate representation and opportunities to reduce this trend through training, decision-making and policy advocacy.



Impact Service Array & Delivery

NCJFCJ & Casey Leadership will ...

- Collect and disseminate literature and information on promising practices and services that effectively reduce disproportionate representation in the child welfare system.
- Examine the impact of specific services on outcomes for children and families of color.



Impact Service Array & Delivery

NCJFCJ Model Court Lead Judges will ...

- Promote early intervention and prevention approach to service delivery in order to reduce removals and support speedy reunification.
- Require culturally, competent and linguistically appropriate services for children and families of color involved with the child welfare system.
- Encourage minority communities in their jurisdiction to develop community-based resources and information that are specific to their cultural and community needs.
- Convene Community Forums of community members, leaders and service providers to assess and address service gaps.
- Ensure that quality and effectiveness of services are assessed.
- Recommend termination of contracts that are not effective or are adding to the problem of disproportionate representation.



Next Steps of the Initiative

- Incorporate Model Court Lead Judge review & comments on National Agenda
- CCC Steering Committee review & final revisions to National Agenda
- Identification of tools that support Action Items associated with Key Strategies



NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES

Nancy B. Miller, Director

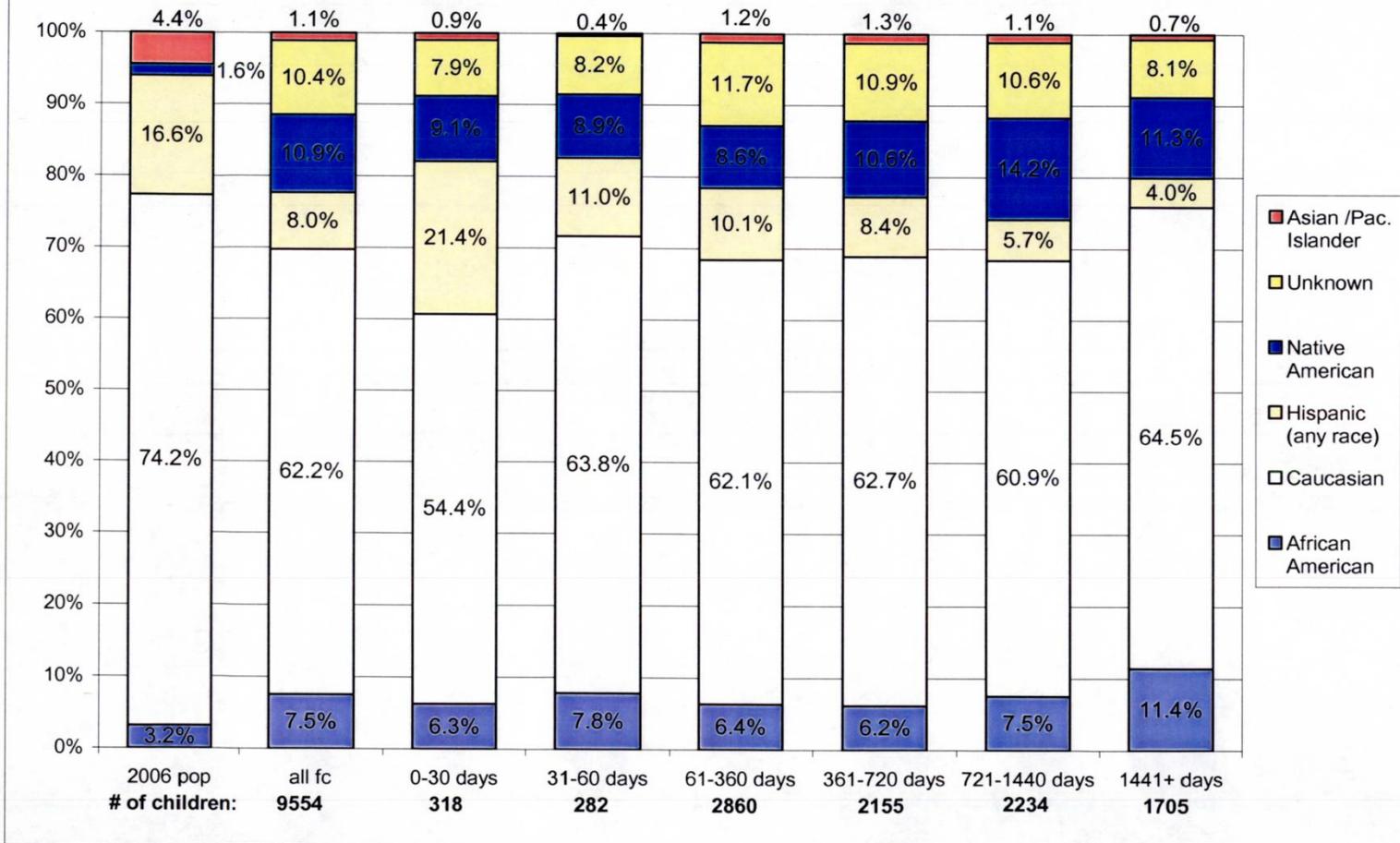
Permanency Planning for Children Dept.

775-784-6675

nmiller@ncjfcj.org

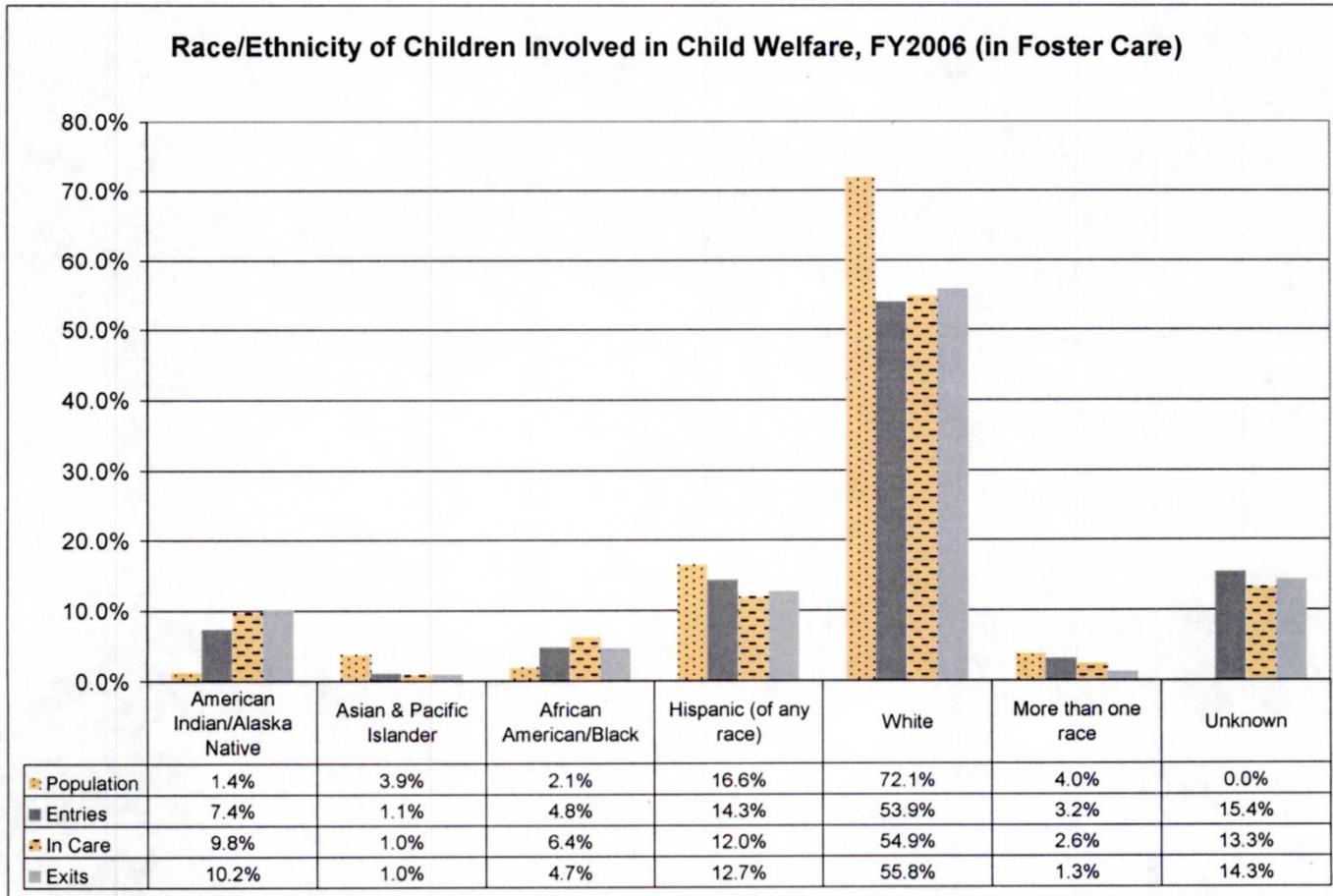


Oregon Children in Foster Care* on 09/30/2007 by Length of Stay
 (*Includes children co-served by SPD, Trial Home Visits and Runaways)



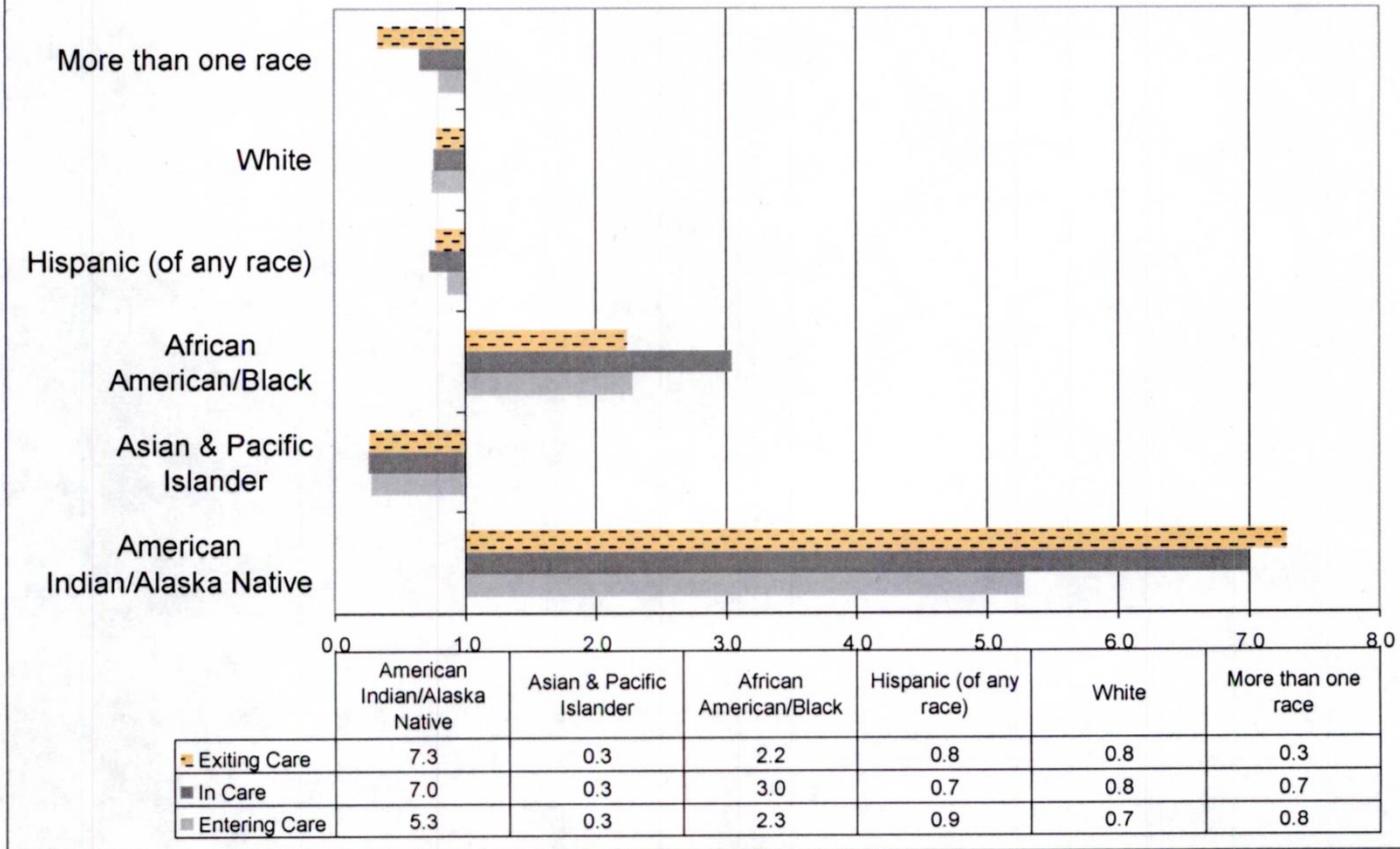
Sources: Oregon Child Population: "Easy Access to Juvenile Populations" Online. Derived from data originally collected by the U.S. Census Bureau and subsequently modified by the National Center for Health Statistics (NCHS). <http://www.ojdp.ncjrs.gov/ojstatbb/ezapop/>; Oregon Children in Foster Care data: The Status of Children in Oregon's Child Protection System 2007.

Disproportionality 2006



Source: Source: Child Welfare Outcomes Report, Oregon Context Data 2006

Racial Disproportionality Index, FY2006 (b) *



Source: Child Welfare Outcomes Report, Oregon Context Data 2006

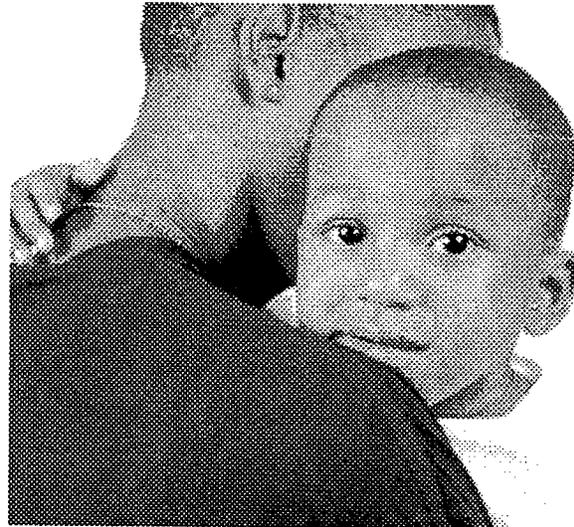
* Up to 15% of Oregon's child welfare population has an unknown or unrecorded race that can affect Oregon's Racial Disproportionality Index.

Courts Catalyzing Change: Achieving Equity and Fairness in Foster Care—Transforming Examination into Action

By Sophia I. Gatowski, Ph.D., Candice L. Maze, J.D., and Nancy B. Miller

Research has demonstrated that children and families of color are disproportionately represented in the child welfare system and frequently experience disparate and inequitable service provision. The data are clear and striking. The National Incidence Studies of Child Abuse and Neglect have consistently found that, regardless of the standard of maltreatment used, there are “no statistically significant differences in overall occurrence rate for maltreatment between black and white families.”¹ However, while children of all races are equally as likely to suffer from child abuse and neglect, the percentage of African-American children who enter and remain in out-of-home care is greater than their proportion in the population.² “In states where there is a large population of Native Americans, this group can constitute between 15% to 65% of the children in foster care.”³ Hispanic or Latino children may be significantly over-represented based on the locality (e.g., in Santa Clara County, Calif., Latino children represent 30% of the child population, but 52% of all child welfare cases).⁴ “African Americans are investigated for child abuse and neglect twice as often as Caucasians,”⁵ and African-American children who are determined to be victims of child abuse are 36% more likely than Caucasian children to be removed from their parent(s) and placed into foster care.⁶ The first round of Child and Family Services Review data also show that Caucasian children achieve permanency outcomes at a higher rate than children of color.⁷ In addition to being more likely to be placed in foster care, African-American children are less likely to be reunified with their parents⁸ and receive fewer services than Caucasian children.⁹

Researchers and policy-makers have identified a number of theories about the causes of racial disproportionality and disparate treatment in the child welfare system, linking disproportionality and disparity to a variety of economic and social factors. All of these factors must be addressed in order to ensure that the needs of all children are equitably and fairly served. The complexity and significance of this issue points to the critical need for collaborative efforts to not only further study the



factors that contribute to racial disproportionality and disparities in the child welfare system, but also to design and implement specific actions courts and child welfare system partners can take to reduce these inequities and ultimately improve outcomes for all children and families. It is time to move forward—to transform examination and discussion about racial disproportionality and disparate treatment in the dependency court system into specific *actions*.

The Courts Catalyzing Change Initiative—Purpose and Goals

The Courts Catalyzing Change: Achieving Equity and Fairness in Foster Care Initiative (CCC), funded by Casey Family Programs and supported by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), brings together judicial officers and other systems' experts to set a national agenda for court-based training, research, and reform initiatives to reduce the disproportionate representation of children of color in dependency court systems. The Initiative's mission is to create and disseminate judicial tools, policy and practice guidelines, and associated action plans that child abuse and neglect court systems can use to reduce disproportionality and disparities for children and families of color. The Initiative, informed by existing research, will re-evaluate federal, state, and local policy and make recommendations for changes or improvements. The Initiative will identify and evaluate all decision points in the dependency court system to determine where specific action can be taken, and recommend strategies for court and systems change to reduce racial disproportionality and disparate treatment.

The formation of the CCC Initiative was prompted by the previous work of National Council of Juvenile and Family Court Judges Committees on the Disproportionate Representation of Children of Color, Tribal Courts, and Diversity, the NCJFCJ Permanency Planning for Children Department's (PPCD) Advisory Committee and National Victims Act

Disproportionality = a particular racial or ethnic group is represented within a social system at a rate or percentage that is not proportionate to their representation in the general population.

Disparity = unfair or unequal treatment of one racial or ethnic group as compared to another racial or ethnic group.

Model Court Lead Judges, and Casey Family Programs work in their successful Break-through Series Collaborative Initiative.¹⁰ In September 2007, Casey Family Programs (CFP) formalized a partnership with the NCJFCJ to converge the two organizations' past efforts in this arena, by providing funding to bring together judicial officers and other systems' experts in a series of leadership and work group meetings, with the goal of setting a national agenda for court-based training, research, and reform initiatives. The CCC Initiative was then officially launched on Oct. 3, 2007 at the OJJDP-funded National Model Court All-Sites Conference in New Orleans, La. At that All-Sites Conference, the 29 participating dependency court jurisdictions in NCJFCJ's Model Courts Project made a commitment to reduce racial disproportionality and disparities as a national Model Court goal. The OJJDP, through its national Child Victims Act Model Court grant to the NCJFCJ, is providing support for the technical assistance necessary to facilitate Model Court achievement of this national goal.

Courts Catalyzing Change: Organizational Structure

Two main work groups currently make up the CCC Initiative's organizational structure:

1) *The Steering Committee*: The Steering Committee provides leadership for the Initiative, and is comprised of a core group of judicial officers, other systems' experts, and NCJFCJ and CFP staff. The Steering Committee leads the implementation of the national agenda, and identifies ways to engage the broader judicial community in this work.

A Snapshot of What We Know ...

- The average African-American child is not at any greater risk for abuse and neglect than the average Caucasian child (Sedlak & Schultz, 2001; Ards et al., 1999), but African-American children are dramatically overrepresented in the child welfare system.
- African-American, Hispanic, and Asian/Pacific Islander children have a disproportionately higher rate of maltreatment investigations when compared to White children (Fluke et al., 2002).
- Substantiations for abuse and neglect occur at twice the rate for African-American children than for Caucasian children, and African-American children are placed into foster care at four times the rate of Caucasian children (CWLA, 2003).
- American Indian/Alaska Native children are disproportionately represented in the child welfare system, having substantiation rates for abuse and neglect at about twice the rate of Caucasian children, as well as foster care placement rates at least three times higher than that of Caucasian children (CWLA, 2003).

2) *The Call to Action Work Group*: Work Group members were selected because of their leadership role in systems' change efforts, and their expertise and involvement in efforts to reduce racial disproportionality and disparate treatment in the dependency court system. Call to Action Work Group members were tasked with the creation of a national agenda for court-based training, research, and reform initiatives.

Courts Catalyzing Change: The Process of Developing a National Agenda

The CCC Initiative officially began its work to develop a national agenda to reduce racial disproportionality and disparities in the dependency court system with a meeting in February 2008 of the Steering Committee in Washington, D.C., and a meeting in April of the National Call to Action Work Group in Phoenix, Ariz. During both meetings, participants were led through discussions about race—engaging in “courageous conversations.”¹¹ The conversation about race equity in America, an essential foundation of any work toward developing and implementing an agenda for reducing disproportionalities and disparities in the dependency court system, is deeply personal and stirs the emotions and latent feelings of almost all involved. The opening exercise for both Steering Committee and Work Group members was a self-dialogue about how each of the participants views race; they were then asked to share their self-reflections. There was agreement that all must be willing to take risks in a conversation about race, honor those who speak their truth, and attribute good intent to speakers.

The participants also viewed a video entitled “Race—The Power of an Illusion: Episode 3—The House We Live In”¹² which explored the values, assumptions, and historical meanings attached to physical appearance. The video examined the laws and policies that have defined and shaped race, including Jim Crow laws, Federal Housing Administration Laws in the wake of the post-World War II GI Bill, and the Fair Housing Act, among others. Finally, Dr. Carol Wilson Spigner discussed the history of the child welfare system and the disproportionate and disparate treatment of children and families of color. The Work Group also began to focus on formulating the *National Agenda to Reduce Racial Disproportionality and Disparities in the Dependency Court System*.

4 Tenets of Courageous Conversations:

1. *Speak your truth*
2. *Expect and accept non-closure*
3. *Experience discomfort*
4. *Stay engaged*

Courts Catalyzing Change: A National Agenda for Reducing Racial Disproportionality and Disparities in the Dependency Court System

The *Guiding Principles* of the National Agenda developed by the CCC Steering Committee and Call to Action Work Group are:

- Children and families of color must be an integral part of the planning and problem-solving process at all levels and all stages.
- Judges—as the final arbiters of justice—must be leaders in their communities to reduce disproportionality and disparity in the child welfare system.
- Broad-based, multidisciplinary alliances and honest collaboration must be formed to effectively and comprehensively address this issue.
- Reducing racial disproportionality and disparities in the child welfare system must be linked with a broader effort to eliminate institutional and structural racism in the child welfare system.

To achieve the Initiative's mission, NCJFCJ, CFP, Steering Committee members, Call to Action Work Group members, and Model Court Lead Judges will take the lead at the local, state, and national levels in promoting the following **National Agenda Key Strategies and Associated Action Steps** to reduce disproportionate representation and disparate treatment of children and families of color in the child welfare system.

■ Engage national, state, local, and tribal stakeholders, community partners, and children and families.

NCJFCJ and CFP leadership will ...

- Take the lead to establish partnerships with national organizations in the field and encourage them to pursue reducing disproportionality and disparities in the child welfare system as a top priority.
- Serve as a clearinghouse for judges and courts nationwide regarding the information and activities related to this effort.
- Learn from and build upon the work of other national organizations that have developed successful approaches to reducing racial disproportionality and disparities in the child welfare system.
- Reach out to federal policy-makers and federal entities to educate, garner support, and bring attention to this issue.

NCJFCJ Model Court Lead Judges will ...

- Engage local and state judicial leaders and court administrators to promote the reduction of disproportionality and disparate treatment through action-oriented and solution-driven statewide advisory

committees, task forces, and educational forums.

- Lead their local community in developing a plan to reduce racial disproportionality and disparities in the child welfare system by convening local minority families, community leaders, governmental agencies, schools, faith-based leaders, and community-based providers in community forums, town hall meetings, and collaborative planning sessions.
- Raise awareness about racial disproportionality and disparate treatment by communicating with national, state, and local media about the pervasiveness of the problem as well as efforts and initiatives to reduce disproportionality and disparate treatment.

■ Transform Judicial Practice.

NCJFCJ and Casey Family Programs leadership will ...

- Re-examine the NCJFCJ *RESOURCE GUIDELINES* through a racial equity lens and develop a specific set of judicial decision-making tools directed at reducing racial disproportionality and disparate treatment.
- Develop and promote judicial education, training, and guidance on the issue of disproportionality and disparate treatment in the child welfare system.
- Develop formal feedback processes for children and families who are involved with child welfare proceedings.

NCJFCJ Model Court Lead Judges will ...

- Examine personal biases and prejudices to understand and moderate their impact on judicial decision-making.
- Practice and promote principles of therapeutic jurisprudence through family engagement both in court and in the child welfare case-planning process.
- Conduct thorough hearings examining all decision points and make well-reasoned findings on the record.
- Commit to training and education for themselves and their colleagues in the juvenile court.
- Ensure services are culturally appropriate.

■ Participate in Policy and Law Advocacy.

NCJFCJ and Casey Family Programs leadership will ...

- Identify and examine state and federal laws and policies that drive children into the child welfare system in a racially biased way and identify model laws that combat this problem.
- Seek the active participation of federal lawmakers, administrators, and relevant government agencies and departments to develop a cross-systems and collabora-

orative approach to evaluate and amend laws and policies that perpetuate racial disproportionality and disparities.

- Work to ensure that Child and Family Services Review (CFSR) outcomes and performance measures assess racial disproportionality and disparity in the child welfare system and that program improvement plans (PIPs) require solutions to negative findings in this area.
- Work with the U.S. Department of Health and Human Services to ensure that Court Improvement Projects (CIPs) provide incentives and funding to jurisdictions working to reduce racial disproportionality and disparate treatment.

NCJFCJ Model Court Lead Judges will ...

- Seek the active participation of state and local lawmakers and relevant government agencies and departments to develop a cross-systems and collaborative approach to dismantling state and local laws and policies that perpetuate racial disproportionality and disparities.
- Seek statewide uniform ethical guidelines regarding the judiciary engaging in community advocacy that enable the judiciary to fully participate as active members of systems and community reform and improvement efforts.
- Promote open child welfare hearings and encourage community members to become aware of the decision-making process.
- Work within their state and jurisdiction to promote retaining judges in juvenile court and advocate against policies and

laws that rotate judges through juvenile court rather than allowing judges to develop expertise in this area.

- Promote the full scale (from hotline to permanency), statewide implementation of objective decision-making processes and tools (such as structured decision-making).
- ### ■ Examine and Employ Research, Data, and Best Practices.

NCJFCJ and Casey Family Programs Leadership will ...

- Promote a multidisciplinary, multi-level approach to data analysis in the area of racial disproportionality and disparate treatment in the child welfare system to ensure a jurisdiction's ability to effectively analyze barriers, challenges, and opportunities to reducing this problem.
- Develop and define measures of well-being, safety, and permanency in relationship to reducing disproportionality and disparate treatment for children and families of color in the child welfare system.
- Promote uniform use and acceptance of these measures on a local, state, and national level.
- Identify and answer critical data-related questions about racial disproportionality and disparate treatment in the child welfare system.
- Provide forums for ongoing education and technical assistance to local, state, and national leaders and key decision-makers by national research entities that have examined and analyzed data related to racial disproportionality and disparate treatment.

NCJFCJ Model Court Lead Judges will ...

- Improve understanding of local child welfare system and court data around the issue of racial disproportionality and disparate treatment.
- Address and improve local jurisdictions' capacity to collect and analyze data related to racial disproportionality and disparate treatment within each child-serving entity and within the court system.
- Collect and evaluate data at the case level, by judge and by jurisdiction.
- Create opportunities within their own jurisdiction for discussing the meaning of the data and underlying causes of racial disproportionality and disparate treatment.
- Select outcome measures and develop strategies to improve permanency-related outcomes for children of color in the child welfare system.
- Take the lead in educating colleagues and systems partners about using local data to analyze causes for racial disproportionality and disparities in the child welfare

Disproportionality: Theories from Research

- Minority children are more likely to be in poor, single-parent homes—all risk factors for maltreatment.
- Minority families are more likely to come into contact with social service or other workers who notice and report maltreatment.
- Minority families are more likely to be reported for abuse and neglect and less likely to be reunified due to biased decision making.
- Minority children and families have less access to services that prevent placement and hasten permanency.

Disproportionality: Theories from Child Welfare Administrators, Supervisors, Case Workers

- Disparate treatment can result from:
 - Lack of familiarity with other cultures and with what constitutes abusive behavior;
 - Lack of community resources to address a range of issues, such as substance abuse and domestic violence;
 - Media pressure to remove children; and
 - Poverty and related issues, such as homelessness.

*Congressional Research Services,
Race and Ethnicity in Child Welfare (August 2005)*

CCC Steering Committee

The CCC Steering Committee is a group of judges and professionals who are committed to addressing the issue of racial disproportionality and disparities in the child welfare system. The committee was formed in 2007 and has been instrumental in developing the National Agenda for the CCC Initiative. The committee's work is focused on identifying and addressing the systemic factors that contribute to racial disproportionality and disparities in the child welfare system. The committee has held several meetings and has been instrumental in developing the National Agenda for the CCC Initiative. The committee's work is ongoing and will continue to be a key component of the CCC Initiative.

The committee's work is ongoing and will continue to be a key component of the CCC Initiative. The committee's work is ongoing and will continue to be a key component of the CCC Initiative.

National Call to Action: Racial Justice

The National Call to Action: Racial Justice is a call to action for judges and professionals to address the issue of racial disproportionality and disparities in the child welfare system. The call to action is based on the findings of the CCC Initiative and the National Agenda for the CCC Initiative. The call to action is a call to action for judges and professionals to address the issue of racial disproportionality and disparities in the child welfare system. The call to action is a call to action for judges and professionals to address the issue of racial disproportionality and disparities in the child welfare system. The call to action is a call to action for judges and professionals to address the issue of racial disproportionality and disparities in the child welfare system.

Steering Committee and Call to Action Work Group Meeting participant comments demonstrate the depth of the issue and the challenges that judges and other professionals face when the conversation turns to racism in our society and its institutions.

- "The challenge is how to maximize this opportunity to do something that will reduce disparity without getting mired down in the feelings and emotions you have when you think about how this affects one personally. The challenge is to stay focused and the question is: How do I communicate this in my jurisdiction in a way that will not create barriers."
- "This is one of the few issues about which we as judges of color (and those who are not) have to get personal. We have to understand our own experiences, views, and perspectives because this is the binding force that connects us to the children and families we serve—we don't need to shy away from the personal—that is who we are."
- "This effort challenges us to move to a different plane of leadership. It challenges us to come off the bench and start partnering with other national organizations and get the message out there that this is multidisciplinary work. It is in the courtroom, yes, but it is beyond that as well."

system and opportunities to reduce this trend through training, decision-making, and policy advocacy.

■ Impact Service Array and Delivery.

NCJFCJ and Casey Family Programs Leadership will ...

- Collect and disseminate literature and information on promising practices and services that effectively reduce racial disproportionality and disparities in the child welfare system.
- Examine the impact of specific systems on outcomes for children and families of color.

NCJFCJ Model Court Lead Judges will ...

- Promote early intervention and prevention approaches to service delivery in order to reduce removals and support speedy reunification.
- Require culturally competent and linguistically appropriate services for children and families of color involved in the child welfare system.
- Encourage minority communities in their jurisdiction to develop community-based resources and information that are specific to their cultural and community needs.
- Convene community forums of community members, leaders, and service providers to assess and address service goals.
- Ensure that quality and effectiveness of services are addressed.
- Recommend termination of contracts that are not effective or are adding to the problem of racial disproportionality and disparate treatment in the child welfare system.

Courts Catalyzing Change: Next Steps

At an NCJFCJ Model Court Lead Judges and CCC Steering Committee members meeting in Palm Springs, Calif., in May 2008, the National Agenda was refined and work begun to identify tools necessary to implement the Key Strategies. The Steering Committee worked to elaborate on a toolkit for implementation of the National Agenda, to prioritize the development of specific tools in that toolkit and to identify a national dissemination, implementation, and technical assistance approach. In the months ahead, these tools will be developed and vetted through the CCC Steering Committee and Call to Action Work Group. At the September 2008 All-Sites Model Court meeting, the National Agenda will officially be launched with the meeting dedicated primarily to the CCC Initiative.

ABOUT THE AUTHORS:

Sophia I. Gatowski, Ph.D., is Senior Program Manager in NCJFCJ's Permanency Planning for Children Department.

Candice L. Maze, J.D., is President, Maze Consulting, Inc., Miami, Fla., and consultant to NCJFCJ.

Nancy B. Miller is Director of NCJFCJ's Permanency Planning for Children Department.

NCJFCJ Victims Act Model Courts (VAMC) and Casey Breakthrough Series Collaborative (BSC) —Leading the Way*

Following are some examples of work to reduce racial disproportionality and disparities in the child welfare system currently underway in VAMC and BSC jurisdictions. (For more information about any of these Model Court efforts, please contact the PPCD at www.caninfo.org; for information about the BSC, please contact Casey Family Programs at www.casey.org).

San Jose, Calif.—Lead Judge Katherine Lucero

A work group from the Children of Color Task Force conducted court file reviews on a random sample of 25 substantiated referrals from April 2006, to determine whether any patterns emerged suggesting bias in decision-making that resulted in substantiation. Data obtained from that review informed the development of the Department of Families and Children Services operating plan to address the issues involved in racial disproportionality and disparate treatment. The plan involves all stakeholders in the child welfare system, including the juvenile court.

Washington, D.C.—Lead Judge Anita Josey-Herring

The Washington, D.C. Family Court convened a Leadership Summit on Disproportionate Representation in October 2007. The D.C. Model Court set forth and is requiring of its stakeholders to commit to the following aims: 1) Collect baseline data on the racial makeup of the individuals each agency comes into contact with. Implement data collection tools to further the D.C. Model Court Collaborative initiative to address the disparate treatment of minorities in the system. 2) Establish training goals for staff and managers focusing on cultural competency. Engage frontline workers in goal setting for the next year. 3) Examine and develop agency policies and set three goals to be accomplished to address the disparate treatment of minorities in the system. Develop an action plan to address the disproportionate representation of minorities within agencies.

Chicago, Illinois—Lead Judge Patricia Martin

The Chicago Model Court held a collaborative meeting to address the disproportionate representation of minorities in the system and invited several other Model Court jurisdictions that were interested in addressing this issue to participate. The findings were memorialized in specific action steps which were created and committed to on that date. Since that meeting, several of those jurisdictions have taken charge of the issue and have implemented procedures based on the foundation they built in Chicago. A “year in review meeting” will be held to follow-up on action plans, and to discuss the challenges, progress, and future work to be done in this area.

Des Moines, Iowa—Model Court Lead Judge Constance Cohen and Breakthrough Series Collaborative Judge Joe Smith

The Polk County Juvenile Court shares data and engages in discussions on an ongoing basis of the factors contributing to the over-representation of children of color in the child welfare system. All discussions and work on this issue include at least one parent and youth who have received child welfare services. Six “Undoing Racism” trainings, which have included department workers, department supervisors, all juvenile court judges, court clerks, county attorneys, providers, and community partners, have been provided. Discussions are beginning with the Des Moines Public Schools, with a goal of determining joint strategies to improve outcomes for children of color in both systems.

*The authors wish to thank NCJFCJ’s VAMC Liaison team for providing this information.

END NOTES

¹ Hill, R. B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*. Casey Family Programs. See also Government Accounting Office (2007). *African American Children in Foster Care: Additional HHS Assistance Needed to Help States Reduce the Proportion in Care*. GAO-07-816.

² Anderson, G. R. (1997). Introduction: Achieving permanency for all children in the child welfare system. In G. R. Anderson, A. Ryan, & B. Leashore (Eds.), *The challenge of permanency planning in a multicultural society* (pp. 1-8). New York: Haworth Press, Inc. See also U.S. Department of Health and Human Services. (2005). *Data Report*.

³ Casey Family Programs. (April 2005). *Framework for Change*.

⁴ Congressional Research Service (August 2005). *Race, Ethnicity and Child Welfare*.

⁵ Yaun, J., Hedderson, J., and Curtis, P. (2003). Disproportionate representation of race and ethnicity in child maltreatment: Investigation and victimization. *Children and Youth Services Review*, 25, 359-373.

⁶ U.S. Department of Health and Human Services. (2005). *Data Report*.

⁷ National Child Welfare Resource Center. (2006). *Data Report*.

⁸ 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.

⁹ Courtney, M., Barth, R., Berrick, J., Brooks, D., Needell, B., & Park, L. (1996). Race and child welfare services: Past research and future directions. *Child Welfare*, 75(2), 99-137.

¹⁰ Casey Family Programs *Breakthrough Series Collaborative on Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System* brought together court and child welfare teams to identify the key components of the child welfare system that must change to reduce and ultimately eliminate racial disparities. See www.casey.org for more information.

¹¹ Casey Family Programs. (2008). *Knowing Who You Are*.

¹² California Newsreel. (2003). *Race – The Power of an Illusion*.

ADDITIONAL REFERENCES AND RESOURCES

Ards, S., Myers, S., Malkis, A., Sugrue, E., & Zhou, L. (2003). Racial disproportionality in reported and substantiated child abuse and neglect: An examination of systemic bias. *Children and Youth Services Review*, 25(5/6), 375-392.

Child Welfare League of America. (2003). *National Data Analysis System*.

Fluke, J., Yuan, Y., Hedderson, J., & Curtis, P. (2002). Disproportionate representation in child maltreatment. Paper presented at the *Research Roundtable on Children of Color in Child Welfare*. Washington, DC.

Sedlak, A., & Schultz, D. (2001). Race differences in risk of maltreatment in the general child population. Paper presented at the *Race Matters Forum*, Jan. 8-9, 2001. Chevy Chase, MD.



Highlights of GAO-07-816, a report to the Chairman, Committee on Ways and Means, House of Representatives

AFRICAN AMERICAN CHILDREN IN FOSTER CARE

Additional HHS Assistance Needed to Help States Reduce the Proportion in Care

Why GAO Did This Study

A significantly greater proportion of African American children are in foster care than children of other races and ethnicities, according to HHS and other research. Given this situation, GAO was asked to analyze the (1) major factors influencing the proportion of African American children in foster care, (2) extent that states and localities have implemented promising strategies, and (3) ways in which federal policies may have influenced African American representation in foster care. GAO's methodologies included a nationwide survey; a review of research and federal policies; state site visits; analyses of child welfare data; and interviews with researchers, HHS officials, and other experts.

What GAO Recommends

GAO suggests that Congress consider amending current law to allow subsidies for legal guardianships. HHS believes its proposal for restructuring child welfare funding would give states the option to do this, but the viability of this proposal is uncertain. GAO also recommends that HHS further assist states in addressing disproportionality. In its comments, HHS noted that GAO's recommendation was consistent with its efforts to provide technical assistance to states, but did not address the specific actions GAO recommended. GAO continues to believe that further assistance is important for helping states address disproportionality.

www.gao.gov/cgi-bin/getrpt?GAO-07-816.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Denise M. Fantone at (202) 512-7215 or fantoned@gao.gov.

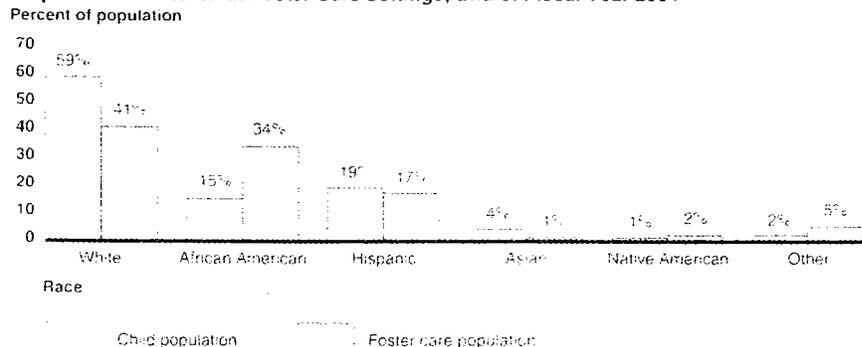
What GAO Found

A higher rate of poverty is among several factors contributing to the higher proportion of African American children entering and remaining in foster care. Families living in poverty have greater difficulty accessing housing, mental health, and other services needed to keep families stable and children safely at home. Bias or cultural misunderstandings and distrust between child welfare decision makers and the families they serve are also viewed as contributing to children's removal from their homes into foster care. African American children also stay in foster care longer because of difficulties in recruiting adoptive parents and a greater reliance on relatives to provide foster care who may be unwilling to terminate the parental rights of the child's parent—as required in adoption—or who need the financial subsidy they receive while the child is in foster care.

Most states we surveyed reported using strategies intended to address these issues, such as involving families in decisions, building community supports, and broadening the search for relatives to care for children. HHS provides information and technical assistance, but states reported that they had limited capacity to analyze data and formulate strategies, and states we visited told us they relied on assistance from universities or others.

States reported that the ability to use federal funding for family support services was helpful in keeping African American children safely at home and that federal subsidies for adoptive parents helped move children out of foster care. However, they also expressed concerns about the inability to use federal child welfare funds to provide subsidies to legal guardians. As an alternative to adoption, subsidized guardianship is considered particularly promising for helping African American children exit from foster care. States were also concerned about the lack of flexibility to use federal foster care funds to provide services for families, although states can use other federal funds for this purpose if they consider it a priority.

Proportion of Children in Foster Care Settings, End of Fiscal Year 2004



Source: GAO analysis of AFCARS and Census data.



Disproportionality in the Child Welfare Systemⁱ

The Disproportionate Representation of Children of Color in Foster Care

The Color of Foster Care

On September 30, 2005, approximately three in five (58% or 292,692) of the 513,000ⁱⁱ children living in foster care placements were children of color, although children of color represented only 42% of the child population in the United States.ⁱⁱⁱ

- 33 percent (166,482) of the children in foster careⁱⁱ were **African American** although African American children make up only 15 percent of the U.S. child population.^{iv} African Americans were disproportionately represented in the child welfare system at a rate of 2.21:1 (33.21/15).
- 2 percent (10,617) of the children in foster careⁱⁱ were American Indian or Alaskan Native, but American Indian and Alaska Native children make up only 1 percent of the U.S. child population.^v American Indians and Alaska Natives were disproportionately represented in the child welfare system at a rate of 2.12:1 (2.12/1).
- 19 percent (93,996) of the children in foster careⁱⁱ were **Hispanic/Latino**, but Latinos make up 20 percent of the U.S. child population.^{vi} Latinos were disproportionately represented in the child welfare system at a rate of 0.94:1 (18.75/20). Note, however, that in some states and communities, the proportion of Hispanic/Latino children in care is much higher than their proportion in the general population in that community.
- 42 percent (208,537) of the children in foster careⁱⁱ were **non-Hispanic white**, while white children make up 58 percent of the U.S. child population.^{vii} Whites were disproportionately represented in the child welfare system at a rate of 0.72:1 (41.61/58).
- 1 percent (2,973) of the children in foster careⁱⁱ were **non-Hispanic Asian**, while Asian children represented 4 percent of the U.S. child population.^{viii} Asians were disproportionately represented in the child welfare system at a rate of 0.15:1 (0.59/4).

The Relative Disparity Rate—Comparing Children of One Race or Ethnicity to Those of Another^{ix}

- The relative proportion of **African American** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 3.09:1 (2.21/0.72).
- The relative proportion of **Native American** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 2.95:1 (2.12/0.72).
- The relative proportion of **Hispanic/Latino** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 1.31 (0.94/0.72).
- The relative proportion of **Asian** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 0.21:1 (0.15/0.72).

Representation at State and Local levels

Throughout the United States today, African American children are overrepresented in the child welfare system in every state. American Indian and Alaska Native children are all overrepresented in the jurisdictions in which they reside. Latino children are overrepresented in over 10 states. But this information does not fully describe the disproportionately of minority children in the child welfare system. Asians tend to be underrepresented in the child welfare system. In addition, if we look more closely at

Latino representation throughout the country we see that Latinos are overrepresented in some jurisdictions and underrepresented in others.^x

Maltreatment Rates: Reporting, Screening and Investigation

There are no statistically significant differences in overall maltreatment rates between black and white families, according to three national incidence studies.^{xi} After controlling for such factors as income level, unemployment, and location (urban or rural), African American communities actually have lower rates of child maltreatment than Caucasian communities.^{xii}

While the overall maltreatment rates for black families are no greater than those for Caucasians, most research studies have found race to be an important factor in making reports to child protective services hotlines. Additionally, many public and private hospitals have over reported abuse and neglect among African Americans while they underreport maltreatment among Caucasians.^{xiii} Some research studies suggest that race alone, or in interaction with other factors, is strongly related to the decision to investigate a call made to the child protective services hotline.^{xiv} But additional studies are needed that control for a variety of factors such as family structure, employment, and income level.

Child Maltreatment Investigation Determination Rates

In some jurisdictions, child maltreatment is more likely to be indicated when families are African American or Hispanic than when they are Caucasian, and this overreporting is not corrected during the investigative process. Consequently, disproportionality continues from reporting to substantiation.^{xv}

Children Entering Care

Race is an important factor that affects the decision to place a child in foster care.^{xvi} In 2005, 50% (158,196) of the 311,000 children who entered foster care placements in the United States were children of color. Of these, 26% (80,430) were African American and 18% (56,603) were Hispanic.^{xvii}

Length of Stay

Data show that in 2002, 27.9 percent of African American children were in care less than a month compared to 47.1 percent of white children.^{xviii}

Limited Services while in Foster Care

Some research shows that families of color, when compared with white families, have less contact with child welfare workers and receive fewer services.^{xx} For example:

- African American foster parents reported fewer hours of contact between social workers and their children than was reported by other racial and ethnic groups.^{xx}
- Caucasian foster care parents received more services than any other racial and ethnic groups

Permanent Placements—Reunification

African American children are less likely than children of other races to be reunited with their families.^{xxi} Five major studies in four states between 1990 and 1999 revealed that Caucasian children are four times more likely than African American children to be reunited with their families, and they are reunited more quickly.

Moreover, a reanalysis of national data in 2005 reconfirmed this finding. This analysis found race to continue 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.^{xxii} In contrast, about equal proportions of children from different ethnic groups who are reunited with their families later return to foster care.^{xxiii}

Permanent Placements—Adoption

One research study has shown that children of color, particularly African American children who are legally available for adoption, wait longer to be adopted. This study documented that African American children are adopted eventually in the same numbers but the process takes much longer.^{xxiv}

What Causes Disproportional Representation of Different Racial and Ethnic Groups?

What are the reasons for disproportional representation of children of color in the child welfare system?

What is the "most appropriate" representation of any group of children in the child welfare system?

Theories about causation can be classified into three types: parent and family risk factors, community risk factors, and organizational and systemic factors.^{xxv} The next sections describe each major reason, but it is important to note that risk factors, community factors, organizational factors, and systemic factors are often interrelated, and do not operate in isolation.

According to theories about **parent and family risk factors**, children of color are overrepresented in the child welfare system because they have disproportionate needs. They are more likely to have risk factors, such as unemployment, teen parenthood, poverty, substance abuse, incarceration, domestic violence, mental illness, etc., that result in high levels of child maltreatment.^{xxvi}

Proponents of **community factors** assert that overrepresentation has less to do with race or class and more with residing in neighborhoods and communities that have many risk factors, such as high levels of poverty, welfare assistance, unemployment, homelessness, single-parent families, and crime and street violence that make residents more visible to surveillance from public authorities.^{xxvii}

In contrast, theories about **organizational and systemic factors** contend that racial overrepresentation results from: the decision-making processes of CPS agencies, cultural insensitivity and biases of workers, governmental policies, and institutional or structural racism.^{xxviii}

(Revised March 14, 2007)

ⁱ Disproportionality for the purposes of this fact sheet refers to the extent to which children are over- or under-represented in the child welfare system relative to their proportions in the census population. This definition was obtained from Hill, R.G. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*. Washington, D.C: Casey/Center for the Study of Social Policy, Alliance for Racial Equity. Special thanks to Dennette Derezotes of *Race Matters*, Robert Hill of Westat and Barbara Needell and Terry Shaw of the University of California at Berkeley for consultation regarding these statistics.

ⁱⁱ Race/Ethnicity information is available for 501,229 (98%) of the 513,000 children in foster care on September 30, 2005. This number (501,229) is used as the denominator for all percent calculations.

ⁱⁱⁱ U.S. Department of Health and Human Services (DHHS) (September 2006). *The AFCARS (Adoption and Foster Care Reporting System) Report*. Retrieved January 19, 2007 from http://www.acf.hhs.gov/proqrams/cb/stats_research/afcars/tar/report13.htm; The Annie E. Casey Foundation (2005). KIDS COUNT State level Data On-line. Retrieved January 19, 2007 from http://www.aecf.org/kidscount/sld/profile_results.jsp?r=1&d=1&c=9&p=5&x=146&y=5.

^{iv} IBID

^v IBID

^{vi} IBID

^{vii} IBID

^{viii} IBID

^{ix} The Relative Disparity Rate or Relative Rate Index compares the likelihood of one group experiencing an event to the likelihood of another group experiencing the same event. Source: Barbara Needell, "Race/Ethnic Disproportionality and Disparity in Child Welfare: New Views, New Measures" power point presentation available at <http://cssr.berkeley.edu/CWSCMSreports/presentations/>.

^x Derezotes, D (2006) *Race Matters in Child Welfare. Permanency Planning Today*. National Resource Center for Family-Centered Practice and Permanency Planning at the Hunter College School of Social Work, Summer 2006.

^{xi} Hill, R.B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*, Washington, DC: Casey/Center for the Study of Social Policy Alliance for Racial Equity.

^{xii} Ards, S. (1992). Understanding patterns of child maltreatment. *Contemporary Policy Issues*, 10(4): 39-50. Korbin, J., Coulton, C.I., Chard, S., Platt-Houston, C. & Su, M. (1998). Impoverishment and children maltreatment in African American and European American neighborhoods. *Development and Psychopathology*, 10: 215-233.

- ^{xiii} Hill, R.B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*. Washington, DC: Casey/Center for the Study of Social Policy Alliance for Racial Equity. Sedlak, A., & Schultz, D. (2001). Race Differences in Risk of Maltreatment in the General Child Population. In D. M. Derezotes, J. Poertner, & M. F. Testa, (Eds.). *Race Matters in Child Welfare: The Overrepresentation of African American Children in the System*. Washington, DC.: CWLA Press.
- ^{xiv} IBID
- ^{xv} IBID
- ^{xvi} IBID
- ^{xvii} U.S. Department of Health and Human Services (DHHS) (September 2006). *The AFCARS (Adoption and Foster Care Reporting System) Report*. Retrieved January 19, 2007 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm.
- ^{xviii} Source: *Children of Color at a Glance: CWLA (Child Welfare League of America) Fact Sheet and Relevant Research*. Retrieved online at <http://ndas.cwla.org>. Data Source: Length of Stay for Children in Care by Race/Ethnicity, 2002. Special tabulation of 2002 Adoption and Foster Care Reporting System (AFCARS) prepared by Child Welfare League of America, National Data Analysis System.
- ^{xx} Roberts, D.E. (2002). *Racial Disproportionality in the U.S. Child Welfare System: Documentation, Research on Causes, and Promising Practices. Working Paper #4*. Prepared for the Annie E. Casey Foundation. Northwestern University School of Law: Institute for Policy Research.
- ^{xx} Berrick, J.D., Barth, R.P. & Needell, B. (1994). A comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation. *Children and Youth Services Review*, 16 (1/2), 33-63.
- ^{xxi} Source: *Children of Color at a Glance: CWLA (Child Welfare League of America) Fact Sheet and Relevant Research*. Retrieved online at <http://ndas.cwla.org>. Data sources are: Barth, R. P., Courtney, M., Needell, B., & Jonson-Reid, M. (1994). Performance indicators for Child Welfare Services in California. Berkeley: Child Welfare Research Center; U.S. Children's Bureau (2002, August). The AFCARS report: Interim FY 2000 Estimates as of August 2002. Available online at www.acf.hhs.gov/programs/cb/publications/afcars/report7.htm. Washington, DC: U.S. Department of Health and Human Services.
- ^{xxii} Hill, R.B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*, Washington, DC: Casey/Center for the Study of Social Policy Alliance for Racial Equity.
- ^{xxiii} Hill, R.B. (2005). The role of race in parental reunification. In D. Derezotes, M.F. Testa and J. Poertner (eds.) *Race matters in child welfare: The overrepresentation of African American children in the system*. Washington, DC: Child Welfare League of America.
- ^{xxiv} Source: *Children of Color at a Glance: CWLA (Child Welfare League of America) Fact Sheet and Relevant Research*. Retrieved online at <http://ndas.cwla.org>. Data Source: Barth, R., Miller, J., Green, R.I., & Baumgartner, J. (2002). *Children of Color in the Child Welfare System: Toward Explaining the Disproportionate Involvement in Comparison to their numbers in the General Population*. Chapel Hill and Research Triangle Park, N.C.: University of North Carolina School of Social Work, Jordan Institute for Families and Research Triangle Institute; Ards, S. & Harrell, A. (1993). Reporting of child maltreatment: A secondary analysis of the national incidence surveys, *Child Abuse & Neglect*, 17(3): 337-344.
- ^{xxv} McCrory, J., Ayers-Lopez, S & Green, D. (2006). Disproportionality in child welfare. *Protection Connection*, 12 (4); National Association of Public Welfare Administrators. (2006). Disproportionate representation in the child welfare system: Emerging promising practices survey. Washington, D. C.: Author; U. S. Administration for Children and Families (2003). *Children of color in the child welfare system: Perspectives from the child welfare community*. Washington, DC: U. S. Department of Health and Human Services.
- ^{xxvi} Barth, R. (2005). Child welfare and race: Models of disproportionality. In D. Derezotes, et al. (Eds.) *Race matters in child welfare. The overrepresentation of African American children in the system* (pp. 25-46). Washington, DC: Child Welfare League of America; Chaffin, M. Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect. *Child Abuse and Neglect*, 20: 191-203; Walker, C. D., Zangrillo, P. & Smith, J. (1994). Parental drug abuse and African American children in foster care. In R. Barth, J. Berrick & N. Gilbert (Eds.) *Child welfare research review: Vol. 1*. (pp. 109-122). New York: Columbia University Press; Wells, K. & Tracy (1996). Reorienting intensive family preservation services in relation to public child welfare practices. *Child Welfare*, 75: 662-692.
- ^{xxvii} Coulton, C. & Pandey, S. (1992). Geographic concentration of poverty and risk to children in urban neighborhoods. *American Behavioral Scientist*, 35: 238-257. Drake, B. & Pandey, S. (1990). Understanding the relationship between neighborhood poverty and specific types of child maltreatment *Child Abuse and Neglect*, 20: 1003-1018; Garbarino, J. & Sherman (1980). High-risk neighborhoods and high-risk families. *Child Development*, 51: 188-189.

^{xxvii} Bent-Goodley, T. (Ed.) (2003). *African-American social workers and social policy*. New York: The Haworth Press; Everett, J., Chipungu, S., & Leashore, B. (Eds.) (1991). *Child welfare: An Africentric perspective*. New Brunswick, NJ: Rutgers University Press; McRoy, R. (2004). The color of child welfare. In K. Davis & T. Bent-Goodley (Eds.) *The color of social policy* (pp. 37-63). Alexandria, VA: Council on Social Work Education; Morton, T. (1999). The increasing colorization of America's child welfare system: The overrepresentation of African American children. *Policy and Practice*, 57 (4): 23-30; Roberts, D. (2002). *Shattered bonds: The color of child welfare*. New York, NY: Civitas Books

**COURTS CATALYZING CHANGE:
ACHIEVING FAIRNESS AND EQUITY IN FOSTER CARE**

**KEY INDICATORS/KEY MEASURES
RESEARCH REPORT**

Report Authored by: Mimari Hall, M.A., and Sophia Gatowski, Ph.D.
National Council of Juvenile and Family Court Judges

The National Council of Juvenile and Family Court Judges and Casey Family Programs are working to develop a national agenda to address disproportionate representation and disparities for minority children and families in the dependency court system. To help inform discussions about the national agenda, an online survey with respect to data collection and measurement as well as telephone interviews with leading researchers, and a literature review was conducted. The goal of this effort was to identify key indicators to measure disproportionate representation and disparities for minority children and families.

Summary of Findings:

Are dependency courts currently collecting case process and outcome data by race/ethnicity?

- 72% of dependency court stakeholders surveyed reported that they are collecting case process and outcome data by race/ethnicity.
 - Most jurisdictions (74%) reported that these data are collected by the child welfare/social service agency.
 - Data on race and ethnicity are primarily collected to comply with ASFA and CFSR requirements (e.g., information available when a petition was filed, data on race and ethnicity for children who are on an adoption track, etc.).

What key indicators are dependency court jurisdictions and researchers currently using to measure disproportionality and disparity?

- Permanency Outcomes by Race and Ethnicity
 - Adoption
 - Reunification
 - Guardianship
 - Another Planned Permanent-Living Arrangement
- Placement by Race and Ethnicity
 - Length of stay in out of home placement
 - Type of placement
 - Number of placements
 - Race and ethnicity of foster care provider
- Reports of Abuse and/or Neglect by Race and Ethnicity

- Receipt of Treatment and/or Services by Race and Ethnicity
 - Receipt of services by parents/families (preventive, reunification, and other support)
- Visitation by Race and Ethnicity
- Substantiation of Allegations by Race and Ethnicity
- Investigation of Allegations by Race and Ethnicity

National Dependency Court Performance Measures: Disproportionality and Disparities

The National Council of Juvenile and Family Court Judges, the American Bar Association Center on Children and the Law, and the National Center for State Courts have designed national dependency court performance measures, all of which should be examined in relation to race and ethnicity. Specifically, dependency courts should strive to collect data on the following:

- Safety by Race/Ethnicity
 - Child Safety While Under Court Jurisdiction
 - Child Safety After Release from Court Jurisdiction
- Permanency by Race/Ethnicity
 - Achievement of Child Permanency
 - Children not Reaching Permanency
 - Children Moved While Under Court Jurisdiction
 - Re-entry into Foster Care after Return Home
 - Re-entry into Foster Care after Adoption or Guardianship
- Due Process and Fairness by Race/Ethnicity
 - Service of Process to Parties
 - Early Appointment of Advocates for Children
 - Early Appointment of Counsel for Parents
 - Advance Notice of Hearings to Parties
 - Presence of Parties During Hearings
 - Presence of Advocates/Counsel During Hearings
 - Changes in Advocates for Children
 - Changes in Counsel for Parents
- Timeliness of Court Process by Race/Ethnicity
 - Time to Permanent Placement
 - Time to Adjudication
 - Time to Disposition
 - Timely Case Review
 - Time to First Permanency Hearing
 - Time to Termination of Parental Rights
 - Timeliness of Termination of Parental Rights Proceedings
 - Time from Disposition to Termination of Parental Rights Petition
 - Timeliness of Adoption Petition
 - Timeliness of Adoption Proceedings
- Child Well-Being by Race/Ethnicity
 - Educational Achievement
 - Physical, Mental, and Dental Health

REPORT OF FINDINGS SURVEY, INTERVIEW, AND LITERATURE REVIEW RESULTS

Judges, court improvement specialists, court and child welfare administrators, dependency court attorneys and child advocates, as well as representatives of foster care review boards were invited to participate in an online survey. The survey asked whether their dependency court jurisdiction was currently collecting data on child abuse and neglect case process and outcomes by race and/or ethnicity. A total of 61 respondents answered the survey from 30 different States. The following is a breakdown of the survey respondents' roles in the dependency system.

Judge	4.9% (n = 3)
Judicial Officer	3.3% (n = 2)
Court Administrator	8.2% (n = 5)
Court Clerk	0.0% (n = 0)
Public Defender/Private Parent's Attorney	0.0% (n = 0)
Attorney Representing Children	3.3% (n = 2)
Attorney Representing Child Welfare Agency	1.6% (n = 1)
Non-attorney Representing Children (GAL)	0.0% (n = 0)
CASA	1.6% (n = 1)
CIP Director	6.6% (n = 4)
CIP Staff	6.6% (n = 4)
Child Welfare Agency Administrator	18.0% (n = 11)
Social/Case Worker	8.2% (n = 5)
Service Provider	0.0% (n = 0)
Other	16.4% (n = 10)

For those who identified their role as "Other," the following roles were listed:

- Foster care review *and* CASA program administration
- State child welfare-juvenile justice agency
- Administrative Case Review
- Social Case Worker Supervisor / Data Analyst
- University-based researcher
- Court administrator - foster care review board
- Family Resource Worker
- State Agency Research Director
- Administrative Review /Foster Care Review
- Judicial Branch Program Manager

The respondents were asked to provide information pertaining to whether they were collecting data on child abuse and neglect case process and outcomes by race and/or ethnicity. Of the 61 respondents, 93.4% (n = 57) provided an answer to this question, with the majority reporting that they are collecting data on case process and outcomes by race/ethnicity (71.9%; n = 41 of 57). Ten percent (10.5%; n = 6 of 57) indicated that they were not currently collecting data on case process and outcomes by race/ethnicity. Over 15% (17.5%; n = 10 of 41) answered that they "did not know" if the data were collected.

The 41 respondents who answered that they were collecting data on child abuse and neglect case process and outcomes by race and/or ethnicity were prompted to provide

information pertaining to what system maintains or provides these data. Of the 41 respondents, 75.6% (n = 31 of 41) answered this question.

Child Welfare/Social Services Agency	74.2% (n = 23)
Court	35.5% (n = 11)
Citizen Foster Care Review Board	32.3% (n = 10)
CASA/GAL	9.7% (n = 3)

A NOTE ABOUT DISPROPORTIONALITY vs. DISPARITY MEASURES

Definitions of terms

There are a variety of terms and definitions to be used to describe the issues of disproportionate representation and disparities for minority children and families in the dependency court system. For example, the following terms are frequently used to address the issue: Minority overrepresentation, racial disproportionality and disparities, disproportionality of children of color, etc. During phone interviews, expert researchers were asked to distinguish these terms.

- “Disproportionality” – the difference in the percentage of children of a racial or ethnic group in a population as compared to the percentage of children of the same racial or ethnic group in the child welfare system.
- “Disparity” – unfair or unequal treatment of one racial or ethnic group as compared to another racial or ethnic group.

Measurements for Disproportionality and Disparity

Findings from phone interviews with expert researchers revealed two distinct types of measurement. Disproportionality measures the number or percentage of minority children at stages of child welfare decision-making events as compared to the number or percentage of children in the same racial/ethnic group in the general population in a locality (typically based on census data for that locality). Disparity measures differences in process and outcomes for one racial/ethnic group as compared to other racial groups in the child welfare system (e.g., measuring differences in services/treatment received by African American children and Caucasian children).

Online survey respondents were asked to provide information about what specific data were collected in their dependency court jurisdiction. Of the 41 respondents who answered that they were collecting data on child abuse and neglect case process and outcomes by race/ethnicity, 75.6% (n = 31 of 41) responded with more detailed information pertaining to what is measured. Of the 31 responses to this question, nearly 30% (29%; n =9 of 31) specifically stated that race and ethnicity of each child is available for any type of query. Thirteen percent (13%; n =4 of 31) of the respondents indicated that race and ethnicity data are collected to comply with ASFA requirements, CFSR requirements, and/or local requirements (e.g., information available when a petition was filed, the data on race and ethnicity available about children who are on an adoption track, etc.). One respondent also indicated that the race and ethnicity of social workers is compared to children in foster care.

KEY INDICATORS FOR MEASUREMENT

There are many indicators to examine racial disproportionality and disparity, however, six key indicators to measure racial disproportionality and disparity emerged from an examination of each data source – the online survey responses, researcher interviews, and the literature review.

1. Permanency Outcomes

More than half (55%; n =17 of 31) of the survey respondents indicated that permanency outcomes are reported by race and ethnicity.

Permanency Outcomes generally	n =12
Timeliness	n =5
Adoption Rates	n =3
Kinship/Legal Custody Rates	n =2
Reunification Rates	n =1
Termination of Parental Rights Rates	n =1
Aging Out of System Rates	n =1

2. Placement in Foster Care (n =9)

More than one quarter (29%; n =9 of 31) of the respondents indicated that racial disproportionality and/or disparities are examined in relation to placement in foster care.

Length of stay in foster care	n =5
Type of placement	n =4
Foster care provider/family	n =3
Number of placement	n =2
Reasons for out-of-home placement	n =2
Exit from foster care	n =2
Entry to foster care	n =1
Re-entry to foster care	n =1
Reason for leaving out-of-home placement	n =1

3. Reporting of Abuse and Neglect

Sixteen percent (16%; n =5 of 31) of the respondents indicated that reports of abuse and neglect are examined for racial disproportionality and/or disparities. One respondent indicated that the race of the informant and the ethnic composition of the neighborhood are also measured.

4. Receipt of Services

Ten percent (10%; n =3 of 31) of respondents mentioned that they measure disproportionality and/or disparity by examining types of services and/or treatment received. An examination of research literature in this area also indicated that visitation by family members while children are in foster care has been examined for racial disproportionality and disparities.

5. Substantiation of Allegations

Less than ten percent (6%; n =2 of 31) of respondents stated substantiation of allegations are examined for racial disproportionality and/or disparities.

6. Investigation of Allegations

Less than five percent (3%; n =1) of respondents specifically stated that investigation of abuse and neglect reports are examined for racial disproportionality and/or disparities.



An Analysis Of Racial/Ethnic Disproportionality and Disparity at the National, State, and County Levels

by Robert B. Hill, PhD
Senior Researcher, Race Matters Consortium Westat

EXECUTIVE SUMMARY

Disproportionality¹ and the disparate treatment² of children of color in the child welfare system is a phenomenon that is gaining a great deal of attention today. Previous analyses have shown us that black children are overrepresented in the child welfare system in every state. Native American/American Indian³ and Alaska Native children are all overrepresented in the jurisdictions in which they reside. Hispanic children are overrepresented in more than 10 states, and their representation in the child welfare system is on the rise.⁴ At the same time, Asian/Native Hawaiian and Pacific Islander children tend to be underrepresented in the child welfare system. While a significant body of research has been executed to better understand this phenomenon for black children in the child welfare system, many questions remain. Additionally, much less work has been done to understand what is going on for children of other racial and ethnic groups in this country.⁵

This study expands the knowledge of this phenomenon in the field of child welfare through the further examination of racial and ethnic disproportionality and disparities for children within five racial and ethnic groups at the national, state, and county levels:

- American Indians/Native Americans/Alaska Natives
- Asian Americans/Native Hawaiians and Pacific Islanders
- Blacks
- Hispanics
- Whites

Through an analysis of child welfare system participation using two national data sets, the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS), the participation of children by race and ethnicity is examined at the following three child protection decision-making stages: child protection investigations (investigation), substantiated investigations (substantiation), and placement into foster care (placement).

Two measures were used for the analysis: the disproportionality rate⁶ and the disparity ratio.⁷ The former compares children within a race or ethnic group, and the latter compares the information across racial and ethnic groups to better understand how the representation of one group compares to another.

DISPROPORTIONALITY RATES AND DISPARITY RATIOS: THE NATIONAL PICTURE

This study confirms that both black children and Native American children are overrepresented disproportionately within the foster care system at the national level. This disproportionality is seen at each of the three decision-making stages outlined above. Both groups have been observed at twice their representation in the general population at both investigation and substantiation, and two to three times their proportion in the general population while they

are in care. The treatment of both black and Native American children also shows increasing disparities compared to the treatment of white children as they progress through gateways into the child welfare system, with the disparity ratios of Native American children increasing to a much higher rate than black children. This can be compared to Asian/Native Hawaiian and Pacific Islander, Hispanic, and white children who are each disproportionately represented at lower rates at each of the decision stages than they are in the general population. Interestingly, children of all racial and ethnic groups, except white children, have increasing percentages of representation at progressive stages, whereas the proportion of white children decreases as they advance farther into the decision-making stages of the child welfare system.

STATE- AND COUNTY-LEVEL ANALYSES OF DISPROPORTIONALITY RATES AND DISPARITY RATIOS

County-level data were analyzed for five counties in which promising practices to reduce racial disproportionality and promote racial equity were identified in a national scan commissioned by the Casey-CSSP Alliance for Racial Equity in Child Welfare⁸:

- Bexar County, Texas
- Guilford County, North Carolina
- King County, Washington
- Ramsey County, Minnesota
- Wake County, North Carolina

State-level data were gathered for these four states, providing a vehicle for observing similarities and differences in racial disproportionality at each of the levels of data collection.

CONTENTS

INTRODUCTION	5
METHODOLOGY	9
NATIONAL-LEVEL ANALYSIS.....	13
STATE-LEVEL ANALYSIS	17
COUNTY-LEVEL ANALYSIS	31
COMPARATIVE DISPROPORTIONALITY AND DISPARITY.....	47
SUMMARY OF KEY FINDINGS	55

INTRODUCTION

The primary objective of this study is to describe disproportional representation and disparate treatment across racial/ethnic groups for children who make contact with the child welfare system at various child protection decision-making stages. Toward this purpose, analyses were conducted at the national, state, and county levels using the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS) data sets for 2003, the latest year available for this analysis. The scope and utility of each data set will now be briefly described.

NCANDS

The National Child Abuse and Neglect Data System is a child abuse and neglect reporting program based on state participation. It was designed in response to the Child Abuse Prevention, Adoption and Family Services Act of 1988, which created Section 6 of the Child Abuse Prevention and Treatment Act (CAPTA) and required the National Center on Child Abuse and Neglect (NCCAN) to establish a national data collection and analysis program on child maltreatment. Consequently, the NCANDS has become a primary source of national information on abused and neglected children reported to state child protective service agencies. Unfortunately, since reporting is not mandatory, the NCANDS received reports from only 22 states and the District of Columbia in 2003. Findings from the NCANDS data are published by the U. S. Children's Bureau each year in its *Child Maltreatment* report series.

The NCANDS is a cross-sectional database that is composed of three files: the Child File, the Agency File, and the Summary Data Component. The present analysis is based on the Child File, which includes case-level data on all children who have received a disposition from an investigation or assessment for allegations of maltreatment during the reporting year. The Child File represents a census of all child protective services investigations or assessments conducted in the states that contributed to the NCANDS. Investigations or assessments for 1.4 million child abuse and neglect referrals that had a disposition between January 1, 2003, and December 31, 2003, are included in this data set. Since the NCANDS is one of the few nationwide data sets to collect data at the early decision-making stages of the CPS maltreatment processes, we have incorporated into this analysis two NCANDS data elements: investigation and substantiation.

AFCARS

In 1986 Congress approved an amendment to Title IV-E of the Social Security Act requiring the establishment of an advisory committee charged with preparing a report to Congress and the Department of Health and Human Services (HHS) with recommendations for establishing, administering, and financing a system for collecting data on adoption and foster care in the United States. The advisory committee submitted a final report detailing recommendations for a mandatory system that would collect data on all children placed in foster care and adoption. On September 27, 1990, HHS published a proposed federal regulation to

implement the data collection system, which has become known as the Adoption and Foster Care Analysis and Reporting System (AFCARS). On December 22, 1993, the final rule implementing AFCARS appeared in the *Federal Register*.

The purpose of AFCARS is twofold. First, it is designed to address policy development and program management issues at both the state and federal levels. Second, the data are useful for research aimed at analyzing various characteristics of children and families in foster care and adoption. However, since AFCARS must rely on states to provide their data, it suffers from a number of imperfections in the quality of the data collected. For example, states submit data elements according to terms and concepts that are defined or classified very differently from state to state. Another major weakness of AFCARS is that it provides only cross-sectional data on foster and adopted children. In fact, the Child and Family Service Reviews (CFSRs) have been widely criticized for requiring states to use point-in-time AFCARS data, when longitudinal data provides more appropriate measures of performance. Nevertheless, significant improvement in data quality and completeness occurred after 1998 as states enhanced their information systems and more financial penalties were levied for poor quality data. Most importantly, a major advantage of AFCARS is that, as a mandatory reporting system, it has been obtaining data from all states in recent years. For example, in 2003, AFCARS received reports from all 50 states and the District of Columbia.

AFCARS makes available data in two files: an adoption file and a foster care file. Under the final AFCARS rule, states are required to collect case-specific data on all adopted children who were placed by the state child welfare agency, by private agencies under contract with the public welfare agency, or by private adoptions voluntarily reported during the given reporting period. States are also required to provide case-level information for all children in foster care for whom the state child welfare agency has responsibility for placement, care, or supervision, regardless of eligibility for Title IV-E funds. Because this analysis focuses on the 800,000 children who were in foster care during 2003, it incorporates the AFCARS data element of foster care placement. In sum, this study focuses on racial/ethnic disproportionality and disparity at three child protection decision-making stages: 1) investigation, 2) substantiation (from the NCANDS), and 3) placement into foster care (from AFCARS).⁹

METHODOLOGY

Racial/Ethnic Groups. This study examines disproportionality and disparity among five racial/ethnic groups: whites, blacks, American Indians/Alaskan Natives, Asians/Native Hawaiians and Pacific Islanders, and Hispanics. Since the Census Bureau classifies Hispanics as solely an ethnic group, however, they are also included within the four racial groups as per the Census. In order to merge the two groups into one race/ethnic measure that eliminates double-counting we have removed the Hispanics from each of the four racial groups and considered them as a separate ethnic category. Consequently, this analysis focuses on the following five racial/ethnic groups: non-Hispanic whites; non-Hispanics blacks; non-Hispanic American Indians/Alaskan Natives; non-Hispanic Asians/Native Hawaiians and Pacific Islanders; and all Hispanics. Although we will use the short-hand terms of whites, blacks, American Indians, and Asians and Pacific Islanders in this study, it should be understood that we are actually referring to whites, blacks, Native Americans/Alaskan Natives, and Asians/Native Hawaiians and Pacific Islanders who are *non-Hispanic*.

Level of Analysis. These analyses will be conducted at several levels of geography. The first level will be nationwide in order to provide national-level data on disproportionality and disparity for the five racial/ethnic groups at the different decision-making stages. While the NCANDS, unlike AFCARS, does not have data from all of the states, its aggregate totals for 22 states will be treated as nationally representative for the purposes of this analysis, since it includes many states with sizable numbers of children in the child welfare system. Selected states comprise the second level of analysis, and selected counties the third level.

We were able to obtain data from the NCANDS and AFCARS for five counties in which promising practices were identified through a national scan by the Casey-CSSP Alliance: Ramsey County, Minnesota; King County, Washington; Guilford and Wake Counties, North Carolina; and Bexar County, Texas.⁹ Consequently, our analysis will focus on the four states (Minnesota, Washington, North Carolina, and Texas) in which these five counties are located. The key cities in each of those five counties appear in Table A below. Other promising-practices sites identified in the scan included the state of Illinois; San Francisco City and County; Sioux City, Iowa; and the state of Michigan. Unfortunately, this study was not able to examine disproportionality for these other promising-practices sites because not all of these data were available at the time of the analysis. Some of these data were unavailable for Guilford County, North Carolina, and Woodbury County, Iowa, because states have some flexibility in their data collection and have the opportunity to collect data with different data bases. Guilford County data were not available in the AFCARS report, Woodbury County in neither AFCARS nor NCANDS. An addendum to this report is being prepared, however, that will display data from these counties as well as two other Casey-CSSP Alliance promising-practices sites, where work is being done in collaboration with the Alliance.¹⁰

Table A: Locations of Selected Casey–CSSP Alliance Promising Practices Sites^a

State	County	Key City
Minnesota	Ramsey County	St. Paul
Washington	King County	Seattle
North Carolina	Guilford County	Greensboro
North Carolina	Wake County	Raleigh
Texas	Bexar County	San Antonio

^a Jones, E. (2006). *Places to watch: Promising practices to address racial disproportionality in child welfare services*. Casey-CSSP Alliance for Racial Equity in the Child Welfare System.

Disproportionality Rates. A key measure in this study is the *disproportionality rate*, which is derived by dividing the percentage of children in a racial/ethnic group at a specific decision-making stage (i.e., investigation, substantiation, foster care placement) in the child welfare system by the percentage of children in that same racial/ethnic group in the census population. Our figures for the child welfare populations rely on the year 2003 from both the NCANDS and AFCARS, since that is the latest year in which data were available for this study. But our census figures for the national and state child populations are based on 2005 data from the CWLA’s National Data Analysis System (NDAS). The U.S. Census Bureau provided the NDAS with special tabulations of the counts for children under 18 by race/ethnicity for all states based on the 2005 Current Population Survey (CPS). We relied on 2000 Census data, however, for our census population figures for children under 18 at the county level, since no reliable updated census data were available for those counties. In this study, we consider disproportionality rates that are higher than 1.00 to indicate overrepresentation, while disproportionality rates below 1.00 are characterized as underrepresentation.

Disparity Ratios. A second measure in this study is the *disparity ratio*, which is derived by dividing the disproportionality rates for specific nonwhite groups at various CPS decision-making stages by the disproportionality rates for whites. Some researchers have found it useful to compute disparity ratios in which nonwhite groups (such as blacks) might be compared to other nonwhites (such as Native Americans). However, for the purposes of this study, non-Hispanic whites were used as the primary comparison group for deriving disparity ratios for nonwhites.

Disproportionality rates and the disparity ratios developed from them are only two of several choices of measures for analysis that could be used to examine disproportionality and disparities. These methods of analysis were chosen for this report because they are measures that have been widely used in the fields of child welfare and juvenile justice. A discussion of different methods and the advantages of each can be found in the addendum to this document.

NATIONAL-LEVEL ANALYSES

What are the disproportionality rates and disparity ratios for the various racial/ethnic groups at the different decision-making stages at the national level? First, it is important to examine the census population distribution for all racial/ethnic children under age 18 in 2005. The data in Table 1 reveal that non-Hispanic whites comprised 60 percent of all children in the United States in 2005, non-Hispanic blacks comprised 15 percent, non-Hispanic American Indians comprised 1 percent, non-Hispanic Asians and Pacific Islanders comprised 4 percent, and Hispanics comprised 20 percent.

How do the shares of the different racial/ethnic groups change at the national level as one goes through the three stages of CPS decision making? The data in Table 2 reveal that the proportion of whites declined from 59 percent at investigation to 57 percent at substantiation to 42 percent at placement. On the other hand, the proportion of blacks increased from 25 percent at investigation to 27 percent at substantiation to 36 percent at placement. Clearly, the concentration of blacks markedly increases as children go further into the child welfare system. Among American Indians, the proportions rose from 2 percent at investigation and substantiation to 3 percent at placement. The number of Asians and Pacific Islanders also rose from 1 percent at investigation and substantiation to 2 percent at placement. Hispanics also showed a sharp increase from 13 percent at investigation and substantiation to 17 percent at placement. Thus, all racial/ethnic groups, except for whites, experienced increases in their involvement in child welfare as they went deeper into the system.

Although the proportions of all nonwhite groups had increases in their child welfare involvement, how do their disproportionality rates compare with one another? The data in Table 3 reveal that at the stage of investigation, blacks (1.67) and American Indians (2.00) have disproportionality rates of about 2, which means they are twice as likely to be investigated as they are in the national child population. On the other hand, whites (0.98), Asians and Pacific Islanders (0.25), and Hispanics (0.65) have disproportionality rates of less than 1, which means they are less likely to be investigated than they are in the child population. The stage of substantiation reveals similar results. Blacks (1.80) and American Indians (2.00) are twice as likely to be substantiated as they are in the national child population, while all other groups are less likely to be substantiated than they are in the national child population.

These findings are more dramatic at the stage of placement into foster care. While black children are 2.4 times more likely to have a foster care placement than they are in the national child population, American Indian children are 3.0 times more likely. On the other hand, Hispanic (0.85), white (0.70), and Asian and Pacific Islander children (0.50) are less likely to be placed in foster care than they are in the national child population. It is important to note that at all three decision-making stages, the disproportionality rates of Hispanic children are close to those of white children, while the rates among Asians and Pacific Islander children are much lower than either group. But the highest rates of disproportionality are among black and American Indian children at all three stages.

How do the racial disparity ratios vary among the different racial/ethnic groups? The data in Table 3 and 4 reveal that blacks and American Indians are about twice as likely to be investigated or substantiated than whites, while Asians and Pacific Islanders and Hispanics are much less likely than white children to be investigated or substantiated. However, at the decision-making stage of placement into foster care, the data in Table 5 reveal that Hispanic children (1.2) are somewhat more likely than white children to be placed into foster care, but black (3.4) and American Indian children (4.3) are three or four more times more likely than white children to be placed in foster care.

In sum, at the national level, blacks and American Indians are twice as likely to be investigated or substantiated than they are in the general child population, but they are two or three times more likely to be placed in foster care than they are in the general child population. On the other hand, white and Asians and Pacific Islanders are less likely to be investigated, substantiated, or placed in foster care than they are in the national child population. Regarding disparity ratios, blacks and American Indians are twice as likely as whites to be investigated or substantiated but three or four times more likely than white children to be placed in foster care. Hispanics, however, are less likely than whites to be investigated or substantiated, but they are somewhat more likely than white children to be placed in foster care. In contrast, Asian and Pacific Islanders are much less likely to be investigated, substantiated, or placed in foster care than whites.

Table 1: 2005 National Race/Ethnic Child Population (under 18)^a		
Race/Ethnicity^b	Number	Percent
White	42,784,346	59.7
Black	10,799,242	15.1
American Indian	665,151	0.9
Asian/Pacific Islander	2,932,513	4.1
Hispanic	14,460,390	20.2
Total	71,641,642	100.0

- ^a CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.
- ^b Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.

Table 2: 2003 National Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity^a	Child Welfare Decisions			2005 Child Population^d % Distribution
	Investigation^b % Distribution	Substantiation^b % Distribution	Placed in Foster Care^c % Distribution	
White	59	57	42	60
Black	25	27	36	15
American Indian	2	2	3	1
Asian/Pacific Islander	1	1	2	4
Hispanic	13	13	17	20
Total	100	100	100	100

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b Source: Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.

^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 3: 2003 National Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity^a	Investigation^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	59	60	0.98	
Black	25	15	1.67	1.7
American Indian	2	1	2.00	2.0
Asian/Pacific Islander	1	4	0.25	0.3
Hispanic	13	20	0.65	0.7
Total	100	100		

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 4: 2003 National Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity^a	Substantiation^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	57	60	0.95	
Black	27	15	1.80	1.9
American Indian	2	1	2.00	2.1
Asian/Pacific Islander	1	4	0.25	0.3
Hispanic	13	20	0.65	0.7
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 5: 2003 National Disproportionality Rates and Disparity Ratios Children Placed in Foster Care				
Race/Ethnicity^a	Children Placed in Foster Care^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	42	60	0.70	
Black	36	15	2.40	3.4
American Indian	3	1	3.00	4.3
Asian/Pacific Islander	2	4	0.50	0.7
Hispanic	17	20	0.85	1.2
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

STATE-LEVEL ANALYSES

OVERVIEW

We now examine patterns of disproportionality and disparity among racial/ethnic groups at the different decision-making stages for four states: Minnesota, Washington, North Carolina, and Texas.

MINNESOTA

Unlike at the national level, the data in Table 6A for the State of Minnesota do not reveal consistent declines or increases among the different racial/ethnic groups as a child goes deeper into the child welfare system. For example, white children in Minnesota are about as likely to be investigated (54%) as they are to be placed in foster care (53%) and somewhat less likely to be substantiated (49%). Similarly, black children are about as likely to be investigated (25%) as they are to be placed in foster care (24%) but somewhat more likely to be substantiated (28%).

On the other hand, the proportion of American Indians steadily increases as a child goes from investigation (9%) to substantiation (11%) to foster care placement (14%). But the proportion of Asian and Pacific Islanders declines slightly from investigation (4%) and substantiation (4%) to placement into foster care placement (3%). Similarly, the proportion of Hispanics declines from investigation (8%) and substantiation (8%) to placement into foster care (6%). Thus, American Indians are the only racial/ethnic group in the State of Minnesota that show a steady increase from investigation through substantiation to placement into foster care.

What are the disproportionality rates among the different racial/ethnic groups at the various decision-making stages for the State of Minnesota? The data in Table 6B reveal that American Indian children (9.00) are nine times more likely and black children (4.17) are four times more likely to be investigated than they are represented in the state child population. On the other hand, Hispanics (1.33) are slightly more likely to be investigated than they are in the state child population, while Asians and Pacific Islanders (0.80) and whites (0.66) are less likely to be investigated than they are in the state child population. Somewhat similar patterns hold at the stage of substantiation for the State of Minnesota.

The data in Table 6C reveal that American Indian children (11.00) are 11 times more likely and black children (4.67) are nearly 5 times more likely to be substantiated than they are in the state child population. On the other hand, Hispanics (1.33) are slightly more likely to be substantiated than they are represented in the state child population, while Asians and Pacific Islanders (0.80) and whites (0.60) are less likely to be substantiated than they are in the state child population.

Similar results occur at the stage of placement into foster care for the State of Minnesota. The data in Table 6D reveal that American Indian children (14.00) are 14 times more likely and black children (4.00) are 4 times more likely to be substantiated than they are represented in the state child population. On the other hand, Hispanics (1.00) are just as likely to be placed in foster care as they are in the state child population, while Asian and Pacific Islander children (0.60) and white children (0.65) are less likely to be placed in foster care than they are in the state child population. The racial disparity ratios yield similar results.

The data in Tables 6B, 6C, and 6D reveal that black children are 6 to 8 times more likely to be investigated (6.3), substantiated (7.8), or placed in foster care (6.2) than white children. But American Indian children are 14 to 22 times more likely to be investigated (13.6), substantiated (18.3), or placed in foster care (21.5) than whites, while Asian and Pacific Islanders are about as likely as whites to be investigated (1.2), substantiated (1.3), or placed in foster care (0.9). Hispanic children, on the other hand, are twice as likely as whites to be investigated (2.0) or substantiated (2.2) and 1.5 times more likely than whites to be placed in foster care. Apparently, in the State of Minnesota, we have a very rare finding of Hispanic disparity: Hispanics are about twice as likely as white children to be investigated, substantiated, or placed in foster care.

Table 6A: 2003 Minnesota Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity^a	Child Welfare Decisions			2005 Child Population^d % Distribution
	Investigation^b % Distribution	Substantiation^b % Distribution	Placed in Foster Care^c % Distribution	
White	54	49	53	82
Black	25	28	24	6
American Indian	9	11	14	1
Asian/Pacific Islander	4	4	3	5
Hispanic	8	8	6	6
Total	100	100	100	100

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.

^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 6B: 2003 Minnesota Disproportionality Rates and Disparity Ratios				
Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity^a	Investigation^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	54	82	0.66	
Black	25	6	4.17	6.3
American Indian	9	1	9.00	13.6
Asian/Pacific Islander	4	5	0.80	1.2
Hispanic	8	6	1.33	2.0
Total	100	100		

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 6C: 2003 Minnesota Disproportionality Rates and Disparity Ratios				
Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity^a	Substantiation^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	49	82	0.60	
Black	28	6	4.67	7.8
American Indian	11	1	11.00	18.3
Asian/Pacific Islander	4	5	0.80	1.3
Hispanic	8	6	1.33	2.2
Total	100	100		

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 6D: 2003 Minnesota Disproportionality Rates and Disparity Ratios Children Placed in Foster Care				
Race/Ethnicity ^a	Children Placed in Foster Care ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	53	82	0.65	
Black	24	6	4.00	6.2
American Indian	14	1	14.00	21.5
Asian/Pacific Islander	3	5	0.60	0.9
Hispanic	6	6	1.00	1.5
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

WASHINGTON

Unlike Minnesota, the data in Table 7A for the State of Washington reveal consistent declines or increases among various racial/ethnic groups at different stages of the child welfare system similar to those at the national level. The data in Table 7A reveal that the proportion of white children declines from 68 percent at investigation to 66 percent at substantiation to 61 percent at placement. On the other hand, the proportion of black children increases from 9 percent at investigation to 10 percent at substantiation to 14 percent at placement. Similarly, the proportion of American Indian children increases from 7 percent at investigation to 8 percent at substantiation to 12 percent at placement. Clearly, the concentration of blacks and American Indians markedly increases as a child goes further into the child welfare system. The numbers of Asian and Pacific Islander children fall from 3 percent at investigation and substantiation to 2 percent at foster care placement. Similarly, the proportion of Hispanic children falls from 13 percent at investigation and 14 percent at substantiation to 11 percent at foster care placement. Similar to the national trends, the number of black and American

Indian children in the State of Washington exhibited steady increases as the child moves deeper into the child welfare system, while white, Asian and Pacific Islander, and Hispanic children exhibit steady declines.

How do their disproportionality rates compare with one another for the State of Washington? The data in Table 7D reveal that at the stage of investigation, black children (2.25) and American Indian children (3.50) are about two to four times more likely to be investigated than they are in the state child population. On the other hand, whites (0.93), Asians and Pacific Islanders (0.50), and Hispanics (0.87) are less likely to be investigated than they are in the child population. The stage of substantiation reveals similar results. Blacks (2.50) and American Indians (4.00) are two to four times more likely to be substantiated than they are in the state child population, while all other groups are less likely to be substantiated than they are in the state child population.

Somewhat similar findings occur at the stage of foster care placement. While black children are 3.5 times more likely to be placed in foster care than they are in the state child population, American Indian children are also 3.5 times more likely. On the other hand, Hispanic (0.73), white (0.84), and Asian and Pacific Islander children (0.33) are less likely to be placed in foster care than they are in the state child population. It is important to note that, at all three decision-making stages for the State of Washington, the disproportionality rates of Hispanic children are close to those of white children, while the rates among Asian and Pacific Islander children are much lower than either group. But the highest rates of disproportionality are among black and American Indian children at all three stages of child protection decision making.

How do the disparity ratios vary among the different racial/ethnic groups in the State of Washington? The data in Tables 7B, 7C, and 7D reveal that black children are 2 to 3 times more likely and American Indian children 2 to 4 times more likely to be investigated or substantiated than whites, while Hispanics are just (0.9 and 1.0, respectively) as likely as whites to be investigated or substantiated, and Asians and Pacific Islanders are much less likely than whites to be investigated or substantiated. However, at the stage of foster care placement, black children are 4.2 times more likely and American Indian children are 7.1 times more likely than white children to be placed in foster care. Hispanic children are just as likely as white children to be placed in foster care, while Asian and Pacific Islander children are much less likely than white children to be placed in foster care.

Table 7A: 2003 Washington Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	68	66	61	73
Black	9	10	14	4
American Indian	7	8	12	2
Asian/Pacific Islander	3	3	2	6
Hispanic	13	14	11	15
Total	100	100	100	100

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 7B: 2003 Washington Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity ^a	Investigation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	68	73	0.93	
Black	9	4	2.25	2.4
American Indian	7	2	3.50	3.8
Asian/Pacific Islander	3	6	0.50	0.5
Hispanic	13	15	0.87	0.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 7C: 2003 Washington Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity^a	Substantiation^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	66	73	0.90	
Black	10	4	2.50	2.8
American Indian	8	2	4.00	4.4
Asian/Pacific Islander	3	6	0.50	0.6
Hispanic	14	15	0.93	1.0
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. In each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 7D: 2003 Washington Disproportionality Rates and Disparity Ratios Children Placed in Foster Care				
Race/Ethnicity^a	Children Placed in Foster Care^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	61	73	0.84	
Black	14	4	3.50	4.2
American Indian	12	2	6.00	7.1
Asian/Pacific Islander	2	6	0.33	0.4
Hispanic	11	15	0.73	0.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

NORTH CAROLINA

The data for the State of North Carolina reveal somewhat similar disproportionality and disparity patterns as the data for the State of Washington. The data in Table 8A reveal that the proportion of white children declines from 54 percent at investigation and substantiation to 47 percent at foster care placement. On the other hand, the proportion of black children increases from 35 percent at investigation and substantiation to 44 percent at placement. Among American Indian children, however, the proportion remains at 2 percent at all three stages. But among Asian and Pacific Islander children, the proportions decline from 2 to 1 percent, and among Hispanic children the proportions decline from 7 to 6 percent from investigation to placement. The concentration of blacks markedly increases as a child goes further into the child welfare system.

How do their disproportionality rates compare among the various racial/ethnic groups for the State of North Carolina? The data in Table 8B reveal that at the stage of investigation, black children (1.35) and American Indian children (2.00) are one to two times more likely to be investigated than they are in the state child population. On the other hand, whites (0.87), and Hispanics (0.78) are less likely to be investigated than they are in the child population. But North Carolina is one of the few states in which Asians and Pacific Islanders (1.00) are just as likely to be investigated as they are in the state child population. The substantiation stage reveals similar results. Blacks (1.35) and American Indians (2.00) are one to two times more likely to be substantiated than they are in the state child population, while whites (0.87) and Hispanics (0.78) are less likely to be substantiated than they are in the national child population. But, once again, Asians and Pacific Islanders (1.00) are just as likely to be substantiated as they are in the state child population.

Somewhat different findings occur at the stage of foster care placement. While black (1.69) and American Indian children (2.00) are twice as likely to be placed in foster care as they are in the state child population, white (0.76) and Hispanic children (0.67) are less likely to be placed in foster care than in the state child population. But, at this stage, Asians and Pacific Islander children are also much less likely to be placed in foster care than they are represented in the state child population.

How do the disparity ratios vary among the different racial/ethnic groups in the State of North Carolina? The data in Tables 8B and 8C reveal that black (1.6) and American Indian children (2.3) are two times more likely to be investigated or substantiated than whites, while Hispanics (0.9) and Asians and Pacific Islanders (1.1) are just as likely as whites to be investigated or substantiated. However, at the stage of foster care placement, the data in Table 8D reveal that black children are 2.2 times more likely and American Indian children are 2.6 times more likely than white children to be placed in foster care. But Hispanic children (0.9) are just as likely as white children to be placed in foster care, while Asians and Pacific Islander children (0.7) are less likely than white children to be placed in foster care.

Table 8A: 2003 North Carolina Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	54	54	47	62
Black	35	35	44	26
American Indian	2	2	2	1
Asian/Pacific Islander	2	2	1	2
Hispanic	7	7	6	9
Total	100	100	100	100

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 8B: 2003 North Carolina Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity ^a	Investigations ^b % Distribution	2005 Child % Population ^c	Disproportionality Rate	Disparity Ratio
White	54	62	0.87	
Black	35	26	1.35	1.6
American Indian	2	1	2.00	2.3
Asian/Pacific Islander	2	2	1.00	1.1
Hispanic	7	9	0.78	0.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 8C: 2003 North Carolina Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity ^a	Substantiation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	54	62	0.87	
Black	35	26	1.35	1.6
American Indian	2	1	2.00	2.3
Asian/Pacific Islander	2	2	1.00	1.1
Hispanic	7	9	0.78	0.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 8D: 2003 North Carolina Disproportionality Rates and Disparity Ratios Children Placed in Foster Care				
Race/Ethnicity ^a	Children Placed in Foster Care ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	47	62	0.76	
Black	44	26	1.69	2.2
American Indian	2	1	2.00	2.6
Asian/Pacific Islander	1	2	0.50	0.7
Hispanic	6	9	0.67	0.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^c Source: Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

TEXAS

The data for the State of Texas reveal somewhat similar disproportionality and disparity patterns as the data for North Carolina and Washington. The data in Table 9A reveal that the proportion of white children declines steadily from 39 percent at investigation to 37 percent at substantiation to 33 percent at foster care placement. On the other hand, the proportion of black children increases from 19 percent at investigation to 20 percent at substantiation to 29 percent at placement. Among American Indian children, however, the proportion remains at 1 percent at all three stages. Similarly, among Asian and Pacific Islander children, the proportions also remain at 1 percent at all three stages. But, among Hispanic children, the proportions fall from 40 percent at investigation and 41 percent at substantiation to 36 percent at foster care placement. In Texas, blacks are the only racial group whose proportions increase as a child goes from investigation to foster care placement.

How do their disproportionality rates compare among the various racial/ethnic groups for the State of Texas? The data in Tables 9B, 9C, and 9D reveal that at all three stages, black children have higher disproportionality rates than American Indian children. Blacks are two times more likely to be investigated (1.58), substantiated (1.67), or placed in foster care (2.42) than they are represented in the state child population, while American Indians (1.00) are just as likely to be investigated, substantiated, or placed in foster care as they are in the state child population. On the other hand, whites (0.98, 0.93, and 0.83, respectively) and Hispanics (0.91, 0.93, and 0.82, respectively) are also just as likely to be investigated, substantiated, or placed in foster care as they are represented in the state child population, while Asians and Pacific Islanders (0.33) are much less likely to be investigated, substantiated, or placed in foster care than they are represented in the state child population. In sum, Texas is the only one of the four states studied in which black children have higher disproportionality rates than American Indian children.

How do the disparity ratios vary among the different racial/ethnic groups in the State of Texas? The data in Tables 9B, 9C, and 9D reveal that black children are at least twice as likely to be investigated, substantiated, or placed in foster care as whites. But Hispanics are just as likely as whites to be investigated, substantiated, or placed in foster care, while Asians and Pacific Islanders are much less likely than whites to be investigated, substantiated, and placed in foster care. Interestingly, blacks have higher disproportionality rates and disparity ratios at all three stages than American Indians. While the concentration of black children is greater than American Indian children as these children go deeper into the child welfare system, the gap between whites and blacks is also much greater than between whites and American Indians at all three stages in Texas.

Table 9A: 2003 Texas Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	39	37	33	40
Black	19	20	29	12
American Indian	1	1	1	1
Asian/Pacific Islander	1	1	1	3
Hispanic	40	41	36	44
Total	100	100	100	100

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 9B: 2003 Texas Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity ^a	Investigation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	39	40	0.98	
Black	19	12	1.58	1.6
American Indian	1	1	1.00	1.0
Asian/Pacific Islander	1	3	0.33	0.3
Hispanic	40	44	0.91	0.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 9C: 2003 Texas Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity ^a	Substantiation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	37	40	0.93	
Black	20	12	1.67	1.8
American Indian	1	1	1.00	1.1
Asian/Pacific Islander	1	3	0.33	0.4
Hispanic	41	44	0.93	1.0
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 9D: 2003 Texas Disproportionality Rates and Disparity Ratios Children in Placed in Foster Care				
Race/Ethnicity ^a	Children Placed in Foster Care ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	33	40	0.83	
Black	29	12	2.42	2.9
American Indian	1	1	1.00	1.2
Asian/Pacific Islander	1	3	0.33	0.4
Hispanic	36	44	0.82	1.0
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

COUNTY-LEVEL ANALYSES

OVERVIEW

We will now examine patterns of disproportionality and disparity among racial/ethnic groups at the different decision-making stages for five counties: Ramsey County, Minnesota; King County, Washington; Guilford and Wake Counties, North Carolina; and Bexar County, Texas.

RAMSEY COUNTY, MINNESOTA

The data in Table 10A for Ramsey County, Minnesota reveal somewhat similar patterns among various racial/ethnic groups at the different stages of the child welfare system as those in most of the four states in this study. Black children exhibit a steady increase in their proportion as they move deeper into the child welfare system. The proportion of black children rises from 44 percent at investigation to 46 percent at substantiation to 49 percent at placement. Likewise, the proportion of American Indian children rises from 5 percent at investigation to 7 percent at substantiation and placement. The proportion of whites, on the other hand, remains relatively the same at investigation (31 percent), substantiation (30 percent), and placement (30 percent). But the proportion of Asians and Pacific Islanders falls sharply between investigation (10 percent) and placement (7 percent), while Hispanics have a more modest decline between investigation (9 percent) and placement (7 percent).

How do their disproportionality rates compare with one another for Ramsey County, Minnesota? The data in Table 10B reveal that at the stage of investigation, black (3.67) and American Indian children (5.00) are about four to five times more likely to be investigated than they are in the county child population. On the other hand, white (0.50) and Asian and Pacific Islander children (0.59) are less likely to be investigated than they are in the child population. But, interestingly, Hispanics (1.13) are somewhat *more* likely to be investigated than they are in the county child population. The stage of substantiation in Table 10C reveals similar, but stronger, results. Blacks are 3.83 times more likely and American Indians are 7.00 times more likely to be substantiated than they are in the county child population. Whites (0.48) and Asians and Pacific Islanders (0.41), on the other hand, are much less likely to be substantiated than they are in the county child population. Once again, however, Hispanics (1.25) are *more* likely to be substantiated than they are in the county child population.

Slightly different findings occur at the stage of foster care placement. While blacks are 4.08 times more likely and American Indians are 7.00 times more likely to be placed in foster care than they are in the county child population, whites (0.48) and Asians and Pacific Islanders (0.41) are much less likely to be placed than they are in the county child population. At this stage, Hispanics (0.88) are *less* likely to be placed in foster care than they are in the county child population. Hispanic children in Ramsey County are overrepresented at the stages of

investigation and substantiation but underrepresented at placement, while black and American Indian children are overrepresented at all three stages. But American Indians have markedly higher disproportionality rates than blacks in Ramsey County.

How do the disparity ratios vary among the different racial/ethnic groups in Ramsey County? The data in Tables 10B, 10C, and 10D reveal that, while black children are seven times more likely and American Indian children are 10 times more likely to be investigated than whites, blacks are at least 8 times more likely and American Indians are 15 times more likely to be substantiated or placed in foster care than whites. Interestingly, while Asians and Pacific Islanders (0.9 and 0.8, respectively) are less likely to be substantiated or placed in foster care than whites, Asians and Pacific Islanders (1.2) are more likely to be investigated than whites. And, unexpectedly, Hispanics are two to three times more likely than whites to be investigated (2.3), substantiated (2.6), or placed in foster care (1.8). Ramsey County is one of the few jurisdictions in this study in which there are wide gaps between Hispanics and whites at all three stages of CPS decision making. In addition, American Indian children have much higher disproportionality rates and disparity ratios than black children at all three decision-making stages in Ramsey County.

Table 10A: 2003 Ramsey County, MN Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	31	30	30	62
Black	44	46	49	12
American Indian	5	7	7	1
Asian/Pacific Islander	10	7	7	17
Hispanic	9	10	7	8
Total	100	100	100	100

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.

^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 10B: 2003 Ramsey County, MN Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity ^a	Investigation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	31	62	0.50	
Black	44	12	3.67	7.3
American Indian	5	1	5.00	10.0
Asian/Pacific Islander	10	17	0.59	1.2
Hispanic	9	8	1.13	2.3
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 10C: 2003 Ramsey County, MN Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity ^a	Substantiation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	30	62	0.48	
Black	46	12	3.83	8.0
American Indian	7	1	7.00	14.6
Asian/Pacific Islander	7	17	0.41	0.9
Hispanic	10	8	1.25	2.6
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 10D: 2003 Ramsey County, MN Disproportionality Rates and Disparity Ratios Children Placed in Foster Care				
Race/Ethnicity ^a	Children Placed in Foster Care ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	30	62	0.48	
Black	49	12	4.08	8.5
American Indian	7	1	7.00	14.6
Asian/Pacific Islander	7	17	0.41	0.8
Hispanic	7	8	0.88	1.8
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

KING COUNTY, WASHINGTON

The data in Table 11A for King County, Washington reveal somewhat similar patterns among various racial/ethnic groups as those for Ramsey County. Black children exhibit a steady increase in their proportion as they go deeper into the child welfare system. The proportion of blacks rises from 10 percent at investigation to 12 percent at substantiation, and it jumps to 33 percent at placement. Likewise, the proportion of American Indian children rises from 6 percent at investigation to 8 percent at substantiation, and it soars to 33 percent at placement. The proportion of white children, on the other hand, steadily declines from 67 percent at investigation to 63 percent at substantiation to 42 percent at placement in foster care. But the proportion of Asian and Pacific Islander children (3 percent and 5 percent, respectively) rises from investigation to placement, while the proportion of Hispanic children (14 percent and 9 percent, respectively) falls between those two stages.

How do their disproportionality rates compare with one another for King County, Washington? The data in Table 11B reveal that, at the stage of investigation, black children are 1.43 times more likely and American Indians (6.00) are six times more likely to be investigated than they are in the county child population. On the other hand, whites (0.56) and Asians and Pacific Islanders (0.23) are less likely to be investigated than they are in the county child population. But Hispanics are 1.56 times *more* likely to be investigated than they are in the county child population. The stage of substantiation in Table 11C reveals similar results.

Blacks are 1.71 times more likely and American Indians are 8.00 times more likely to be substantiated than they are in the county child population. Whites (0.90) and Asians and Pacific Islanders (0.23), on the other hand, are much less likely to be substantiated than they are in the county child population. Once again, however, Hispanics (1.56) are *more* likely to be substantiated than they are in the county child population

Slightly different findings occur at the stage of foster care placement. While black children are 4.71 times more likely and American Indian children are 11.00 times more likely to be placed in foster care than they are in the county child population, white (0.60) and Asian and Pacific Islander children (0.38) are much less likely to be placed in foster care than they are in the county child population. And Hispanic children (1.00) are no more likely to be placed in foster care than they are in the county child population. Hispanics in King County are overrepresented at the stages of investigation and substantiation but not at the stage of foster care placement, while blacks and American Indians are overrepresented at all three stages. Yet American Indians have markedly higher disproportionality rates than blacks in King County.

How do the disparity ratios vary among the different racial/ethnic groups in King County? The data in Tables 11B, 11C, and 11D reveal that while black children are twice as likely to be investigated (1.5) and substantiated (1.9) as whites, they are 7.9 times more likely to be placed in foster care than whites. But American Indian children have much higher disparity ratios. They are 6.3 times more likely than whites to be investigated, they are 8.9 times more likely than whites to be substantiated, and they are 18.3 times more likely than whites to be placed in foster care. While Asians and Pacific Islanders (0.2, 0.3, and 0.6, respectively) are less likely than whites to be investigated, substantiated, or placed in foster care, Hispanics (1.6, 1.7, and 1.7, respectively) are more likely than whites to be investigated, substantiated, or placed in foster care. Like Ramsey County, King County is one of the few jurisdictions in this study in which wide gaps remain between Hispanics and whites at all three stages of CPS decision making. Moreover, American Indians have much higher disproportionality rates and disparity ratios than blacks at all three decision-making stages in King County.

Table 11A: 2003 King County, WA Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages

Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	67	63	42	70
Black	10	12	33	7
American Indian	6	8	11	1
Asian/Pacific Islander	3	3	5	13
Hispanic	14	14	9	9
Total	100	100	100	100

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

**Table 11B: 2003 King County, WA Disproportionality Rates and Disparity Ratios
Child Protection Decision-Making Stage: Investigation**

Race/Ethnicity ^a	Investigation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	67	70	0.96	
Black	10	7	1.43	1.5
American Indian	6	1	6.00	6.3
Asian/Pacific Islander	3	13	0.23	0.2
Hispanic	14	9	1.56	1.6
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 11C: 2003 King County, WA Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity ^a	Substantiation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	63	70	0.90	
Black	12	7	1.71	1.9
American Indian	8	1	8.00	8.9
Asian/Pacific Islander	3	13	0.23	0.3
Hispanic	14	9	1.56	1.7
Total	100	100		

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 11D: 2003 King County, WA Disproportionality Rates and Disparity Ratios Children Placed in Foster Care				
Race/Ethnicity ^a	Children Placed in Foster Care ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	42	70	0.60	
Black	33	7	4.71	7.9
American Indian	11	1	11.00	18.3
Asian/Pacific Islander	5	13	0.38	0.6
Hispanic	9	9	1.00	1.7
Total	100	100		

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

GUILFORD COUNTY, NORTH CAROLINA

Unfortunately, since AFCARS does not have data for Guilford or Wake County, North Carolina, it will not be possible to examine disproportionality and disparity patterns at the stage of foster care placement for those counties. As the data in Table 12A for Guilford County reveal, we will only be able to examine the stages of investigation and substantiation. Contrary to prior trends, the proportion of black children *declines* from 55 percent at investigation to 52 percent at substantiation. But the proportions for American Indian children remain at 1 percent at both stages. On the other hand, the proportion of white children edges up from 36 percent at investigation to 38 percent at substantiation, while the proportion of Hispanic children also rises from 5 percent at investigation to 7 percent at substantiation. But the proportion of Asian and Pacific Islander children remains unchanged at 3 percent at both stages. Interestingly, in Guilford County, the numbers of blacks decline as the children go from investigation to substantiation, while numbers of whites and Hispanics increase between those two stages. Yet the proportions for American Indians and Asian and Pacific Islanders remain the same at both stages.

How do their disproportionality rates compare with one another for Guilford County? The data in Table 12B reveal that, at the stage of investigation, although blacks are 1.53 times more likely to be investigated than they are in the county child population, American Indians (1.00) are no more likely to be investigated than they are in the county child population. Interestingly, Hispanics (1.00) and Asians and Pacific Islanders (1.00) are also just as likely to be investigated as they are in the county child population. Only white children (0.65) are much less likely to be investigated than they are in the county child population. Similar results occur at the stage of substantiation. While black children are 1.44 times more likely to be substantiated than they are in the county child population, American Indians (1.00), once again, are no more likely to be substantiated than they are in the county child population.

Yet while Asians and Pacific Islanders (1.00) are just as likely to be substantiated as they are in the county child population, Hispanics (1.40) are much more likely to be substantiated than they are in the county child population. Similar to the situation in Ramsey County and King County, Hispanics in Guilford County are also overrepresented at the stage of substantiation. Moreover, while blacks are overrepresented at both investigation and substantiation, American Indians are not overrepresented at either stage.

How do the disparity ratios vary among the different racial/ethnic groups in Guilford County? The data in Tables 12B and 12C reveal that, while black children are 2.4 times more likely to be investigated and 2.1 times more likely to be substantiated than whites, American Indians are only 1.5 times more likely to be investigated and 1.4 times more

likely to be substantiated than whites. Interestingly, Asians and Pacific Islanders are 1.5 times more likely to be investigated and 1.4 times more likely to be substantiated than whites. Once again, Hispanics are 1.5 times more likely to be investigated and 2.0 times more likely to be substantiated than whites. Similar to the situations in Ramsey County and King County, not only are Hispanics in Guilford County overrepresented at the stage of substantiation, but there are wide gaps between white children and Hispanic children at both investigation and substantiation. Unlike the other two counties, however, blacks in Guilford County have higher disproportionality rates and disparity ratios than American Indians at investigation and substantiation.

Table 12A: 2003 Guilford County, NC Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	36	38	na ^e	55
Black	55	52	na ^e	36
American Indian	1	1	na ^e	1
Asian/Pacific Islander	3	3	na ^e	3
Hispanic	5	7	na ^e	5
Total	100	100	100	100

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.
- ^e na=data not available.

Table 12B: 2003 Guilford County, NC Disproportionality Rates and Disparity Ratios				
Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity^a	Investigation^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	36	55	0.65	
Black	55	36	1.53	2.4
American Indian	1	1	1.00	1.5
Asian/Pacific Islander	3	3	1.00	1.5
Hispanic	5	5	1.00	1.5
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. Each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 12C: 2003 Guilford County, NC Disproportionality Rates and Disparity Ratios				
Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity^a	Substantiation^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	38	55	0.69	
Black	52	36	1.44	2.1
American Indian	1	1	1.00	1.4
Asian/Pacific Islander	3	3	1.00	1.4
Hispanic	7	5	1.40	2.0
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. Each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

WAKE COUNTY, NORTH CAROLINA

Similar to Guilford County, as indicated by the data in Table 13A, we are only able to examine the stages of investigation and substantiation for Wake County. Contrary to the trends in Guilford County, the proportion of black children remains relatively unchanged at either investigation (54%) or substantiation (53%). Similarly, the proportions of white children (35% and 36%, respectively), Asian and Pacific Islander children (4% and 5%, respectively), and Hispanic children (6% and 6%, respectively) also remain about the same at both stages. Since no data were available for American Indians at the substantiation stage, we are not able to observe any trends for that group. None of the four racial/ethnic groups had substantive changes in their proportions between investigation and substantiation in Wake County.

How do their disproportionality rates compare with one another for Wake County? The data in Tables 13B and 13C reveal that black children are twice as likely to be investigated (2.35) or substantiated (2.30) as they are represented in the county child population. Unexpectedly, Asians and Pacific Islanders are also *more* likely to be investigated (1.33) and more likely to be substantiated (1.67) than they are in the county child population. On the other hand, Hispanic children are no more likely to be investigated (1.00) or substantiated (1.00) than they are in the county child population. But whites are much less likely to be investigated (0.52) or substantiated (0.54) than they are in the county child population.

Apparently, Wake County is one of the few jurisdictions in this study in which Asian and Pacific Islander children are overrepresented at both investigation and substantiation, while American Indians are not overrepresented at either stage. Yet as was true in most areas studied, blacks continued to be overrepresented at both investigation and substantiation.

How do the disparity ratios vary among the different racial/ethnic groups in Wake County? The data in Tables 13B and 13C reveal that, while blacks are 2.4 times more likely to be investigated and 2.3 times more likely to be substantiated than whites, American Indians are 1.9 times more likely to be investigated than whites. Interestingly, Asians and Pacific Islanders are three times *more* likely to be investigated (2.6) or substantiated (3.1) than whites. Similarly, Hispanics are twice as likely as whites to be investigated (1.9) or substantiated (1.9). Thus, Asian and Pacific Islander and Hispanic children, in addition to black children, have large disparities at the stages of investigation and substantiation with whites in Wake County. And blacks in Wake County have higher disproportionality rates and disparity ratios than American Indians at the investigation stage.

Table 13A: 2003 Wake County, NC Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	35	36		67
Black	54	53		23
American Indian	1			1
Asian/Pacific Islander	4	5		3
Hispanic	6	6		6
Total	100	100	100	100

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 13B: 2003 Wake County, NC Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Investigation				
Race/Ethnicity ^a	Investigation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	35	67	0.52	
Black	54	23	2.35	4.5
American Indian	1	1	1.00	1.9
Asian/Pacific Islander	4	3	1.33	2.6
Hispanic	6	6	1.00	1.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

Table 13C: 2003 Wake County, NC Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity ^a	Substantiations ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	36	67	0.54	
Black	53	23	2.30	4.3
American Indian		1		
Asian/Pacific Islander	5	3	1.67	3.1
Hispanic	6	6	1.00	1.9
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

BEXAR COUNTY, TEXAS

The major city within Bexar County is San Antonio. The data in Table 14A reveal sharp changes between investigation and foster care placement for only black and white children. While the proportion of blacks increased from 11 percent at investigation and substantiation to 14 percent at foster care placement, the proportion of whites fell from 17 percent at investigation and substantiation to 13 percent at placement. On the other hand, the proportion of Hispanics at all three stages remained unchanged at 71 percent, while the proportion of Asian and Pacific Islanders remained at 1 percent at all three stages. Since no data for American Indians were available at either investigation or substantiation, we are not able to assess any movement to 1 percent at the stage of foster care placement. Overall, except for blacks and whites, none of the remaining racial/ethnic groups had substantive changes in their proportions between investigation and foster care placement in Bexar County.

How do their disproportionality rates compare with one another for Bexar County? The data in Tables 14B and 14C reveal that black children are 1.57 times more likely to be investigated or substantiated than they are represented in the county child population, while whites are less likely to be investigated (0.63) or substantiated (0.63) than they are in the county child population. As was true in Ramsey County and King County, Hispanics in Bexar County are also *more* likely to be investigated (1.13) and more likely to be substantiated (1.13) than they are in the county child population. But Asians and Pacific Islanders are much less likely to be investigated (0.50) or substantiated (0.50) than they are in the county child population.

What are the disproportionality rates for children in foster care placement? The data in Table 14D reveal that black children are twice as likely to be placed in foster care (2.00) as they are in the county child population, while Hispanic children are also more likely to be in foster care (1.13) than they are in the county child population. On the other hand, American Indian children are no more likely to be placed in foster care (1.00) than they are in the county child population, while white children are much less likely to be placed in foster care (0.48) than they are in the county child population. Apparently, in Bexar County, Hispanic and black children are overrepresented at investigation, substantiation, and foster care placement, while white and Asian and Pacific Islander children are underrepresented at all three stages.

How do the disparity ratios vary among the different racial/ethnic groups in Bexar County? The data in Tables 14B, 14C, and 14D reveal that black children are 2.5 times more likely to be investigated and substantiated but 4.2 times more likely to be placed in foster care than white children. Hispanic children are 1.8 times more likely to be investigated and substantiated and 2.4 times more likely to be placed in foster care than white children. Asian and Pacific Islander children are 0.8 times as likely to be investigated and substantiated and equally likely to be placed in foster care as white children.

Table 14A: 2003 Bexar County, TX Race/Ethnic Distribution of Child Participation at Three Child Welfare Decision-Making Stages				
Race/Ethnicity ^a	Child Welfare Decisions			2005 Child Population ^d % Distribution
	Investigation ^b % Distribution	Substantiation ^b % Distribution	Placed in Foster Care ^c % Distribution	
White	17	17	13	27
Black	11	11	14	7
American Indian	na ^e	na ^e	1	1
Asian/Pacific Islander	1	1	1	2
Hispanic	71	71	71	63
Total	100	100	100	100

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.

^c Percentages calculated with data from the 2003 AFCARS foster care placement data element.

^d Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

^e na=data not available.

Table 14B: 2003 Bexar County, TX Disproportionality Rates and Disparity Ratios Child Protection Decision Stage: Investigation				
Race/Ethnicity ^a	Investigation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	17	27	0.63	
Black	11	7	1.57	2.5
American Indian	na ^d	1	na ^d	1.5
Asian/Pacific Islander	1	2	0.50	0.8
Hispanic	71	63	1.13	1.8
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.
- ^d na=data not available.

Table 14C: 2003 Bexar, TX Disproportionality Rates and Disparity Ratios Child Protection Decision-Making Stage: Substantiation				
Race/Ethnicity ^a	Substantiation ^b % Distribution	2005 Child Population ^c % Distribution	Disproportionality Rate	Disparity Ratio
White	17	27	0.63	
Black	11	7	1.57	2.5
American Indian	na ^d	1	na ^d	1.5
Asian/Pacific Islander	1	2	0.50	0.8
Hispanic	71	63	1.13	1.8
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with 2003 NCANDS Child File, which includes all completed investigations or assessments between 1/1/2003 and 12/31/2003.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.
- ^d na=data not available.

Table 14D: 2003 Bexar, TX Disproportionality Rates and Disparity Ratios Children Placed in Foster Care				
Race/Ethnicity^a	Children Placed in Foster Care^b % Distribution	2005 Child Population^c % Distribution	Disproportionality Rate	Disparity Ratio
White	13	27	0.48	
Black	14	7	2.00	4.2
American Indian	1	1	1.00	2.1
Asian/Pacific Islander	1	2	0.50	1.0
Hispanic	71	63	1.13	2.4
Total	100	100		

- ^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.
- ^b Percentages calculated with data from the 2003 AFCARS foster care placement data element.
- ^c Percentages calculated with CWLA National Data Analysis System based on unpublished 2005 Current Population Survey data provided by the U.S. Census Bureau.

COMPARATIVE DISPROPORTIONALITY AND DISPARITY

In order to review the major findings of this study, we will now focus on data in Tables 15–20 that compare disproportionality rates and disparity ratios at the national level and in the five counties in this study for each of the racial/ethnic groups.

NATIONAL LEVEL

The data in Table 15 reveal that black children (1.67 and 2.40, respectively) and American Indian children (2.00 and 3.00, respectively) had increases in disproportionality rates from investigation to foster care placement, while white children (0.98 and 0.70, respectively) had steady declines. However, among Asian and Pacific Islander children (0.25 and 0.50, respectively) and Hispanic children (0.65 and 0.85, respectively), the disproportionality rates also increased between investigation and foster care placement.

While blacks and American Indians are overrepresented at all three stages, whites, Asians and Pacific Islanders, and Hispanics are underrepresented. Similarly, blacks (1.70 and 3.43, respectively) and American Indians (2.04 and 4.29, respectively) had strong increases in disparity ratios as children went from investigation to foster care placement. But the disparity ratios also increased among Asians and Pacific Islanders (0.26 and 0.71, respectively) and Hispanics (0.66 and 1.21, respectively) between investigation and placement. In sum, at the national level, American Indians have higher disproportionality rates and disparity ratios than blacks at all three stages of CPS decision making. Although Hispanic children are underrepresented at all three stages, they have wide disparities with white children at the stage of foster care placement.

COUNTY LEVEL

Ramsey County, Minnesota. The data in Table 16 reveal that black children (3.67 and 4.08, respectively) and American Indian children (5.00 and 7.00, respectively) had steady increases in disproportionality rates between investigation and foster care placement. On the other hand, white children (0.50 and 0.48, respectively), Asian and Pacific Islander children (0.59 and 0.41, respectively), and Hispanic children (1.13 and 0.88, respectively) had declines in disproportionality rates between investigation and foster care placement. Consequently, blacks and American Indians were overrepresented at all three stages, while whites and Asians and Pacific Islanders were underrepresented. Somewhat similar patterns held among the disparity ratios. Blacks (7.3 and 8.5, respectively) and American Indians (10.0 and 14.6, respectively) had disparity ratios that steadily rose from investigation to foster care placement, while the disparity ratios among Hispanics (2.3 and 1.8, respectively) and Asians and Pacific Islanders (1.2 and 0.8, respectively) fell between investigation and foster care placement. Moreover, American Indians had much higher disproportionality rates and disparity ratios than blacks at all three stages. Although the disparity ratios among Hispanics declined from investigation to placement, Hispanic children were still twice as likely as white children to be at each of the three stages of CPS decision making.

King County, Washington. The data in Table 17 reveal that both black children (1.43 and 4.71, respectively) and American Indian children (6.00 and 11.00, respectively) had steady increases in disproportionality rates between investigation and placement. On the other hand, white children (0.96 and 0.60, respectively) and Hispanic children (1.56 and 1.00, respectively) had disproportionality rates that declined between investigation and placement, while Asian and Pacific Islander children (0.23 and 0.38, respectively) had increases. Consequently, although blacks and American Indians were overrepresented at all three stages, whites and Asian and Pacific Islanders were underrepresented. It is important to note that although Hispanics were not overrepresented or underrepresented at the stage of placement, they were overrepresented at both investigation and substantiation.

Somewhat different patterns held among the disparity ratios. Although blacks (1.5 and 7.9, respectively) and American Indians (6.3 and 18.3, respectively) had disparity ratios that sharply rose from investigation to placement, the disparity ratios among Asians and Pacific Islanders (0.2 and 0.6, respectively) and Hispanics (1.6 and 1.7, respectively) also had modest increases between investigation and placement. In King County, American Indians had much higher disproportionality rates and disparity ratios than blacks at all three stages. However, although the disparity ratios among Hispanics remain relatively unchanged from investigation to placement, Hispanics were still twice as likely as whites to be at each of the three stages of CPS decision making. It should be noted that new longitudinal data for King County illustrate the utility of tracking disproportionality rates for different child welfare service stages over time.¹¹

Guilford County, North Carolina. As noted above, foster care data were not available for Guilford County, so in Table 18 we were only able to examine movements between the stages of investigation and substantiation. Contrary to other locales, the disproportionality rates rose among white children (0.65 and 0.69, respectively) between investigation and substantiation but declined among black children (1.53 and 1.44, respectively).

Moreover, American Indian children (1.00 at both stages) and Asian and Pacific Islander children (1.00 at both stages) were no more likely to be investigated or substantiated than they were in the county child population, while the disproportionality rates rose among Hispanic children (1.00 and 1.40, respectively) at both stages. Although blacks were overrepresented at both stages, whites were underrepresented. While Hispanics were underrepresented at investigation, however, they were overrepresented at substantiation.

Somewhat similar patterns occurred regarding disparity ratios. While the disparity ratios fell among black children, they rose among Hispanic children between investigation and substantiation. On the other hand, among American Indians (1.5 and 1.4, respectively) and Asians and Pacific Islanders (1.5 and 1.4, respectively), the disparity ratios remained about the same at both stages. While blacks were twice as likely as whites to be investigated or substantiated, Hispanics were twice as likely as whites to be substantiated in Guilford County.

Wake County, North Carolina. Again, foster care data were not available for Wake County and we were only able to examine movements between the stages of investigation and substantiation. Similar to Guilford County, the disproportionality rates fell among black children (2.35 and 2.30, respectively) between investigation and substantiation but rose somewhat among white children (0.52 and 0.54, respectively). They also rose among Asian and Pacific Islander children (1.33 and 1.67, respectively) between investigation and substantiation. On the other hand, Hispanic children (1.00 at both stages) were no more likely to be investigated or substantiated than they were in the county child population, while American Indian children (1.00) were no more likely to be investigated than they were in the county child population. It was not possible to observe movements between the two stages among American Indians, since no data were available for that group at the stage of substantiation. Not only were blacks overrepresented at investigation and substantiation, but Asians and Pacific Islanders were also overrepresented at both stages. Wake County is one of the few counties in this study in which Asians and Pacific Islanders were overrepresented at the various stages of CPS decision making.

Similar patterns occurred regarding disparity ratios. While the disparity ratios declined among blacks (4.52 and 4.26, respectively) and Hispanics (1.92 and 1.85, respectively) between investigation and substantiation, those ratios increased among Asians and Pacific Islanders (2.56 and 3.09, respectively). Large gaps existed between whites and all of the other racial/ethnic groups. While blacks were four times more likely than whites to be investigated or substantiated, Asians and Pacific Islanders were three times more likely than whites, and Hispanics were twice as likely as whites at both stages. And American Indians were twice as likely as whites to be investigated. In Wake County, Asians and Pacific Islanders were not only overrepresented at investigation and substantiation, but they had wide disparities with whites at both stages.

Bexar County, Texas. The data in Table 20 reveal that in Bexar County, black children (1.57 and 2.00, respectively) had increases in disproportionality rates between investigation and foster care placement, while white children (0.63 and 0.48, respectively) had decreases. The disproportionality rates remained unchanged between investigation and placement among Asian and Pacific Islander children (0.50) and Hispanic children (1.13).

American Indian children (1.00) were no more likely to be in foster care than they were in the county child population. It was not possible to observe any movements among American Indians at prior stages, however, since no data were available for this group at investigation or substantiation. Both blacks and Hispanics were overrepresented at all three stages, while whites and Asians and Pacific Islanders were underrepresented.

Somewhat similar patterns occurred regarding disparity ratios. The disparity ratios increased between investigation and placement among blacks (2.5 and 4.2, respectively), Asians and

Pacific Islanders (0.8 and 1.0, respectively), and Hispanics (1.8 and 2.4, respectively). While black children were two to four times as likely as white children to be investigated or placed in foster care, Hispanic children were twice as likely as whites to be at all three stages. In Bexar County, large disparities with whites exist among blacks and Hispanics at the three stages of CPS decision making.

Table 15: National Racial/Ethnic Disproportionality Rates and Disparity Ratios for Investigation, Substantiation, and Children Placed in Foster Care						
Race/Ethnicity ^a	Disproportionality Rates			Disparity Ratios		
	Investigation	Substantiation	Placed in Foster Care	Investigation	Substantiation	Placed in Foster Care
White	0.98	0.95	0.70			
Black	1.67	1.80	2.40	1.7	1.9	3.4
American Indian	2.00	2.00	3.00	2.0	2.1	4.3
Asian/Pacific Islander	0.25	0.25	0.50	0.3	0.3	0.7
Hispanic	0.65	0.65	0.85	0.7	0.7	1.2

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non Hispanic members are included.

Table 16: Ramsey County, MN Racial/Ethnic Disproportionality Rates and Disparity Ratios for Investigation, Substantiation, and Children Placed in Foster Care						
Race/Ethnicity ^a	Disproportionality Rates			Disparity Ratios		
	Investigation	Substantiation	Placed in Foster Care	Investigation	Substantiation	Placed in Foster Care
White	0.50	0.48	0.48			
Black	3.67	3.83	4.08	7.3	8.0	8.5
American Indian	5.00	7.00	7.00	10.0	14.6	14.6
Asian/Pacific Islander	0.59	0.41	0.41	1.2	0.9	0.8
Hispanic	1.13	1.25	0.88	2.3	2.6	1.8

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

Table 17: King County, WA Racial/Ethnic Disproportionality Rates and Disparity Ratios for Investigation, Substantiation, and Children Placed in Foster Care						
Race/Ethnicity ^a	Disproportionality Rates			Disparity Ratios		
	Investigation	Substantiation	Placed in Foster Care	Investigation	Substantiation	Placed in Foster Care
White	0.96	0.90	0.60			
Black	1.43	1.71	4.71	1.5	1.9	7.9
American Indian	6.00	8.00	11.00	6.3	8.9	18.3
Asian/Pacific Islander	0.23	0.23	0.38	0.2	0.3	0.6
Hispanic	1.56	1.56	1.00	1.6	1.7	1.7

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

Table 18: Guilford County, NC Racial/Ethnic Disproportionality Rates and Disparity Ratios for Investigation, Substantiation, and Children Placed in Foster Care						
Race/Ethnicity ^a	Disproportionality Rates			Disparity Ratios		
	Investigation	Substantiation	Placed in Foster Care	Investigation	Substantiation	Placed in Foster Care
White	0.65	0.69	na ^b			na ^b
Black	1.53	1.44	na ^b	2.4	2.1	na ^b
American Indian	1.00	1.00	na ^b	1.5	1.4	na ^b
Asian/Pacific Islander	1.00	1.00	na ^b	1.5	1.4	na ^b
Hispanic	1.00	1.40	na ^b	1.5	2.0	na ^b

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b na=data not available.

Table 19: Wake County, NC Racial/Ethnic Disproportionality Rates and Disparity Ratios for Investigation, Substantiation, and Children Placed in Foster Care						
Race/Ethnicity ^a	Disproportionality Rates			Disparity Ratios		
	Investigation	Substantiation	Placed in Foster Care	Investigation	Substantiation	Placed in Foster Care
White	0.52	0.54	na ^b			na ^b
Black	2.35	2.30	na ^b	4.5	4.3	na ^b
American Indian	1.00		na ^b	1.9	--	na ^b
Asian/Pacific Islander	1.33	1.67	na ^b	2.6	3.1	na ^b
Hispanic	1.00	1.00	na ^b	1.9	1.9	na ^b

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b na=data not available.

Table 20: Bexar County, TX Racial/Ethnic Disproportionality Rates and Disparity Ratios for Investigation, Substantiation, and Children Placed in Foster Care						
Race/Ethnicity ^a	Disproportionality Rates			Disparity Ratios		
	Investigation	Substantiation	Placed in Foster Care	Investigation	Substantiation	Placed in Foster Care
White	0.63	0.63	0.48			
Black	1.57	1.57	2.00	2.5	2.5	4.2
American Indian	na ^b	na ^b	1.00	na ^b	na ^b	2.1
Asian/Pacific Islander	0.50	0.50	0.50	0.8	0.8	1.0
Hispanic	1.13	1.13	1.13	1.8	1.8	2.4

^a Data are gathered on Hispanics as an ethnicity, apart from racial identity. For each of the other designations (racial), only non-Hispanic members are included.

^b na=data not available.

SUMMARY OF KEY FINDINGS

This study makes several important contributions to this nation's understanding of disproportionality and disparity in the child welfare system. First, while most studies focus on comparisons between blacks and whites, this analysis incorporates other communities, namely American Indians, Asians and Pacific Islanders, and Hispanics. Second, while most studies examine disproportionality at only one geographic level, this analysis describes racial/ethnic disproportionality and disparity at three levels—national, state, and county. We will now summarize highlights at each of those levels.

NATIONAL LEVEL

At the national level, the disproportionality rates among black children and American Indian children rise as the child goes deeper into the child welfare system—from investigation through substantiation to foster care placement. On the other hand, the disproportionality rates also increase among Asian and Pacific Islander children and Hispanic children. But American Indians have much higher disproportionality rates than blacks. While blacks and American Indians are overrepresented at all three stages of CPS decision making, Asians and Pacific Islanders are underrepresented at all three stages. Although blacks and American Indians are two to four more times more likely than whites to be at one of those stages, Asians and Pacific Islanders are less likely than whites to be investigated, substantiated, or placed in foster care. While Hispanics are less likely than whites to be investigated or substantiated, they are more likely than whites to be placed in foster care.

STATE LEVEL

The disproportionality trends in Washington and Minnesota are somewhat similar to those at the national level. In Washington, for example, the disproportionality rates rise among blacks and American Indians from investigation to foster care placement, and they decline among Asians and Pacific Islanders and Hispanics. But those disproportionality rates are higher among American Indians than blacks. While blacks and American Indians are overrepresented at all three stages, Asians and Pacific Islanders are underrepresented. Moreover, while blacks and American Indians are more likely than whites to be at any of the three stages, Asians and Pacific Islanders are less likely than whites to be at any of the three stages. On the other hand, not only are Hispanics overrepresented at all three stages, they are twice as likely as whites to be investigated, substantiated, or placed in foster care in the State of Washington.

In Minnesota, however, while the disproportionality rates steadily rise among American Indians from investigation to foster care placement, they decline among blacks. But the disproportionality rates are higher among American Indians than blacks. While blacks and American Indians are overrepresented at all three stages, Asians and Pacific Islanders are underrepresented. Moreover, while blacks and American Indians are more likely than whites to be at all three stages, Asians and Pacific Islanders, surprisingly, are more likely than whites to undergo investigation and substantiation. Not only are Hispanics overrepresented at the stages of investigation and substantiation, but they are twice as likely as whites to be at all three stages in Minnesota.

On the other hand, the disproportionality trends in North Carolina and Texas appear similar to each other. In North Carolina, for example, while the disproportionality rates among black children rise from investigation to foster care placement, they remain unchanged among American Indian children, but they decline among Asian and Pacific Islander children and Hispanic children. In addition, American Indians have higher disproportionality rates than blacks. While blacks and American Indians are overrepresented at all three stages, Hispanics and Asians and Pacific Islanders are underrepresented. Although blacks and American Indians are two to three times more likely than whites to be investigated, substantiated, or placed in foster care, Asians and Pacific Islanders are more likely than whites to be at any of the three stages. Hispanics are less likely than whites to be at any of the three stages in North Carolina.

Similarly, in Texas, while the disproportionality rates among blacks rise from investigation to foster care placement, they remain unchanged among American Indians and Asians and Pacific Islanders but decline among Hispanics. But blacks have higher disproportionality rates than American Indians. Blacks are the only racial/ethnic group to be overrepresented at all three stages, while Asians and Pacific Islanders are underrepresented, and American Indians are no more likely to be overrepresented or underrepresented than they are in the county child population. However, blacks are two to three times more likely than whites to be at all three stages, while Asians and Pacific Islanders are less likely than whites in Texas.

COUNTY

The disproportionality trends in Ramsey County, Minnesota, and King County, Washington, are somewhat similar to those at the national level. In Ramsey County, for example, the disproportionality rates increase among blacks and American Indians from investigation to foster care placement but decline among Asians and Pacific Islanders and Hispanics. American Indians have higher disproportionality rates than blacks. While blacks and American Indians are overrepresented at all three stages, Asians and Pacific Islanders are underrepre-

sented. Interestingly, Hispanics are overrepresented at investigation and substantiation but underrepresented at foster care placement. While blacks and American Indians are 7 to 15 times more likely than whites to be at one of the three stages, Hispanics are twice as likely as whites to be at any of the three stages in Ramsey County.

In King County, however, while the disproportionality rates increase among black and American Indian children from investigation through substantiation to foster care placement, they also rise among Asians and Pacific Islanders and Hispanics. But American Indians have higher disproportionality rates than blacks. While blacks and American Indians are overrepresented at all three stages, Hispanics are overrepresented at investigation and substantiation and Asians and Pacific Islanders are underrepresented at all three stages. Similar to Ramsey County, Hispanic children in King County are also overrepresented at investigation and substantiation but not at foster care placement. While blacks and American Indians are 1 to 18 times more likely than whites to be at one of the three stages, Hispanics are twice as likely as whites to be at any of the three stages in King County.

The disproportionality trends in Guilford County, Wake County, and Bexar County appear to be similar to each other. For example, in Guilford County, the disproportionality rates among blacks *decline*, unexpectedly, between investigation and substantiation but remain unchanged (at 1.00) among American Indians. And blacks have higher disproportionality rates than American Indians. While blacks are overrepresented at both stages, American Indians are not overrepresented or underrepresented. Although Asians and Pacific Islanders are no more likely to be investigated or substantiated than they are in the county child population, they are 1.4 to 1.5 times more likely than whites to be investigated or substantiated. Although Hispanics are overrepresented at the stage of substantiation, they are about 1.5 to 2.0 times more likely than whites to be investigated or substantiated in Guilford County.

Similarly, in Wake County, the disproportionality rates among blacks also *decline* between investigation and substantiation, while among American Indians they remain at 1.00 at the stage of investigation. Once again, blacks have higher disproportionality rates than American Indians. While blacks are overrepresented at both stages, American Indians are not overrepresented or underrepresented at the stage of investigation. Although Hispanics are no more likely to be investigated or substantiated than they are in the county child population, Asians and Pacific Islanders are overrepresented at both stages. While blacks are about five times more likely than whites to be investigated, American Indians are twice as likely as whites to be investigated. Yet, surprisingly, while Hispanics are twice as likely as whites to be investigated or substantiated, Asians and Pacific Islanders are about three times as likely as whites to be investigated or substantiated in Wake County.

In Bexar County, the disproportionality rates among blacks rise between investigation and foster care placement, while they remain at 1.00 among American Indians at the stage of placement—the only stage in which data are available for them. In this instance, black children have higher disproportionality rates than American Indian children. While blacks are overrepresented at all three stages, Asians and Pacific Islanders are underrepresented at all three stages, and American Indians are not overrepresented or underrepresented at the stage of foster care placement. On the other hand, Hispanics are overrepresented at investigation, substantiation, and placement. While blacks are 2 to 4 times more likely than whites to be at one of the three stages, American Indians are twice as likely as whites to be placed in foster care. Yet, surprisingly, while Hispanics are twice as likely as whites to be at any of the three stages, Asians and Pacific Islanders are less likely than whites to be investigated or substantiated in Bexar County.

In conclusion, a more comprehensive picture of racial disproportionality and disparity is obtained through analysis of the data at national, state, and county geographic levels, and we suspect, at the large neighborhood level in major U.S. cities, as illustrated by the new King County longitudinal data. These analyses are further enhanced by trend data over two or more years.

ENDNOTES

- 1 *Disproportionality* is an under- or overrepresentation of children under age 18 of a particular racial or ethnic group experiencing a particular child welfare event compared to their representation in the general U.S. population.
- 2 *Disparate treatment* refers to the unequal treatment or services provided to minority children as compared to those provided to similarly situated white children.
- 3 The terms *American Indian* and *Native American* are used interchangeably throughout this document as per communications with representatives of the related communities throughout the country. Each has been chosen as a preference in different areas.
- 4 Hill, R. B. (March 2005). *Overrepresentation of children of color in the child welfare system in 2000*. The Race Matters Consortium.
- 5 Hill, R.B. (October 2006). *Synthesis of research on disproportionality in child welfare: An update*. Casey-CSSP Alliance for Racial Equity in Child Welfare.
- 6 The *Disproportionality Rate* is derived by dividing the number of children in a racial/ethnic group at a specific decision-making stage in the child welfare system by the number of children in that same racial/ethnic group in the census population.
- 7 The *Disparity Ratio* is derived by dividing the disproportionality rates for specific nonwhite groups at various CPS decision making stages by the disproportionality rates for whites.
- 8 This report uses the total number of children who were placed in foster care throughout 2003, a total of 800,000. This report uses only the following four variables from AFCARS:
 - (a) Race, which used the following five data elements: AMIAKN (American Indian), ASIAN (Asian), HAWAII PI (Hawaiian and Pacific Islander), BLKAFRAM (black/African American), and WHITE (white)
 - (b) Ethnicity, which used the data element HISORGIN for Hispanic origin
 - (c) State, which used the data element STATE for the 50 states and DC
 - (d) County, which used the data element FIPSCODES for specific countiesThere is no separate variable for “placement in foster care,” since the data comprise the entire number (800,000) of children who were placed in foster care in 2003.
- 9 Jones, E. (2006). *Places to watch: Promising practices to address racial disproportionality in child welfare services*. Casey-CSSP Alliance for Racial Equity in the Child Welfare System.
- 10 Hill & Derezotes, 2007. NEED FULL CITATION HERE
- 11 For more information, contact the King County Children’s Administration, Department of Social and Health Services.

Casey-CSSP Alliance for Racial Equity in Child Welfare



CSSP is a nonprofit public policy organization that develops and promotes policies and practices that support and strengthen families and help communities to produce equal opportunities and better futures for all children. We work in partnership with federal, state and local government, and communities and neighborhoods—from politicians who can craft legislation, state administrators who can set and implement policy and practice, and networks of peers, community leaders, parents and youth to find workable solutions to complex problems.



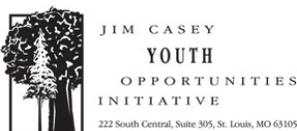
Casey Family Programs is the largest national foundation whose sole mission is to provide and improve—and ultimately prevent the need for—foster care. The foundation draws on its 40 years of experience and expert research and analysis to improve the lives of children and youth in foster care in two important ways: by providing direct services and support to foster families and promoting improvements in child welfare practice and policy. The Seattle-based foundation was established in 1966 by UPS founder Jim Casey and currently has an endowment of \$2 billion.

www.casey.org



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

www.caseygrants.org



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

www.jimcaseyouth.org



The Annie E. Casey Foundation

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

www.aecf.org



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

www.caseyfamilyservices.org

Committing to Diversity and Anti-Racism

The evolution of a national operating foundation's vision to serve children of all races



1

Child Welfare Issues

December 2005

Across the foundation, Casey Family Programs' policies and practices add up to a firm commitment to diversity and anti-racism:

- Recruiting qualified staff from communities of color
- Applying racial and ethnic identity practices in daily clinical work
- Ongoing training in anti-racism and cultural competence
- Contracting with businesses owned by women and persons of color
- Addressing racial issues through creating the Casey Alliance for Racial Equity (CARE)—Casey Family Programs, Annie E. Casey Foundation, Casey Family Services, Jim Casey Youth Opportunities Initiative, Marguerite Casey Foundation



To provide for the care and welfare of boys and girls of any race, color or religion

—Jim Casey's handwritten notes describe the work of the national operating foundation he founded in 1966.

Today 61 percent of all children in the foster care system are children of color, although children of color represent only 39 percent of children in the general population in the United States. Data show that race does not increase the probability that a parent will abuse or neglect a child, and yet a child of color is statistically much more likely than a white child to be removed from the home.*

These and other statistics indicate that the child welfare system is not yet free of institutional racism.

When Jim Casey, founder of United Parcel Service, started Casey Family Programs, he sought to serve children of all races, and his mandate guided the foundation's start in 1966. Since then, Casey Family Programs' commitment to anti-racism and diversity

has grown to encompass its hiring and business practices, its services to youth, its tools and resources for caseworkers, and its state, tribal, and federal advocacy efforts.

Asking hard questions

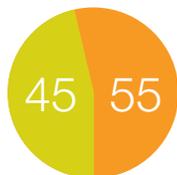
1966–1975

At the end of Casey Family Programs' first 10 years, its board of trustees asked the organization a hard question: Was the foundation really helping the youth and families it served? An advisory committee was formed to answer that question. This committee included Seattle civil rights activist and education advocate Charles Huey and social worker Joan Poliak.

The committee learned that, like other child welfare agencies, Casey Family Programs was not adequately addressing the needs of children of color.

*U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2005). *The AFCARS report: Preliminary FY 2003 estimates as of August 2005*. Washington DC: U.S. Department of Health and Human Services, Population Reference Bureau. (Analysis of data from U.S. Census Bureau; Prevent Child Abuse America, 2001.)

“Persons of color represent 45 percent of Casey Family Programs’ current workforce.”



In 1975, the ethnic composition of the population Casey served mirrored that of the general population—10 percent of the youth in Casey’s care were children of color. But few of these youth were placed in foster families of color, and Casey’s staff was uniformly white. Youth of color in Casey’s care had few role models who could help them understand their own identity, their cultural heritage, or how to navigate the racism they would encounter in their lives.

Casey offered the same services to all youth, but it failed to recognize the cultural and social differences that created unequal needs and unequal supports. By acknowledging this issue, Casey became a leader among child welfare organizations—and began the work that would occupy Casey leaders and staff for the next 30 years.

Learning culture

1976–1988

Following the recommendations of the board’s advisory committee, Casey Family Programs hired Linda Wilson, the first staff person to build Casey’s capacity for addressing cultural differences and diversity in caseloads.

Wilson first focused on building relationships in the Seattle area. Caseworkers from Casey’s Seattle office spent a week in a public child welfare office staffed by and serving persons of color.

Wilson consistently brought Casey staff the message that learning culture meant you had to start talking openly about race and ethnicity. “Many of the histories in this country are very painful, and many people of color have had painful personal experiences around these issues,”

she says. “It’s common to try to be polite and back off from fully talking about racism and bias. But the most important thing is being able to talk through these issues.”

Casey’s deepening understanding of communities of color led the organization to place increased emphasis on finding culturally appropriate caregivers within a youth’s extended family. Fostering based in kinship care connected youth to their racial and ethnic identities, and it also acknowledged an important strategy for providing care that already existed in many communities of color, independent of the state’s child welfare system.

While directly improving services to youth and families, Casey Family Programs also began aligning its hiring practices with an increasing commitment to diversity at all levels, from the leadership to the front lines of its foster care services. Charles Huey was elected to the board of trustees in 1978—Casey’s first African American trustee. Joan Poliak joined the board four years later. Their voices continued to advocate for cultural competence in all of Casey’s work.

When Casey began working with American Indian tribes in the mid-1980s, few American Indian social workers held Masters of Social Work (MSW) degrees. In response, Casey sponsored its own American Indian and Hawaiian Native caseworkers to complete their MSWs at select universities. The graduates returned to Casey in offices serving Native youth and families.

Through this effort Casey became a better partner with tribal systems, while at the same time providing more support for Native youth served



In September 2005, Casey president and CEO Ruth Massinga challenged participants at the Congressional Hispanic Caucus Policy Conference to lead the national debate concerning race, class, poverty, and privilege in this country.

outside of the tribal child-welfare system.

Confronting racism

1989–2005

From her start as a caseworker in Harlem, Ruth Massinga has built a career as a national leader in improving the lives of our nation's most vulnerable families. Massinga came to Casey Family Programs as its executive leader in 1989. Under her leadership, the foundation articulated diversity and anti-racism as a core value, raising it to the level of an organizational commitment that informed all of Casey's work—not just specific programs and initiatives.

Each Casey office and department designated one employee to coordinate team conversations and events about diversity and anti-racism. As the work developed, diversity and anti-racism moved from an optional to a required area of development for all Casey employees in their annual performance goals.

To support these new measures, Massinga created a specialized, cross-functional diversity team in 2000.

Casey leadership accepted the diversity team's recommendation to require *Undoing Racism*™ training for all Casey staff. Provided by the People's Institute for Survival and Beyond, *Undoing Racism* examines the history of racism and the continued presence of bias, institutional racism, and white privilege in our communities and the workplace.

The *Undoing Racism* workshop—which remains a required training for all employees—provides a facilitated forum for the kinds of courageous conversations Linda Wilson's work introduced in the seventies and eighties.

"The dominant culture in this country has the luxury of not talking about 'white privilege,' or the unearned privileges that come simply because one's skin is white," says Ralph Bayard, senior director of diversity. "It's a hard message to hear. And for people of color, the conversation brings up a lot of internalized negative, hurtful experiences. But if we're going to improve the lives of youth and families, we need to have these conversations."

In order to help improve the lives of all children in the foster care system, Casey is releasing *Knowing Who You Are* in 2006. It's a three-part program that consists of a video, e-learning course, and in-person training—developed in collaboration with youth in care, foster families, and social workers. The program helps caseworkers and administrators understand their own cultural perspectives and provides guidelines for helping youth cultivate and embrace their racial and ethnic identities.

"Youth in care often have only the culture of foster care to help them understand who they are," says Chiemi Davis, managing director and 11-year Casey veteran. "The 'foster care' identity can be limiting and stigmatizing. We remove youth from their families and expect them to manage trauma and difference, often without drawing on the resources of a positive cultural heritage. We want to give youth the opportunity to connect with their cultural traditions, especially when they have no contact with their birth families. We want them to find ways to challenge society's racism and discrimination."



We at Casey value diversity and anti-racism. We honor differences and courageously confront racism and discrimination.

—A core value of Casey Family Programs



OUR MISSION

Casey Family Programs provides and improves—and ultimately prevents the need for—foster care.

To learn more about this and other issues and promising practices in child welfare, please visit our Web site at www.casey.org

Casey Family Programs

1300 Dexter Avenue North, Floor 3
Seattle, WA 98109

© 2005 Casey Family Programs.
All rights reserved.



256.1-3010-05

Taking bold action against racism

Looking forward from 2005

In the last 40 years, more has changed in foster care than Casey Family Programs' values and approaches. The child welfare system has experienced not only an overall increase in the number of children entering foster care, but also a disproportionately steep increase in the number of children of color entering the system, especially African American children.

At every point in the child welfare system, children and families of color are represented in numbers that far exceed their relative proportion of the population.

Where does disproportionality come from? That's a question that Casey continues to raise as a key issue in child welfare.

In the Seattle area, Casey is an active partner in the Seattle-based King County Disproportionality Task Force, analyzing regional data on decision points in the child welfare system—such as whether to remove children from their birth parents. Problematic decision points are simple enough to find. Determining how to change what is happening at these points is more difficult.

“The task force doesn't know, with precision, whether decisions that disadvantage black and brown children are made on the basis of ignorance, or to preserve the status quo of existing systems, or to help individual children without seeing the larger picture,” says Massinga. “The question of intentionality is not always clear.”

At a national level, Casey has convened the Breakthrough Series Collaborative on Disproportionality with public agency partners in 13 state and county jurisdictions, including Alaska, Arizona, Texas, Washington, and California.

A two-year commitment that began in 2005, the collaborative conducts small, rapid tests of change to reduce disproportionality and disparities in well-being for children and families of color in the child welfare system. This work requires bold action to confront institutional racism and innovative leadership to make a lasting difference.

“It has taken us many years to get here,” says Massinga. “I'm not going to predict how long it will take us to unravel the problem of disproportionality. But the key thing is to be *determined* to unravel it. We will continue to improve the work we're doing every day with young people of color in foster care, and we will continue the work to get rid of the inherent racism that drives the way this system works.”

What will it take? “The conversations must continue,” she says. “The work must keep moving and be visible for us to have a realistic shot at solving the problems of racism.”





Disproportionality in the Child Welfare Systemⁱ

The Disproportionate Representation of Children of Color in Foster Care

The Color of Foster Care

On September 30, 2005, approximately three in five (58% or 292,692) of the 513,000ⁱⁱ children living in foster care placements were children of color, although children of color represented only 42% of the child population in the United States.ⁱⁱⁱ

- 33 percent (166,482) of the children in foster careⁱⁱ were **African American** although African American children make up only 15 percent of the U.S. child population.^{iv} African Americans were disproportionately represented in the child welfare system at a rate of 2.21:1 (33.21/15).
- 2 percent (10,617) of the children in foster careⁱⁱ were American Indian or Alaskan Native, but American Indian and Alaska Native children make up only 1 percent of the U.S. child population.^v American Indians and Alaska Natives were disproportionately represented in the child welfare system at a rate of 2.12:1 (2.12/1).
- 19 percent (93,996) of the children in foster careⁱⁱ were **Hispanic/Latino**, but Latinos make up 20 percent of the U.S. child population.^{vi} Latinos were disproportionately represented in the child welfare system at a rate of 0.94:1 (18.75/20). Note, however, that in some states and communities, the proportion of Hispanic/Latino children in care is much higher than their proportion in the general population in that community.
- 42 percent (208,537) of the children in foster careⁱⁱ were **non-Hispanic white**, while white children make up 58 percent of the U.S. child population.^{vii} Whites were disproportionately represented in the child welfare system at a rate of 0.72:1 (41.61/58).
- 1 percent (2,973) of the children in foster careⁱⁱ were **non-Hispanic Asian**, while Asian children represented 4 percent of the U.S. child population.^{viii} Asians were disproportionately represented in the child welfare system at a rate of 0.15:1 (0.59/4).

The Relative Disparity Rate—Comparing Children of One Race or Ethnicity to Those of Another^{ix}

- The relative proportion of **African American** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 3.09:1 (2.21/0.72).
- The relative proportion of **Native American** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 2.95:1 (2.12/0.72).
- The relative proportion of **Hispanic/Latino** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 1.31 (0.94/0.72).
- The relative proportion of **Asian** children in the child welfare system compared to non-Hispanic white children in the child welfare system was 0.21:1 (0.15/0.72).

Representation at State and Local levels

Throughout the United States today, African American children are overrepresented in the child welfare system in every state. American Indian and Alaska Native children are all overrepresented in the jurisdictions in which they reside. Latino children are overrepresented in over 10 states. But this information does not fully describe the disproportionality of minority children in the child welfare system. Asians tend to be underrepresented in the child welfare system. In addition, if we look more closely at

Latino representation throughout the country we see that Latinos are overrepresented in some jurisdictions and underrepresented in others.^x

Maltreatment Rates: Reporting, Screening and Investigation

There are no statistically significant differences in overall maltreatment rates between black and white families, according to three national incidence studies.^{xi} After controlling for such factors as income level, unemployment, and location (urban or rural), African American communities actually have lower rates of child maltreatment than Caucasian communities.^{xii}

While the overall maltreatment rates for black families are no greater than those for Caucasians, most research studies have found race to be an important factor in making reports to child protective services hotlines. Additionally, many public and private hospitals have over reported abuse and neglect among African Americans while they underreport maltreatment among Caucasians.^{xiii} Some research studies suggest that race alone, or in interaction with other factors, is strongly related to the decision to investigate a call made to the child protective services hotline.^{xiv} But additional studies are needed that control for a variety of factors such as family structure, employment, and income level.

Child Maltreatment Investigation Determination Rates

In some jurisdictions, child maltreatment is more likely to be indicated when families are African American or Hispanic than when they are Caucasian, and this overreporting is not corrected during the investigative process. Consequently, disproportionality continues from reporting to substantiation.^{xv}

Children Entering Care

Race is an important factor that affects the decision to place a child in foster care.^{xvi} In 2005, 50% (158,196) of the 311,000 children who entered foster care placements in the United States were children of color. Of these, 26% (80,430) were African American and 18% (56,603) were Hispanic.^{xvii}

Length of Stay

Data show that in 2002, 27.9 percent of African American children were in care less than a month compared to 47.1 percent of white children.^{xviii}

Limited Services while in Foster Care

Some research shows that families of color, when compared with white families, have less contact with child welfare workers and receive fewer services.^{xix} For example:

- African American foster parents reported fewer hours of contact between social workers and their children than was reported by other racial and ethnic groups.^{xx}
- Caucasian foster care parents received more services than any other racial and ethnic groups

Permanent Placements—Reunification

African American children are less likely than children of other races to be reunited with their families.^{xxi} Five major studies in four states between 1990 and 1999 revealed that Caucasian children are four times more likely than African American children to be reunited with their families, and they are reunited more quickly.

Moreover, a reanalysis of national data in 2005 reconfirmed this finding. This analysis found race to continue 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.^{xxii} In contrast, about equal proportions of children from different ethnic groups who are reunited with their families later return to foster care.^{xxiii}

Permanent Placements—Adoption

One research study has shown that children of color, particularly African American children who are legally available for adoption, wait longer to be adopted. This study documented that African American children are adopted eventually in the same numbers but the process takes much longer.^{xxiv}

What Causes Disproportional Representation of Different Racial and Ethnic Groups?

What are the reasons for disproportional representation of children of color in the child welfare system? What is the “most appropriate” representation of any group of children in the child welfare system? Theories about causation can be classified into three types: parent and family risk factors, community risk factors, and organizational and systemic factors.^{xxv} The next sections describe each major reason, but it is important to note that risk factors, community factors, organizational factors, and systemic factors are often interrelated, and do not operate in isolation.

According to theories about **parent and family risk factors**, children of color are overrepresented in the child welfare system because they have disproportionate needs. They are more likely to have risk factors, such as unemployment, teen parenthood, poverty, substance abuse, incarceration, domestic violence, mental illness, etc., that result in high levels of child maltreatment.^{xxvi}

Proponents of **community factors** assert that overrepresentation has less to do with race or class and more with residing in neighborhoods and communities that have many risk factors, such as high levels of poverty, welfare assistance, unemployment, homelessness, single-parent families, and crime and street violence that make residents more visible to surveillance from public authorities.^{xxvii}

In contrast, theories about **organizational and systemic factors** contend that racial overrepresentation results from: the decision-making processes of CPS agencies, cultural insensitivity and biases of workers, governmental policies, and institutional or structural racism.^{xxviii}

(Revised March 14, 2007)

ⁱ Disproportionality for the purposes of this fact sheet refers to the extent to which children are over- or under-represented in the child welfare system relative to their proportions in the census population. This definition was obtained from Hill, R.G. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*. Washington, D.C: Casey/Center for the Study of Social Policy, Alliance for Racial Equity. Special thanks to Dennette Derezotes of *Race Matters*, Robert Hill of Westat and Barbara Needell and Terry Shaw of the University of California at Berkeley for consultation regarding these statistics.

ⁱⁱ Race/Ethnicity information is available for 501,229 (98%) of the 513,000 children in foster care on September 30, 2005. This number (501,229) is used as the denominator for all percent calculations.

ⁱⁱⁱ U.S. Department of Health and Human Services (DHHS) (September 2006). *The AFCARS (Adoption and Foster Care Reporting System) Report*. Retrieved January 19, 2007 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm; The Annie E. Casey Foundation (2005). KIDS COUNT State level Data On-line. Retrieved January 19, 2007 from http://www.aecf.org/kidscount/sld/profile_results.jsp?r=1&d=1&c=9&p=5&x=146&y=5.

^{iv} IBID

^v IBID

^{vi} IBID

^{vii} IBID

^{viii} IBID

^{ix} The Relative Disparity Rate or Relative Rate Index compares the likelihood of one group experiencing an event to the likelihood of another group experiencing the same event. Source: Barbara Needell, “*Race/Ethnic Disproportionality and Disparity in Child Welfare: New Views, New Measures*” power point presentation available at <http://cssr.berkeley.edu/CWSCMSreports/presentations/>.

^x Derezotes, D (2006) *Race Matters in Child Welfare. Permanency Planning Today*. National Resource Center for Family-Centered Practice and Permanency Planning at the Hunter College School of Social Work, Summer 2006.

^{xi} Hill, R.B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*, Washington, DC: Casey/Center for the Study of Social Policy Alliance for Racial Equity.

^{xii} Ards, S. (1992). Understanding patterns of child maltreatment. *Contemporary Policy Issues*. 10(4): 39-50. Korbin, J., Coulton, C.I., Chard, S., Platt-Houston, C. & Su, M. (1998). Impoverishment and children maltreatment in African American and European American neighborhoods. *Development and Psychopathology*, 10: 215-233.

-
- xiii Hill, R.B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*, Washington, DC: Casey/Center for the Study of Social Policy Alliance for Racial Equity. Sedlak, A., & Schultz, D. (2001). Race Differences in Risk of Maltreatment in the General Child Population. In D. M. Derezotes, J. Poertner, & M. F. Testa, (Eds.). *Race Matters in Child Welfare: The Overrepresentation of African American Children in the System*. Washington, DC.: CWLA Press.
- xiv IBID
- xv IBID
- xvi IBID
- xvii U.S. Department of Health and Human Services (DHHS) (September 2006). *The AFCARS (Adoption and Foster Care Reporting System) Report*. Retrieved January 19, 2007 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm.
- xviii Source: *Children of Color at a Glance: CWLA (Child Welfare League of America) Fact Sheet and Relevant Research*. Retrieved online at <http://ndas.cwla.org>. Data Source: Length of Stay for Children in Care by Race/Ethnicity, 2002. Special tabulation of 2002 Adoption and Foster Care Reporting System (AFCARS) prepared by Child Welfare League of America, National Data Analysis System.
- xix Roberts, D.E. (2002). *Racial Disproportionality in the U.S. Child Welfare System: Documentation, Research on Causes, and Promising Practices. Working Paper #4*. Prepared for the Annie E. Casey Foundation. Northwestern University School of Law: Institute for Policy Research.
- xx Berrick, J.D., Barth, R.P. & Needell, B. (1994). A comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation. *Children and Youth Services Review*, 16 (1/2), 33-63.
- xxi Source: *Children of Color at a Glance: CWLA (Child Welfare League of America) Fact Sheet and Relevant Research*. Retrieved online at <http://ndas.cwla.org>. Data sources are: Barth, R. P., Courtney, M.; Needell, B., & Jonson-Reid, M. (1994). Performance indicators for Child Welfare Services in California. Berkeley: Child Welfare Research Center; U.S. Children's Bureau (2002, August). The AFCARS report: Interim FY 2000 Estimates as of August 2002. Available online at www.acf.hhs.gov/programs/cb/publications/afcars/report7.htm. Washington, DC: U.S. Department of Health and Human Services.
- xxii Hill, R.B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*, Washington, DC: Casey/Center for the Study of Social Policy Alliance for Racial Equity.
- xxiii Hill, R.B. (2005). The role of race in parental reunification. In D. Derezotes, M.F. Testa and J. Poertner (eds.) *Race matters in child welfare: The overrepresentation of African American children in the system*. Washington, DC: Child Welfare League of America.
- xxiv Source: *Children of Color at a Glance: CWLA (Child Welfare League of America) Fact Sheet and Relevant Research*. Retrieved online at <http://ndas.cwla.org>. Data Source: Barth, R., Miller, J., Green, R./., & Baumgartner, J. (2002). *Children of Color in the Child Welfare System: Toward Explaining the Disproportionate Involvement in Comparison to their numbers in the General Population*. Chapel Hill and Research Triangle Park, N.C.: University of North Carolina School of Social Work, Jordan Institute for Families and Research Triangle Institute; Ards, S. & Harrell, A. (1993). Reporting of child maltreatment: A secondary analysis of the national incidence surveys, *Child Abuse & Neglect*, 17(3): 337-344.
- xxv McCrory, J., Ayers-Lopez, S & Green, D. (2006). Disproportionality in child welfare. *Protection Connection*, 12 (4); National Association of Public Welfare Administrators. (2006). Disproportionate representation in the child welfare system: Emerging promising practices survey. Washington, D. C.: Author; U. S. Administration for Children and Families (2003). *Children of color in the child welfare system: Perspectives from the child welfare community*. Washington, DC: U. S. Department of Health and Human Services.
- xxvi Barth, R. (2005). Child welfare and race: Models of disproportionality. In D. Derezotes, et al. (Eds.) *Race matters in child welfare. The overrepresentation of African American children in the system* (pp. 25-46). Washington, DC: Child Welfare League of America; Chaffin, M. Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect. *Child Abuse and Neglect*, 20: 191-203; Walker, C. D., Zangrillo, P. & Smith, J. (1994). Parental drug abuse and African American children in foster care. In R. Barth, J. Berrick & N. Gilbert (Eds.) *Child welfare research review: Vol. 1*. (pp. 109-122). New York: Columbia University Press; Wells, K. & Tracy (1996). Reorienting intensive family preservation services in relation to public child welfare practices. *Child Welfare*, 75: 662-692.
- xxvii Coulton, C. & Pandey, S. (1992). Geographic concentration of poverty and risk to children in urban neighborhoods. *American Behavioral Scientist*, 35: 238-257. Drake, B. & Pandey, S. (1990). Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse and Neglect*, 20: 1003-1018; Garbarino, J. & Sherman (1980). High-risk neighborhoods and high-risk families. *Child Development*, 51: 188-189.

^{xxviii} Bent-Goodley, T. (Ed.) (2003). *African-American social workers and social policy*. New York: The Haworth Press; Everett, J., Chipungu, S., & Leashore, B. (Eds.) (1991). *Child welfare: An Africentric perspective*. New Brunswick, NJ: Rutgers University Press; McRoy, R. (2004). The color of child welfare. In K. Davis & T. Bent-Goodley (Eds.) *The color of social policy* (pp. 37-63). Alexandria, VA: Council on Social Work Education; Morton, T. (1999). The increasing colorization of America's child welfare system: The overrepresentation of African American children. *Policy and Practice*, 57 (4): 23-30; Roberts, D. (2002). *Shattered bonds: The color of child welfare*. New York, NY: Civitas Books



Executive Summary

Racial Disproportionality, Race Disparity, and Other
Race-Related Findings in Published Works Derived from
the National Survey of Child and Adolescent Well-Being

by Keesha Dunbar, MBA, MSW
School of Social Work
University of North Carolina, Chapel Hill

Richard P. Barth, PhD
School of Social Work
University of Maryland, Baltimore

ABOUT THE ALLIANCE

In 2004, the Casey-CSSP Alliance for Racial Equity in Child Welfare was established to develop and implement a national, multiyear campaign to address racial disparities and reduce the disproportionate representation of children from certain racial or ethnic communities in the nation's child welfare system.

The Alliance includes the Annie E. Casey Foundation and its direct service agency, Casey Family Services, Casey Family Programs, the Jim Casey Youth Opportunities Initiative, the Marguerite Casey Foundation, the Center for the Study of Social Policy (CSSP), and parents and alumni of foster care. The Race Matters Consortium and Black Administrators in Child Welfare (BACW) are also partners in this work.

The efforts of the Alliance to reduce disparities and the disproportionate number of children and youth of color in the care of child welfare agencies are ultimately aimed at improving the outcomes for all children in care by:

- Learning what works to achieve race equity in child welfare services, in partnership with states and local communities
- Developing and disseminating new knowledge to the field
- Promoting effective federal and state policy through education about policy options
- Designing and implementing data collection, research, and evaluation methods that document evidence-based practices and strategies
- Ensuring that birth parents and foster youth and alumni are leaders in helping child welfare agencies achieve race equity in child welfare services and programs

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

The authors are grateful to Judith Wildfire for reviewing this document and to the Casey-CSSP Alliance for Racial Equity in Child Welfare for support and commentary, and to both for suggested improvements.

OVERVIEW

This paper draws on peer-reviewed papers and chapters from data gathered during the National Survey of Child and Adolescent Well-Being (NSCAW) to examine correlates and contributors to racial disproportionality. NSCAW was commissioned in 1997 by the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, to learn about the experiences of children and families who come in contact with child welfare agency–supervised services. The first national longitudinal study of its kind, NSCAW is examining the characteristics, needs, experiences, and outcomes for these children and families.

This report summarizes published and in-press articles and chapters based on the NSCAW study in order to examine the evidence on the relationship between race/ethnicity and several important areas related to child welfare and well-being. Topics in this review include:

- (1) Child factors and related services, including (a) early childhood development and early intervention services and (b) mental health and substance abuse treatment need and access
- (2) Parental factors and related services including (a) parental arrest and child involvement with child welfare services agencies and (b) domestic violence—epidemiology and services
- (3) Reunification and related services

The sample size varies in these studies, as authors have endeavored to select subsamples of NSCAW that are best suited to answer their question. The CPS sample of NSCAW was 5504^a children who underwent child maltreatment investigations between November 1999 and April 2001. The sample for each specific analysis, however, may vary due to substantive or methodological reasons (e.g., whether the analysis is limited to in-home, out-of-home, or reunified cases, or whether there are missing data on variables to be included in the analysis). The analyses in these studies were, generally, not intended to isolate the effects of race or ethnicity on child welfare outcomes or child well-being. All of the studies did, however, include race and ethnicity in their multivariate models—allowing for an understanding of whether race and ethnicity was associated with outcomes of interest, above and beyond other family and child characteristics.

^a After some initial papers and reports were written, three cases were dropped from the study because they involved participants who were incarcerated and were judged not to have given allowable informed consent.



FINDINGS

Overall: Race/ethnicity was not found to be a significant predictor in the receipt of services for children remaining at home, nor was it an indicator of whether children would be placed in out-of-home care. Differences were found by race, however, with respect to reunification and services received.

CHILD FACTORS

Early Childhood Development and Early Intervention Services: What can NSCAW studies tell us about the relationship between early childhood development needs and service receipt? The findings show that race and ethnicity are strongly correlated with the overall level of child welfare involvement and the receipt of services. White children are more likely to remain at home than to be removed from their homes following the investigation of the case. Race and ethnicity were also found to be predictive factors in service receipt: Black children are less likely to receive developmental services than white children, and the racial inconsistencies in services received remain even after controlling for need.

Mental Health and Substance Abuse Treatment Need, Use, and Access: What can NSCAW studies tell us about the relationship between race, mental health care services, and substance abuse treatment need, use, and access? Race/ethnicity accounts for differentials in overall mental health service use. Specifically, African American and Hispanic children were more likely to use services than white children even though African American children did not demonstrate elevated need as a group—that is, their mental health problems were no greater than other children. In the 6- to 10-year-old age group, however, African American children showed significant unmet need. They were less likely to receive mental health services than white children in this age group when other variables were controlled.

Racial/ethnic disparities in mental health service use are also related to the organization of services. African American and Hispanic children are less likely to receive specialty mental health services than white children (while holding the county variable constant). In another study of caregivers, Hispanic caregivers were significantly more likely to receive substance abuse services, and black non-Hispanic caregivers were significantly less likely to receive mental health services.

Emotional and behavioral problems for youth and *need for mental health treatment* were measured using the Achenbach Child Behavior Checklist (Achenbach, 1991). Interaction between Achenbach Child Behavior Checklist (CBCL) score and race/ethnicity was found to be statistically significant: African American children used fewer services than children

of Caucasian ancestry at all values on the CBCL, which suggests lower service use at equal levels of need. As the CBCL levels increased, the inconsistency in service use was reduced. Nonetheless, the relative percentage of African American children receiving services was still smaller. Race/ethnicity (African American versus White) was found to predict outpatient mental health services use while other variables were constant. This does not suggest the reason for the non-use of services, only the occurrence.

PARENT/FAMILY FACTORS

Domestic Violence: What do we know about the relationship between domestic violence, race, and child welfare system participation from the NSCAW studies? Race was not found to be a significant predictor in the under identification of domestic violence in a home. Race/ethnicity was, however, found to be a significant factor in the continuation of domestic violence occurrences in a case. Caregiver^b race or ethnicity was associated with severe physical violence (relative to no violence) reported at 18 months, with African American women having approximately twice the odds for reporting severe physical violence compared to white non-Hispanic women. In addition, African American women who were referred to child welfare agency-supervised services reported approximately three times greater risk of experiencing more severe forms of physical violence (e.g., getting beaten up, choked, threatened with a weapon) compared to white non-Hispanic women when age, marital status, socioeconomic factors, and other background variables were controlled.

Parental Arrest: What is the relationship between parental arrest, race, and entry into the child welfare system? NSCAW-related studies have found that parents of African American children who entered out-of-home care were significantly more likely to have experienced a recent arrest, and African American children with incarcerated parents were also found to be overrepresented in the proportion of investigated cases. At the same time, family and child risk factors identified by child welfare workers (e.g., serious mental illness, active domestic violence) at the time of intake were lower among African American parents who had been arrested than among other arrested parents. This suggests that some of the overrepresentation of entrances into foster care is mediated by police actions in arresting African American parents and, perhaps, by child welfare agency inaction in developing mechanisms that help divert children from foster care during parental arrests.

Reunification: What do we know about the relationship between race, reunification, child's age, and receipt of services? Findings show that race and reunification have differing relationships, depending on a child's age. Overall, for children younger than 7 months and children older than 10 years of age, racial differences are large; indeed, the greatest racial

^b The information from the study from which this information was extracted was taken from permanent caregivers, generally biological family members. Connelly, C., Hazen, A., Coben, J., Kelleher, K., Barth, R., & Landsverk, J. (2006). Persistence of intimate partner violence among families referred to child welfare. *Journal of Interpersonal Violence, 21*(6), 774–797.

variation between predictors of reunification and the outcome of reunification is evidenced for infants and adolescents.

African American infants are less likely to experience reunification than white infants; in addition, African American youth over 10 years of age, as well as youth of other racial and ethnic groups over 10, are significantly less likely to return home than white youth. For youth over 10 years old, the likelihood of reunification continues to be significantly smaller for children of color compared to white children even when controlling for risk factors, child behavior, and agency and parent actions. Offsetting the lower risk of reunification for some age groups are parenting support (for infants) and a higher frequency of seeing mothers during visits (for children 10 and older).

Summary

A wide array of findings was drawn from the analyses. Some findings suggest that race and ethnicity effects are related to developmental status or to the organization of mental health services in the agency, in addition to the potential association with parental arrest. These findings offer more specificity about how to further understand and address racial disproportionality. Findings related to parental arrest indicate that African American families that experience arrest are more common than non-African American families that experience arrest but have fewer family and child risks, suggesting that child welfare interventions for African Americans before and after arrest should be developed to address this aspect of their experience.

Other than this finding, there is a lack of a consistent race or ethnicity effect, suggesting a continued need to better understand how unfair services to African American children and families are most likely to arise, e.g., under which circumstances, which children of what age and with what challenges, and in which families.

Casey-CSSP Alliance for Racial Equity in Child Welfare



CSSP is a nonprofit public policy organization that develops and promotes policies and practices that support and strengthen families and help communities to produce equal opportunities and better futures for all children. We work in partnership with federal, state and local government, and communities and neighborhoods—from politicians who can craft legislation, state administrators who can set and implement policy and practice, and networks of peers, community leaders, parents and youth to find workable solutions to complex problems.



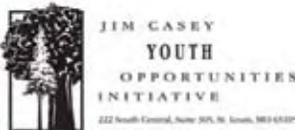
Casey Family Programs is the largest national foundation whose sole mission is to provide and improve—and ultimately prevent the need for—foster care. The foundation draws on its 40 years of experience and expert research and analysis to improve the lives of children and youth in foster care in two important ways: by providing direct services and support to foster families and promoting improvements in child welfare practice and policy. The Seattle-based foundation was established in 1966 by UPS founder Jim Casey and currently has an endowment of \$2 billion.

www.casey.org



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

www.caseygrants.org



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

www.jimcaseyouth.org



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

www.aecf.org



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

www.caseyfamilyservices.org



Racial Disproportionality, Race Disparity, and Other
Race-Related Findings in Published Works Derived from
the National Survey of Child and Adolescent Well-Being

by Keesha Dunbar, MBA, MSW
School of Social Work
University of North Carolina, Chapel Hill

Richard P. Barth, PhD
School of Social Work
University of Maryland, Baltimore

ABOUT THE ALLIANCE

In 2004, the Casey-CSSP Alliance for Racial Equity in Child Welfare was established to develop and implement a national, multiyear campaign to address racial disparities and reduce the disproportionate representation of children from certain racial or ethnic communities in the nation's child welfare system.

The Alliance includes the Annie E. Casey Foundation and its direct service agency, Casey Family Services, Casey Family Programs, the Jim Casey Youth Opportunities Initiative, the Marguerite Casey Foundation, the Center for the Study of Social Policy (CSSP), and parents and alumni of foster care. The Race Matters Consortium and Black Administrators in Child Welfare (BACW) are also partners in this work.

The efforts of the Alliance to reduce disparities and the disproportionate number of children and youth of color in the care of child welfare agencies are ultimately aimed at improving the outcomes for all children in care by:

- Learning what works to achieve race equity in child welfare services, in partnership with states and local communities
- Developing and disseminating new knowledge to the field
- Promoting effective federal and state policy through education about policy options
- Designing and implementing data collection, research, and evaluation methods that document evidence-based practices and strategies
- Ensuring that birth parents and foster youth and alumni are leaders in helping child welfare agencies achieve race equity in child welfare services and programs

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

The authors are grateful to Judith Wildfire for reviewing this document and to the Casey-CSSP Alliance for Racial Equity in Child Welfare for support and commentary, and to both for suggested improvements.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INTRODUCTION	5
CHILD FACTORS.....	11
Early Childhood Development and Need for Early Intervention.....	11
Developmental Conclusions	13
Mental Health and Substance Abuse Treatment Need, Use, and Access.....	14
Substance Abuse and Mental Health Conclusions.....	22
PARENT FACTORS.....	23
Parental Arrest and Child Involvement with Child Welfare Agencies.....	23
Parental Arrest Conclusion	25
Domestic Violence: Epidemiology and Services	26
Domestic Violence Conclusion	32
REUNIFICATION	35
Reunification Conclusions.....	38
OVERALL CONCLUSIONS	39
REFERENCES.....	43



EXECUTIVE SUMMARY

This paper draws on peer-reviewed papers and chapters from data gathered during the National Survey of Child and Adolescent Well-Being (NSCAW) to examine correlates and contributors to racial disproportionality. NSCAW was commissioned in 1997 by the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, to learn about the experiences of children and families who come in contact with child welfare agency–supervised services. The first national longitudinal study of its kind, NSCAW is examining the characteristics, needs, experiences, and outcomes for these children and families.

This report summarizes published and in-press articles and chapters based on the NSCAW study in order to examine the evidence on the relationship between race/ethnicity and several important areas related to child welfare and well-being. Topics in this review include:

- (1) Child factors and related services, including (a) early childhood development and early intervention services and (b) mental health and substance abuse treatment need and access
- (2) Parental factors and related services including (a) parental arrest and child involvement with child welfare services agencies and (b) domestic violence—epidemiology and services
- (3) Reunification and related services

The sample size varies in these studies, as authors have endeavored to select subsamples of NSCAW that are best suited to answer their question. The CPS sample of NSCAW was 5504^a children who underwent child maltreatment investigations between November 1999 and April 2001. The sample for each specific analysis, however, may vary due to substantive or methodological reasons (e.g., whether the analysis is limited to in-home, out-of-home, or reunified cases, or whether there are missing data on variables to be included in the analysis). The analyses in these studies were, generally, not intended to isolate the effects of race or ethnicity on child welfare outcomes or child well-being. All of the studies did, however, include race and ethnicity in their multivariate models—allowing for an understanding of whether race and ethnicity was associated with outcomes of interest, above and beyond other family and child characteristics.

Findings

Overall: Race/ethnicity was not found to be a significant predictor in the receipt of services for children remaining at home, nor was it an indicator of whether children would be placed

^a After some initial papers and reports were written, three cases were dropped from the study because they involved participants who were incarcerated and were judged not to have given allowable informed consent.

in out-of-home care. Differences were found by race, however, with respect to reunification and services received.

CHILD FACTORS

Early Childhood Development and Early Intervention Services: What can NSCAW studies tell us about the relationship between early childhood development needs and service receipt? The findings show that race and ethnicity are strongly correlated with the overall level of child welfare involvement and the receipt of services. White children are more likely to remain at home than to be removed from their homes following the investigation of the case. Race and ethnicity were also found to be predictive factors in service receipt: Black children are less likely to receive developmental services than white children, and the racial inconsistencies in services received remain even after controlling for need.

Mental Health and Substance Abuse Treatment Need, Use, and Access: What can NSCAW studies tell us about the relationship between race, mental health care services, and substance abuse treatment need, use, and access? Race/ethnicity accounts for differentials in overall mental health service use. Specifically, African American and Hispanic children were more likely to use services than white children even though African American children did not demonstrate elevated need as a group—that is, their mental health problems were no greater than other children. In the 6- to 10-year-old age group, however, African American children showed significant unmet need. They were less likely to receive mental health services than white children in this age group when other variables were controlled.

Racial/ethnic disparities in mental health service use are also related to the organization of services. African American and Hispanic children are less likely to receive specialty mental health services than white children (while holding the county variable constant). In another study of caregivers, Hispanic caregivers were significantly more likely to receive substance abuse services, and black non-Hispanic caregivers were significantly less likely to receive mental health services.

Emotional and behavioral problems for youth and *need for mental health treatment* were measured using the Achenbach Child Behavior Checklist (Achenbach, 1991). Interaction between Achenbach Child Behavior Checklist (CBCL) score and race/ethnicity was found to be statistically significant: African American children used fewer services than children of Caucasian ancestry at all values on the CBCL, which suggests lower service use at equal levels of need. As the CBCL levels increased, the inconsistency in service use was reduced. Nonetheless, the relative percentage of African American children receiving services was still smaller. Race/ethnicity (African American versus White) was found to predict outpatient

mental health services use while other variables were constant. This does not suggest the reason for the non-use of services, only the occurrence.

PARENT/FAMILY FACTORS

Domestic Violence: What do we know about the relationship between domestic violence, race, and child welfare system participation from the NSCAW studies? Race was not found to be a significant predictor in the underidentification of domestic violence in a home. Race/ethnicity was, however, found to be a significant factor in the continuation of domestic violence occurrences in a case. Caregiver^b race or ethnicity was associated with severe physical violence (relative to no violence) reported at 18 months, with African American women having approximately twice the odds for reporting severe physical violence compared to white non-Hispanic women. In addition, African American women who were referred to child welfare agency-supervised services reported approximately three times greater risk of experiencing more severe forms of physical violence (e.g., getting beaten up, choked, threatened with a weapon) compared to white non-Hispanic women when age, marital status, socioeconomic factors, and other background variables were controlled.

Parental Arrest: What is the relationship between parental arrest, race, and entry into the child welfare system? NSCAW-related studies have found that parents of African American children who entered out-of-home care were significantly more likely to have experienced a recent arrest, and African American children with incarcerated parents were also found to be overrepresented in the proportion of investigated cases. At the same time, family and child risk factors identified by child welfare workers (e.g., serious mental illness, active domestic violence) at the time of intake were lower among African American parents who had been arrested than among other arrested parents. This suggests that some of the overrepresentation of entrances into foster care is mediated by police actions in arresting African American parents and, perhaps, by child welfare agency inaction in developing mechanisms that help divert children from foster care during parental arrests.

Reunification: What do we know about the relationship between race, reunification, child's age, and receipt of services? Findings show that race and reunification have differing relationships, depending on a child's age. Overall, for children younger than 7 months and children older than 10 years of age, racial differences are large; indeed, the greatest racial variation between predictors of reunification and the outcome of reunification is evidenced for infants and adolescents.

African American infants are less likely to experience reunification than white infants; in addition, African American youth over 10 years of age, as well as youth of other racial and

^b The information from the study from which this information was extracted (Connelly et al., 2006) was taken from permanent caregivers, generally biological family members.

ethnic groups over 10, are significantly less likely to return home than white youth. For youth over 10 years old, the likelihood of reunification continues to be significantly smaller for children of color compared to white children even when controlling for risk factors, child behavior, and agency and parent actions. Offsetting the lower risk of reunification for some age groups are parenting support (for infants) and a higher frequency of seeing mothers during visits (for children 10 and older).

Summary

A wide array of findings was drawn from the analyses. Some findings suggest that race and ethnicity effects are related to developmental status or to the organization of mental health services in the agency, in addition to the potential association with parental arrest. These findings offer more specificity about how to further understand and address racial disproportionality. Findings related to parental arrest indicate that African American families that experience arrest are more common than non-African American families that experience arrest but have fewer family and child risks, suggesting that child welfare interventions for African Americans before and after arrest should be developed to address this aspect of their experience.

Other than this finding, there is a lack of a consistent race or ethnicity effect, suggesting a continued need to better understand how unfair services to African American children and families are most likely to arise, e.g., under which circumstances, which children of what age and with what challenges, and in which families.

INTRODUCTION

Data about service receipt are often difficult to interpret. The meaning of analyses of racial disproportionality and disparity in child welfare agency-supervised services depends, in some measure, on the extent to which race and ethnicity seem to be the primary factors in determining disproportionality or disparity. Alternately, these differences may be attributable to other co-occurring factors. Both the absence of a race effect and the presence of a race effect can, at times, be explained by other variables that obscure the true relationship between race and the particular outcome of interest.

The first of the three most fundamental challenges to interpreting most child welfare research is determining what “case status” means. That is, whether it is good or bad to receive a given service (like placement into foster care) may depend on many factors. The second fundamental problem is that the source of child welfare agency-supervised services information is generally the child welfare worker, and there is little direct information from the parent or child. This reliance on a single source of information is a substantial divergence from the ideals of social science research. The third difficult area of interpretation is that of explaining the causes of racial disproportionality and disparity. If findings offer explanations arising from factors that are not evenly distributed among children and families of different ethnic or racial groups, this leaves open the possible explanations that differences in outcomes may be attributable to these factors.

The National Survey of Child and Adolescent Well-Being (NSCAW) offers new opportunities to gain insight into these issues because the study has developmental measures (not just case status measures) and includes parental self-reporting on parenting behavior and other health and mental health measures. The study also has many more indicators of family and child functioning than has ever been available in a child welfare study. In addition, NSCAW features a national sample that was drawn to be representative of cases investigated following a child maltreatment allegation. The overall NSCAW sample size for these analyses is generally 5504 children undergoing child maltreatment investigations between November 1999 and April 2001. The sample for each specific analysis, however, may vary due to substantive or methodological reasons (e.g., whether the analysis is limited to in-home, out-of-home, or reunified cases, or whether there are missing data on variables to be included in the analysis).

Researchers oversampled infants to ensure there would be enough cases going through to permanency planning. In addition, researchers oversampled for sexual abuse cases (to ensure that there would be adequate statistical power to analyze this kind of abuse alone) and cases receiving ongoing services after investigation (to ensure adequate power to understand the process of services) (Dowd, Kinsey, Wheelless, Suresh, & NSCAW Research Group, 2002).

The race/ethnic groups were determined from information provided by the child, caregiver, or caseworker. When more than one race was reported by a respondent, the rarest race (of five categories) was assigned based on 1990 U.S. Census data. The race order (from rarest to most common) was: American Indian/Alaskan Native<Asian/Native Hawaiian/other Pacific Islander<Black/African American<White<Other (Dowd et al., 2002). In addition, Research Triangle Institute (RTI) created a derived variable to combine the two separate variables that defined race and ethnicity. Those who were classified as Hispanic based on the ethnicity variable (“is the child of Hispanic origin?”: yes/no) were assigned to the Hispanic category on the combined variable as well. American Indian/Alaskan Native, Asian/Native Hawaiian/other Pacific Islander, and Other were assigned to the non-Hispanic Other category. The racial/ethnic groups that will be the focus of the analyses are white, black, and Hispanic/Latino, because the sample size was too small for Native Americans despite concerns about racial disparity.

This report summarizes published and unpublished-but-in-press articles and chapters based on the NSCAW study. Topics in this review include the following:

- (1) Child factors and related services including (a) early childhood development and early intervention services and (b) mental health and substance abuse treatment need and access
- (2) Parental factors and related services including (a) parental arrest and child involvement with child welfare services agencies and (b) domestic violence—epidemiology and services
- (3) Reunification and related services

In the spring and summer of 2006, we inventoried the published and in-press papers with these topics, conducted a preliminary reading of those papers to determine whether race and ethnicity was included in modeling of the dependent measures of concern, and completed our final selection of 11 articles or chapters and the baseline NSCAW report. (U.S. Department of Health and Human Services, 2005).

CHILDREN AND CAREGIVERS WITH COMPLETED CWS INVESTIGATIONS

Knowledge of the demographics of children and families involved in the child welfare system is important to understanding the implications of findings on the relationship between race/ethnicity and service receipt. In the NSCAW sample, which represents the nation’s children who had completed investigations for maltreatment in the late 1990s (whether or not they

were subsequently substantiated), the racial demographics of these children are as follows: 47% white/non-Hispanic, 28% African American/non-Hispanic, 18% Hispanic/Latino, and 17% Other. “African American children are overrepresented among children who are investigated (as compared with children in the general American population).” (NSCAW Research Group, 2005, pp. 3– 6.) See Table 1.

Table 1								
Characteristics, Living Situations, and Maltreatment of Children Involved with the Child Welfare System: Age, Gender, Race/Ethnicity, and Setting of Children Entering the Child Welfare System (Weighted)								
Race/ Ethnicity	Total	Setting						
		In-Home			Out-of-Home			
		No Services	Services	TOTAL In-Home	Foster Care	Kinship Foster Care	Group Care	TOTAL Out-of- Home
Percent/(SE)								
African American	28.1 (2.5)	26.0 (2.6)	30.9 (3/1)	27.3 (2.6)	38.4 (5.6)	33.7 (4.3)	18.0 (5.9)	34.6 (3.8)
White	46.9 (3.7)	47.9 (4.1)	45.4 (3.8)	47.2 (3.7)	38.9 (5.6)	47.7 (5.1)	61.9 (9.5)	44.8 (4.1)
Hispanic	18.0 (2.9)	19.3 (3.4)	16.6 (3.1)	18.6 (3.1)	14.9 (4.5)	13.1 (3.2)	12.0 (4.5)	14.0 (2.8)
Other	6.9 (0.8)	6.8 (1.0)	7.2 (1.3)	6.9 (0.8)	7.8 (2.2)	5.6 (1.8)	8.1 (3.9)	6.7 (1.4)

Note: Percentages are based on weighted data; standard errors are in parentheses. Source: U.S. Department of Health and Human Services Administration for Children and Families, 2005, p. 62.

In addition to examining the racial breakdown of children and families involved with child welfare agency-supervised services, it is also important to review the race/ethnic contributions in service receipt and placement. Table 1 also depicts the simple bivariate relationship between race/ethnicity and service receipt (those who either received no services, those where cases were closed at intake, or those who received in-home services); and the comparison of in-home versus out-of-home care (NSCAW Research Group, 2005). Race/ethnicity was not found to be a significant predictor in the receipt of services for children remaining at home, nor was it an indicator in whether children would be placed in out-of-home care (NSCAW Research Group, 2005).

Another important factor to examine is the racial breakdown of current caregivers (in-home and out-of-home) of the children in the study: 51% of the caregivers are white/non-

Hispanic; 26% are African American/non-Hispanic; 17% are Hispanic; and 7% are classified as being of Other race/ethnicity (Table 2). The NSCAW report also included information on the correspondence between race/ethnicity of the foster caregivers and children in their care (NSCAW Research Group, 2005). See Table 3. Most (92%) white children were placed with a self-identified white caregiver, whereas only two-thirds (66%) of African American children were placed with a self-identified African American caregiver. Among the one-third of African American children not identified as placed with an African American caregiver, about half were placed with a caregiver identified as white. For Hispanic children, only 42% were placed with a caregiver self-identified as Hispanic.

Table 2								
Current Caregiver Demographics by Service Setting								
Race/ Ethnicity	Total	Setting						
		In-Home			Out-of-Home			
		No Services	Services	TOTAL In-Home	Foster Care	Kinship Foster Care	Group Care	TOTAL Out-of- Home
Percent/(SE)								
African American	25.5 (2.7)	23.5 (2.9)	28.4 (2.9)	24.8 (3.4)	24.0 (2.8)	29.6 (4.0)	51.9 (12.2)	30.9 (3.6)
White	51.4 (2.7)	51.2 (4.3)	51.2 (3.8)	51.2 (3.8)	51.2 (3.8)	56.8 (4.7)	41.3 (11.4)	53.9 (5.2)
Hispanic	16.3 (3.3)	17.6 (4.0)	15.4 (3.0)	17.0 (3.5)	13.2 (7.0)	9.2 (2.2)	X	10.4 (3.5)
Other	6.8 (1.0)	7.8 (1.3)	5.0 (0.8)	7.0 (1.1)	5.8 (1.6)	4.4 (1.1)	X	4.8 (0.9)

Note: Children in group care and other types of care were eliminated from these analyses because there were multiple caregivers but only one was interviewed; therefore, determining a “match” between caregivers and children was not possible. Source: U.S. Department of Health and Human Services Administration for Children and Families, 2005, p. 209.

Table 3				
Non-kinship Foster Care: A Comparison of the Child to Caregiver Race/Ethnicity				
Race/ Ethnicity of Child	Race/Ethnicity of Current Caregiver			
	African American- Percent (SE)	White Percent (SE)	Hispanic Percent (SE)	Other Percent (SE)
African American	65.5 (6.0)	16.0 (4.7)	13.4 (7.2)	5.1 (2.9)
White	3.3 (1.2)	92.4 (2.0)	2.9 (1.3)	2.4 (1.1)
Hispanic	3.6 (1.6)	48.5 (20.5)	42.0 (21.0)	2.7 (2.0)
Other	4.7 (2.2)	42.4 (9.4)	9.1 (5.5)	31.4 (7.9)

Note: Bold numbers indicate that the caregiver is the same race/ethnicity as the child. Children in group care and other care are excluded. Source: U.S. Department of Health and Human Services Administration for Children and Families, 2005, p. 210.



CHILD FACTORS

Early Childhood Development and Need for Early Intervention Services

OVERVIEW AND METHODS

Identification of early child development needs and the receipt of related early intervention services is an important topic in the child welfare arena. Children involved in the child welfare system often have a higher level of developmental and behavioral need than those who are not. Minimal research exists that examines the relationship between race and ethnicity and the need and receipt of services within the child welfare population. There is one published NSCAW article related to early childhood development and the need for early intervention services that includes race and ethnicity as a predictor of service use (Stahmer, Leslie, Hurlburt, Barth, Webb, & Landsverk, et al., 2005). The purpose of that study was to determine the level of developmental and behavioral need in young children entering the child welfare system, to determine the level of early intervention services use, and to observe variation in need and service use based on age and level of involvement in the child welfare system. This article does not solely focus on the relationship between early childhood development and the need for early intervention services and race/ethnicity, although it does include race/ethnicity in the analysis.

Participants. The sample for that study focused specifically on 2,813 children who were 6 years of age and younger from the study sampling frame. The cohort included children from birth to 14 years of age at the time of sampling who had contact with the child welfare system during a 15-month period that began in October 1999. The racial/ethnic mix of the sample was 29 percent African American, 47 percent white, 19 percent Hispanic, and 5 percent Other.

Procedure. Field representatives performed several interviews with caregivers regarding the children in their care in order to assess the child directly. Assessments were conducted at an average of 5.3 and 13.2 months after onset of the child welfare investigation. Children included in that article were between 1 and 71 months of age at the time of the first interview.

Measures. *Sociodemographic* information was collected regarding the child's age, gender, and race/ethnicity. The *level of child welfare system involvement* and the *history of alleged maltreatment* of children were both obtained from child welfare agency workers. Workers were asked to identify the types of maltreatment that had been alleged by using a modified maltreatment-classification scale. Measures were obtained in five areas to estimate the *risk for developmental and behavioral problems* in young children and the need for early intervention

services. Comprehensive screening assessments were used to measure *developmental/cognitive status*, which varied with the age of the child. The *language and communication level* was assessed in order to determine the possibility of language delay, using the Preschool Language Scales. In order to understand *behavioral needs*, the Child Behavior Checklist (CBCL) was used. *Social skills* were measured in children 3 to 5 years of age by using the Social Skills Rating Scale (SSRS). *Adaptive behavior* was measured using the Vineland Adaptive Behavior Scale screener. Measures were categorized into five domains for analyses: developmental/cognitive status, adaptive behavior, behavior problems, communication, and social skills. *Service use* information regarding whether a child had received any services was obtained from interviews with current caregivers.

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

In a simple bivariate comparison, race/ethnicity was found to be related to the overall level of child welfare system involvement ($p < .01$). Children remaining at home were more likely to be white than children removed from their homes.^c This was true for in-home cases that were opened to child welfare agency-supervised services as well as for those that were not open. Children remaining at home with an open case were less likely to be Hispanic than children removed from their homes (all differences were at the $p < .05$ level). Differences in child welfare services received were also strongly associated with maltreatment type.

Service Use. A multivariate analysis determined the relationship between race/ethnicity and service use in the mental health, education, or primary care sectors. Age, race/ethnicity, and level of risk were significantly related to service use. Over all, a strong relationship was shown between developmental risk and service receipt: Children with two areas of developmental and behavioral risk were five times as likely to receive services ($p \leq .001$). Younger children were less ($OR=.33$) likely to receive services ($p < .001$). To summarize:

The level of child welfare system involvement was also found to predict service use; children living at home, regardless of whether they had an active case, were much less likely to receive services for developmental or behavioral problems than children living in out-of-home care; children at home without an active case were the least likely to receive services.

(Stahmer et al., 2005, p. 896.)

Race/ethnicity was also found to be associated with service use; it was determined that black children were about half as likely to receive services as white children: $OR = 0.44$ (0.25, 0.79; $p < .05$). Stahmer et al. (2005) also found this difference to be consistent at the various levels

^c This finding appears to run counter to the earlier finding that there was no difference in the placement by race, suggesting that the finding stated, here, might be an age-related finding.

of risk especially when two risk factors were present. While the reasons for these differences were not addressed in their study, the authors did find that the racial inconsistencies in services received remained even after controlling for need. (See Table 4.)

Table 4				
Logistic-Regression Analysis of Any Service Use (Educational, Mental Health, or Primary Care) According to Model Variables (N=2813)				
	B Coefficient	SE	Odds Ratio (95% Confidence Interval)	P
Developmental and behavioral need (ref = no risk)				0.001
1 risk score	1.02	0.32	2.76 (1.47, 5.19)	
≥ 2 risk scores	1.64	0.36	5.18 (2.54, 10.58)	
Age (ref = 3–5 y)				0.000
0–2y	– 1.10	0.2	0.33 (0.22, 0.50)	
Race/ethnicity (ref = white/nonHispanic)				0.0173
Black/non-Hispanic	– 0.82	0.29	0.44 (.025, 0.79)	
Hispanic	– 0.27	0.41	0.76 (0.33,1.74)	

Source: Stahmer et al., 2005, p. 897.

Developmental Conclusions

The findings show that race and ethnicity are strongly correlated with the overall level of child welfare system involvement and the receipt of services. White children are more likely to remain at home than to be removed from their homes when a child welfare case is opened. Race and ethnicity were also found to be predictive factors in service receipt: Black children are less likely to receive services than white children and the racial inconsistencies in services received remained even after controlling for need.

Mental Health and Substance Abuse Treatment Need, Use, and Access

OVERVIEW AND METHODS

Four NSCAW articles address mental health and substance abuse diagnosis, treatment, or the access to mental health services. These four articles are cited within this review (Burns et al., 2004; Hurlburt, et al., 2004; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; Libby, Orton, Barth, & Burns, 2007). None of these articles focused their examination on the relationship between substance abuse and treatment or the access to mental health services on the one hand, and the race/ethnicity of children or parents on the other. Each of them did include race/ethnicity in their analysis, however. Moreover, Burns et al. (2004) identified factors related to the need for and use of mental health services among youth, with special attention to differences by age groups (3–5, 6–10, and 11+), at the time of entrance into NSCAW.

Participants. The sample was limited to children ages 2 years and above (N=3,803) to correspond to age-related measures of mental health need. 29.6% of the sample included in these analyses fell into the preschool group (2 to 5 years), 41.9 in the school age group (6 to 10 years), and 28.6% in the adolescent group (11 to 14 years). The racial demographics of the sample consisted of 47.6 percent white, 28 percent African American, 17.5 percent Hispanic, and 7 percent members of other racial/ethnic groups.

Procedure. Logistic regression was used to examine variables associated with service use. Demographic variables were included in all models. Clinical need measures and the nature of available services varied due to the presence of multiple informants; separate models were estimated by age group.

Measures. Burns et al. report that:

Emotional and behavioral problems for youth and *need for mental health treatment* was measured using the Child Behavior Checklist (CBCL); the Youth Self Report (YSR); and the Teacher's Report Form (TRF). Data on the use of *mental health services* in the 12 months preceding the survey interview are based on an adapted version of the Child and Adolescent Services Assessment (CASA). A modified Maltreatment Classification Scale (Manly et al., 1994) was used to identify the types of maltreatment alleged in the most recent report using emotional abuse, and neglect. Youth were categorized as being in one of four possible living situations at the time of the investigation: (1) with their permanent primary caregiver, typically

a parent; (2) non-relative foster care; (3) kinship foster care; or (4) group home/residential treatment center. Child welfare workers identified family risk factors based on the information/knowledge available to them at the time of the case investigation. (Burns et al., 2004.)

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

In order to understand disparity in mental health service receipt, logistic models were used to examine factors related to service use across the three age groups (see Table 5). “While controlling for other factors, children across all age groups scoring in the clinical range on the CBCL were 2.5–3.6 times more likely to receive mental health services.” (Burns et al., 2004, p. 965.)

Table 5						
Multivariable Logistic Regression Models of Past-Year Mental Health Service Use by Youth (Ages 2–15) Who Were Subjects of Investigated Reports of Maltreatment (N = 3,211)						
Selected Variables	Ages 2– 5 (N=970)		Ages 6– 10 (N=1,274)		Ages 11– 14 (N=971)	
	OR 95%	CI	OR 95%	CI	OR 95%	CI
Demographic Characteristics						
Child age (continuous)	1.3	.9 – 1.7	1.0	.9 – 1.2	.9	.8 – 1.2
African American (versus white)	.5	.2 – 1.2	.4*	.2 – .8	.7	.3 – 1.4
Hispanic (versus white)	.8	.3 – 2.3	.6	.2 – 1.8	1.4	.7 – 2.9
Other (versus white)	3.0	.8 – 10.9	.3	.1 – .8	1.0	.2 – 4.1
Male (versus female)	1.9	.9 – 4.3	.8	.5 – 1.4	1.2	.7 – 2.1
Clinical range CBCL						
(64 and above versus below 64)	3.5*	1.3 – 9.5	2.9**	1.6 – 5.2	2.7*	1.5 – 5.1
Placement						
In-home (versus out-of-home)	.6	.3 – 1.5	.4**	.2 – .6	.4*	.2 – .7
Parental Risk Factors						
Parent severe mental illness	2.0	.5 – 8.6	1.6	.8 – 3.0	2.4*	1.3 – 4.3
Impaired parenting skills	.6	.3 – 1.5	.8	.4 – 1.5	1.3	.6 – 2.6
Parent physical impairment	2.8	.9 – 8.5	.7	.3 – 1.9	.8	.4 – 1.9
Monetary problems	1.2	.5 – 2.8	1.4	.7 – 2.9	1.3	.7 – 2.2

*p < .01; **p < .001. Source: from Burns et al., 2004, Table 2, p. 965.

In summary, African American youth did not demonstrate elevated need as a group—that is, their mental health problems were no greater than other children—but they did show significant unmet need among the 6- to 10-year-old age group, and they were less likely to receive mental health services than white youth in this age group when other variables were controlled. For African American youth age 6–10, the OR = .4 (.2,.8) $p < .01$ and for school-age children and adolescents living at home, the OR = .4 (.2,.6) $p < .001$, indicating a significantly reduced likelihood of receiving mental health care.

The second study in this group endeavored to further understand the disparity in care for children from ethnic communities (Hurlburt et al., 2004). Specifically, this study examined how patterns of specialty mental health service use among children involved in the child welfare system vary as a function of the degree of coordination between local child welfare and mental health agencies.

Participants. This article focused specifically on children in NSCAW who were removed from their homes or were living in a family in which a case was opened for child welfare agency supervised services after substantiation of abuse or neglect (N=2823). The racial/ethnic mix of the study's participants was 33% African American, 47% white, 13% Hispanic, and 7% members of other groups.

Procedures. This study uses data from initial interviews with child welfare workers and initial and 12-month follow-up interviews with current caregivers. County-level data were also collected from agency informants by trained research assistants.

Measures. Hurlburt et al. reported:

Sociodemographics and placement information were collected and classified from study participants. The child welfare worker identified the types of suspected *maltreatment* using a modified Maltreatment Classification Scale (Manly et al., 1994). For each case in the NSCAW, caseworkers reported the presence or absence of risk factors that resulted in the family having contact with child welfare. The Child Behavior Checklist (CBCL) was used to estimate emotional and behavioral problems for youth and the *need for mental health treatment*. Current caregivers responded to questions about children's *mental health service use* in an adapted version of the Child and Adolescent Services Assessment. The strength of linkages existing between child welfare and mental health agencies at the local level was assessed through 2 different interview modules, one focusing on mental health services available to children in the child welfare system and one focusing

on characteristics of the local mental health agency in the county. Regional variation in specialty *mental health provider supply* was estimated. Variables that describe the child population size and the level of poverty in the county were included as control variables in multivariate models. Hurlburt et al., 2004.

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

Multivariate models were used to predict the relationship between specialty mental health service use and each of the child- and family-level predictors (see Table 6). Hurlburt et al. (2004) found the interactions of CBCL score with the strength of interagency linkages (between the local child welfare and mental health service systems), in addition to the interaction of race/ethnicity with interagency linkages to be significant. Race/ethnicity accounted for differentials in service use; specifically, African American children were 0.61 times as likely and Hispanic children were about half as likely to use services as white children.

Race/Ethnicity	Step 1: Child and Family Predictors (N=2275)		Step 2: County-Level Control Variables Added (N=2182)		Step 3: Provider Supply and Linkage Variables Added (N=2099)	
	β	OR (CI)	β	OR (CI)	β	OR (CI)
African American	- 0.50	.61 (.39 – .94)	- 0.49	.61 (.38 – .97)	- 1.91	.15 (.03 – .63)
Other	- 0.68	.51 (.28 – .93)	- 0.62	.53 (.30 – .96)	- 0.84	.43(.07 – 2.52)
Hispanic	- 0.43	.65 (.36 – 1.17)	- 0.36	.70 (.38 – 1.29)	- 0.74	.48 (.13 – 1.75)
White	1.00		1.00		1.00	

Bold OR (CI) = $p < .05$. Source: Hurlburt et al., 2004, p. 1222.

Racial/ethnic disparities in service use are also related to the organization of services. African American and Hispanic children are less likely to receive specialty mental health services than white children (while holding the county variable constant).

Yet, linkages between child welfare and mental health moderated the relationship between race/ethnicity and service use with the effect primarily focused on service use patterns by African American children; OR = 0.15

(0.03– 0.63); $p < .04$. In counties with stronger child welfare/mental health linkages, differentials in service use between African American children and white children diminished. As linkage levels increase, differences in rates of service use between white and African American children diminish; OR = 1.12 (1.01, 1.25). Hurlburt et al., 2004, p. 1223.

The authors believed that the coordination of services between child welfare and mental health agencies, as it relates to the mental health needs of children, may be able to prevent disparities in mental health care use among African American children.

In order to estimate the prevalence and severity of family mental health and substance abuse problems, and the impact on children involved with child welfare systems and their caregivers, the third study measured the co-occurrence of caregiver alcohol, drug, and mental health (ADM) problems with children's behavioral problems (Libby, Orton, Barth, & Burns, 2007). Understanding whether this level of co-occurrence varies by race and ethnicity could be important to culturally and racially competent service planning.

Participants. Analyses presented were limited to children who were 2 to 14 years of age baseline in the core NSCAW sample. Interviews were completed at baseline and at 18 months to collect data from the child, current caregiver, and the child welfare worker. In order to keep data consistent, only children with caregivers who were constant between baseline and 18 months were included in these analyses (N=1,876).

Procedure. Logistic regression was used to: (1) estimate relationships between baseline child and caregiver characteristics and caregiver ADM problems, (2) estimate relationships between child and caregiver risk factors and caregiver service receipt for substance use problems at 18 months, and (3) estimate relationships between child and caregiver risk factors and caregiver service receipt for mental health problems at 18 months (Libby et al., 2007).

Measures. The Composite International Diagnostic Interview-Short Form (CIDI-SF) was used to interview caregivers at baseline in order to assess substance dependence (drug or alcohol dependence separately) and occurrence of a major depressive episode. At the time of investigation, child welfare workers assessed caregiver risk factors for substance use and emotional problems; the youth were not given standardized interviews, however. Consequently, the Child Behavior Checklist (CBCL) was used to estimate emotional and *behavioral problems for youth* and *the need for mental health treatment*. A modified Maltreatment Classification Scale was used to identify types of maltreatment. At 12 and 18 months, the child welfare worker was asked questions regarding referrals made for each

caregiver and services received by the caregiver since the last interview. Subsequent action was taken depending upon the status of the referral or service receipt (Libby et al., 2007).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

Table 7 presents results from the multivariate logistic regression model; only children whose caregiver had a baseline ADM problem (40%) were included in these models. Libby et al. (2007) found that there was no significant difference between the caregiver's race/ethnicity and the caregiver's ADM problems at baseline. In further analysis, the study estimated the likelihood of service receipt for substance use and mental health problems by the caregiver between baseline and 18 months. The study found that Hispanic caregivers were significantly more likely to receive substance abuse services (OR=10.96 (3.32, 36.17), $p < 0.01$), and black/non-Hispanic caregivers were significantly less likely to receive mental health services (OR=0.23 (.72, 8.7), $p < 0.001$).

Table 7						
Predicting Baseline Caregiver ADM Problems and Wave 3 Caregiver ADM Service Receipt with Baseline Child ADM Problems and Baseline Caregiver Risk Factors						
	Caregiver ADM problem at baseline		Caregiver received services for substance problem at Wave 3 ¹		Caregiver received services for mental health problem at Wave 3 ¹	
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
Child had clinically significant (≥ 64) CBCL at baseline						
Externalizing	3.40	(2.26, 5.10)**	0.98	(0.39, 2.46)	3.22	(1.34, 7.72)**
Internalizing	1.32	(0.71, 2.43)	0.40	(0.11, 1.42)	0.92	(0.32, 2.60)
Child in-home at baseline	---	---	0.30	(0.12, 0.76)*	0.51	(0.17, 1.54)
Out-of-home at baseline			1.00	---	1.00	---
Child's age (years)						
2 – 5	1.79	(1.04, 3.10)*	0.24	(0.07, 0.83)*	2.06	(0.71, 5.95)
6 – 10	1.18	(0.79, 1.74)	2.82	(0.88, 8.99)	0.95	(0.43, 2.11)
11 – 14	1.00	---	1.00	---	1.00	---
Child's gender (female)	1.11	(0.71, 1.77)	0.99	(0.39, 2.56)	0.45	(0.22, 0.94)*

Table 7 continued on next page.

* $p < .05$; ** $p < 0.01$

¹ Only caregivers with an ADM problem at baseline were included in this model.

Table 7 continued from previous page.

	Caregiver ADM problem at baseline		Caregiver received services for substance problem at Wave 3 ¹		Caregiver received services for mental health problem at Wave 3 ¹	
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
Caregiver race/ethnicity						
Black/non-Hispanic	1.39	(0.80, 2.40)	2.51	(0.72, 8.70)	0.23	(0.11, 0.51)**
Hispanic	0.81	(0.43, 1.57)	10.96	(3.32, 36.17)**	1.29	(0.34, 4.91)
Other	0.83	(0.35, 1.99)	2.02	(0.50, 8.14)	0.53	(0.12, 2.47)
White/non-Hispanic	1.00	---	1.00	---	1.00	---
N	1413		745		745	

* p < .05; ** p < 0.01

¹ Only caregivers with an ADM problem at baseline were included in this model.

Source: Libby et al., 2007, Table 6–3, p. 115

The final study on mental health service needs and use determined whether interactions between clinical and non-clinical factors, specifically race/ethnicity and abuse type, affect service use among children in foster care (Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004).

Participants. A group of children were specifically selected for this study to represent children who had been in out-of-home placement for approximately 12 months at the time of sampling, termed the “One Year in Foster Care” (OYFC) sample (N=1, 291). More than half (56%) of this sample had caregiver interviews completed. The racial demographics of the sample included 37% Caucasian, 39% African American, 16% Hispanic, and 8% Other. In addition, 57% of children were placed in nonrelative foster care, followed by 33% placements in kinship and 11% placements in group homes.

Procedure. Caregivers and children were interviewed if permission was granted. Interview data were entered directly into computers by the field representatives. The sample of children selected for this study had been living with their current caregiver for an average of 17.84 months. What’s more, 71.5% of the child/caregiver sample matched on reported race/ethnicity.

Measures. *Sociodemographics and placement* information were collected and classified from the study’s participants. The child welfare worker identified the types of suspected

maltreatment using a modified Maltreatment Classification Scale. For each case in the NSCAW, caseworkers reported the presence or absence of risk factors that resulted in the family having contact with child welfare. The Child Behavior Checklist (CBCL) was used to estimate emotional and behavioral problems for youth and the *need for mental health treatment*. The *use of mental health services* was measured using an adapted version of the Child and Adolescent Services Assessment (CASA). The current study included information on the use of outpatient and residential services since the time of the investigation leading to the current out-of-home placement (Leslie et al., 2004).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

In the multivariate analysis examining the use of outpatient mental health service, race/ethnicity was found not to be a significant factor related to service use; when comparing African American children to white children, however, African-Americans were OR = .34 times as likely to access services (95% CI .14, .86).

In additional multivariate analyses, the study investigated whether the level of need (according to CBCL score) for services differed by race/ethnicity of the child, after applying statistical controls to account for other differences. The authors found that the interaction between CBCL score and race/ethnicity was statistically significant using a likelihood ratio test. In addition, African Americans used fewer services than children of white ancestry at all values on the CBCL. The authors ran a regression analysis with an interaction term with CBCL as a continuous variable by race/ethnicity; the African American by CBCL score interaction term was significant at $p < .01$, while other racial/ethnic groups' interactions were found not to be significant. African American youths were less likely to access services compared to whites when CBCL scores were lower. As the levels increased, the inconsistency in service use decreased. Nonetheless, the quantity of African American children receiving services remained smaller than the number of white children receiving services.

While all other variables in the regression model were held constant, race/ethnicity (African American versus white) was found to predict outpatient mental health services use.

This finding may represent expanded use of services by Caucasian children at lower CBCL scores—i.e., more preventive interventions—or constrained use of services by African-American children. However, given that a CBCL score of 64 or greater represents the 98th percentile with respect to need for services, the authors anticipate that this finding reflects unmet need.

(Leslie et al., 2004, p. 708.) This paper did not assess factors that contributed to limiting access to services for African American children.

Substance Abuse and Mental Health Conclusions

These studies of mental health and substance abuse treatment strengthen previous findings that children in foster care have high rates of need and that race/ethnicity is associated with less access to mental health services. African American children were significantly less likely to use services than white and Hispanic children (Hurlburt et al., 2004) unless they were in well-coordinated service systems. Although African American children did not display elevated need as a group or diminished services as a group, African American youth age 6–10 should receive special attention as they were found to have a significantly reduced likelihood of receiving mental health care versus other races in their age group (Burns et al., 2004).

When examining the relation of race/ethnicity to receipt of mental health services by caregivers, Libby et al. (2007) found that black non-Hispanic caregivers were significantly less likely to receive mental health services than other races. Leslie et al. (2004) found race/ethnicity not to be a significant factor in outpatient mental health service receipt, however. Leslie et al. also found that race/ethnicity (African American versus white) was a predictor of outpatient mental health services use even while other variables were held constant. Further analysis must be conducted in order to truly understand the racial disparities in service need and receipt, but these studies offer some important new insights into these dynamics.

PARENT FACTORS

Parental Arrest and Child Involvement with Child Welfare Agencies

OVERVIEW AND METHODS

Impact of parental arrest on service use has long been discussed in the literature (e.g., Pelton, 1991; Shireman, Miller, and Brown, 1981); however, there is a lack of detailed information regarding ways that race and ethnicity may be related to the overlapping responses to parental arrest within the child welfare population.

One NSCAW article related to parental arrest and children involved with child welfare services agencies is that of Phillips, Barth, Burns, and Wagner, 2004 (previously cited in this review). This study provided the first national estimate of parental arrest among children who are the subjects of reports of maltreatment investigated by child welfare agencies. The article also compared the relationship between arrested parents of different racial/ethnic groups in the analysis.

Participants. The sample for this study focused specifically on children who were the subjects of reports of maltreatment investigated by child welfare agencies. The sample of 5,504 children selected from completed case investigations/assessments forms the basis for the present analyses.^d Approximately half the children were white (46.1%), and about one-quarter were African American (28.4%); smaller proportions were Hispanic children (18.4%) or children of other racial/ethnic groups (3.8%).

Procedure. The children, from birth to age 15, were selected to take part in the NSCAW survey between October 1999 and December 2000. Approximately 11% of the children were in out-of-home placements. Boys and girls were equally represented.

Measures. The recent arrest of a parent was determined through two sources of information: the child welfare worker's and a parent's reports. Child welfare workers were asked to identify parent risk factors that existed at the time of the case investigation and the types of maltreatment that had been alleged using a modified Maltreatment Classification Scale (Manly, Cicchetti, and Barnett, 1994). Regarding the type of placement, children were categorized as being in one of five possible living situations:

- (a) with the person who was their permanent primary caregiver, typically their parent, at the time of the investigation

^d In some research, the sample is identified as 5501, because three parents were interviewed in prison and their data was later removed. Also, some published and in-press NSCAW papers make reference to investigations/assessments because there were a few states that had already begun to implement an alternative response system, and in these states, the investigation was called an assessment.

(b) with relatives

(c) in non-relative foster care

(d) in institutional placements (e.g., residential treatment and group homes)

(e) “other”

The Child Behavior Checklist (CBCL; Achenbach, 1991; Achenbach & Rescorla, 2000), completed by the primary caregiver of children age 2 years and older, was used to estimate clinically significant emotional and behavioral problems.

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY: PARENTAL ARREST AND PLACEMENT IN OUT-OF-HOME CARE

Race and ethnicity have a significant association with variation in the rates of parental arrest, which, in turn, has a significant association with placement into foster care. African American children with incarcerated parents were found to be overrepresented in the proportion of investigated cases with a recent arrest. Yet the risk factors identified by child welfare workers at the time of intake were lower among African American parents who had been arrested than among other arrested parents. Thus, African American parents who are arrested may have less cumulative risk than other arrested parents. This suggests that some of the overrepresentation of entrances into foster care is mediated by police actions in arresting African American parents and, perhaps, child welfare agency inaction in developing mechanisms that help divert children from foster care during parental arrests.

Race and ethnicity had a significant relationship ($p < .001$) to the variation in the rates of parental arrest. Approximately 12.5% of the children assessed for maltreatment by child welfare agencies had parents who had recently been arrested. African American children with incarcerated parents were overrepresented in this sample; only 28% of African American children were subjects of maltreatment reports, but they constituted 43% of the children with arrested parents (see Table 8). In contrast, Hispanic children were underrepresented; Hispanic children comprised approximately 18% of the investigated maltreatment reports but only represented 10% of children whose parents had experienced incarceration. Last, it was found that the proportion of all arrests involving whites is considerably higher (69.7%) than the proportion of arrested white parents in this study. Nearly one in every five African American children (19.9%) in the sample had a parent who had been recently arrested—this was double the rate for white children and about four times the rate for Hispanic children and children from other races and ethnicities. Compared with other children who come to the attention of child welfare agencies, those with arrested parents are significantly more likely to be in out-of-home care.

Table 8			
Comparison of Demographic Characteristics of Children Whose Parents Were or Were Not Arrested (N=5,322)			
Race/ Ethnicity of Child	Recent Parental Arrest		
	Yes	No	TOTAL
African American	43.1	26.1	28.4
White	42.6	46.7	46.1
Hispanic	10.5	19.8	18.4
Other	3.8	7.5	7.1
Significance: $F(2.4, 217.4) = 10.1, p < .001$			

Note. Values are weighted percentages. Source: Phillips et al., 2004, p. 178.

Parental Arrest Conclusion

Parents who were arrested had a greater number of risk factors (e.g., impaired parenting, serious mental illness, trouble meeting basic needs, active domestic violence, and substance abuse). Other notable factors, although not statistically significant, were that:

[T]he rate of four parental risk factors (i.e., impaired parenting, physical impairment (at the level of a trend), trouble meeting basic needs, and substance abuse) were lower among African American parents who had been arrested than among other arrested parents. Arrested African American parents also were different from non African American parents in that they had the fewest children over age 11 (14.6%) and the highest rate of prior reports of maltreatment (76.3%). Further, reported rates of emotional maltreatment (9.8%) were lowest and reported rates of failure to supervise (54.2%) and sexual maltreatment were highest among arrested African American parents relative to other arrested parents (11.6%). (Phillips et al., 2004, p. 181).

Domestic Violence: Epidemiology and Services

OVERVIEW AND METHODS

The overlap between domestic violence and child welfare agency-supervised services has long been known and increasingly documented. Yet relatively little attention has been given to ways that race and ethnicity may be related to the occurrence, and response to, domestic violence within the child welfare population. We cite NSCAW articles related to domestic violence in addition to information found in the ACF report: Connelly, Hazen, Coben, Kelleher, Barth, and Landsverk, 2006; Hazen, Connelly, Kelleher, Barth, and Landverk, 2006; Hazen, Connelly, Kelleher, Landsverk, and Barth, 2004; Kohl, Barth, Hazen, and Landsverk, 2005. None of these articles focused their examination on the relationship between domestic violence and race/ethnicity, although each of them included race/ethnicity in their analysis.

A pair of articles examined the underlying epidemiology of domestic violence within the child welfare population: Hazen et al., 2004 and Hazen et al., 2006. The purpose of these studies was to determine the prevalence and correlates of intimate partner violence among female caregivers of children reported to child protective services in addition to determining the relationship between intimate partner violence and child behavior problems.

Participants. The analyses presented in these papers are limited to the core child protective services sample (N=5,504) of the NSCAW study. These analyses included children who were not in out-of-home placement at the time of the baseline interview. Among these 4,037 cases, 3,612 (89.5%) had baseline interviews with a female caregiver in which data on intimate partner violence were obtained. The samples vary slightly along racial/ethnic lines but consist of approximately 27% African American individuals, 49% white individuals, 17% Hispanic individuals, and 7% individuals of other racial/ethnic groups.

Procedure. Information about child and caregiver mental health, service use, and family environment information was obtained from caregiver interviews. Child welfare workers were interviewed regarding initial case investigation and prior contact with child protective services.

Measures. Researchers gathered *demographic and background information* was gathered from caregivers on a range of demographic characteristics. The following scales were used during assessment in this study respectively: The Conflict Tactics Scales (CTS1) was used to assess information regarding *intimate partner violence* and the physical violence scale was employed to assess caregivers' experiences with intimate partner violence; the World Health Organization Composite International Diagnostic Interview Short-Form was used to assess

mental health and substance use issues of the caregiver; the Child Behavior Checklist (CBCL) was used to assess *child behavior problems*; and the physical health scale of the Short-Form Health Survey (SF-12) was used to assess the *physical health* of the caregiver. (Hazen et al., 2004, pp. 305–306).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

NCSAW Research Group (2005) stipulated that several characteristics (i.e., gender, types of maltreatment, etc.) of children who were placed in out-of-home care were comparable to those who remained at home. Hazen et al. (2004) found that

[D]espite these general findings it cannot be concluded that the children who were in out-of-home care have families with similar incidence or intensity of intimate partner violence as the children described in this paper. In fact, the presence of intimate partner violence in the home may have influenced some child protective services caseworkers to place children in out-of-home care.” (Hazen et al. [2004], p. 304.)

Hazen et al. (2006) found that the use of corporal punishment ($p < .05$) and psychological aggression ($p = .05$) in the presence of severe intimate partner violence were significant moderators in child behavior problems and had some relationship to race/ethnicity. Hispanic children were likelier to have lower externalizing scores compared with non-Hispanic white children ($B = -2.67$; $p < .05$). Black children had the lowest externalizing scores relating to aggressive and delinquent behavior; race was not found to be significantly associated with the internalizing behavior of children.

Another study provides further understanding of the intersection of domestic violence, child welfare, and race/ethnicity. In this study, information was obtained about whether child welfare workers recognized domestic violence in the home during the investigative process for maltreatment (Kohl et al., 2005). This study also endeavored to determine the factors associated with the child welfare worker’s underidentification of domestic violence in cases; the level of domestic violence services use over the 18-month period following the investigated maltreatment; how the caseworker’s identification of domestic violence compared to caregiver self-report of domestic violence victimization; and the factors associated with referral and receipt of domestic violence services.

Participants. Analyses for this study involved the permanent female caregivers ($N=3135$) of children remaining in the home following allegations of maltreatment. Caregivers were included in the study regardless of the outcome of the child maltreatment investigation. This

allowed for comparisons between caregivers in families who did and did not receive child welfare services. Families receiving ongoing services had some level of follow-up contact with the child welfare agency following the investigation, while those without services did not. In this sample of female caregivers of children remaining at home, 27% received child welfare services and 73% did not get those services. The sample consisted of 25% African American individuals, 51% white individuals, 17% Hispanic individuals, and 7% individuals of other racial/ethnic groups.

Procedures. The indicators for domestic violence used in this study came from two sources: child welfare worker interviews and caregiver interviews. Face-to-face interviews were conducted with the permanent caregiver of children remaining in the home, with or without child welfare services, at baseline and at 18 months. The child welfare worker also participated in a face-to-face interview at baseline, 12 months after, and 18 months after the investigation.

Measures. The child welfare worker was given a risk assessment instrument to complete for each caregiver at the time of entrance into the system to determine if *active domestic violence* toward the caregiver was present and if there was a history of domestic violence in the home. *Domestic violence services* data were also collected from the caregiver and the child welfare worker. Following the questions about domestic violence victimization on the caregiver interview, the women were asked about domestic violence services. When a referral was made, a follow-up question inquired as to whether the referral resulted in the receipt of services. Through the data analysis approach, descriptive statistics were calculated on demographic characteristics of the overall sample and for caregivers who did and did not report domestic violence victimization within the 12 months preceding the baseline interview. Next, analyses were conducted to identify the level of agreement between caregiver report of domestic violence and child welfare worker report of domestic violence. The rates for sensitivity and specificity were determined. Logistic regression analysis was then used to examine the factors influencing the underidentification of domestic violence by the worker. Each case received a cumulative risk score, and analyses focused on active or recent domestic violence because this is a more likely predictor of current need for domestic violence services (Kohl et al., 2005).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

The study focused on female caregivers of children remaining in the home following the investigation (N=3,165). Within this sample, there were no significant differences by race or ethnicity, poverty level, education, or presence of spouse or other intimate partner in the home.

The study found that while child welfare workers indicated that active domestic violence was present in only 12% of families investigated for maltreatment, 31% of caregivers reported domestic violence victimization in the past year. Underidentification occurred in nearly a quarter of the families—the worker did not identify domestic violence when the caregiver had reported domestic violence in 22% of the cases. Race was not, however, found to be a significant predictor in the underidentification of domestic violence services.

When examining factors associated with the referral to domestic violence services and the receipt of these services, African American women involved with domestic violence may be less likely than other women to be referred for domestic violence services; OR = .46 (2.0, 1.1), although the differences are not statistically different at $p < .05$.

Another NSCAW study also examined the longitudinal course of intimate partner violence among female caregivers of children receiving child welfare agency-supervised services in order to further examine the correlation between domestic violence, child welfare, and race/ethnicity (Connelly et al., 2006).

Participants. The sample was comprised of 1,153 female caregivers for whom data on intimate partner violence were obtained at baseline and who reported a history of physical intimate partner violence in the previous 12 months; 861 participants within this sample provided data at the 18-month follow-up. The racial/ethnic mix of the sample was 24% African American, 53% white, 16% Hispanic, and 7% other.

Procedure. Demographic information, child and caregiver mental health status, and family environment (including experiences with intimate partner violence) were obtained from caregivers' interviews.

Measures. *Demographic and background information* was gathered from caregivers on a range of demographic characteristics. The CTS1 Physical Violence Scale was employed to assess caregivers' experiences with *intimate partner violence*. This measure was divided into Minor and Severe subscales, based on the severity of the violent act. The caregiver's *mental health and substance use* (e.g., major depression, alcohol dependence, and drug dependence) were assessed with screening scales from the World Health Organization Composite International Diagnostic Interview Short-Form. The *community environment* was measured using the abridged Community Environment Scale. Caregivers responded to questions on *social support* and related family resources adapted from the Duke–University of North Carolina Functional Social Support Scale and the Sarason Social Support Questionnaire. The analyses focused on the cessation or continuation of severe and minor physical violence victimization reported in the preceding 12 months (participants were interviewed at 18 months post-baseline) (Connelly et al., 2006).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

The most important predictors of nonresponse at the 18-month follow-up included insurance coverage of the child, the relationship of the caregiver to the child at baseline, type of abuse and neglect, sampling strata, baseline caregiver being unemployed, child race or ethnicity, urbanicity of the primary sampling units, case substantiation (whether services were arranged for or provided for a family who contacted child protective services to investigate), and level of severity of risk to child (whether caregiver had serious mental health problems, a recent history of arrests, or intellectual or cognitive impairments). In all cases, none of the variables reviewed had statistically significant bias.

Racial or ethnic background was an important factor in female caregivers' risk for intimate partner violence victimization. As shown in Table 9, caregiver race or ethnicity was associated with severe physical violence (relative to no violence) reported at 18 months with African American women having approximately two times the odds for reporting severe physical violence compared to non-Hispanic white women.

Table 9						
Polychotomous Logistic Regression Predicting Severe and Minor Interpersonal Violence at 18 Months by Race or Ethnicity						
Variables	Severe physical violence/ no physical violence (past year)			Less severe physical violence/ no physical violence (past year)		
	OR	CI	p	OR	CI	p
Non-Hispanic White						
Caregiver age (continuous)	0.98	.92 to 1.04	0.4923	1.02	.95 to 1.08	0.6459
Intimate Partner in Household						
No partner in household at baseline and 18 months	Reference ^e	Reference	Reference	Reference	Reference	Reference
Partner in household at both baseline and 18 months	2.35	.66 to 8.41	0.186	1.97	.59 to 6.59	0.2694
Partner in household at either baseline or 18 months	0.95	.36 to 2.52	0.9243	1.23	.37 to 4.06	0.7359
Intimate Partner Violence at Baseline^f						
Less severe	Reference	Reference	Reference	Reference	Reference	Reference
Severe	2.82	1.20 to 6.64	0.0184	0.48	.21 to 1.11	0.0845
African American						
Caregiver age (continuous)	0.97	.90 to 1.04	0.3427	0.9	.82 to .99	0.0297
Intimate Partner in Household						
No partner in household at baseline and 18 months	Reference	Reference	Reference	Reference	Reference	Reference
Partner in household at both baseline and 18 months	2.08	.27 to 16.05	0.4781	6.78	1.28 to 35.95	0.025
Partner in household at either baseline or 18 months	1.44	.43 to 4.78	0.5514	13.4	2.01 to 89.50	0.008
Intimate Partner Violence at Baseline						
Less severe	Reference	Reference	Reference	Reference	Reference	Reference
Severe	0.89	0.19 to 4.23	0.8774	1.13	.027 to 4.67	0.8644

Table 9 continued on next page.

^e The value of reference variables was used as the point of comparison for other values.

^f Intimate partner violence.

Table 9 continued from previous page.

Variables	Severe physical violence/ no physical violence (past year)			Less severe physical violence/ no physical violence (past year)		
	OR	CI	p	OR	CI	p
Hispanic						
Caregiver age (continuous)	1.15	1.01 to 1.32	0.0345	0.91	.78 to 1.06	0.2114
Intimate Partner in Household						
No partner in household at baseline and 18 months	Reference	Reference	Reference	Reference	Reference	Reference
Partner in household at both baseline and 18 months	1.47	0.11 to 20.40	0.7725	1.88	.41 to 8.64	0.4152
Partner in household at either baseline or 18 months	6.91	.53 to 89.56	0.1374	0.75	.09 to 6.11	0.7822
Intimate Partner Violence at Baseline						
Less severe	Reference	Reference	Reference	Reference	Reference	Reference
Severe	1.1	.10 to 11.59	0.9348	1.06	.24 to 4.69	0.9368

Source: Connelly et al., 2006, pp. 789–790.

The correlates of intimate partner violence victimization differed across racial or ethnic groups (see Table 9). White women who reported severe intimate partner violence at baseline had nearly three times the odds for reporting severe violence at 18 months relative to women who reported only minor violence at baseline. White women also tended to have lower odds for reporting less serious violence at 18 months. African American women who were living with a partner at both baseline and 18 months or who were living with a partner at either of these time points had significantly greater odds for experiencing minor violence at 18 months.

Domestic Violence Conclusion

The current findings show that underidentification of domestic violence by child welfare workers is still a prevailing issue; the percentage of domestic violence cases reported by caregivers continues to exceed those recognized by child welfare workers. Race was not, however, found to be a significant predictor in the underidentification of domestic violence services (Kohl, 2005). When examining children's externalizing scores, Hazen et al. (2006)

found that Hispanic children were more likely to have lower externalizing scores compared with non-Hispanic white children while black children had the lowest externalizing scores relating to aggressive and delinquent behavior.

Race/ethnicity was found to be a significant factor in the onset of domestic violence cases. Connelly et al. (2006) found that white women were more likely than other races to report severe violence at baseline; however, they were less likely to report less severe violence at 18 months. African American women living with a partner were significantly more likely to experience minor violence and were two times more likely to report severe physical violence compared to non-Hispanic white women at 18 months.



REUNIFICATION

OVERVIEW AND METHODS

NSCAW offers the opportunity to further test the relationship between reunification and race using more information about parents and children. To date, only one study (the NSCAW) has addressed issues related to reunification and race, although this was not the focus of the study. Wildfire, Barth, and Green (2007) examined the likelihood of reunification following the first out-of-home placement episode for study children with reunification defined as “returning to own home” within 18 months.

Participants. Among the study children 1,568 children, from birth to age 14, entered out-of-home placement at least one time prior to 18 months. At the 18-month data collection mark, 30% of these children had returned to their own home (the subjects in the analysis described below) with an additional 8% having exited out-of-home placement to live with a relative. The sample consisted of 41% white children, 36% black children, 17% Hispanic children, and 6% other race/ethnicities.

Procedures. Wildfire et al. (2007) divided case characteristics that might predict reunification into three categories: child-specific characteristics, familial risk factors, and agency or parent actions following the referral.

Measures. Wildfire et al. described the measures of this study as follows:

Cox Proportional hazard models were used to test the relationship between child, family and agency characteristics and actions and the rate of reunification. Hazard ratios were then calculated (HR) for each parameter entered into the model. The HR estimates the comparative rate of reunification for children with different characteristics. Covariate were included in the model to calculate the HR while controlling for the relationship of other child and family characteristics to reunification. (Wildfire et al., 2007).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY BY AGE

The results of Cox regression models presented in Table 10 reveal that race and reunification have differing relationships, depending on a child’s age. African American infants (birth to 6 months) are significantly less likely to be reunified by 18 months (HR = .42; $p > .05$); so, too, are African American youth older than 10 (HR = .14, $p < .01$).

Table 10	
Significant Results (HR) from Multivariate Analysis of Reunification Rate by Child's Age at Baseline	
Significant Variables	HR
Birth – 6 months¹	
Race (reference = white)	^
African American	.42*
Abuse type (reference = physical abuse)	**
Failure to provide/supervise	.24**
Parenting support (reference = none)	6.74**
Compliance with case plan (reference = compliance with none/some)	5.4***
7 months – 2 years²	
Male	1.78^
Compliance with case plan (reference = compliance with none/some)	4.47***
3 – 5 years³	
Male	4.21*
Abuse type (reference = physical abuse)	*
Sexual abuse/other	.13**
Cumulative risk (reference = high risk)	29.69^
Compliance with case plan (reference = compliance with none/some)	6.03*
6 – 10 years	
Substance abuse	.53*
Initial kin placement (reference = initial placement not kin)	4.53*
Other, borderline/clinical	49.90***
Over 10 years⁴	
Race (reference = white)	**
African American	.14**
Other	.13**
Placed in new neighborhood (reference = placed in new neighborhood)	2.0^
Frequency seeing mom (reference = never)	**
< 1 time per week	3.33*
1 time per week or more	4.76*

Source: Wildfire et al., (2007), Table 9–3. p. 164.

- ¹ Other variables in the final model for children less than 7 months old included child's gender, child's race, trouble paying basic expenses, parental substance abuse.
- ² Other variables in the final model for children between the ages of 7 months and 2 years included child's race, parental substance abuse, trouble paying basic expenses, level of cumulative risk for family, initial placement with kin.

Notes on Table 10 continued on next page.

- ³ Other variables in the final model for children between the ages of 3 and 5 years included child's race, CBCL score.
- ⁴ Other variables in the model for children over 10 years included child's gender, CBCL score, self-reported delinquency score, initial placement with kin, compliance with case plan.
- [^] .05 < p <=.10 , * .01 < p <= .05, ** .001 < p <= .01, *** p <=.001

When controlling for child characteristics, family risk factors, and agency and parent actions, the racial disparity in reunification disappears for children 7 months through 2 years and 3 to 5 years. However, since these analyses target reunification by 18 months specifically and do not include other exits from care, this finding should not be understood as indicating that the often-found disparity in length of stay disappears as well for this age group.

At the age extremes (infants or adolescents), the relationship between predictors of reunification and the outcome of reunification shows more variation. For example, among the younger age groups, compliance with the case plan is related to reunification, but this is not so for the children 6 to 10 years and older. Similarly, gender is associated with reunification (reunification happens faster for boys) for the group age 7 months to 2 years, the group age 3 to 5, and the group age 6 to 10, but not for the oldest and youngest groups. A cumulative risk that categorizes the total number of risk factors present for a child into three factors (high risk, medium risk, and low risk based upon tertiles of the distribution) is a major factor for younger children's reunification but less so for older children. Children placed in non-kinship placement (HR = 4.53) are 5 times as likely to be reunified as those placed in kinship care (Wildfire et al., 2007).

Overall, for children younger than 7 months and older than 10 years, racial differences are large. African American infants are less likely to experience reunification than white infants; in addition, African American youth over age 10, as well as youth of other racial and ethnic groups, are significantly less likely to return home than white youth. For youth over age 10, the likelihood of reunification continues to be significantly smaller for children of color compared to white children even when controlling for risk factors, child behavior, and agency and parent actions. This is not, however, the case for the sample as a whole. Table 11 depicts the cumulative probability of experiencing reunification by 18 months by age and race (Wildfire et al., 2007). For 6- to 10-year-olds, children initially placed in a non-kinship placement are almost 5 times more likely to reunify than children initially placed with kin. Neither race nor age was statistically significant predictors of reunification.

Table 11				
Cumulative Probability of Reunification within 18 Months of Entry to Placement by Child Age and Ethnic Group				
Child Age at Baseline	Ethnic Group			
	African American	White	Other	Total
<7 months	.16	.30	.31	.25
7 months–2 years	.40	.38	.51	.44
3–5 years	.41	.25	.23	.27
6–10 years	.29	.42	.55	.40
11–15 years	.20	.58	.45	.40
Total	.27	.41	.43	.37

Note: All analyses are on weighted data. Source: Wildfire et al., in press, p. 25.

Reunification Conclusions

These results move us closer to understanding the dynamics of reunification by race and age group. Given the many findings that indicate that infants entering care are disproportionately African American and older children entering care are disproportionately white (Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005), these race-by-age interactions are especially critical to understand. Further analyses of NSCAW and administrative data should routinely test for interactions between racial and age groups with regard to reunification and other exits from care. This analysis suggests that understanding the differential of times to reunification will benefit from the addition of explanatory case characteristics but also calls for more attention to the way that they influence each other.

OVERALL CONCLUSIONS

This report summarized published and in-press articles and chapters based on the NSCAW study in order to examine the evidence on the relationship between race/ethnicity and several important areas related to child welfare and well-being. Although a wide pattern of findings emerges from the analyses, some consistencies do appear, as shown in Table 12.

Table 12 Summary of Study Areas and Findings		
Study Area(s)	Citation(s)	Findings
NSCAW Findings	NSCAW Research Group, 2005	Race/ethnicity was not found to be a significant predictor in the receipt of any ongoing child welfare agency-supervised services for children remaining at home (as compared to remaining at home with no ongoing child welfare agency-supervised services), nor was it an indicator as to whether children would be placed in out-of-home care.
Parental Arrest	Phillips et al., 2004	Parents of African American children who entered out-of-home care were significantly more likely to have experienced a recent arrest—perhaps precipitating the removal. Risk factors identified by child welfare workers at the time of intake (e.g., serious mental illness) were lower among African American parents who had been arrested than among other arrested parents.
Reunification	Wildfire et al., in press	Reunification rates were lower for African American children who were infants or are over 10 years old, after other factors had been controlled. Offsetting the lower risk of reunification for these age groups were parenting support (for infants) and a higher frequency of seeing mothers during visits (for children 10 and older).
Early Childhood Development and Need for Early Intervention Services	Stahmer et al., 2005	White children were more likely to remain at home than to be removed from their homes when a CWS case was opened. African American children were about half as likely to receive developmental services. Racial inconsistencies in services received remained even after controlling for need for developmental services.
Substance Abuse Need and Treatment and Mental Health Service Access	Burns et al. 2004; Hurlburt et al., 2004; Leslie et al., 2005	African American youth did not demonstrate elevated need as a group, but did show significant unmet need among school-age youth when other variables were controlled. African American youth age 6–10 displayed a high level of need; they were found to have a significantly reduced likelihood of receiving mental health care than children of other races or ethnicities in their age group. The discrepancy in mental health service provision may be reduced in agencies that have high levels of coordination between child welfare and mental health services.

Table 12 continued on next page.

Table 12 continued from previous page.

Study Area(s)	Citation(s)	Findings
Domestic Violence	Connelly et al., 2006; Hazen et al., 2006; Hazen et al., 2004; Kohl et al., 2005	<p>Race was not found to be a significant predictor in the underidentification of domestic violence services. Race/ethnicity was, however, found to be a significant factor in the continuation of domestic violence cases.</p> <p>African American women referred to child welfare services reported approximately three times greater risk of experiencing more severe forms of physical violence (e.g., getting beaten up, choked, threatened with a weapon) compared to non-Hispanic white women, when age, marital status, socioeconomic factors, and other background variables were controlled.</p>

Race/ethnicity was not found to be a significant predictor in the receipt of services for children remaining at home, nor was it an indicator in whether children would be placed in out-of-home care (NSCAW Research Group, 2005). Race and ethnicity are strongly associated with the overall level of child welfare involvement, however, at least for younger children. Stahmer et al. (2005) found that young white children were more likely to remain at home than to be removed from their homes when a child welfare services case was opened. Given the many findings that indicate that child welfare agency-supervised services are populated by more younger African American children and more older white children (Wulczyn et al., 2005), future analyses of the relationship of race to service dynamics should stratify the analyses by age or test age by race interactions. Such analyses will be helpful to service providers who aim to reduce racial disparity and disproportionality.

The race/ethnicity of children is associated with behavior problems and, for some age groups, to a disparity in receipt of mental health services. Even when African American youth age 6–10 displayed a high level of need, they were found to have a significantly reduced likelihood of receiving mental health care than children of other races or ethnicities in their age group (Burns et al., 2004). Stahmer et al. (2005) also found that racial inconsistencies in services received remained even after controlling for need for developmental services. African American children were about half as likely to receive developmental services—a difference that held across all levels of risk, among younger children. On a promising note, the discrepancy in mental health service provision may be reduced in agencies that have high levels of coordination between child welfare and mental health services (Hurlburt et al., 2004).

An important contributor to involvement in child welfare agency-supervised services and to placement of children is parental arrest. Race/ethnicity were found to have a significant relationship to the variation in the rates of parental arrest. Parents of African American

children who entered out-of-home care were significantly more likely to have experienced a recent arrest—perhaps precipitating the removal. It appears that the parental arrest was a key reason for the removal of African American children, as the arrested African American parents had fewer risk factors than other arrested parents.

Underidentification of domestic violence continues to be a problem in child welfare agency-supervised services, although race was not found to be a significant predictor in the underidentification of domestic violence services (Kohl, 2005). Race/ethnicity was, however, found to be a significant factor in the continuation of domestic violence cases (Connelly et al., 2006). African American women referred to child welfare services reported approximately three times greater risk of experiencing more severe forms of physical violence (e.g., getting beaten up, choked, threatened with a weapon) compared to non-Hispanic white women, when age, marital status, socioeconomic factors, and other background variables were controlled.

Each of these findings furthers the knowledge base of the implications of race/ethnicity disparity within the child welfare system. Further research is needed in order to understand why these disparities exist and to create programs and collaborations to address these issues in a culturally sensitive manner.



REFERENCES

- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist 14–18 and 1991 profile*. Burlington, VT: University of Vermont.
- Achenbach, T. M., & Rescorla, L. A. (2000). *Manual for the ASEBA preschool forms and profiles: An integrated system of multi-informant assessment*. Burlington, VT: University of Vermont.
- Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youth involved with child welfare: A national survey. *The Journal of the American Academy of Child and Adolescent Psychiatry*, *43*, 960–970.
- Connelly, C., Hazen, A., Coben, J., Kelleher, K., Barth, R., & Landsverk, J. (2006). Persistence of intimate partner violence among families referred to child welfare. *Journal of Interpersonal Violence*, *21*(6), 774–797.
- Dowd, K., Kinsey, S., Wheelless, S., Suresh, R., & NSCAW Research Group. (2002). *National Survey of Child and Adolescent Well-Being (NSCAW): Wave 1 Data File User's Manual*. Research Triangle Park, NC: Research Triangle Institute.
- Hazen, A., Connelly, C., Kelleher, K., Barth, R., & Landverk, J. (2006). Female caregivers' experiences with intimate partner violence and behavior problems in children investigated as victims of maltreatment. *Pediatrics*, *117*, 99–109.
- Hazen, A., Connelly, C., Kelleher, K., Landsverk, J., & Barth, R. (2004). Intimate partner violence among female caregivers of children reported for child maltreatment. *Child Abuse & Neglect*, *28*, 301–319.
- Hurlburt, M. S., Leslie, L. K., Landsverk, J., Barth, R. P., Burns, B. J., Gibbons, R. D., Slymen, D. J., & Zhang, J. (2004). Contextual predictors of mental health service use among children open to child welfare. *Archives of General Psychiatry*, *61*, 1217–1224.
- Kohl, P., Barth, R., Hazen, A., & Landsverk, J. (2005). Child welfare as a gateway to domestic violence services. *Children and Youth Service Review*, *27*, 1203–1221.
- Leslie, K. L., Hurlburt, M. S., Landsverk, J., Barth, R. P., & Slymen, D. J. (2004). Outpatient mental health services for children in foster care: A national perspective. *Child Abuse & Neglect*, *28*, 697–712.
- Libby, A. M., Orton, H. D., Barth, R. B., & Burns, B. J. (2007). Family service needs: Alcohol, drug, and mental health service need for parents and children involved with child welfare. (pp. 107-119). In R. Haskins, M. Webb, & F. Wulczyn (Eds.). *Child protection: Using research to improve policy and practice*. Washington, DC: Brookings.
- Manly, J. T., Cicchetti, D., & Barnett, D. (1994). The impact of subtype, frequency, chronicity, and severity of child maltreatment on social competence and behavior problems. *Development and Psychopathology*, *6*, 121–143.
- NSCAW Research Group. (2005). Methodological lessons from the National Survey of Child and Adolescent Well-Being: The first three years of the USA's first national probability study of children and families investigated for abuse and neglect. *Children and Youth Services Review*, *24* (6/7), 513–541.
- Pelton, L. H. (1991). Beyond permanency planning: Restructuring the public child-welfare system. *Social Work*, *36* (4), 337–343.
- Phillips, S., Barth, R., Burns, B., & Wagner, H. (2004). Parental arrest and children involved in child welfare agency supervised services agencies. *American Journal of Orthopsychiatry*, *74* (2), 174–186.
- Shireman, J. F., Miller, B., & Brown, H. F. (1981). Child welfare workers, police, and child placement. *Child Welfare*, *15*, 337–343.
- Stahmer, A., Leslie, L., Hurlburt, M., Barth, R., Webb, M., Landsverk, J., & Zhang, J. (2005). Developmental and behavioral needs and services use for young children in child welfare. *Pediatrics*, *116*, 891–900.
- U. S. Department of Health and Human Services Administration for Children and Families (2005). National Survey of Child and Adolescent Well-being: Children involved with child welfare services (baseline report). Washington DC: Author.

- Wildfire, J. Barth, R.P. & Green, R.L. (2007). Reunification of children from foster care at 18-months: Findings from the National Survey of Child and Adolescent Well-Being. (Pp. 155-170.) In R. Haskins, F. Wulczyn, & M. B. Webb (Eds.). *Child protection: Using research to improve policy and practice*. Washington, DC: Brookings.
- Wulczyn, F., Barth, R. P., Yuan, Y. Y., Jones Harden, B., & Landsverk, J. (2005). *Beyond common sense: Evidence for child welfare policy reform*. New York: Transaction De Gruyter.

Casey-CSSP Alliance for Racial Equity in Child Welfare



CSSP is a nonprofit public policy organization that develops and promotes policies and practices that support and strengthen families and help communities to produce equal opportunities and better futures for all children. We work in partnership with federal, state and local government, and communities and neighborhoods—from politicians who can craft legislation, state administrators who can set and implement policy and practice, and networks of peers, community leaders, parents and youth to find workable solutions to complex problems.



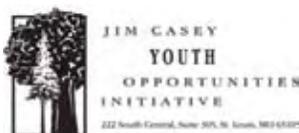
Casey Family Programs is the largest national foundation whose sole mission is to provide and improve—and ultimately prevent the need for—foster care. The foundation draws on its 40 years of experience and expert research and analysis to improve the lives of children and youth in foster care in two important ways: by providing direct services and support to foster families and promoting improvements in child welfare practice and policy. The Seattle-based foundation was established in 1966 by UPS founder Jim Casey and currently has an endowment of \$2 billion.

www.casey.org



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

www.caseygrants.org



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

www.jimcaseyouth.org



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

www.aecf.org



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

www.caseyfamilyservices.org

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

**Synthesis of Research on Disproportionality
in Child Welfare: *An Update***

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



October 2006

Table of Contents

Executive Summary	1
Foreword	3
Introduction	7
Key Issues Not Explored In Depth	9
Patterns of Child Maltreatment and Disproportionality	10
National Data Sources	10
Child Maltreatment	11
National Incidence Studies (NIS)	11
Minority Disproportionality	15
Race and CPS Decision Making	17
Reporting	17
Investigations	19
Substantiation	20
Placement in Foster Care	21
Exits from Foster Care	24
Reentry	25
Community Factors	25
Visibility Hypothesis	27
Disparities in Treatment	28
Kinship Care	29
Impact of Related Systems	30
Public Welfare	30
Mental Health	31
Juvenile Justice	32
Summary of Literature Surveyed	33
Research Implications	37
Future Research	38
References	39
Acknowledgments	

EXECUTIVE SUMMARY

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

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

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

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

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

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

FOREWORD

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

Disproportionality and Disparity

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

- Disproportionality refers to the differences in the percentage of children of a certain racial or ethnic group in the country as compared to the percentage of the children of the same group in the child welfare system. For example, in 2000 black children made up 15.1 percent of the children in this country but 36.6 percent of the children in the child welfare system.
- Disparity means unequal treatment when comparing a racial or ethnic minority to a non-minority. This can be observed in many forms including decision points (e.g., reporting, investigation, substantiation, foster care placement, exit), treatment, services, or resources. Research shows that children of color in foster care and their families are treated differently from—and often not as well as—white children and their families in the system. For example, fewer African American children receive mental health services even though the identified need for this type of service may be as great (or greater) for African Americans as for other racial or ethnic groups.

Focus of this Paper

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

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

Key Issues Not Addressed

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

Race and Decision Making

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

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

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

Disparate Treatment

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

Future Research

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

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

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

INTRODUCTION

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



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

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

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

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

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

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

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

KEY ISSUES NOT EXPLORED IN DEPTH

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

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

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

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

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

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

PATTERNS OF CHILD MALTREATMENT AND DISPROPORTIONALITY

National Data Sources

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

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

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

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

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

Child Maltreatment

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

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

National Incidence Studies (NIS)

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

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

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

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

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



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

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

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

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

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

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

Minority Disproportionality

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

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

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

Source: 2000 Census and 2000 AFCARS data.

RACE AND CPS DECISION MAKING

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

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

Reporting

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

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

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

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

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

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

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

Investigations

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

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

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

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

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

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

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

Substantiation

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

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

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

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

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

Placement in Foster Care

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

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

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



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

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

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

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

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

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

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

Exits from Foster Care

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

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

Reentry

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

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

Community Factors

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

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



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

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

Accordingly, Roberts asserted:

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

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

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

Visibility Hypothesis

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

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

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

DISPARITIES IN TREATMENT

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

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

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

Kinship Care

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

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

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

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

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

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

IMPACT OF RELATED SYSTEMS

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

Public Welfare

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

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

Mental Health

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

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

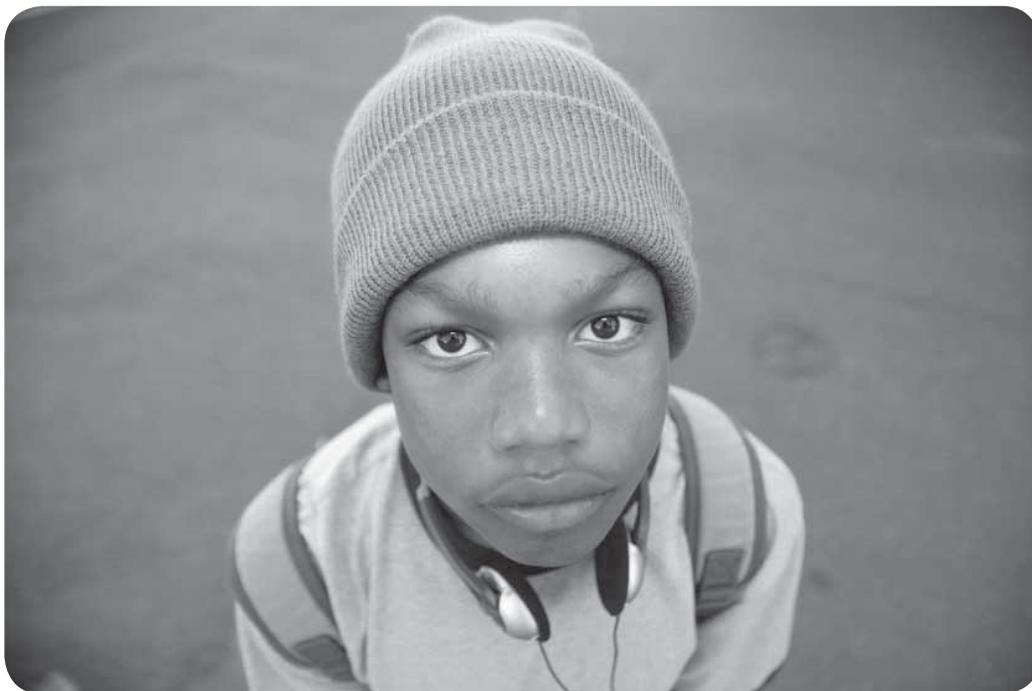
Several studies have revealed that mental health professionals who had internalized stereotypes of blacks as being more violent or aggressive more often diagnosed black patients as schizophrenic than white patients (Manning, 2004; U.S. Surgeon General, 2001; Wade, 1993). Minority youth are more likely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

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

Juvenile Justice

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

Youth of color, especially blacks and Hispanics, continue to be overrepresented in juvenile institutions. Many studies show that racially disparate treatment occurs at various stages of



juvenile processing. For example, black youth are more likely than white youth—with the same offenses—to be referred to juvenile court in order to be detained prior to trial in secure facilities, to be formally charged in juvenile court, to be waived for disposition in adult courts, and to be committed to a juvenile or adult correctional institution. According to one study, about 15 percent of foster children are placed in child welfare because of delinquent behavior or status offenses (Youth Law Center, 2000).

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

SUMMARY OF LITERATURE SURVEYED

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

- Findings from national surveys were compared with findings from surveys based on states, counties, or other local areas; this limits their generalizability.
- Some local or county studies were included because they might be more sensitive to local community variations and the factors that might need to be addressed by promising practices.
- Results from cross-sectional studies done at one point in time were compared with findings from longitudinal studies that follow the same individuals over time.
- Findings from studies based on direct interviews with respondents were compared with findings that relied solely on administrative records.
- Findings from studies with samples of a broad range of minority groups were compared with findings that only included one or two minorities.

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

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

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



RESEARCH IMPLICATIONS

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

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



Future Research

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

- Studies that examine the role of community protective factors (such as strong extended families, churches, and informal and formal support networks) on child maltreatment rates among minority and white families. There should be more research on the factors that are related to successful outcomes for children and youth while in child welfare and after leaving it.
- Studies assessing the impact of community characteristics on CPS decision making and the impact of CPS decision making on the structure and functioning of families in inner-city communities. Additional studies are needed on disproportionality at sub-national levels, such as states, counties, and communities.
- Studies on the causes of racial/ethnic disproportionality and disparities. To be conducted effectively, these studies should incorporate study designs that use qualitative and quantitative methods to obtain relevant data at various levels, including the individual, family, community, organizational, and institutional.
- Additional studies on the relationships between child welfare and external systems (such as public welfare, mental health, juvenile justice, and education) to determine the extent to which these external systems may or may not contribute to racial ethnic disproportionality and disparities in child welfare.
- In-depth assessments of innovative strategies and promising practices designed to prevent or reduce racial/ethnic disproportionality and disparities in child welfare; these studies are urgently needed.

REFERENCES

- Albert, V. (1994). From child abuse report to child welfare services. In R. Barth, M. Courtney, J. Berrick, & V. Albert (Eds.) *From child abuse to permanency planning: Child welfare services pathways and placements* (pp. 55-75). New York: Aldine de Gruyter.
- Alstein, H. & McRoy, R. (2000). *Does family preservation serve a child's best interest?* Washington, DC: Georgetown University Press.
- Ards, S. (1992). Understanding patterns of child maltreatment. *Contemporary Policy Issues*, 10(4): 39-50.
- Ards, S. & Harrell, A. (1993). Reporting of child maltreatment: A secondary analysis of the national incidence surveys. *Child Abuse & Neglect*, 17(3): 337-344.
- Ards, S., Chung, C., & Myers, S. (1998). The effects of sample selection bias on racial differences in child abuse reporting. *Child Abuse & Neglect*, 22(2): 103-115.
- Ards, S., Chung, C., & Myers, S. (1999). Letter to the editor. *Child Abuse & Neglect*, 23(12): 1211-1215.
- Ards, S., Chung, C., & Myers, S. (2001). Letter to the editor. *Child Abuse & Neglect*, 25(1): 7-12.
- Ards, S., Myers, S., Malkis, A., Sugrue, E., & Zhou, L. (2003). Racial disproportionality in reported and substantiated child abuse and neglect: An examination of systemic bias. *Children and Youth Services Review*, 25(5/6): 375-392.
- Armstrong, M. (2000). The importance of bridging the gap between child welfare and juvenile justice for arrested foster youth. *Practice Law Institute*, 185: 55-76.
- Baird, C. (2005). The effect of risk assessments and their relationship to maltreatment recurrence across races. In D. Derezotes et al (Eds.) *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 131-146). Washington, DC: Child Welfare League of America.
- Barbell, K. & Freundlich, M. (2001). *Foster care today*. Washington, DC: Casey Family Programs.
- Barth, R. (1997). Family reunification. *Child Welfare Research Review*, 2: 109-122.
- Barth, R. (2005). Child welfare and race: Models of disproportionality. In D. Derezotes et al. (Eds.) *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 25-46). Washington, DC: Child Welfare League of America.
- Barth, R., Courtney, M., & Berry, M. (1994). Timing is everything: An analysis of the time to adoption and legalization. *Social Work Research*, 18(3): 139-148.

- Barth, R., Miller, J., Green, R., & Baumgartner, J. (2001). *Toward understanding racial disproportionality in child welfare services receipt*. Paper presented at The Race Matters Forum sponsored by the University of Illinois, Urbana-Champaign, January 9-10.
- Barth, R., Webster, D., & Lee, S. (2000). Adoption of American Indian children in Arizona. (Unpublished paper.)
- Bent-Goodley, T. (Ed.) (2003). *African-American social workers and social policy*. New York: The Haworth Press.
- Berrick, J., Barth, R., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes. *Children and Youth Service Review, 16*(1/2): 33-63.
- Better, S. (2002). *Institutional racism: A primer on theory and strategies for social change*. Chicago: Burnham.
- Billingsley, A. & Giovannoni, J. (1972). *Children of the storm: Black children and American child welfare*. New York: Harcourt, Brace and Jovanovich.
- Boyd-Franklin, N. (2003). *Black families in therapy*. NY: The Guilford Press.
- Brissett-Chapman, S. (1997). Child protection risk assessment and African American children. *Child Welfare, 76*(1): 45-63.
- Cappelleri, J., Eckenrode, J., & Powers, J. (1993). The epidemiology of child abuse: Findings from the second national incidence and prevalence study of child abuse and neglect. *American Journal of Public Health, 83*(11): 1622-1624.
- Cazenave, N. & Straus, M. (1979). Race, class and network embeddedness and family violence. *Journal of Comparative Families Studies, 10*(3): 281-300.
- Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect. *Child Abuse and Neglect, 20*: 191-203.
- Chasnoff, I., Landress, H., & Barrett, M. (1990). The prevalence of illicit-drug or alcohol use during pregnancy and discrepancies in mandatory reporting in Pinellas County, Florida. *The New England Journal of Medicine, 332*(17): 1202-1206.
- Chipungu, S., Everett, J., Verdick, J., & Jones, J. (1998). *Children placed in foster care with relatives*. Washington, DC: Administration on Children, Youth and Families.
- Coulton, C., Korbin, J., Su, M., & Chow, I. (1995). Community-level factors and child maltreatment rates. *Child Development, 66*: 1262-1276.
- Coulton, C., Korbin, J., & Su, M. (1999). Neighborhoods and child maltreatment: A multi-level study. *Child Abuse and Neglect, 23*: 1019-1040.
- Coulton, C. & Pandey, S. (1992). Geographic concentration of poverty and risk to children in urban neighborhoods. *American Behavioral Scientist, 35*: 238-257.

- Courtney, M. (1994). Time to adopt. In R. Barth, M. Courtney, J. Berrick, & V. Albert (Eds.) *From child abuse to permanency planning: Child welfare services pathways and placements* (pp. 153-176). New York: Aldine de Gruyter.
- Courtney, M. (1999). Foster care and the costs of welfare reform. In P. Curtis, G. Dale, & J. Kendall (Eds.) *The foster care crisis* (pp. 129-151). Lincoln, NE: University of Nebraska Press.
- Courtney, M. & Wong, Y. (1996). Comparing the timing of exits from substitute care. *Children and Youth Services Review, 18*(4/5): 307-334.
- Courtney, M., Barth, R., Berrick, J., Brooks, D., Needell, B., & Park, L. (1996). Race and child welfare services: Past research and future directions. *Child Welfare, 75*(2): 99-137.
- Curtis, P., Dale, G., & Kendall, J. (Eds.) (1999.) *The foster care crisis: Translating research into policy and practice*. Lincoln, NE: University of Nebraska Press.
- Day, D. (1979). *The adoption of black children: Counteracting institutional discrimination*. Lexington, MA: DC Heath.
- Day, P., Williams, M., & Yu, E. (2002). *Improving educational outcomes for youth in care*. Washington, DC: CWLA Press.
- Derezotes, D., Poertner, J., & Testa, M. (Eds.) (2005). *Race matters in child welfare: The overrepresentation of African American children in the system*. Washington, DC: Child Welfare League of America.
- Drake, B. (1996). Predictors of preventive services provision among unsubstantiated cases. *Child Maltreatment, 1*(2): 168-175.
- Drake, B. & Pandey, S. (1996). Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse and Neglect, 20*: 1003-1018.
- Drake, B. & Zuravin, S. (1998). Bias in child maltreatment reporting. *American Journal of Orthopsychiatry, 68*(2): 295-304.
- Dubowitz, H., Feigelman, S., & Zuravin, S. (1993). A profile of kinship care. *Child Welfare, 72*(2): 153-169.
- Eckenrode, J., Powers, J., Doris, J., Munsch, J., & Bolger, N. (1988). Substantiation of child abuse and neglect reports. *Journal of Consulting & Clinical Psychology, 56*(1): 9-16.
- Ehrle, J., Geen, R., & Clark, R. (2001). Children cared for by relatives: Who are they and how are they faring? *Urban Institute New Federalism Report*. Series B-28, February.
- Enchautegui, M. (1997). Latino neighborhoods and Latino neighborhood poverty. *Journal of Urban Affairs, 19*(4): 445-467.

- English, D. (1998). The extent and consequences of child maltreatment. *The Future of Children, 8*: 39-53.
- English, D. J., Widom, C., & Brandford, C. (2001). *Childhood victimization and delinquency, adult criminality, and violent criminal behavior: A replication and extension. Grant #97-IJ-CX-0017*. Washington DC: National Institute of Justice.
- English, D., Aubin, S., Fine, D., & Pecora, P. (1999). *Improving the accuracy and cultural sensitivity of risk assessment in child abuse and neglect cases*. Seattle, WA: Risk Assessment Project.
- Everett, J., Chipungu, S., & Leashore, B. (Eds.) (1991). *Child welfare: An Africentric perspective*. New Brunswick, NJ: Rutgers University Press.
- Everett, J., Chipungu, S., & Leashore, B. (Eds.) (2004). *Child welfare revisited*. New Brunswick, NJ: Rutgers University Press.
- Fein, D. & Lee, W. (2003). The impacts of welfare reform on child maltreatment in Delaware. *Children and Youth Services Review, 25*(1/2): 83-111.
- Fein, E., Maluccio, A., & Kluger, M. (1990). *No more partings: An examination of long-term foster family care*. Washington, DC: Child Welfare League of America.
- Feyerherm, W. & Butts, J. (2002). *Proposed methods for measuring disproportionate minority contact (DMC)*. Presentation for the Office of Juvenile Justice and Delinquency Prevention Programs. Portland, OR: Portland State University, and Washington, DC: The Urban Institute.
- Finkelhor, D. & Baron, L. (1986). High-risk children. In D. Finkelhor & S. Araji (Eds.) *A sourcebook on child sexual abuse* (pp. 60-88). Beverly Hills, CA: Sage.
- Fluke, J., Yuan, Y., Hedderson, J., & Curtis, P. (2003). Disproportionate representation of race and ethnicity in child maltreatment: Investigation and victimization. *Children and Youth Services Review, 25*(5/6): 359-373.
- Garbarino, J. & Sherman, D. (1980). High-risk neighborhoods and high-risk families. *Child Development, 51*: 188-189.
- Garland, A. & Besinger, B. (1997). Racial/ethnic differences in court-referred pathways to mental health services for children in foster care. *Children and Youth Services Review, 19*: 651-666.
- Garland, A., Ellis-MacLeod, E., Landsverk, J., & Ganger, W. (1998). Minority populations in the child welfare system: The visibility hypothesis reexamined. *American Journal of Orthopsychiatry, 68*(1): 142-146.
- Garland, A., Hough, R., Landsverk, J., McCabe, K., Yeh, M., Ganger, W., & Reynolds, B. (2000). Racial/ethnic differences in mental health care utilization among children in foster care. *Children's Services: Social Policy, Research and Practice, 3*: 133-146.

- 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, 25*(5/6): 491-507.
- Geen, R. (Ed.) (2003). *Kinship care: Making the most of a valuable resource*. Washington, DC: Urban Institute.
- Geen, R., Fender, L., Leos-Urbel, J., & Markowitz, T. (2001). *Welfare reform's effects on child welfare caseloads*. Assessing the New Federalism Discussion Paper No. 01-04. Washington, DC: Urban Institute.
- Gennaro, S., York, R., & Dunphy, P. (1998). Vulnerable infants: Kinship care and health. *Pediatric Nursing, 24*(2): 119-125.
- Giovannoni, J. (1995). Reports of child maltreatment for mandated and non-mandated reporters. *Children and Youth Services Review, 17*(4): 487-501.
- Goerge, R. & Lee, B. (2005). The entry of children from the welfare system into foster care: Differences by race. In D. Derezotes et al. (Eds.) *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 173-186). Washington, DC: Child Welfare League of America.
- Gould, K. (1991). Limiting damage is not enough: A minority perspective on child welfare issues. In J. Everett, S. Chipungu, & B. Leashore (Eds.) *Child welfare* (pp. 58-78). New Brunswick, NJ: Rutgers University Press.
- Gryzlak, B., Wells, S., & Johnson, M. (2005). The role of race in child protective services screening decisions. In D. Derezotes et al. (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.
- Hampton, R. L. (1986). Race, ethnicity and child maltreatment. In R. Staples (Ed.) *The black family* (pp. 172-185). Belmont, CA: Wadsworth.
- Hampton, R. L. (1991). Child abuse in the African American community. In J. Everett, S. Chipungu, & B. Leashore (Eds.) *Child abuse: An Africentric perspective* (pp. 220-246). New Brunswick, NJ: Rutgers University Press.
- Hampton, R. L & Newberger, E. (1985). Child abuse incidence and reporting by hospitals: Significance of severity, class and race. *American Journal of Public Health, 75*(1): 56-60.
- Harris, G., Tittle, G., & Poertner, J. (2005). Factors that predict the decision to place a child into substitute care. In D. Derezotes et al. (Eds.) *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 163-172). Washington, DC: Child Welfare League of America.
- Harris, N. (1990). Dealing with diverse cultures in child welfare. *Protecting Children, 7*: 6-7.

- Heavyrunner, I. & Morris, J. (1997). Traditional Native culture and resilience. *Research/Practice*, 5. Minneapolis, MN: University of Minnesota, Center for Applied Research and Educational Improvement.
- Hill, R. B. (1977). *Informal adoption among black families*. Washington, DC: National Urban League Research Department.
- Hill, R. B. (1999). *The strengths of African American families: Twenty-five years later*. Lanham, MD: University Press of America.
- Hill, R. B. (2003). Disproportionality of minorities in child welfare: Synthesis of research findings. Race Matters Consortium Working Paper.
- Hill, R. B. (2004). Institutional racism in child welfare. In J. Everett, S. Chipungu, & B. Leashore (Eds.) *Child welfare revisited* (pp. 57-76). New Brunswick, NJ: Rutgers University Press.
- Hill, R. B. (2005a). The role of race in foster care placement. In D. Derezotes, et al. (Eds.) *Race matters in child welfare: The overrepresentation of African American children in the system* (pp.187-200). Washington, DC: Child Welfare League of America.
- Hill, R. B. (2005b). The role of race in parental reunification. In D. Derezotes, et al. (Eds.) *Race matters in child welfare: The overrepresentation of African American children in the system* (pp.215-230). Washington, DC: Child Welfare League of America.
- Hill, R. B. (2005c). Overrepresentation of children of color in foster care in 2000. Race Matters Consortium Working Paper.
- Hines, A., Lemon, K., Wyatt, P., & Merdinger, J. (2004). Factors related to the disproportionate involvement of children of color in the child welfare system. *Children and Youth Services Review*, 26: 507-527.
- Holleran, L. & Waller, M. (2003). Sources of resilience among Chicano/a youth. *Child and Adolescent Social Work Journal*, 20(5): 335-350.
- Holton, J. K. (1990). Black families and child abuse prevention: An African-American perspective and approach. Chicago: National Committee To Prevent Child Abuse.
- Horowitz, S., Simms, M., & Farrington, R. (1994). Impact of developmental problems on young children's exit from foster care. *Developmental and Behavioral Pediatrics*, 15(2): 105-110.
- Iglehart, A. (1994). Kinship foster care: Placement, service and outcome issues. *Children and Youth Services Review*, 16(1/2): 107-122.
- Institute of Medicine. (2002). *Unequal treatment: Understanding racial and ethnic disparities in health care*. Washington, DC: National Academy Press.

- Jenkins, S. & Diamond, B. (1985). Ethnicity and foster care: Census data as predictors of placement variables. *American Journal of Orthopsychiatry*, 55(2): 267-276.
- Jenkins, S., Diamond, B., Flanzraich, M., Gibson, J., Hendricks, J., & Marshood, N. (1983). Ethnic differentials in foster care placements. *Social Work Research & Abstracts*, 19(4): 41-45.
- Jenny, C., Hymel, K., Ritzen, A., Reinert, S., & Hay, T. (1999). Analysis of missed cases of abusive head trauma. *Journal of the American Medical Association*, 281(7): 621-626.
- Johnson, M. & Wells, S. (2000). *Screening in child protective services*. Urbana-Champaign, IL: University of Illinois at Urbana-Champaign, School of Social Work.
- Jones, E. & McCurdy, K. (1992). The links between types of maltreatment and demographic characteristics. *Child Abuse & Neglect*, 16(2): 201-215.
- Jonson-Reid, M. & Barth, R. (2000a). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review*, 22(7): 493-516.
- Jonson-Reid, M. & Barth, R. (2000b). From maltreatment report to juvenile incarceration: The role of child welfare services. *Child Abuse & Neglect*, 24(4): 505-520.
- Jonson-Reid, M. & Barth, R. (2003). Probation foster care as an outcome for children exiting child welfare foster care. *Social Work*, 48(3): 348-361.
- Katz, M., Hampton, R., Newberger, E., Bowles, R., & Snyder, J. (1986). Returning children home: Clinical decision making in cases of child abuse and neglect. *American Journal of Orthopsychiatry*, 56(2): 253-262.
- Knox, J. (1996). Homebased services for Southeast Asian refugee children. *Children and Youth Services Review*, 18(6): 553-578.
- 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.
- Krieger, N. (2003). Does racism harm health? *American Journal of Public Health*, 93(2): 194-199.
- Lane, W., Rubin, D., Monteith, R., & Christian, C. (2002). Racial differences in the evaluation of pediatric fractures for physical abuse. *Journal of the American Medical Association*, 288(13): 1603-1609.
- Leslie, L., Landsverk, J., Ezzel-Lofstrom, R., Tschann, J., Slymen, D., & Garland, A. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse & Neglect*, 24(4): 465-476.

- Leslie, L., Hurlburt, M., Landsverk, J., Barth, R., & Slymen, D. (2004). Outpatient mental health services for children in foster care: A national perspective. *Child Abuse & Neglect*, 28(6): 699-714.
- Levine, M., Doueck, H., Freeman, J., & Compaan, C. (1996). African-American families and child protection. *Children and Youth Service Review*, 18(8): 693-711.
- Lindsay, D. (1994). Factors affecting the foster care placement decision: An analysis of national survey data. *American Journal of Orthopsychiatry*, 6(2): 272-281.
- 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.
- Lyle, C. G. (2003). *Structured decision making, race, and racial disparity in Ramsey County maltreatment reporting*. St. Paul, MN: Ramsey County Community Human Services Department, Office of Performance Measurement & Evaluation.
- Maluccio, A. & Fein, E. (1989). An examination of long-term family foster care for children and youth. In J. Hudson & B. Galaway (Eds.) *The state as parent* (pp. 387-400). Dordrecht, Netherlands: Kluwer Academic.
- Manning, M. (2004). A culturally competent system of care for addressing mental health disparities in child welfare. In J. Everett, S. Chipungu, & B. Leashore (Eds.) *Child welfare revisited* (pp. 242-255). New Brunswick, NJ: Rutgers University Press.
- Markley, M. (2006, February 20). Poor Latino kids less likely to enter state's welfare system. *Houston Chronicle*, 1.
- Mass, A. & Geaga-Rosenthal, J. (2000). Child welfare: Asian and Pacific Island families. In Cohen (Ed.) *Child welfare: A multicultural focus* (pp. 145-164). Boston, MA: Allyn and Bacon.
- Mauer, M. (1999). *Race to incarcerate*. New York: The New Press.
- Maxfield, M. & Widom, C. (1996). The cycle of violence. *Archives of Pediatrics and Adolescent Medicine*, 150: 390-395.
- McCabe, K., Yeh, M., Hough, R., Landsverk, J., Hurlburt, M., Culver, S., & Reynolds, B. (1999). Racial/ethnic representation across five public sectors of care for youth. *Journal of Emotional and Behavioral Disorders*, 7: 72-82.
- McCrary, J., Ayers-Lopez, S., & Green, D. (2006). Disproportionality in child welfare. *Protection Connection*, 12(4): 1-16.
- McMurty, S. & Lie, G. (1992). Differential exit rates of minority children in foster care. *Social Work Research and Abstracts*, 28(1): 42-48.
- McPhatter, A. R. (1997). Cultural competence in child welfare. *Child Welfare*, 76(1): 255-278.

- McPherson, K. & Garcia, L. (1983). Effects of social class and familiarity on pediatricians' responses to child abuse. *Child Welfare*, 62(5): 387-393.
- McRoy, R. (2004). The color of child welfare. In K. Davis & T. Bent-Goodley (Eds.) *The color of social policy* (pp. 37-63). Alexandria, VA: Council on Social Work Education.
- McRoy, R., Ogelsby, Z., & Grape, H. (1997). Achieving same-race adoptive placements for African American children. *Child Welfare*, 76(1): 85-104.
- Michigan Department of Human Services (2006). *Equity: Moving toward better outcomes for all of Michigan's children. A report of the Michigan Advisory Committee on the Overrepresentation of Children of Color in Child Welfare*. Lansing, MI: Author.
- Morris, L. & Freundlich, M. (2004). *Youth involvement in the child welfare and juvenile justice systems*. Washington, DC: CWLA Press.
- Morton, M. (2000). Institutionalizing inequalities: Black children and child welfare in Cleveland, 1859-1998. *Journal of Social History*, 34(1): 141-162.
- Morton, T. (1999a). The increasing colorization of America's child welfare system: The overrepresentation of African American children. *Policy and Practice*, 57(4): 23-30.
- Morton, T. (1999b). Letter to the editor. *Child Abuse & Neglect*, 25(12): 1209.
- National Association of Public Child Welfare Administrators. (2006). *Disproportionate representation in the child welfare system: Emerging promising practices survey*. Washington, DC: Author.
- National Black Child Development Institute (1989). *Who will care when parents can't?* Washington, DC: Author.
- Needell, B., Brookhart, A., & Lee, S. (2003). Black children and foster care placement in California. *Children and Youth Services Review*, 25(5/6): 393-408.
- Nelson, K., Saunders, E., & Landsmen, M. (1993). Chronic child neglect in perspective. *Social Work*, 38(6): 661-671.
- Nelson, K., Cross, T., Landsmen, M., & Tyler, M. (1996). Native American families and child neglect. *Children and Youth Service Review*, 18(6): 505-521.
- 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.
- Newberger, E., Reed, R., Daniel, J., Hyde, J., & Kotelchuck, M. (1977). Pediatric social illness: Toward an etiologic classification. *Pediatrics*, 60(2): 178-185.
- O'Toole, R., Turbett, P., & Nalepka, C. (1983). Theories, professional knowledge and diagnosis of child abuse. In D. Finkelhor, R. Gelles, G. Hotaling, & M. Straus

- (Eds.) *The dark side of families: Current family violence research* (pp. 349-362). Newbury Park, CA: Sage.
- Paxson, C. & Waldfogel, J. (2000). *Welfare reform, family resources and child maltreatment*. Chicago: Joint Center for Poverty Research.
- Pelczarski, Y. & Kemp, S. (2006). Patterns of child maltreatment referrals among Asian and Pacific Islander families. *Child Welfare, 85*(1): 5-31.
- Pelton, L. (1978). Child abuse and neglect: The myth of classlessness. *American Journal of Orthopsychiatry, 48*(4): 608-617.
- Plantz, M., Hubbell, R., Barrett, B., & Dobrec, A. (1989). Indian child welfare: A status report. *Children Today, 18*(1): 24-29.
- Roberts, D. (2002). *Shattered bonds: The color of child welfare*. New York, NY: Civitas Books.
- Rodenborg, N. (2004). Services to African American children in poverty: Institutional discrimination in child welfare? *Journal of Poverty, 8*(3): 109-124.
- Rolock, N. & Testa, M. (2005). Indicated child abuse and neglect reports: Is the investigation process racially biased? In D. Derezotes *et al.* (Eds.) *Race matters in child welfare. The overrepresentation of African American children in the system* (pp.119-130). Washington, DC: Child Welfare League of America.
- Rose, S. & Meezan, W. (1995). Child neglect: A study of the perceptions of mothers and child welfare workers. *Children and Youth Services Review, 17*: 471-485.
- Rose, S. & Meezan, W. (1996). Variations in perceptions of child neglect. *Child Welfare, 75*(2): 139-160.
- Rosner, D. & Markowitz, G. (1997). Race, foster care and the politics of abandonment in New York City. *American Journal of Public Health, 87*(11): 1844-1849.
- Runyan, D., Gould, C., Trost, D., & Loda, F. (1981). Determinants of foster care placement for the maltreated child. *American Journal of Public Health, 71*(7): 706-711.
- Sabol, W., Coulton, C., & Pouousky, E. (2004). Measuring child maltreatment risk in communities: A life table approach. *Child Abuse & Neglect, 28*: 967-983.
- Salend, S., Garrick-Duhaney, L., & Montgomery, W. (2002). A comprehensive approach to identifying and addressing issues of disproportionate representation. *Remedial and Special Education, 21* (5): 289-299.
- Saunders, E., Nelson, K., & Landsmen, M. (1993). Racial inequality and child neglect: Findings in a metropolitan area. *Child Welfare, 72* (4): 341-354.

- Scannapico, M., Hegar, R., & McAlpine, C. (1997). Kinship care and foster care: A comparison of characteristics and outcomes. *Families in Society, 78*(5): 480-488.
- Scannapico, M. & Jackson, S. (1996). Kinship care: The African-American response to family preservation. *Social Work, 41*(2): 278-294.
- Schorr, A. L. (1980). *... Thy Father and Thy Mother... A second look at filial responsibility and family policy*. DHHS Publication No. 13-11953. Washington, DC: U.S. Government Printing Office.
- Sedlak, A. & Broadhurst, D. (1996). Executive summary of the third national incidence study of child abuse and neglect. U.S. Health and Human Services.
- Sedlak, A., Bruce, C., & Schultz, D. (2001). Letter to the editor. *Child Abuse & Neglect, 25*(1): 1-5.
- Sedlak, A. & Schultz, D. (2005). Racial differences in child protective services investigation of abuse and neglected children. In D. Derezotes et al. (Eds.) *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 97-118). Washington, DC: Child Welfare League of America.
- Sherraden, M. & Segal, U. (1996). Multicultural issues in child welfare. *Children and Youth Service Review, 18*(6): 497-504.
- Shields, M. & Behrman, R. (2002). Children and welfare reform: Analysis and recommendations. *The Future of Children, 12*(1): 5-25.
- Shook, K. (1999). Does the loss of welfare income increase the risk of involvement with the child welfare system? *Child and Youth Services Review, 21*(8/9), 693-724.
- Simms, M. & Halfon, N. (1994). The health care needs of children in foster care. *Child Welfare, 73*(5): 505-524.
- Slack, K. S. (2002). Assessing the influence of welfare reform on child welfare systems. *Focus, 22*(1), 98-105.
- Smith, C. & Devore, W. (2004). African American children in the child welfare and kinship system: From exclusion to over-inclusion. *Children and Youth Service Review, 26*(5): 427-446.
- Smith, C. & Thornberry, T. (1995). The relationship between childhood maltreatment and adolescent involvement in delinquency. *Criminology, 33*(4): 451-477.
- Smith, W. & Chunn, E. (Eds.) (1989). *Black education*. New Brunswick, NJ: Transaction.
- Stehno, S. (1990). The elusive continuum of child welfare services. *Child Welfare, 69*(6): 551-562.
- Steinberg, K., Catalano, R., & Dooley, D. (1981). Economic antecedents of child abuse and neglect. *Child Development, 52*(3): 975-985.

- Stoltzfus, E. (2005). *Race/ethnicity and child welfare*. Washington, DC: Congressional Research Services.
- Terling, T. (1999). The efficacy of family reunification practices. *Child Abuse & Neglect*, 23(12): 1359-1370.
- Testa, M. & Furstenberg, F. (2002). Social ecology of child development. In M. Rosenheim (Ed.) *Century of juvenile justice* (pp. 237-264). Chicago: University of Chicago Press.
- Tracy, E., Green, R., & Bremseth, M. (1993). Meeting the environmental needs of abused and neglected children. *Social Work Research & Abstracts*, 29(2): 21-26.
- Tumin, K. & Geen, R. (2000). The decision to investigate: Understanding state child welfare screening policies and practices. *Urban Institute Report*, Series A, No-38.
- Urquiza, A., Wu, J., & Borrego, Jr., J. (1999). Foster care and the special needs of minority children. In P. Curtis, G. Dale, & J. Kendall (Eds.) *The foster care crisis* (pp. 84-98). Lincoln, NE: University of Nebraska Press.
- U.S. Administration for Children and Families. (2003). *Children of color in the child welfare system: Perspectives from the child welfare community*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Administration for Children, Youth and Families. (2005). *The AFCARS report no. 10*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Census Bureau. (2005). Income, poverty and health insurance coverage in the United States, 2004. *Current Population Reports*, P60-229.
- U.S. Children's Bureau. (1997). *National study of protective, preventive and reunification services delivered to children and their families*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services. (2005). *Child maltreatment, 2003*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. (2006). *Child maltreatment, 2004*. Washington, DC: U.S. Government Printing Office. (Accessed June 2, 2006 from <http://www.acf.hhs.gov/programs/cb/pubs/cm04/index.htm>.)
- U.S. Department of Justice. (2000). Incarcerated parents and their children. *Bureau of Justice Statistics Special Report*, (August), 1-12.
- U.S. Office of the Assistant Secretary for Planning and Evaluation. (2005). *Rereporting and recurrence of child maltreatment*. Washington, D.C: U.S. Department of Health and Human Services.

- U.S. Surgeon General. (2001). *Mental health: Culture, race and ethnicity. A supplement to mental health: Report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.
- Van Ryn, M. & Fu, S. (2003). Paved with good intentions: Do public health and human services providers contribute to racial/ethnic disparities in health? *American Journal of Public Health, 93*(2): 248-255.
- Wade, J. (1993). Institutional racism: An analysis of the mental health system. *American Journal of Orthopsychiatry, 63*(4): 536-544.
- Walker, C. D., Zangrillo, P., & Smith, J. (1994). Parental drug abuse and African American children in foster care. In R. Barth, J. Berrick, & N. Gilbert (Eds.) *Child welfare research review. Vol. 1* (pp. 109-122). New York: Columbia University Press.
- Wells, K. & Tracey, E. (1996). Reorienting intensive family preservation services in relation to public child welfare practices. *Child Welfare, 75*(6): 662-692.
- Westat. (2003). *Evaluation of the Illinois subsidized guardianship waiver demonstration: Final report*. Rockville, MD: Author.
- Whaley, A. L. (1998). Racism in the provision of mental health services. *American Journal of Orthopsychiatry, 68*(1): 47-57.
- Wiebush, R., Freitag, R., & Baird, C. (2001). Preventing delinquency through improved child protection services. *OJJDP Juvenile Justice Bulletin*, July: 1-10.
- Williams, C. (1997). Personal reflections on permanency planning and cultural competency. *Journal of Multicultural Social Work, 5*(1/2): 9-18.
- Williams, D., Neighbors, H., & Jackson, J. (2003). Racial/ethnic discrimination and health. *American Journal of Public Health, 93*(2): 200-208.
- Wolock, I., Sherman, P., Feldman, L., & Metzger, B. (2001). Child abuse and neglect referral patterns: A longitudinal study. *Children and Youth Services Review, 23*(1): 21-47.
- Wulczyn, F. (2000). *Poverty, cash assistance and child protection*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Wulczyn, F. (2003). Closing the gap: Are changing exit patterns reducing the time African American children spend in foster care relative to Caucasian children? *Children and Youth Services Review, 25*(5/6): 431-462.
- Wulczyn, F. (2004). Family reunification. *The Future of Children, 14*(1): 95-114.
- Wulczyn, F., Barth, R., Yuan, Y., Jones-Harden, B., & Landsverk, J. (2005). *Beyond common sense: Child welfare, child well-being and the evidence for policy reform*. New Brunswick, NJ: Aldine Transaction.

Wulczyn, F., Brunner, K., & Goerge, R. (1999). *A report from the multistate foster care data archive: Foster care dynamics, 1983-1997*. Chicago: Chapin Hall Center for Children at the University of Chicago.

Wulczyn, F. & Goerge, R. (1992). Foster care in New York and Illinois: The challenge of rapid change. *Social Service Review*, 66(2): 278-294.

Yegidis, B. & Morton, T. (1999). *Ideas in action: Item bias and CPS assessments*. Atlanta, GA: Child Welfare Institute.

Youth Law Center. (2000). *And justice for some: Differential treatment of minority youth in the justice system*. Washington, DC: Author.

Zuravin, S., Orme, J., & Hegar, R. (1995). Disposition of child physical abuse reports: Review of the literature and test of a predictive model. *Children and Youth Services Review*, 17(4): 547-566.

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



CSSP is a nonprofit public policy organization that develops and promotes policies and practices that support and strengthen families and help communities to produce equal opportunities and better futures for all children. We work in partnership with federal, state and local government, and communities and neighborhoods—from politicians who can craft legislation, state administrators who can set and implement policy and practice, and networks of peers, community leaders, parents and youth to find workable solutions to complex problems.



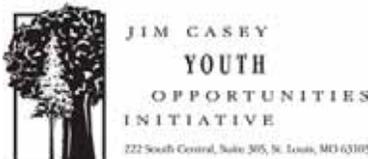
Casey Family Programs is the largest national foundation whose sole mission is to provide and improve—and ultimately prevent the need for—foster care. The foundation draws on its 40 years of experience and expert research and analysis to improve the lives of children and youth in foster care in two important ways: by providing direct services and support to foster families and promoting improvements in child welfare practice and policy. The Seattle-based foundation was established in 1966 by UPS founder Jim Casey and currently has an endowment of \$2 billion.

www.casey.org



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

www.caseygrants.org



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

www.jimcaseyouth.org



The Annie E. Casey Foundation

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

www.aecf.org



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

www.caseyfamilyservices.org



Unsuccessful In-Home Child Welfare Service Plans Following a Maltreatment Investigation: Racial and Ethnic Differences

Patricia L. Kohl

October 24, 2007

This report was prepared for the Casey-CSSP Alliance for Racial Equity in Child Welfare. Patricia Kohl, PhD, is an Assistant Professor at the Brown School of Social Work at Washington University in St. Louis, Missouri. Dr. Kohl can be contacted at pkohl@gwbmail.wustl.edu. The author is grateful to Judith Wildfire, Richard P. Barth, and the Casey-CSSP Alliance for Racial Equity in Child Welfare for their helpful comments and suggestions on an earlier version of this document.

About the Alliance

In 2004, the Casey-CSSP Alliance for Racial Equity in Child Welfare was established to develop and implement a national, multiyear campaign to address racial disparities and reduce the disproportionate representation of children from certain racial or ethnic communities in the nation's child welfare system.

The Alliance includes the Annie E. Casey Foundation and its direct service agency, Casey Family Services, Casey Family Programs, the Jim Casey Youth Opportunities Initiative, the Marguerite Casey Foundation, the Center for the Study of Social Policy (CSSP), and parents and alumni of foster care. The Race Matters Consortium and Black Administrators in Child Welfare (BACW) are also partners in this work.

The efforts of the Alliance to reduce disparities and the disproportionate number of children and youth of color in the care of child welfare agencies are ultimately aimed at improving the outcomes for all children in care by:

- Learning what works to achieve race equity in child welfare services, in partnership with states and local communities
- Developing and disseminating new knowledge to the field
- Promoting effective federal and state policy through education about policy options
- Designing and implementing data collection, research, and evaluation methods that document evidence-based practices and strategies
- Ensuring that birth parents and foster youth and alumni are leaders in helping child welfare agencies achieve race equity in child welfare services and programs

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

Executive Summary

Introduction

Despite the fundamental mission of child welfare services to protect the safety of children, many children experience recurrent maltreatment—a sign of an unsuccessful child welfare service plan (CWS plan)—following a maltreatment investigation. Although African American children are not at greater risk of experiencing child maltreatment than white children, they are clearly overrepresented among the child welfare population, especially in foster care. Furthermore, child maltreatment reports for children of color are more likely to be substantiated than reports for white children.

In all communities, however, maltreatment (including recurrent maltreatment) often goes unidentified. Estimates of recurring maltreatment based solely on official measures such as re-reports or out-of-home placements are therefore likely an underestimation of recurrent maltreatment.

Study Methods

This paper presents findings from the National Survey of Child and Adolescent Well-being (NSCAW), a landmark, longitudinal national probability study of investigated child maltreatment cases. NSCAW is funded by the Department of Health and Human Services and provides a wealth of data about the experiences of children entering the child welfare system between October 1999 and December 2000. This study reports on racial/ethnic differences in recurrent maltreatment, and the success or failure of the CWS plan over the 36 months following each index maltreatment investigation. An unsuccessful CWS plan is defined here as a new official maltreatment report or subsequent placement into out-of-home care. While most studies of racial disproportionality have focused on children who have been placed in foster care, the subset of NSCAW used for this study is 3,900 children who remained in home following the index investigation. This is an understudied, but at-risk, population of children.

Findings by Study Aim

Study Aim 1: To examine variation in the rates of unsuccessful CWS plans and the response of the system (i.e., disposition and outcome of the investigation) following the subsequent new involvement with the child welfare system for different race/ethnicities.

Although the focus of this study is on recurrent maltreatment between the index investigation and 36-month follow-up, analysis of the baseline data revealed that, among all children investigated for maltreatment whose initial placement was to remain in their home, African American children were overrepresented among children investigated for child maltreatment, as well as among children having their maltreatment report substantiated.

Overall, a third of all children had unsuccessful CWS plans over 36 months. Although the rates of unsuccessful CWS plans were similar for children of all races/ethnicities, African American children were overrepresented among children whose initial placement was in-home and who experienced an unsuccessful CWS plan by the 36-month follow-up.

While substantiation of the baseline report increased the likelihood of an unsuccessful CWS plan for white children, rates of unsuccessful CWS plans for African American children were similar regardless of whether the baseline report was substantiated.

The proportion of children whose first re-report was substantiated was similar across race/ethnicities. In addition, involvement in the child welfare system prior to the index investigation was strongly associated with reinvolvement.

Study Aim 2: To examine variation in subsequent out-of-home placements for children of different races/ethnicities remaining in-home following the baseline investigation.

African American children were overrepresented among children who remained in-home following the baseline investigation and who had a later placement into out-of-home care. White and Hispanic children, however, were underrepresented.

As with unsuccessful CWS plans that resulted in either re-reports or placements into out-of-home care without a re-report, out-of-home placement was associated with substantiation of the baseline report for white children, but not African American or Hispanic children.

Regardless of racial and ethnic identity, child welfare involvement prior to the baseline investigation and having an open CWS case following the baseline investigation were associated with a later placement into out-of-home care among children remaining in-home at baseline.

Study Aim 3: To examine racial/ethnic differences in parenting behaviors following a maltreatment investigation, and to determine the relationship between racial and ethnic identity and the reporting of parenting behaviors which can be considered maltreatment.

Caregiver self-reporting of harmful parenting behaviors between baseline and 36 months revealed no differences in self-reported neglectful parenting practices for different race/ethnicities. The study did find differences by racial and ethnic identity for the self-reporting of severely violent parenting practices, however. Severe violence was self-reported more frequently among caregivers of African American children than caregivers of other races/ethnicities. When controlling for other case characteristics, we found that caregivers of African American children were more than twice as likely to use severe violence toward their children between baseline and 36 months compared to caregivers of white children.

Higher rates of self-reported severe violence did not place African American families at greater risk of having an unsuccessful CWS plan. African American children were roughly as likely to have unsuccessful service plans regardless of whether their caregivers self-reported using severe violence. In contrast, CWS plans were much more likely to fail when caregivers of white and Hispanic children reported using severe violence than when they did not report the use of severe violence.

Overall, the rates of caregiver self-reported severe violence that did not result in a re-report or subsequent placement into out-of-home care suggest that recurrent maltreatment occurs even among successful CWS plans (i.e., cases with no re-report or subsequent out-of-home placement). Recurrent maltreatment is, in essence, underreported, suggesting that rates based on official reports or placements into out-of-home care are likely an underestimation of recurrent maltreatment.

Summary

The landmark study of NSCAW provided an opportunity to expand the current knowledge base through the availability of data related to recurrent maltreatment and success or failure of the CWS plans over 36 months. By examining racial disproportionality among the understudied (yet high-risk) population of children remaining in-home following the maltreatment investigation, this study determined patterns for unsuccessful CWS plans, placement into out-of-home-care, and recurrent maltreatment.

This national probability study confirms that African American children who initially remain in-home are disproportionately represented among the children who are investigated for child maltreatment, have an unsuccessful CWS plan, and are subsequently placed into out-of-home care. This study goes further, however, in helping to clarify whether some of the subsequent events are related to racial and ethnic identity or other factors.

Unsuccessful In-Home Child Welfare Service Plans Following a Maltreatment Investigation: Racial and Ethnic Differences

The National Survey of Child and Adolescent Well-Being (NSCAW) provides a unique opportunity to examine the ongoing safety of children with an initial in-home placement following a maltreatment investigation. Although prior analysis of the NSCAW data has revealed important information about child safety following child welfare involvement, and has shown high rates of re-reports and undetected abuse, questions related to racial/ethnic differences remain unanswered. In most cases that come to the attention of child welfare services (about 89%), the child does not go into out-of-home care; therefore, the primary setting for receiving services is in the home of the biological parent or another permanent caregiver (e.g., custodial grandparent). Because the primary objective of child welfare services is the safety of the child through the reduction of maltreatment, recurrent maltreatment is a signal that the services provided, within the context of the strengths and needs of the family, were insufficient to reach this objective. However, the in-home child welfare service plan (CWS plan) can range from closing the case with no additional services to intensive in-home services. Recurrent maltreatment has been found to be frequent among families whose case was opened for receiving ongoing services since as early as the 1970s (e.g., Fluke, Yuan & Edwards, 1999; Herrenkohl et al., 1979; Lipien & Forthofer, 2004). Another concern is that many families involved with the child welfare system—even those with substantiated maltreatment—do not receive services following the maltreatment investigation (Inkelas & Halfon, 1997; U.S. Department of Health and Human Services, Administration for Children and Families [US DHHS, ACF], 2005b). If recurrent maltreatment, or an unsuccessful CWS plan, is associated with racial and ethnic identity, this would have important implications for understanding access to services and adequacy of services for children from different racial and ethnic backgrounds whose initial placement is in the home of origin.

Many children have child maltreatment re-reports following prior child welfare involvement—some experience multiple reports over many years. Additionally, some caregivers of children remaining in the home at baseline report the use of harmful parenting tactics that constitute maltreatment between baseline and 36 months. This maltreatment, however, does not always result in an official maltreatment re-report. In fact, prior research (Kohl & Barth, 2005) indicates that, where children age 0 to 2 remain at home after intake, nearly 90 percent of the maltreatment reported by caregivers at intake remains unreported to child welfare services in the following 18 months.

Prior analysis of unreported maltreatment, however, has not yet considered how the experiences of children of varying racial/ethnic backgrounds differ. This study augments previous work by incorporating the examination of racial disparity and disproportionality. Furthermore, the study window has been extended from 18 to 36 months following the baseline investigation.

Most studies of racial disproportionality focus on children who have been placed in foster care. This analysis, based on NSCAW data, markedly expands our knowledge of disproportionality and disparate treatment by focusing on children who remain in their homes following an investigation for child maltreatment. The author reminds us that the overwhelming majority of children in the child welfare system (about 89%) remain in their homes and are not placed in foster care. There have been very few studies of racial disproportionality on this child welfare subpopulation, however. Thus, this study makes a unique contribution by examining racial disproportionality and disparities based on a national probability sample of children who remain in their homes following a maltreatment investigation.

Examination of the relationship between racial and ethnic identity and the success of CWS plans among the subsample of children remaining in-home at baseline introduces potential selection bias. That is, since African American children are disproportionately placed into out-of-home care (US DHHS, ACF, 2005b), the subsample of African American children who remain in-home following the initial investigation may not be representative of all African American children undergoing maltreatment investigations.

Racial and Ethnic Identity and Child Welfare Services

The discussion about racial disparity and disproportionality in child welfare services can be informed by the empirical literature on racial and ethnic identity and the following:

- Child maltreatment
- CWS involvement
- Recurrent maltreatment

The National Incidence Studies of Abuse and Neglect (NIS), which collected information about reported and unreported maltreatment from community based professionals, provide estimates of maltreatment, regardless of whether an official maltreatment report was made to a child protective services agency. These studies have consistently shown no racial/ethnic differences in the rate of maltreatment among the general population (Sedlak & Schultz, 2005b). African American children, according to NIS, are not at greater risk of experiencing child maltreatment than white children; yet African American children are clearly overrepresented among the child welfare population, especially in foster care (Morton, 1999; Sedlak & Schultz, 2005b). Moreover, child maltreatment reports for African American and Hispanic children are more likely to be substantiated than reports for white children (Eckenrode, Powers, Doris, Munsch, & Bolger, 1988; Rolock & Testa, 2005). In summary, although African American children do not appear to be at greater risk of experiencing maltreatment, they are more likely to have higher levels of involvement with the child welfare system (i.e., substantiated reports and placement into out-of-home). This study expands the current knowledge base by examining racial/ethnic differences in the rates of substantiation and placement into out-of-home care following new allegations of maltreatment among children who remained in-home at the time of the index investigation.

Results from investigations examining the relationship between racial and ethnic identity and recurrent maltreatment have been mixed. In bivariate life table analysis, Fluke, Yuan, and Edwards (1999) found that African American children and white children had significantly different patterns of re-report—the patterns varied across the ten states included in their study, however (Illinois, Louisiana, Massachusetts, Missouri, North Carolina, New Jersey, Pennsylvania, Texas, Vermont and Washington). The time to re-report was shorter for white children than African American children in some states and longer for white children than African American children in other states. Fluke, Yuan, and Edwards did not, however, test to determine if the differences held when accounting for other case characteristics. A federal report including data from 23 states revealed that recurrent maltreatment, as measured by a second substantiated report within six months of a prior substantiated maltreatment report, was less likely among African American children (risk ratio = .78) compared to white children (US DHHS, ACF, 2005a). In a single state study, Lipien and Forthofer (2004) also found that, in Florida, African American children were less likely to experience recurrent maltreatment than white children. Wolock, Sherman, Feldman, and Metzger (2001) found no significant differences in the rates of recurrent maltreatment among children of different race/ethnicities, however.

Racial and ethnic identity alone does not appear to explain consistent findings of racial disproportionality in child welfare. In fact, the relationship between racial and ethnic identity and other factors may be a better explanation for this (Derezotes & Poertner, 2005). For example, the joint influences of race and poverty is more likely to contribute to the overrepresentation of African Americans in maltreatment reports than racial and ethnic identity alone. Maltreatment reports are more likely for low income families than for middle or upper income families. African American children are overrepresented among children whose parents happen to have lower incomes or who happen to be unemployed (Sedlak & Schultz, 2005b, p. 53). This is not to say that maltreatment is due to racial and ethnic identity and poverty; rather, that maltreatment reports are more likely. Additionally, maltreatment investigations are more likely for substance abusing African American caregivers who are substance abusers than for white caregivers who are substance abusers (Sedlak & Schultz, 2005a, p. 112). Therefore, poverty, employment status, and substance abuse were considered in addition to racial and ethnic identity in these analyses.

Because of the wealth of data on child, caregiver, family, and environmental characteristics afforded by NSCAW, current research is able to build on this earlier work by examining the relationship between racial and ethnic identity and child welfare services among a large, national probability sample, while also accounting for other correlates of racial and ethnic identity (e.g., poverty, caregiver employment status, and caregiver mental health and substance abuse). The large sample size of children allows for the analysis of multivariate models that simultaneously include several variables that may help to explain child maltreatment and its causes.

Self-Reports of Physical Abuse

While official re-reports are the most common mechanism through which the frequency of recurrent maltreatment is measured, they do not capture the entirety of children's maltreatment experiences. Evidence suggests that not all maltreatment is brought to the attention of child welfare agencies. Findings from the third NIS indicate that only 28 percent of children with identified abuse had an official maltreatment investigation (Sedlak & Broadhurst, 1996). Researchers in the Carolinas found that relying on maternal reports of physical abuse resulted in an incidence rate of physical abuse that was 40 times greater than the rate of official reports for physical abuse (Theodore et al., 2005, p. 335). When comparing official re-reports to verified instances that did not result in abuse "charges," Herrenkohl and colleagues (1979) found that relying only on official reports resulted in a large underestimation of recurrent maltreatment: 25 percent had official re-reports, while 67 percent had verified incidents.

Culturally normative parenting practices vary across race/ethnicities. African American parents are more likely to use physical discipline than European American parents (Deater-Deckard, Dodge, Bates & Pettit, 1996; Lansford, Deater-Deckard, Dodge, Bates, & Pettit, 2004; Lau, Litrownik, Newton, Black & Everson, 2006). Furthermore, African American caregivers self-report using physical discipline with their children, as measured by the severe violence subscale of the Conflict Tactics Scale, Parent to Child version, at higher rates than white caregivers (Straus & Gelles, 1999; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). This study explores the relationship between culture and disciplinary practices in the child welfare population.

Overarching Aims and Research Questions

This study examines the experiences of families of diverse racial or ethnic heritage in the child welfare system following a maltreatment investigation. This study is built on three aims. The first aim of this study is to examine variation (based on racial and ethnic identity) in the rates of unsuccessful CWS plans and the response of the system (i.e., disposition and outcome of the investigation) following subsequent reinvolvement with the child welfare system.

Specifically, this study answers the following research questions:

1. Are there differences in the reported cases investigated for child maltreatment based on racial and ethnic identity as well as rates of substantiation leading to study inclusion of children who remained in-home at baseline?
2. Are there racial and ethnic differences in the proportion of children in the child welfare population who remained in-home at baseline and who experienced an unsuccessful CWS plan between baseline and 36 months (i.e., had an official maltreatment re-report or became reinvolved with the child welfare system through a subsequent out-of-home placement)?

3. Are African American and Hispanic children overrepresented in the proportion of children with an unsuccessful CWS plan among children who remained in-home at baseline?
4. What is the relationship between racial and ethnic identity, substantiation of the baseline report, and success of the CWS plan among children who remained in-home at baseline?
5. What is the association between racial and ethnic identity and success of the CWS plan by 36 months when accounting for other case characteristics among children who remained in-home at baseline?
6. Are there racially or ethnically based differences in the disposition and the outcome of investigation of the first maltreatment re-report among children who remained in-home at baseline?

The second aim of this study is to examine variations in subsequent out-of-home placements for children of different races or ethnicities who remained in-home following the baseline investigation. Specifically, this study answers the following research questions:

1. Are there racial/ethnic differences in the proportion of children who remained in-home following the baseline investigation, but were later placed into out-of-home care?
2. What is the association between racial and ethnic identity and placement into out-of-home care at 36 months for children who remained in-home at baseline when accounting for other case characteristics?

The third aim of this study is to examine racial/ethnic differences in parenting behaviors following a maltreatment investigation, and to determine the relationship between racial and ethnic identity and the reporting of harmful parenting behaviors. The specific research questions that were answered are:

1. Among caregivers of children who remained in-home at baseline, are there racial and ethnic differences in the proportion of caregivers who self-reported maltreatment (i.e., severe violence and neglect) at baseline? At 36 months? Do racial and ethnic differences in parenting behaviors remain after controlling for other case characteristics?
2. Among children who remained in-home at baseline and whose parents self-reported maltreatment, are there racial/ethnic differences in the rates of unsuccessful CWS plans?

Methods

Study Design

NSCAW is a longitudinal national probability study of children entering the child welfare system. It draws on information from child welfare workers, caregivers, children, and teachers. The NSCAW sample included 5,504 children, age birth to 15, undergoing child maltreatment investigations between October, 1999 and December, 2000. NSCAW involved a stratified two-stage sample, with county child welfare agencies as the primary sampling units (PSUs). The secondary sampling units were children (and their families) chosen from a list of completed investigations at the sampled agencies. For families with multiple children, a single child was selected for study inclusion; therefore, there were an equal number of children and families represented in this study. The random sample of children within each agency was drawn from cases in which there was a complete investigation for child maltreatment. Inclusion was not limited to families substantiated for maltreatment or who received child welfare services following the index report. The sample also included families who were not substantiated or received no ongoing child welfare support.

The sample was selected from 92 PSUs located in 36 states. In most jurisdictions the geographic region associated with a PSU was a county. In some instances, however, the agency may have had jurisdiction over multiple counties or a portion of a single county (see NSCAW Research Group, 2002 for additional details). Data were collected at baseline (initial study interview) and at 12, 18, and 36 months following the baseline interviews.

Sample

The analysis focuses on children and families of African American, white, and Hispanic/Latino heritage. (The report refers to the latter group as Hispanic.) An “other” category was also included in the survey. The racial/ethnic composition of the entire NSCAW sample is shown in Table 1.

A derived variable combined two separate questions that inquired about race and ethnicity. First, respondent’s were asked about the child’s racial identify (American Indian/Alaskan Native, Asian/Native Hawaiian/other Pacific Islander, black/African American, white, and other. Secondly, they were asked about ethnicity. Those classified as Hispanic based on the ethnicity variable (“Is the child of Hispanic origin? yes/no”) were assigned to the Hispanic category on the combined race/ethnicity variable. Due to the small sample size, children and families classified as American Indian/Alaskan native, Asian/Native Hawaiian/other Pacific Islander, and other were assigned to the non-Hispanic other category.

Table 1. Racial and Ethnic Identity of All Children in the NSCAW Study		
Characteristic	Sample Counts and Percentage	
	Unweighted N	Unweighted Percent
Race/ethnicity		
African American/Non-Hispanic	1767	32.1
White/Non-Hispanic	2364	43.0
Hispanic	956	17.4
Non-Hispanic Other	400	7.3
Unknown/Not Ascertained	17	0.3

Oversampling of infants was done to ensure there would be enough cases going through to permanency planning. In addition, oversampling was done for sexual abuse cases (to ensure that there would be adequate statistical power to analyze this kind of abuse alone) and cases receiving ongoing services after investigation (to ensure adequate power to understand the process of services) (Dowd et al., 2002).

When compared to the general population, African American children are overrepresented among children placed into out-of-home care following the initial maltreatment investigation. To place the results of the current study in context, the initial placement setting of all children in NSCAW are presented here. Over one-third (34.6 percent) of children placed into out-of-home care are African American, while 44.8 percent are white.

Table 2. Racial and Ethnic Identity and Initial Setting of All Children in the NSCAW Study								
	Setting							
	Total	In-Home			Out-of-Home			
		No CWS	CWS	TOTAL In-Home	Foster Care	Kinship Foster Care	Group Care	TOTAL Out-of-Home
Race/ethnicity	Percent (SE)							
African American/Non-Hispanic	28.1 (2.5)	26.0 (2.6)	30.9 (3.1)	27.3 (2.6)	38.4 (5.6)	33.7 (4.3)	18.0 (5.9)	34.6 (3.8)
White/Non-Hispanic	46.9 (3.7)	47.9 (4.1)	45.4 (3.8)	47.2 (3.7)	38.9 (6.9)	47.7 (5.1)	61.9 (9.5)	44.8 (4.1)
Hispanic	18.0 (2.9)	19.3 (3.4)	16.6 (3.1)	18.6 (3.1)	14.9 (4.5)	13.1 (3.2)	12.0 (4.5)	14.0 (2.8)
Non-Hispanic Other	6.9 (0.8)	6.8 (1.0)	7.2 (1.3)	6.9 (0.8)	7.8 (2.2)	5.6 (1.8)	8.1 (3.9)	6.7 (1.4)
TOTAL	100.0	64.7 (1.6)	24.0 (1.5)	88.6 (1.2)	4.4 (0.6)	5.1 (0.6)	1.0 (0.2)	11.4 (1.2)

Source: US DHHS, ACF (2005b)

Note: Baseline weights were used in these analyses. All other weighted analyses in this report use the Wave 4 weights.

The sample for this research consists of children who remained in-home following the baseline maltreatment investigation (unweighted $n = 3900$). Nearly half of the children in this study were white (48.3%, $SE = 3.5$), 27.2% ($SE = 2.9$) were African American, 18.0% ($SE = 2.3$) were Hispanic and 6.5% ($SE = 0.9$). (Wave 4 weights were used in these analyses.)

The sample size for each specific analysis may vary, however, due to substantive or methodological reasons (e.g. subpopulation under examination or whether there are missing data on variables to be included in the analysis).

Measures

Re-report. In our study, re-report was defined as new maltreatment allegations reported to a child welfare agency between the index investigation (i.e., the investigation that led to inclusion in the NSCAW study) and the 36-month follow-up, regardless of the case disposition following the subsequent investigation. Information about re-reports was obtained from the child welfare worker at 12, 18, and 36 months, but only if the case was currently open or had been opened at some point between interviews.¹ The worker was asked whether there had been any reports of abuse or neglect involving the child since the index investigation. Subsequently, the worker indicated whether the investigation of the re-report was completed. Families were only considered to have a re-report if the investigation had been completed. If the information on re-report was missing because the case did not meet requirements for conducting an interview (i.e., no new involvement with child welfare services), the re-report variable was coded as “no re-report.” Reports which came only one day after the index report were considered to be about the same incident of maltreatment and were not counted as a re-report. After each affirmative response about investigated re-reports, workers were then asked about additional re-reports.

Substantiation. Once it was ascertained that a re-report occurred, child welfare workers were asked to identify the case determination from the following categories: substantiated, indicated, neither substantiated nor indicated, high risk, medium risk, and low risk. Substantiation was the disposition when the allegation of maltreatment was supported by state law or state policy. Indication was the determination when there was reason to suspect maltreatment; however, it could not be substantiated under state law (U.S. DHHS, ACF, 2005a). Indicated cases do not meet the level of substantiation; therefore, they were coded unsubstantiated. In addition, a few agencies in NSCAW opt for a completely different coding system and instead use high, medium, or low risk for their case determination following the investigation. These codes were included in the current analyses by recoding high risk to substantiated and medium and low risk to unsubstantiated. It is the belief of the author that this results in a conservative count of substantiated re-reports.

Services following re-reports. For each new report, the child welfare worker was asked about services provided following the re-report. Possible responses were:

¹ Due to an NSCAW study design issue related to how caseworker follow-up interviews were triggered, rates of re-report may be underestimated. In some instances there may have been a re-report that was not captured in a follow-up interview.

1. Child welfare agency involvement with the child's family ended (i.e., case closed to services)
2. Child left in-home and case opened to child welfare services
3. Child placed into out-of-home care

Unsuccessful CWS plan. A re-report was only one indicator of increased risk that resulted in a failed CWS plan. For reasons not discernable in the data, some children were placed into out-of-home care without an "official" maltreatment report. Therefore, an official maltreatment re-report or subsequent placement into out-of-home care are used here to indicate an unsuccessful CWS plan.

Caregiver self-report of severe violence. The Conflict Tactics Scale--Parent to Child version (CTS--PC) was used to assess caregiver report of severe violence at baseline, 18, and 36 months. Permanent caregivers of children remaining in-home following the baseline investigation reported their use of violent disciplinary tactics. This self-report measure was the severe violence subscale of the CTS--PC (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). The items on this subscale are:

1. Caregiver hit child with fist or kicked child
2. Caregiver grabbed child around neck and choked child
3. Caregiver beat child up
4. Caregiver burned or scalded child
5. Caregiver hit child on some other part of the body besides the bottom with a hard object
6. Caregiver threw or knocked down child
7. Caregiver threatened child with knife or gun

Each of these acts generally constitutes physical abuse. Because of the serious and potentially fatal consequences resulting from when an infant is shaken, for children age 0–2, the item "child was shaken" was included as severe violence.

Caregiver self-report of neglect. The study used the CTS--PC to measure caregiver self-reports of neglect at baseline, 18, and 36 months. The items on this scale are:

1. Caregiver had to leave child home alone, even when caregiver thought some adult should be with him/her
2. Caregiver was not able to make sure child got the food he/she needed
3. Caregiver was so drunk or high that caregiver was unable to care for child
4. Caregiver was not able to make sure child got to a doctor or hospital when he/she needed it
5. Caregiver was so caught up with problems that caregiver was not able to show or tell child that caregiver loved him/her

Unreported maltreatment. The study used severe violence identified on the CTS--PC to derive a variable that indicated whether or not maltreatment remained unreported. When the caregiver self-identified the use of severely violent parenting behaviors toward their child over the 36-month period, we coded unreported maltreatment as “yes” if there were no re-reports or placements into out-of-home care, and as “no” if there was at least one re-report or placement. A third category of “unknown” was also included. Although we focused exclusively on the self-report of severe violence, we did not limit unreported re-reports to physical abuse. We based this decision on the findings of others indicating that the maltreatment type of the index report is often different than the maltreatment type identified in re-reports. In fact, neglect is the more typical maltreatment type for re-reports even when physical abuse was identified at baseline (Jonson-Reid, Drake, Chung, & Way, 2003; Levy et al., 1995).

Poverty. We determined financial status at baseline using the federally defined poverty level. We calculated this measure based on procedures followed by the U.S. Census Bureau, which include both the family’s income level and the number of adults and children in the household (Dalaker, 2001). The poverty measure was used as a dichotomous variable in the analyses (at/below poverty threshold or above poverty threshold). The poverty level of the permanent home at baseline was used to construct this indicator.

Other case characteristics. The child welfare risk assessment inquired about risks in the family at the time of the maltreatment investigation (i.e., baseline) using a checklist of potential risks. Alcohol abuse, drug abuse, and mental health problems were indicated based on the child welfare worker’s assessment of their presence at baseline. The workers were asked if there was active alcohol abuse and/or active drug abuse, or serious mental health problems evident in the primary caregiver at the time of the investigation.

Data Analysis Approach

All analyses are weighted. (Only the reported n’s are unweighted.) To examine relationships that were descriptive in nature, contingency tables with chi-square tests were used. Multivariate analysis, in the form of logistic regression analysis was used to model factors associated with multiple aspects of child safety (i.e., unsuccessful CWS plan, subsequent placement into out-of-home care, caregiver report of severely violent and neglectful parenting).

Results

A comparison of the racial/ethnic distribution of this sample with the child population in the United States indicates that African American children were overrepresented among children investigated for child maltreatment among children who remained in-home at baseline. 2004 Kids Count data indicate that 15 percent of the child population are African American, 27 percent of children in NSCAW who remained at home were African American. (Since the children were in NSCAW, it follows that they had a baseline maltreatment investigation.) White children were underrepresented. Over half (59%) of the child population is white, but only 48% of children remaining in-home following the maltreatment report were white.

Study Aim 1: Racial And Ethnic Identity And Success Of CWS Plan

Racial and Ethnic Identity and Substantiation of Baseline Report Among Children Who Remained In-Home at Baseline

Prior to examining new allegations of maltreatment or subsequent placement into out-of-home care, we examined the relationship between racial and ethnic identity and case disposition (substantiated vs. unsubstantiated) following the baseline investigation (the investigation that lead to inclusion in the NSCAW).

*Are there racial/ethnic differences in baseline report and substantiation of the baseline report for **children who remained in-home at baseline**?*

Overall, one quarter (25.1%) of baseline reports were substantiated. Significant differences by racial and ethnic identity were not found (Table 3a).

Table 3a. Racial/Ethnic Disparities: Association between Racial and Ethnic Identity and Substantiation of Baseline Report (Row Percentage) for Children Who Remained In-Home at Baseline			
Race/ethnicity	Total % (SE)	Substantiation Status	
		Substantiated SE (%)	Unsubstantiated SE (%)
African American (non-Hispanic)	100.0	23.3 (2.7)	76.7 (2.7)
White (non-Hispanic)	100.0	27.7 (2.9)	73.3 (2.9)
Hispanic	100.0	26.0 (3.5)	74.0 (3.5)
Other	100.0	18.3 (4.1)	81.7 (4.1)
Total	100.0	25.1 (1.9)	74.9 (1.9)

We found no racial disparities in this comparison. Moreover, when compared to the distribution of children remaining in-home following the baseline maltreatment investigation, racial/ethnic dispro-

proportionalities were not apparent (Table 3b). The proportion of children with substantiated maltreatment reports for each racial and ethnic identity was similar to the overall racial/ethnic distribution of children remaining in-home at baseline. When compared to the general population, however, African Americans were overrepresented; while only 15 percent of the child population is African American, 25 percent of children whose baseline report was substantiated were African American. In contrast, white children were underrepresented in baseline maltreatment reports—48 percent with a maltreatment investigation compared to 59 percent of the child population. Hispanic children find themselves in the child welfare system at a rate similar to their representation in the overall child population.

Table 3b. Racial/Ethnic Disproportion: Association Between Racial and Ethnic Identity and Substantiation of Baseline Report (Row Percentage) for Children Who Remained In-Home at Baseline

Race/ethnicity	Substantiation Status		In-home NSCAW Sample Distribution	Kid's Count: % of the Population ^a
	Substantiated % (SE)	Unsubstantiated % (SE)		
African American (non-Hispanic)	24.9 (4.3)	27.5 (3.0)	27.2	15.0
White (non-Hispanic)	51.4 (4.7)	47.4 (3.6)	48.3	59.0
Hispanic	18.9 (3.8)	18.0 (2.3)	18.0	19.0
Other	4.8 (0.8)	7.1 (1.2)	6.5	7.0
Total	100.0	100.0	100.0	100.0

Racial and Ethnic Identity and Unsuccessful CWS Plans Among Children Who Remained In-Home at Baseline

Are there racial/ethnic differences in the proportion of children in the child welfare population who remained in-home at baseline and who experienced an unsuccessful CWS plan (i.e., had an official maltreatment re-report or became re-involved with the child welfare system through a subsequent out-of-home placement) between baseline and 36 months?

Overall, 27.8 percent (SE = 1.8) of children remaining in-home at baseline had a re-report by 36 months. As noted above, a small proportion of children whose initial placement was in-home had an out-of-home placement without an official re-report. The reason for the placement is unknown; these children are more likely, however, to have a caregiver with mental illness or a substance abuse problem in order to have had a substantiated baseline report (but only 60% had a substantiated baseline report). These children are also more likely to have received child welfare services following the baseline report ($p < .10$; but only 53% received services), and to have had a report prior to the one leading to NSCAW study inclusion. There are no significant differences by race; however, African American children are overrepresented (36%), while white and Hispanic children are underrepresented.

Using these data, we determined the proportion of children with an unsuccessful CWS plan (as determined by an official re-report or subsequent placement into out-of-home care). When considering the broader concept of unsuccessful CWS plan, 33.5 percent (SE = 2.0) had an unsuccessful CWS plan by 36 months. This means that over one-third of children who remained in-home at baseline had a re-report or subsequent placement into out-of-home care.

Re-reports were more likely for Hispanic children (36%) than for African American children (27%) or white children (25%) among all children who remained in-home at baseline (Table 4a). Rates of unsuccessful CWS plans did not vary significantly for children of different race/ethnicities.

Table 4a. Racial Disparity: Association between Re-report and Unsuccessful Child Welfare Services by 36-months and Racial and Ethnic Identity (Row Percentage) for Children Who Remained In-Home at Baseline		
Race/ethnicity	Re-report^a % (SE)	Unsuccessful CWS plan^b % (SE)
African American (non-Hispanic)	27.0 (4.2)	32.9 (3.9)
White (non-Hispanic)	24.6 (1.8)	30.8 (2.0)
Hispanic	35.5 (3.8)	39.6 (4.4)
Other	33.3 (7.5)	38.8 (7.8)
Total	27.8 (1.9)	33.5 (2.0)

^a Unweighted n = 3894 (6 missing on race/ethnicity); $\chi^2 = 7.1, p < .10$

^b Unweighted n = 3894 (6 missing on race/ethnicity), non-significant

Are African American and Hispanic children overrepresented in the proportion of children with an unsuccessful CWS plan among children who remained in-home at baseline?

Considered from a different perspective, of all children with a re-report, 26.5 percent were African American, 42.7 percent were white, 23.0 percent were Hispanic, and 7.8 percent were of other race/ethnicities ($p < .10$) (Table 4b). Children of color were clearly overrepresented when compared to the general population, while white children were underrepresented among children who remained in-home at baseline. As shown in the table, however, race/ethnic disproportion was not evident when compared to the in-home sample distribution. This suggests that the rate of race/ethnic disproportion evident at the time of the baseline investigation remained the same for subsequent involvement.

Of all children with an unsuccessful CWS plan, 26.8 percent were African American, 44.4 percent were white, 21.2 percent were Hispanic, and 7.5 percent are of other race/ethnicities. These proportions are very similar to those with an “official” re-report.

Table 4b. Racial Disproportion: Association Between Re-report/Unsuccessful Child Welfare Services by 36 Months and Racial and Ethnic Identity (Column Percentage) for Children Who Remained In-Home at Baseline

Race/ethnicity	Re-report ^a % (SE)	Unsuccessful CWS plan ^b % (SE)	Kid's Count	In-home Sample Distribution
African American (non-Hispanic)	26.5 (4.0)	26.8 (3.6)	15.0	27.2
White (non-Hispanic)	42.7 (4.4)	44.4 (4.0)	59.0	48.3
Hispanic	23.0 (3.2)	21.2 (2.8)	19.0	18.0
Other	7.8 (2.0)	7.5 (1.7)	7.0	6.5
Total	100.0	99.9^c	100.0	100.0

^a Unweighted n = 3894 (6 missing on race/ethnicity); $\chi^2 = 7.1, p < .10$

^b Unweighted n = 3894, non-significant

^c Total does not equal 100.0 due to rounding.

^d Based on children 0–18 years old, 2004; In Kids Count, 2% are of mixed race/ethnicities. These have been included as Other; however, in NSCAW these children may be included in the African American or Hispanic category. Source: www.aecf.org/kidscount/

What is the relationship between racial and ethnic identity, substantiation of the baseline report and success of the CWS plan among children who remained in-home at baseline?

The relationship between substantiation of the baseline report and re-report did not vary by racial and ethnic identity (Table 5). Therefore, for each race, the rates of re-report were similar for children with substantiated and unsubstantiated baseline reports.

Racial and ethnic identity, however, was a factor in whether a child with a substantiated baseline report was more likely to experience an unsuccessful CWS plan between baseline and 36 months. Among white children, a much higher proportion of children with a substantiated baseline report had an unsuccessful service plan (41%) compared to children with an unsubstantiated baseline report (27%). This same relationship held true for children of other racial/ethnic backgrounds; but substantiation of the baseline report was not associated with the success or failure of the CWS plan for African American and Hispanic children.

Table 5. Re-report/Unsuccessful Child Welfare Services for Children Who Remained In-Home at Baseline (BL) With or Without a Substantiated Baseline Report				
Race/ethnicity	Re-report % (SE)		Unsuccessful CWS plan % (SE)	
	Sub. BL report	Unsub. BL Report	Sub. BL report	Unsub. BL Report
African American (non-Hispanic)	21.4 (4.1)	29.9 (5.3)	33.7 (4.1)	33.9 (5.1)
White (non-Hispanic)	24.6 (2.5)	24.6 (2.3)	41.1 (4.2)	27.4 (2.3) ^a
Hispanic	39.4 (6.2)	33.1 (5.3)	44.4 (6.8)	37.9 (6.1)
Other	47.8 (7.4)	30.9 (9.1)	66.0 (6.6)	33.3 (9.8) ^b
Total	27.7 (1.9)	28.0 (2.5)	41.1 (2.5)	31.3 (2.7) ^c

Note: Sub. = Substantiated, Unsub. = Unsubstantiated

^a ($\chi^2 = 7.4, p < .01$)

^b ($\chi^2 = 6.9, p < .05$)

^c ($\chi^2 = 6.4, p < .05$)

In order to include the children (approximately 5%) who remained in-home at baseline, but who later went into out-of-home care without having a re-report, the multivariate analyses used the “success of the CWS plan” variable. Prior to estimating a logistic regression model of success of the CWS plan, we took two preliminary steps.

First, the relationships between racial and ethnic identity and case characteristics that may be associated with the success or failure of the CWS plan were analyzed (see Table 6). Case characteristics included factors with empirical evidence suggesting a possible relationship with CWS plan success. This table presents the proportions of each race and ethnicity with the stated case characteristic.

Case characteristics that were significantly associated with racial and ethnic identity are:

- *Caregiver mental health problem.* Fewer caregivers of Hispanic children had a child welfare system—identified mental health problem than any other race or ethnicity—7 percent vs. 16 to 18 percent.
- *Caregiver substance abuse.* Fewer caregivers of Hispanic children had a substance abuse problem—5 percent vs. 12 to 14 percent.
- *Poverty.* Fewer white children were living below the federally defined poverty level than any other race or ethnicity.
- *Caregiver(s) employment.* Fewer caregivers of African American children (73%) and Hispanic children (72%) were employed than caregivers of white children (81%).
- *TANF.* Fewer families of white children received TANF (8.2%) than families of African American children (23%) and Hispanic children (22%).
- *Urbanicity.* Fewer white children lived in urban areas (63%) than African American (84%) and Hispanic (96%) children.

Table 6. The Association Between Racial and Ethnic Identity and Case Characteristics to be Included in the Multivariate Analyses for Children Who Remained In-Home at Baseline

Case Characteristics	Total % (SE)	African American % (SE)	White % (SE)	Hispanic % (SE)	Other% (SE)	p-value χ^2 test
Child In-home Service Setting						NS
No Services	72.3 (1.8)	69.0 (3.3)	72.9 (2.5)	75.6 (3.2)	72.2 (5.5)	
With Services	27.7 (1.8)	31.0 (3.3)	27.1 (2.5)	24.4 (3.2)	27.8 (5.5)	
Child Age						< .10
0 – 2	18.3 (1.1)	18.2 (1.8)	18.6 (1.7)	17.9 (2.7)	18.4 (5.0)	
3 – 5	20.6 (1.2)	21.7 (2.5)	20.4 (1.7)	23.8 (5.3)	8.9 (2.6)	
6 – 10	36.7 (1.5)	34.0 (2.7)	38.2 (1.9)	36.7 (4.9)	51.3 (6.7)	
11 and older	24.4 (1.4)	26.1 (2.9)	24.9 (2.1)	21.6 (2.9)	21.4 (4.0)	
Child Gender						NS
Male	49.9 (2.1)	51.1 (3.0)	50.3 (3.1)	43.8 (5.2)	58.3 (6.7)	
Female	50.1 (2.1)	48.9 (3.1)	49.7 (3.1)	56.2 (5.2)	41.7 (6.7)	
Child Maltreatment Type						< .10
Physical Abuse	28.0 (1.6)	23.1 (2.8)	28.7 (2.2)	33.0 (3.8)	28.9 (5.6)	
Sexual Abuse	12.0 (1.6)	8.0 (1.9)	13.0 (2.3)	13.2 (3.4)	17.8 (8.1)	
Neglect: Failure to Provide	20.1 (1.6)	23.7 (2.9)	21.0 (2.3)	12.6 (2.4)	20.9 (7.0)	
Neglect: Failure to Supervise	29.7 (2.0)	36.3 (2.7)	27.2 (2.6)	28.4 (5.6)	24.8 (5.1)	
Other	10.2 (1.4)	9.0 (2.4)	10.2 (2.1)	12.8 (2.8)	7.6 (2.8)	
Maltreatment reports prior to baseline ^a	51.3 (2.0)	50.4 (3.0)	52.4 (2.4)	49.0 (4.3)	53.2 (6.7)	NS
Substantiation status of BL report	25.1 (1.9)	23.3 (2.7)	26.7 (2.9)	26.0 (3.5)	18.3 (4.1)	NS
Child Behavior Checklist						NS
Normal	57.6 (2.3)	56.6 (3.5)	55.6 (3.2)	65.5 (4.8)	54.6 (8.9)	
Borderline	9.2 (1.3)	10.2 (2.1)	10.6 (2.2)	5.3 (2.2)	5.2 (2.3)	
Clinical	33.3 (2.1)	33.2 (3.4)	33.9 (2.8)	29.1 (3.8)	40.1 (8.8)	
Domestic violence (CWW identified)	13.3 (1.1)	12.0 (1.9)	14.8 (2.0)	12.0 (2.2)	10.2 (3.1)	NS
Any domestic violence on CTS (caregiver report)	31.1 (1.6)	29.5 (2.9)	32.7 (2.1)	27.7 (3.2)	35.8 (9.0)	NS
Major depression (reported on CIDI)	23.3 (1.5)	21.6 (2.7)	24.9 (1.9)	19.9 (3.9)	27.9 (6.3)	NS
Mental health problem for primary caregiver (identified by CWW)	14.0 (1.5)	16.6 (2.4)	14.5 (2.2)	7.3 (1.7)	18.5 (4.2)	< .05
Substance abuse by primary caregiver	12.7 (1.2)	12.4 (1.9)	15.4 (1.9)	5.6 (1.4)	14.4 (3.8)	< .001
Poverty						< .001
At/below poverty line	51.0 (1.8)	62.9 (2.9)	40.9 (2.3)	58.3 (3.4)	57.1 (8.1)	
Above poverty line	49.0 (1.8)	37.1 (2.9)	59.1 (2.3)	41.7 (3.4)	42.9 (8.1)	
Employment of parent(s)	76.0 (1.4)	72.7 (2.7)	80.8 (1.4)	71.9 (3.6)	65.9 (6.7)	< .05
Receipt of TANF	15.4 (12.5)	23.3 (3.2)	8.2 (1.5)	22.3 (4.3)	16.3 (6.5)	< .001
Urbanicity						
Urban	75.9 (5.5)	84.1 (6.3)	63.0 (7.7)	96.0 (2.1)	81.0 (5.7)	< .01
Non-urban	24.1 (5.5)	15.9 (6.3)	37.0 (7.7)	4.0 (2.1)	19.0 (5.7)	
County Poverty Level						
Non-poor	44.4 (6.1)	36.4 (7.6)	49.1 (6.4)	41.8 (11.0)	50.9 (9.6)	NS
Poor	55.6 (6.1)	63.6 (7.6)	50.9 (6.4)	58.2 (11.0)	49.1 (9.6)	

^aFor dichotomous variables only the affirmative responses are presented.

*p < .05, **p < .01, ***p < .001

For our second step, we considered the relationships between success of the CWS plan and case characteristics that may be associated with an unsuccessful CWS plan. Although this does not directly inform the relationship between racial and ethnic identity and success of the CWS plan, failure to consider case characteristics that are important contributors to unsuccessful service plans may result in inaccurate estimates. Therefore, we conducted preliminary analysis to determine which variables might be important to control for in the multivariate analyses.

Among children remaining in-home following the baseline investigation, the proportions of children with the stated case characteristic for those who had successful and unsuccessful CWS plans are presented in Table 7.

Case characteristics that were significantly associated with an unsuccessful CWS plan were:

- *Receipt of child welfare services following baseline investigation.* An unsuccessful CWS plan was more likely for children whose families were open to CWS at baseline (40%) than for children whose families were not open to services (27%).
- *Maltreatment reports prior to baseline.* An unsuccessful CWS plan was much more likely when the child had a history of reports prior to the investigated report that lead to study inclusion (45%) than for children without this history (22%).
- *Substantiation of baseline report.* An unsuccessful CWS plan was more likely for children with a substantiated baseline report (41%) than for children with an unsubstantiated baseline report (31%).
- *Mental health problem of caregiver.* An unsuccessful CWS plan was more likely for children whose caregiver had a mental health problem (47%) than for children whose caregiver did not have a mental health problem (32%).
- *Caregiver substance abuse.* An unsuccessful CWS plan was more likely when the system identified a caregiver substance abuse problem (50%) than when no substance abuse problem was identified (32%).
- *Poverty.* An unsuccessful CWS plan was more likely for children living in poverty (37%) than for children living above the federal poverty threshold (30%).

Table 7. Associations Between Success of CWS Plan by 36 months and Case Characteristics to Be Considered for the Multivariate Model

Case Characteristics	CWS plan		p-value χ test
	Unsuccessful % (SE)	Successful % (SE)	
Child In-home Service Setting			< .01
No Services	27.2 (2.3)	72.8 (2.3)	
With Services	40.0 (3.0)	60.0 (3.0)	
Child Age			NS
0 – 2	31.6 (2.9)	68.4 (2.)	
3 – 5	40.4 (3.8)	59.6 (3.8)	
6 – 10	32.0 (3.3)	68.0 (3.3)	
11 and older	31.1 (3.5)	68.9 (3.5)	
Child Gender			NS
Male	34.8 (2.9)	65.2 (2.9)	
Female	32.1 (2.1)	67.9 (2.1)	
Child Maltreatment Type			NS
Physical Abuse	30.2 (2.8)	69.8 (2.8)	
Sexual Abuse	29.8 (4.5)	70.2 (4.5)	
Neglect: Failure to Provide	37.0 (4.1)	63.0 (4.1)	
Neglect: Failure to Supervise	35.8 (3.6)	64.2 (3.6)	
Other	37.0 (5.7)	63.0 (5.7)	
Maltreatment reports prior to baseline			< .001
Yes	44.6 (2.7)	55.4 (2.7)	
No	22.2 (2.4)	77.8 (2.4)	
Substantiation of BL report			< .05
Yes	41.1 (2.5)	58.9 (2.5)	
No	31.3 (2.7)	68.7 (2.7)	
Domestic violence (CWW identified)			NS
Yes	33.4 (4.2)	67.6 (4.2)	
No	33.2 (2.2)	66.9 (2.2)	
Mental health problem for primary caregiver (identified by CWW)			< .01
Yes	47.1 (4.2)	52.9 (4.2)	
No	31.9 (2.2)	68.2 (2.2)	
Substance abuse by primary caregiver			< .001
Yes	49.8 (4.1)	50.2 (4.1)	
No	31.5 (2.3)	68.5 (2.3)	
Poverty			< .05
At/below poverty line	36.7 (2.5)	63.3 (2.5)	
Above poverty line	29.7 (2.8)	70.3 (2.8)	
TANF			< .10
Yes	40.8 (4.8)	59.2 (4.8)	
No	32.0 (2.0)	68.0 (2.0)	
Urbanicity			NS
Urban	34.8 (2.4)	65.2 (2.4)	
Non-urban	29.1 (2.9)	70.9 (2.9)	
County Poverty Level			NS
Non-poor	32.0 (3.1)	68.0 (3.1)	
Poor	34.6 (2.6)	65.4 (2.6)	

*p < .05, **p < .01, ***p < .001

Predictors of an Unsuccessful CWS plan²

What is the association between racial and ethnic identity and success of the CWS plan by 36 months when accounting for other case characteristics among children who remained in-home at baseline?

When controlling for other case characteristics, racial and ethnic identity was not a significant predictor of an unsuccessful CWS plan (see Table 8, Step 1). An unsuccessful CWS plan was more likely, however, when the caregiver had a mental health problem (OR = 7.3) or the family lived in poverty (OR = 1.5). Moreover, an unsuccessful CWS plan was more likely in urban areas than in nonurban areas (OR = 0.6).

Because of their significant contribution to an unsuccessful CWS plan, when prior maltreatment, substantiation of baseline investigation, and receipt of child welfare services following the baseline investigation were added to the model, the earlier results changed somewhat (see Table 8, Step 2). The relationships between success of a CWS plan and caregiver's mental health, poverty and urbanicity of the community weakened (from significantly associated, $p < .05$, to being marginally significant, $p < .10$). When families had a maltreatment report prior to baseline, they were more than twice as likely (OR = 2.4) to have an unsuccessful CWS plan compared to families with no reports prior to baseline.

We did not show the results of the model, which included the interaction terms (race/ethnicity and (a) caregiver's mental health, (b) substance abuse, (c) poverty and (d) employment status, and (e) receipt of TANF), because none of the interactions were significant. That is, we found no difference in the effects of substance abuse, poverty, employment, or receipt of TANF across racial/ethnic groups.

2 Multivariate Model Building Strategy. Case characteristics to be included in the logistic regression analysis were selected based on the significance of their relationships with race/ethnicity (Table 6) or with the success of the CWS plan (Table 7). Although maltreatment reports prior to baseline, substantiation of the baseline investigation, and receipt of child welfare services following the baseline investigation were not significantly related to race/ethnicity, they were associated with the success of the CWS plan in the preliminary analyses and have previously been shown to be important predictors of recurrent maltreatment (e.g., English et al., 1999; Fluke, Yuan, & Edwards, 1999). To determine the contribution of other case characteristics, success of the CWS plan was first modeled excluding these three variables (i.e., maltreatment reports prior to baseline, substantiation of the baseline investigation, and receipt of child welfare services following the baseline investigation) from the analysis (step 1). The identical model with these three variables included was then analyzed (step 2). Finally, a model which examined the interaction effect for race/ethnicity and (a) caregiver's mental health, (b) substance abuse, (c) poverty and (d) employment status, and (e) receipt of TANF was run. These interactions were analyzed given their significant bivariate relationships with race/ethnicity.

Table 8. Logistic Regression Modeling an Unsuccessful CWS plan Within 36 Months for Children Who Remained In-Home at Baseline

Independent Variables	Step 1			Step 2		
	F	OR	CI	F	OR	CI
Model minus intercept (df)	3.5 (12)***	—	—	6.2 (15)***	—	—
Child Age in Years	0.0	1.0	0.9, 1.0	0.3	1.0	0.9, 1.0
Child gender	1.0	—	—	1.1	—	—
Male	—	1.2	0.8, 1.8	—	1.2	0.8, 1.7
Female	Reference Group			Reference Group		
Child Race/ethnicity	1.0	—	—	1.5	—	—
African American	—	0.9	0.6, 1.3	—	0.9	0.6, 1.3
White	Reference Group			Reference Group		
Hispanic	—	1.4	0.9, 2.2	—	1.5	0.9, 2.4
Other	—	—	—	—	1.3	0.5, 3.4
Domestic violence (CWW report) ^a	0.6	0.8	0.5, 1.3	0.8	0.8	0.5, 1.3
Substance abuse (CWW report)	3.4 [^]	1.5	1.0, 2.3	0.8	1.2	0.8, 1.9
Mental health problem (CWW report)	7.3**	1.8	1.2, 2.7	3.1 [^]	1.4	1.0, 2.1
Poverty rate	4.7*	—	—	3.2 [^]	—	—
At/below poverty level	—	1.5	1.0, 2.3	—	1.4	1.0, 2.0
Above poverty level	Reference Group			Reference Group		
Employment	0.1	0.9	0.6, 1.4	0.2	0.9	0.6, 1.4
TANF	0.1	1.1	0.6, 1.8	0.1	1.1	0.6, 1.8
Urbanicity	4.6*	—	—	3.4 [^]	—	—
Urban	Reference Group			Reference Group		
Non-urban	—	0.6	0.4, 0.9	—	0.7	0.5, 1.0
Maltreatment reports prior to baseline	N/A	—	—	18.2***	2.4	1.6, 3.7
Disposition of Baseline Investigation	N/A	—	—	0.2	—	—
Substantiated	—	—	—	—	1.1	0.7, 1.7
Unsubstantiated	—	—	—	Reference Group		
Child In-home Service Setting	N/A	—	—	3.2 [^]	—	—
No Services	—	—	—	Reference Group		
With Services	—	—	—	—	1.5	0.9, 2.4
Pseudo R ²	.04			.08		

^a The reference group is no for dichotomous variables.

[^]p < .10, *p < .05, **p < .01, ***p < .001

N = 2614

Disposition and Outcome of the First Re-report

Next, we considered the disposition of the first re-report investigation. (Because data on disposition and outcome of the re-report were not available for children placed into out-of-home care without a re-report, we excluded those children from these analyses.)

Are there racial/ethnic differences in the disposition and outcomes of investigations of the first maltreatment re-report among children who remained in their initial in-home placement?

Of all children who had a re-report, 29.4 percent had that re-report substantiated (Table 9). We found no significant differences by racial and ethnic identity, indicating that the proportion of children whose re-report was substantiated was similar across races (e.g., 29.4 percent of African American children and 28.3 percent of white children had their first re-report substantiated).

Table 9. Disposition of the First Re-report Investigation		
Race/ethnicity	Substantiated	Unsubstantiated
African American (non-Hispanic)	29.4 (8.7)	70.6 (8.7)
White (non-Hispanic)	28.3 (4.8)	71.7 (4.8)
Hispanic	32.2 (6.4)	67.8 (6.4)
Other	25.0 (9.9)	75.0 (9.9)
Total	29.2 (3.5)	70.8 (3.5)

Note: Those children placed into out-of-home care without a new report were excluded from this analysis.

As shown in Table 10, the case was closed following more than half (59.7%) of the first re-reports. Although the frequency of out-of-home placement was less for Hispanic children (8.8%) and children of other race/ethnicities (8.4%) than for African American children (18.1%) and white children (14.6%), the relationship between racial and ethnic identity and case outcome was not significant.

Table 10. Association Between Racial and Ethnic Identity and Outcome of the First Re-report Investigation			
Race/ethnicity	Closed	In-home CWS	Out-of-home placement
African American (non-Hispanic)	54.1 (8.7)	27.8 (6.4)	18.1 (6.7)
White (non-Hispanic)	57.2 (5.8)	28.3 (4.2)	14.6 (3.2)
Hispanic	68.5 (8.1)	22.8 (7.0)	8.8 (4.5)
Other	65.2 (7.4)	26.4 (7.2)	8.4 (3.6)
Total	59.7 (4.1)	27.7 (2.9)	13.6 (2.3)

CWS=child welfare services

Note: Those children placed into out-of-home care without a new report were excluded from this analysis.

Summary of Racial and Ethnic Identity and Unsuccessful CWS Plan Among Children Who Remained In-Home at Baseline

- Among children who remained in-home at baseline, African American children are overrepresented among children investigated for child maltreatment, having that maltreatment report substantiated, and experiencing an unsuccessful CWS plan.
- One-third of the children in the study experience an unsuccessful CWS plan over 36 months. The rates of unsuccessful CWS plans are similar for children of all race/ethnicities, however.
- A smaller proportion of white children among the child welfare population live below the poverty line than children of any other race or ethnicity.
- The rate of caregiver substance abuse and mental health problems is lower for Hispanics than for African Americans or whites.
- Among this national probability sample of children remaining in-home following a maltreatment investigation, racial and ethnic identity is not associated with the outcome of the re-report.
- Although determining how substantiation of the baseline report results in an unsuccessful CWS plan is beyond the scope of this study, these findings do suggest that a substantiated maltreatment report at baseline serves a different function for African American and Hispanic children than for white children. While substantiation increases the likelihood of an unsuccessful CWS plan for white children, rates of unsuccessful CWS plans for African American children were similar regardless of whether the baseline report was substantiated.
- Regardless of racial and ethnic identity, prior child welfare involvement is most strongly associated with an unsuccessful CWS plan (re-report or subsequent placement into out-of-home care).

Study Aim 2: Racial And Ethnic Identity And Subsequent Out-of-home Placement

Are there racial/ethnic differences in the relationship between substantiation and later placement into out-of-home care for children who remained in-home following the baseline maltreatment investigation?

When we include all children, regardless of whether there was a re-report, 13.0 percent of children who remained in-home at baseline had a subsequent out-of-home placement (Table 11a). While the association between racial and ethnic identity and out-of-home placement for children who remained in home at baseline was not significant, another important association was found. For some races/ethnicities, substantiation of the baseline report was associated with a subsequent placement into out-of-home care for children who initially remained in the home. While placement, on an overall basis, was more likely for children with a substantiated baseline investigation (21.5%) than for children whose baseline investigation was unsubstantiated (10.1%), substantiation of the baseline report only had a significant relationship with placement into out-of-home care for white children and children classified in the “other” category who initially remained in-home. Substantiation status was not related to subsequent out-of-home placement for African American or Hispanic children who initially remained in-home.

Race/ethnicity	OOH % (SE)		
	Total	Substantiated BL report	Unsubstantiated BL Report
African American (non-Hispanic)	16.7 (2.8)	22.1 (3.8)	15.1 (3.3)
White (non-Hispanic)^a	12.1 (1.6)	23.6 (4.1)	7.9 (1.4)
Hispanic	10.3 (2.7)	12.4 (3.6)	9.6 (3.3)
Other^b	11.2 (2.4)	33.2 (7.5)	6.3 (1.8)
Total^c	13.0 (1.1)	21.5 (2.4)	10.1 (1.3)

^a ($\chi^2 = 12.6, p < .001$)

^b ($\chi^2 = 12.2, p < .001$)

^c ($\chi^2 = 19.4, p < .001$)

Are African American and Hispanic children overrepresented in the proportion of children who have subsequent placement into out-of-home care?

Here, the study found racial/ethnic disproportions (Table 11b). Of children who started in-home and were placed into out-of-home care, 35.4 percent were African American, 43.9 percent were white, 15.0 percent were Hispanic, and 5.7 percent were classified as being of other races/ethnicities. When compared to the Kids Count numbers, African American children were overrepresented and white children were underrepresented. Furthermore, when compared to the distribution of children who remained in-home following the baseline maltreatment investigation, African American children were later disproportionately placed into out-of-home care—35.4 percent of African American children were placed into care compared to the in-home sample distribution of 27.2 percent.

Table 11b. Racial/Ethnic Disproportionality: The Association Between Racial and Ethnic Identity and Out-of-Home Placement for Children Who Remained In-Home at Baseline (Column Percentage)

Race/Ethnicity	Out-of-Home Placement ^a % (SE)	Kids Count: % of the Population ^b	In-Home Sample Distribution
African American (non-Hispanic)	35.4 (5.2)	15.0	27.2
White (non-Hispanic)	43.9 (5.2)	59.0	48.3
Hispanic	15.0 (3.2)	19.0	18.0
Other	5.7 (1.2)	7.0	6.5
Total	100.0	100.0	100.0

^a Unweighted n = 3894 (6 missing on race/ethnicity)

^b Based on children 0-18 years old, 2004; In Kids Count, 2% are of mixed race/ethnicities. These have been included in the “other” category; in NSCAW, however, these children may be included in the African American or Hispanic category. Source: www.aecf.org/kidscount/

What is the association between racial and ethnic identity and placement into out-of-home care at 36 months for children who remained in-home at baseline when accounting for other case characteristics?

When controlling for other case characteristics, racial and ethnic identity was not a significant contributor for placement into out-of-home care among children who remained in-home following the baseline investigation (Table 12). Only having a maltreatment report prior to baseline (OR = 2.9) was significantly associated with out-of-home placement. A second model was run which included the interactions between race/ethnicity and (a) substance abuse, and (b) caregiver mental health issues. The interactions were not significant; consequently, the results are not presented here.

Table 12. Logistic Regression Modeling Out-of-Home Placement Within 36 Months for Children Who Remained In-Home at Baseline

Independent Variables	F	OR	CI
Model minus intercept (df)	3.2 (15)***		
Child Age in Years	1.1	1.0	0.9, 1.0
Child gender	0.7		
Male	—	1.2	0.8, 1.9
Female	Reference Group		
Child Race/ethnicity	0.5	—	—
African American	—	1.3	0.7, 2.5
White	Reference Group		
Hispanic	—	0.8	0.3, 1.7
Other	—	0.8	0.4, 1.7
Domestic violence (CWW report) ^a	0.1	0.9	0.5, 1.8
Substance abuse (CWW report)	1.3	1.4	0.8, 2.5
Mental health problem (CWW report)	0.2	1.1	0.7, 1.9
Poverty rate	1.8	—	—
At/below poverty level	—	1.5	0.8, 2.6
Above poverty level	Reference Group		
Employment	0.2	0.9	0.5, 1.5
TANF	0.1	0.9	0.5, 1.7
Urbanicity	1.5	—	—
Urban	Reference Group		
Non-urban	—	0.7	0.4, 1.3
Maltreatment reports prior to baseline	17.1***	2.9	1.7, 4.7
Disposition of Baseline Investigation	2.1	—	—
Substantiated	—	1.4	0.9, 2.3
Unsubstantiated	Reference Group		
Child In-home Service Setting	3.3 [^]	—	—
No Services	Reference Group		
With Services	—	1.6	1.0, 2.8

N = 2614; Pseudo R² = .05

^a The reference group is no for dichotomous variables.

[^]p < .10, *p < .05, **p < .01, ***p < .001

Summary of Racial and Ethnic Identity and Subsequent Placement into Out-of-home Care

- Among children remaining in-home following the baseline investigation, African American children are overrepresented among those who have a later placement into out-of-home care, while white children are underrepresented.
- Among children remaining in-home following the baseline investigation, subsequent out-of-home placement is associated with substantiation of the baseline report for white children, but not for African American and Hispanic children.
- Regardless of racial and ethnic identity, later placement into out-of-home care is more likely for children and families with CWS involvement prior to and subsequent to the baseline investigation.

Study Aim 3: Racial And Ethnic Identity And Caregiver Self-reported Maltreatment

In addition to re-reports, this study examined a second measure of recurrent maltreatment among children remaining in-home at baseline: caregiver self-report of severely violent and neglectful parenting practices. First, the baseline estimates of caregiver reported maltreatment were determined, followed by the examination of caregiver self-report of the use of severe violence and neglect between baseline and at 36 months.

What proportion of caregivers self-report maltreatment at baseline, among caregivers of children remaining in-home at baseline? Are there racial and ethnic differences?

Overall, 11.1 percent of caregivers reported using severe violence toward their child (Table 13). Significantly more caregivers of African American children reported severe violence (18.1%) compared to caregivers of white children (5.6%). While 39.0 percent of all caregivers reported neglectful parenting, no differences were found when testing for differences across race/ethnicities.

Table 13. The Association Between Racial and Ethnic Identity and Caregiver Self-Report of Maltreatment on Conflict Tactics Scale--Parent to Child Version at Baseline						
Maltreatment measured on CTS--PC	Total	Race/ethnicity				p-value (χ^2 test)
		African American % (SE)	White % (SE)	Hispanic % (SE)	Other% (SE)	
Severe violence (n = 3149)	11.1 (1.2)	18.1 (2.3)	5.6 (1.0)	15.7 (4.9)	10.6 (3.3)	< .001
Neglect (n = 3150)	39.0 (1.7)	43.2 (3.6)	35.0 (2.4)	40.9 (4.5)	45.6 (7.0)	NS

Note: Only the affirmative responses are shown on this table.

Next, we analyzed caregiver self-reports of severe violence and neglect between baseline and 36 months. We included a third category (unknown) in this analysis, because, if the child was placed into out-of-home care during this time period, caregiver interviews were not completed with the permanent caregiver.

Rates of “unknown” responses are similar across races/ethnicities (Table 14).The proportion of caregivers of African American children who self-reported using severe violence between baseline and 36 months (18.9%) was more than double that of caregivers of white children (9%), however. The proportion of caregivers of Hispanic children who reported using severe violence was also high (14.9%). It must be noted here that caregivers may be reluctant to divulge information about their parenting practices (Knight et al., 2000), so parental self-report of their behaviors could result in lower bound estimates of the actual behavior (Straus, Gelles, Steinmetz, 1980). Although NSCAW took steps to increase the disclosure of sensitive topics through the use of an audio computer-assisted self-interview (ACASI), severe violence and neglect may be underreported by caregivers.

Table 14. The Association Between Caregiver Self-Report of Maltreatment on the Conflict Tactics Scale--Parent to Child Version over 36 Months and Racial and Ethnic Identity

Maltreatment measured on CTS--PC	Total	Race/ethnicity				p-value (χ^2 test)
		African American % (SE)	White % (SE)	Hispanic % (SE)	Other % (SE)	
Severe violence (n = 3149)						< .001
Yes	12.6 (1.3)	18.9 (2.3)	9.0 (1.5)	14.9 (3.6)	6.7 (2.4)	—
No	67.4 (1.5)	59.2 (2.9)	71.0 (1.9)	68.4 (4.1)	72.1 (4.9)	—
Unknown	20.0 (1.1)	21.8 (1.9)	20.0 (1.9)	16.7 (2.5)	21.2 (4.6)	—
Neglect (n = 3894)						< .10
Yes	38.9 (1.9)	43.9 (3.3)	35.8 (2.6)	36.7 (4.8)	47.3 (6.7)	—
No	44.4 (1.8)	37.6 (3.5)	47.5 (2.3)	48.6 (5.0)	38.0 (7.5)	—
Unknown	16.7 (1.0)	18.5 (2.1)	16.7 (1.6)	14.8 (2.2)	14.7 (4.3)	—

Does variation in parenting behaviors by racial and ethnic identity remain after controlling for other case characteristics among caregivers of children remaining in-home at baseline?

When we control for other case characteristics, we find that racial and ethnic identity was significantly associated with use of severely violent parenting behaviors between baseline and 36 months (Table 15). Caregivers of African American children were over twice as likely (OR = 2.3) to report using severe violence toward their child in the 36 months following the baseline maltreatment investigation. The caregiver having a mental health problem was associated with twice the odds of using severe violence (OR = 2.2). In addition, caregiver self-report of severe violence at 36-months was only half as frequent (OR = 0.5) in nonurban communities compared with urban communities. Unexpectedly, the identification of physical abuse as the most serious maltreatment type associated with the baseline maltreatment investigation was not related to later caregiver use of severe violence between baseline and 36 months.

Table 15. Logistic Regression Modeling Caregiver Self-Report of Severe Violence or Neglect Within 36 Months for Children Who Remained In-Home at Baseline

Independent Variables	Severe Violence			Neglect		
	F	OR	CI	F	OR	CI
Model minus intercept (df)	4.7 (14)***	—	—	9.6(13)***	—	—
Child Age in Years	3.1^	1.1	1.0, 1.1	64.3***	1.2	1.1, 1.2
Child gender	2.5	—	—	0.5	—	—
Male	—	1.6	0.9, 2.8	—	0.9	0.6, 1.3
Female	Reference Group			Reference Group		
Child Race/ethnicity	4.4**	—	—	1.1	—	—
African American ^a	—	2.3	1.2, 4.4	—	1.3	0.9, 2.1
White	Reference Group			Reference Group		
Hispanic	—	2.0	0.7, 6.0	—	1.0	0.6, 1.7
Other	—	0.6	0.2, 1.8	—	1.7	0.8, 3.6
Child In-home Service Setting	0.3	1.2	0.7, 1.9	0.4	—	—
No Services	Reference Group			Reference Group		
With Services	—	—	—	...	1.1	0.8, 1.6
Physical abuse at baseline ^a	0.6	1.3	0.7, 2.8	NA	—	—
Neglect (FTP or FTS) at baseline	NA	—	—	4.5*	1.4	1.0, 2.0
Maltreatment reports prior to baseline	1.2	0.7	0.4, 1.4	0.1	1.1	0.7, 1.6
CBCL Score	2.0	1.0	1.0, 1.0	NA	—	—
Domestic violence (CWW report)	0.7	1.4	0.7, 2.9	0.2	1.1	0.7, 1.9
Substance abuse (CWW report)	2.3	1.9	0.8, 4.5	1.1	1.3	0.8, 2.2
Mental health problem (CWW report)	4.9*	2.2	1.1, 4.3	3.9^	1.5	1.0, 2.1
Poverty rate	0.2	—	—	0.0	—	—
At/below Poverty Level	—	1.2	0.6, 2.3	—	1.0	0.7, 1.5
Above Poverty Level	Reference Group			Reference Group		
Urbanicity	5.5*	—	—	3.5^	—	—
Urban	Reference Group			Reference Group		
Non-urban	—	0.5	0.3, 0.9	—	0.7	0.5, 1.0

^a The reference group is no for dichotomous variables. An affirmative response on physical abuse at baseline indicates that physical abuse was identified as the most serious maltreatment type of the baseline maltreatment report.

^p < .10, *p < .05, **p < .01, ***p < .001

Severe violence: n = 1443, pseudo R2 = .06

Neglect: n = 2111, pseudo R2 = .11. Note, that also ran model with race/ethnicity interactions (substance abuse and mental health) but neither of the interactions were significant.

Are there racial/ethnic differences in the rates of unsuccessful CWS plans among children who remained in-home at baseline and whose parents self-reported maltreatment?

The relationship between the success of CWS plans and caregiver self-report of severe violence varied by racial and ethnic identity (Table 16). The proportion of children with an unsuccessful CWS plan was fairly similar for African American children with and without caregiver-reported physical abuse (25.7% vs. 24.4%; see highlighted cells). An unsuccessful CWS plan was somewhat more likely for white children with caregiver self-reported physical abuse (34.6%) than for white children without caregiver-reported physical abuse (26.3%). Just over half (50.3%) of Hispanic children whose caregivers reported physical abuse had an unsuccessful CWS plan, compared to 34.3% of Hispanic children whose caregivers did not report physical abuse.

The inclusion of the unknown category complicates the interpretation of the significant chi-square tests. For each race and ethnic group, a substantially higher proportion of children with unknown data about caregiver self-reported severe violence had an unsuccessful CWS plan. For 56.4 percent of children with a subsequent out-of-home placement, caregiver self-report of severe violence is unknown (not shown in table). However, because of its relationship to out-of-home placement—an important component of the unsuccessful CWS plan measure—exclusion of this category would have resulted in inaccurate estimates.

Table 16. The Association between Racial and Ethnic Identity and Unreported Physical Abuse at 36 Months (Row Percentage) for Children Who Remained In-Home at Baseline						
Race/ethnicity	Caregiver Self-Reported Physical Abuse					
	Yes		No		Unknown	
	Unsuccessful CWS plan % (SE)	Successful CWS plan % (SE)	Unsuccessful CWS plan % (SE)	Successful CWS plan % (SE)	Unsuccessful CWS plan % (SE)	Successful CWS plan % (SE)
African American (n = 1191)^a	25.7 (7.3)	74.3 (7.3)	24.4 (4.2)	75.6 (4.2)	62.4 (5.6)	37.6 (5.6)
White (n = 1766)^b	34.6 (5.6)	65.4 (5.9)	26.3 (2.2)	73.7 (2.20)	45.1 (5.6)	54.9 (5.6)
Hispanic (n = 676)^c	50.3 (12.7)	49.7 (12.7)	34.3 (5.2)	65.7 (5.2)	51.3 (8.4)	48.7 (8.4)
Other (n = 260)^d	43.4 (17.3)	56.6 (17.3)	27.7 (7.5)	72.3 (7.5)	74.9 (9.1)	25.1 (9.1)
Total (n = 3893)^e	34.6 (5.3)	65.4 (5.3)	27.4 (2.20)	72.6 (2.2)	53.2 (4.1)	46.8 (4.1)

^a $\chi^2 = 23.4$ $p < .001$

^b $\chi^2 = 11.0$, $p < .01$

^c Non-significant

^c $\chi^2 = 11.1$, $p < .01$

^d $\chi^2 = 36.6$, $p < .001$

Summary of Racial and Ethnic Identity and Caregiver Self-Reported Maltreatment

- Neglectful parenting practices are similar across different race/ethnicities.
- Severe violence is self-reported as a parenting tactic more often among caregivers of African American children than caregivers of other race/ethnicities at both baseline and 36 months.
- When controlling for other case characteristics, caregivers of African American children are more than twice as likely to use severe violence toward their children between baseline and 36 months compared to caregivers of white children. As discussed above, it is possible that white caregivers underreported their use of severe violence toward their children.
- A higher proportion of Hispanic children and white children whose caregivers report using severe violence have an unsuccessful CWS plan compared to African American children.

Implications for Policy and Practice

Findings from this national probability study confirm that African American children are disproportionately overrepresented among the children who are investigated for child maltreatment—even among children who remained at home following the investigation. This study goes further, however, in helping to clarify whether some of the subsequent events are related to racial and ethnic identity or other factors.

Racial and ethnic identity, in and of itself, is not significantly related to the success or failure of the CWS plan following a maltreatment investigation for children who remained in-home at baseline. Rates of unsuccessful CWS plans are similar across racial/ethnic groups. Furthermore, the interactions between racial and ethnic identity, poverty, substance abuse, and caregiver mental health problems were not associated with the success of a CWS plan. This suggests that the case dynamics that cause the failure of a service plan are not substantially dependent on the racial or ethnic identity of the child and family. Experiencing an unsuccessful CWS plan is, however, associated with case characteristics (e.g., parental mental health problems, living in poverty, living in urban areas, and a history of maltreatment reports) that are, largely, common across racial/ethnic groups. Thus, the failure of a CWS plan for an African American child, resulting in a greater likelihood of placement into foster care, appears to be explained, in part, by the family's disproportionately higher involvement with such family stressors as mental health problems, poverty, and living in urban areas, rather than the family's race. Conversely, although African American caregivers have higher levels of involvement with substance abuse, TANF, and lower employment, these factors did not predict an unsuccessful CWS plan.

We do note that there are some study limitations. The subsample of African American children who remain in-home following the initial investigation may not be representative of all African American children undergoing maltreatment investigations, because African American children are disproportionately placed into out-of-home care. An additional limitation is that some families may have had multiple reports prior to the index investigation. For many families, the investigation leading to inclusion in NSCAW is their first maltreatment report; for others it may be their second, fifth, or tenth.

Despite these potential limitations, this study demonstrates that at a national level disproportional placement into out-of-home care not only occurs at the time of the index investigation, but following subsequent maltreatment investigations as well. African American children who initially remained in home are also disproportionately placed into out-of-home care at later time points. This is in contrast to the finding that the racial/ethnic distribution of children with an unsuccessful CWS plan is similar for all children. Although the pattern of re-reporting of children is similar across all races and ethnicities; placement patterns differ. The proportion of children having an out-of-home placement is similar to the in-home sample distributions for both white and Hispanic children; however, a higher proportion of African American children whose initial placement is in-home are later placed into out-of-home care. Efforts are needed to better identify the factors contributing to placement of African American children and to develop and implement child welfare policies and practices that seek to overcome this disproportionality.

The fact that substantiation serves a different role for African American and white children warrants further exploration. Scholars have demonstrated that substantiation of a particular report is often not a good indicator of the seriousness of the report or the likelihood of continued and serious problems in parenting (Drake, Jonson-Reid, Way & Chung, 2002; English, Marshall, Coghlan, Brummel, & Orme, 2002). Although overall substantiation is not strongly related to an increased likelihood of a re-report (Kohl & Barth, 2005), this earlier analysis did not consider racial/ethnic differences. The findings of this study suggest the presence of racial/ethnic variation in the relationship between substantiation and an unsuccessful CWS plan. Substantiation may be one potential indicator of an increased likelihood for continued parenting problems among caregivers of white children, but not among caregivers of children of color.

Another potential limitation is the data's inability to establish the extent to which white or Hispanic parents underreported the use of severe violence. The data also could not verify the extent to which African American parents self-describe their parenting as more severe than that of parents of other racial/ethnic groups. Among community-based samples, the use of physical discipline including severe violence is more common among African American families (see, e.g., Deater-Deckard et al., 1996; Straus & Gelles, 1999; Straus et al., 1998). Findings from this study have shown this to be true among the child welfare population as well, a population that is arguably more vulnerable than community-based samples.

That the use of severe violence continues for a substantial group of caregivers of African American children following a maltreatment investigation is indeed cause for concern; it does not, however, appear to place them at greater risk for an unsuccessful CWS plan. Severe violence as a parenting tactic is not related to the failure of the CWS plan for African American children. In contrast, the continued use of severe violence by caregivers is associated with higher rates of unsuccessful CWS plans for white and Hispanic children.

Although the focus of this study is on safety-related outcomes, the work of others related to parenting behaviors and child behavioral outcomes may inform this discussion. Deater-Deckard et al. (1996) and Lansford et al. (2004) have shown racial differences in youth behavioral outcomes following physical discipline, with fewer problems evident among African American youth. They posit that physical discipline is culturally normative behavior in the African American community and is perceived differently by African American youth compared to white youth, subsequently resulting in differential outcomes. The sense that physical discipline is normative among some race/ethnicities may explain some of the different responses to the use of physical discipline as a parenting tactic—even when severe violence is involved. The context in which physical discipline may occur in child welfare-involved families (e.g., chaotic home environment, substance abuse, mental illness, or domestic violence) is likely different than that of community-based families (i.e., families not involved with the child welfare system); therefore, youth outcomes may be quite different among the child welfare population.

Parenting interventions that address the use of physical discipline and potential abuse are needed for all families, regardless of their racial and ethnic identity and regardless of the maltreatment type identified as most serious at the time of the baseline investigation. These findings also show that a maltreatment report of physical abuse is not associated with later use of severe violence—some caregivers use severe violence, regardless of the maltreatment type which initially brought them to the attention of the child welfare system.

One final point: culturally competent evidence-based parenting practices are needed to specifically target parents whose children remain in the home, which includes the vast majority of families investigated for child maltreatment. Parenting interventions shown to be effective among the general population, clinical samples, or substitute care providers (e.g., foster parents) can be adapted for this important subpopulation of child welfare.

References

- Dalaker, J. & U.S. Census Bureau (2001). "Current population reports, Series P60-214." *Poverty in the United States: 2000*.
- Deater-Deckard, K., Dodge, K. A., Bates, J. E., & Pettit, G. S. (1996). Physical discipline among African American and European American mothers: Links to externalizing behaviors. *Developmental Psychology, 32*, 1065-1072.
- Derezotes, D. M. & Poertner, J. (2005). Factors contributing to the overrepresentation of African American children in the child welfare system. 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. 1-23. Washington DC: CWLA Press.
- Dowd, K., Kinsey, S., Wheelless, S., Thissen, R., Richardson, J., Suresh, R. et al. (2002). *National Survey of Child and Adolescent Well-Being (NSCAW): Combined waves 1-3 data file user's manual restricted release version*. National Data Archive on Child Abuse and Neglect: Ithaca, NY.
- Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2002). *Child maltreatment recurrence: Comparing substantiated and unsubstantiated cases at the child, family and perpetrator levels*. St. Louis, MO: Washington University.
- Eckenrode, J., Powers, J., Doris, J., Munsch, J. & Bolger, Niall (1988). Substantiation of child abuse and neglect reports. *Journal of Consulting and Clinical Psychology, 56*, 9-16.
- English, D. J., Marshall, D. B., Brummel, S., & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington state. *Child Maltreatment, 4*, 297-307.
- English, D. J., Marshall, D. B., Coghlan, L., Brummel, S., & Orme, M. (2002). Causes and consequences of the substantiation decision in Washington State Child Protective Services. *Children & Youth Services Review, 24*, 817-851.
- Fluke, J. D., Yuan, Y. Y., & Edwards, M. (1999). Recurrence of maltreatment: An application of the National Child Abuse and Neglect Data System (NCANDS). *Child Abuse & Neglect, 23*, 633-650.
- Herrenkohl, R. C., Herrenkohl, E. C., Egolf, B. & Seech, M. (1979). The repetition of child abuse: How frequently does it occur? *Child Abuse & Neglect, 3*, 67-72.
- Jonson-Reid, M., Drake, B., Chung, S., & Way, I. (2003). Cross-type recidivism among child maltreatment victims and perpetrators. *Child Abuse & Neglect, 27*, 899-917.
- Knight, E. D., Runyan, D. K., Dubowitz, H., Brandfor, C., Kotch, J., Litrownik, A. et al. (2000). Methodological and ethical challenges associated with child self-report of maltreatment: Solutions implemented by the LongSCAN Consortium. *Journal of Interpersonal Violence, 15*, 760-775.
- Kohl, P. L. & Barth, R. P. (2005, July). Child maltreatment recurrence among children remaining in-home: Re-reports, caregiver and youth self-report, and underreporting. Paper presented at the Child Protection Conference: Using Research to Improve Policy and Practice. Washington, DC.
- Lansford, J. E., Deater-Deckard, K., Dodge, K. A., Bates, J. E., & Pettit, G. S. (2004). Ethnic differences in the link between physical discipline and later adolescent externalizing behaviors. *Journal of Child Psychology and Psychiatry, 45*, 801-812.
- Lau, A. S., Litrownik, A. J., Newron, R. R., Black, M. M., & Everson, M. D. (2006). Factors affecting the link between physical discipline and child externalizing problems in Black and White families. *Journal of Community Psychology, 34*, 89-103.

- Levy, H. B., Markovic, J., Chaudhry, U., Ahart, S., & Torres, H. (1995). Reabuse rates in a sample of children followed for 5 years after discharge from a child abuse inpatient assessment program. *Child Abuse & Neglect, 19*, 1363-1377.
- Lipien, L. & Forthofer, M. S. (2004). An event history analysis of recurrent child maltreatment reports in Florida. *Child Abuse & Neglect, 28*, 947-966.
- Morton, T. D. (1999). The increasing colorization of American's child welfare system: The overrepresentation of African-American children. *Policy & Practice, 23-30*.
- NSCAW Research Group (2002). Methodological lessons from the National Survey of Child and Adolescent Well-Being: The first three years of the USA's first national probability study of children and families investigated for abuse and neglect. *Children and Youth Services Review, 24*, 513-541.
- Rolock, N. & Testa, M. F. (2005). Indicated child abuse and neglect reports: Is the investigation process racially biased? 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. 119-130. Washington DC: CWLA Press.
- Sedlak, A. J. & Broadhurst, D. D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington DC: US Government Printing Office.
- Sedlak, A. J. & Schultz, D. (2005a). Racial differences in CPS Investigation of Abused and Neglected Children. 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. 97-117. Washington DC: CWLA Press.
- Sedlak, A. J. & Schultz, D. (2005b). Race differences in risk of maltreatment in the general child population. 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. 47-61. Washington DC: CWLA Press.
- Straus, M. A., & Gelles, R. (Eds). (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction Publishers.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American Family*. Garden City, NY: Anchor Books.
- 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.
- Theodore, A. D., Chang, J. J., Runyan, D. K., Hunter, W. M., Bangdiwala, S. I., & Agans, R. (2005). [Electronic version] Epidemiologic features of the physical and sexual maltreatment of children in the Carolinas. *Pediatrics, 115*, e331-e337.
- U.S. Department of Health and Human Services, Administration on Children, Youth, and Families (2005a). *Child Maltreatment 2003*. Washington DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services, Administration for Children, Youth, and Families (2005b). *National Survey of Child and Adolescent Well-Being: Children Involved with the Child Welfare Services (Baseline Report)*. Washington DC: Author.
- Wolock, I., Sherman, P., Feldman, L. H., & Metzger, B. (2001). Child abuse and neglect referral patterns: A longitudinal study. *Children and Youth Services Review, 23*, 21-47.

Casey-CSSP Alliance for Racial Equity in Child Welfare



CSSP is a nonprofit public policy organization that develops and promotes policies and practices that support and strengthen families and help communities to produce equal opportunities and better futures for all children. We work in partnership with federal, state and local government, and communities and neighborhoods—from politicians who can craft legislation, state administrators who can set and implement policy and practice, and networks of peers, community leaders, parents and youth to find workable solutions to complex problems.



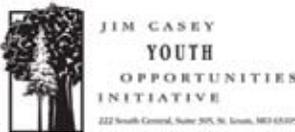
Casey Family Programs is the largest national foundation whose sole mission is to provide and improve—and ultimately prevent the need for—foster care. The foundation draws on its 40 years of experience and expert research and analysis to improve the lives of children and youth in foster care in two important ways: by providing direct services and support to foster families and promoting improvements in child welfare practice and policy. The Seattle-based foundation was established in 1966 by UPS founder Jim Casey and currently has an endowment of \$2 billion.

www.casey.org



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

www.caseygrants.org



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

www.jimcaseyouth.org



The Annie E. Casey Foundation

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

www.aecf.org



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

www.caseyfamilyservices.org