



Racial Disproportionality and Disparity in Child Welfare

The child welfare community has moved from acknowledging the problem of racial and ethnic disproportionality and disparity in the child welfare system to formulating and implementing possible solutions. As jurisdictions and agencies evaluate their systems to identify where and how disproportionality and disparity are occurring, they are seeking changes that show promise for their own populations.

This issue brief explores the prevalence of racial disproportionality and disparity in the child welfare system. It also describes strategies that can assist child welfare administrators, program managers, and policymakers with addressing these issues in general and at specific decision points in the child welfare process (e.g., prevention, reporting, investigation, service provision, out-of-home care, permanency). Examples of State and local initiatives that address disproportionality also are highlighted.

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It is important to note that the research on racial disproportionality and disparities and the theories for why they exist are, at times, conflicting. Part of this may be due to demographic, practice, policy, and other differences at the national, State, and local levels and the fact that this is an exceptionally complex issue. This brief serves as an overview of the literature on this topic, but not every finding or practice described may be applicable to each community or agency. Each community and agency should review its own data, practices, policies, and other factors to determine the best path to address any disproportionality and disparities.

Prevalence

A significant amount of research has documented the overrepresentation of certain racial and ethnic populations—including African-Americans and Native Americans¹—in the child welfare system when compared with their representation in the general population (e.g., Summers, 2015; Wells, 2011; Derezotes, Poertner, & Testa, 2004). Additionally, numerous studies have shown that racial disparities occur at various, decision points in the child welfare continuum (e.g., Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013; Font, 2013; Detlaff et al., 2011). Although disproportionality and disparity exist throughout the United States, the extent and the populations affected vary significantly across States and localities.

Terminology

Disproportionality: The underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population

Disparity: The unequal outcomes of one racial or ethnic group as compared to outcomes for another racial/ethnic group

Families/children of color: Families or children other than those who are non-Hispanic, White-only (e.g., Black, Hispanic, Native American)

Table 1, which provides 2014 statistics from the U.S. Census Bureau and the U.S. Department of Health and Human Services, illustrates one way to view the extent to which disproportionality exists among populations. It provides a racial disproportionality index (RDI) that compares the percentage of children by race in the general population to their percentage at various points in the child welfare continuum. An RDI of 1.0 means a group is represented proportionately to its representation in the general population. An RDI higher than 1.0 indicates the group is overrepresented, and an RDI lower than 1.0 indicates the group is underrepresented. For example, an RDI of 2.0 means the group is represented twice its rate in the general population.

¹ When describing the work of other researchers and organizations, this brief, where practicable, uses the terms for racial and ethnic populations used in the original sources. For example, the brief uses both Native American and American Indian (both of which are inclusive of Alaska Natives), as well as Black and African-American, depending on the usage in the original source.

Table 1. Disproportionality Compared to Total Population, 2014*

Race (Non-Hispanic)/ Ethnicity	% of Total Child Population	% of Children Identified by CPS as Victims	RDI	% of Children in Foster Care	RDI	% of Children Entering Foster Care	RDI	% of Children Exiting Foster Care	RDI	% of Children Waiting to Be Adopted	RDI	% of Children Adopted With Public Agency Involvement	RDI
American Indian/ Alaska Native	0.9%	1.3%	1.5	2.4%	2.8	2.3%	2.7	2.1%	2.4	1.9%	2.2	1.5%	1.7
Asian	4.8%	0.9%	0.2	0.5%	0.1	0.6%	0.1	0.7%	0.1	0.4%	0.1	0.4%	0.1
Black or African-American	13.8%	22.6%	1.6	24.3%	1.8	22.4%	1.6	23.2%	1.7	23.1%	1.7	19.4%	1.4
Native Hawaiian/ Other Pacific Islander	0.2%	0.2%	1.0	0.2%	0.9	0.2%	1.1	0.2%	1.2	0.1%	0.6	0.2%	0.9
Hispanic (of Any Race)	24.4%	24.0%	1.0	22.5%	0.9	21.9%	0.9	21.8%	0.9	23.6%	1.0	22.1%	0.9
White	51.9%	46.4%	0.9	43.4%	0.8	46.1%	0.9	45.6%	0.9	43.2%	0.8	48.5%	0.9
Two or More Races	4.1%	4.7%	1.1	6.8%	1.7	6.4%	1.6	6.5%	1.6	7.7%	1.9	8.0%	2.0

*Each RDI cell is associated with the percentage cell to its left.

Sources: Total child population data were obtained from the U.S. Census Bureau (www.census.gov/popest). Victimization data were obtained from the U.S. Department of Health and Human Services (HHS) via *Child Maltreatment 2014* (<http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2014>). Other data were obtained from the HHS AFCARS Report #22 (<http://www.acf.hhs.gov/programs/cb/resource/afcars-report-22>).

Note: The HHS datasets used in this table have a category for Unknown/Unable to Determine, but the U.S. Census Bureau dataset does not. Based on the assumption that the number of children in that category would be evenly distributed among the other race/ethnicity categories, the number of Unknown/Unable to Determine children was removed from the total number of children in each child welfare category when calculating the percentages and rates for each racial/ethnic population. Due to this calculation, the percentages for each racial/ethnic population may not match the percentages provided in the original sources. Additionally, all races exclude children of Hispanic origin, and children of Hispanic ethnicity may be any race.

The RDI for African-American children in foster care decreased from 2.5 in 2000 to 1.8 in 2014 (Summers, 2015). Although this is a promising trend, it still indicates that African-American children are represented in foster care 1.8 times their rate in the general population. The RDI for American Indian/Alaska Native children, however, increased from 1.5 in 2000 to 2.7 in 2014.

Another method for measuring disproportionality is by comparing a particular racial or ethnic population's representation in the child welfare system to its representation at the prior decision point. For example, rather than comparing a particular race's proportion of children adopted with its proportion of the total population (as in table 1), this method compares the particular race's proportion of children adopted with the proportion of children of that race waiting to be adopted (i.e., a prior decision point). Table 2 provides 2014 data about how populations are represented along the following decision path: victimization, entering foster care, waiting to be adopted, and adopted with public agency involvement.

Table 2. Disproportionality Compared to Prior Decision Point, 2014*

Race (Non-Hispanic) / Ethnicity	% of Total Child Population	% of Children Identified by CPS as Victims	Disp. Rate	% of Children in Foster Care	Disp. Rate	% of Children Entering Foster Care	Disp. Rate	% of Children Exiting Foster Care	Disp. Rate	% of Children Waiting to Be Adopted	Disp. Rate	% of Children Adopted With Public Agency Involvement	Disp. Rate
American Indian/ Alaska Native	0.9%	1.3%	1.5	2.4%	1.8	2.3%	1.0	2.1%	0.9	1.9%	0.9	1.5%	0.8
Asian	4.8%	0.9%	0.2	0.5%	0.6	0.6%	1.2	0.7%	1.0	0.4%	0.6	0.4%	1.0
Black or African-American	13.8%	22.6%	1.6	24.3%	1.1	22.4%	0.9	23.2%	1.0	23.1%	1.0	19.4%	0.8
Native Hawaiian/ Other Pacific Islander	0.2%	0.2%	1.0	0.2%	0.9	0.2%	1.3	0.2%	1.0	0.1%	0.5	0.2%	1.4
Hispanic (of Any Race)	24.4%	24.0%	1.0	22.5%	0.9	21.9%	1.0	21.8%	1.0	23.6%	1.1	22.1%	0.9
White	51.9%	46.4%	0.9	43.4%	0.9	46.1%	1.1	45.6%	1.0	43.2%	0.9	48.5%	1.1
Two or More Races	4.1%	4.7%	1.1	6.8%	1.5	6.4%	0.9	6.5%	1.0	7.7%	1.2	8.0%	1.0

*Each RDI cell is associated with the percentage cell to its left.

Sources: Total child population data were obtained from the U.S. Census Bureau (www.census.gov/popest). Other data were obtained from the U.S. Department of Health and Human Services via *Child Maltreatment 2014* (<http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2014>) and AFCARS Report #22 (<http://www.acf.hhs.gov/programs/cb/resource/afcars-report-22>).

Note: The HHS datasets used in this table have a category for Unknown/Unable to Determine, but the U.S. Census Bureau dataset does not. Based on the assumption that the number of children in that category would be evenly distributed among the other race/ethnicity categories, the number of Unknown/Unable to Determine children was removed from the total number of children in each child welfare category when calculating the percentages and rates for each racial/ethnic population. Due to this calculation, the percentages for each racial/ethnic population may not match the percentages provided in the original sources. Additionally, all races exclude children of Hispanic origin, and children of Hispanic ethnicity may be any race.

The two data tables are shown to highlight the differences that occur in the disproportionality rates depending on the calculation method used. For example, the disproportionality rate for Asian children who are adopted with public agency involvement is 0.1 in table 1 but is 1.0 in table 2. Using the method in table 2, it appears that disproportionality for Black and Native American children lessens the further a child moves through the child welfare system. This is not to say, however, that table 2 indicates disproportionality or disparity do not occur for children in those populations at later child welfare stages.

When reviewing data pertaining to race and ethnicity, it is important to take into account the inherent difficulties collecting and analyzing these data. The following are examples of those difficulties:

- Race and ethnicity do not have quantifiable definitions (U.S. Census Bureau, 2013). People may identify their race or ethnicity based on a number of factors (e.g., family and social environment, historical or sociopolitical definitions, personal experience). The definitions for a particular race or ethnicity may change from study to study.
- How people define their own race or ethnicity can change over time. Researchers found that more than 10 million people changed their race or ethnicity selections from the 2000 census to the 2010 census (Cohn, 2014).
- Race or ethnicity may be incorrectly assumed by whomever is recording the data. For example, a caseworker may assume a child is not American Indian even though the child may be a Tribal member or is eligible for Tribal membership. This would affect the count of American Indian children involved with child welfare and could affect the services, supports, and jurisdiction of the case.

These issues could affect the data describing the number of children from a particular race or ethnicity who are involved with child welfare in general or at particular decision points.

Other examples of research indicating disproportionality and disparity are found throughout this issue brief.

Underrepresentation in Child Welfare

Just as some racial and ethnic groups are overrepresented in the child welfare system, other groups, particularly Asians, are underrepresented. Hispanic children also are underrepresented in the child welfare system, though to a much lesser extent than Asian children. It is unclear whether underrepresentation is due to a lower occurrence of child maltreatment among those populations—perhaps due to cultural protective factors—or if it is caused by underreporting due to cultural perceptions of others or those populations being less likely to report maltreatment because of cultural norms (Cheung & LaChapelle, 2011; Maguire-Jack, Lanier, Johnson-Motoyama, Welch, & Dineen, 2015).

Potential Explanations

There are a variety of possible causes of racial disproportionality and disparity. It is often difficult, however, to determine what particular factors at either the systems or individual case levels had an effect and to what degree. Researchers who reviewed 10 years of findings on this topic posited four possible explanations (Fluke, Harden, Jenkins, & Ruehrdanz, 2011):

- Disproportionate and disparate needs of children and families of color, particularly due to higher rates of poverty
- Racial bias and discrimination exhibited by individuals (e.g., caseworkers, mandated and other reporters)
- Child welfare system factors (e.g., lack of resources for families of color, caseworker characteristics)
- Geographic context, such as the region, State, or neighborhood

Disproportionate and Disparate Need

Findings from the first three National Incidence Studies of Child Abuse and Neglect (NIS) found no relationship between race and the incidence of child maltreatment after controlling for poverty and other risk factors (Sedlak & Broadhurst, 1996). Instead, incidence of child abuse and neglect was associated with poverty, single parenthood, and other related factors. However, the most recent NIS (NIS-4) indicated that Black children experience maltreatment at higher rates than White children in several categories of maltreatment (Sedlak, McPherson, & Das, 2010). The study's authors suggest that the findings are at least, in part, a consequence of the greater precision of the NIS-4 estimates and partly due to the enlarged gap between Black and White children in economic well-being, since socioeconomic status is the strongest predictor of maltreatment rates.

Other studies also have found a relationship between poverty disparity and maltreatment disparity and urge an emphasis on risk factors such as poverty rather than a sole focus on bias within the child welfare system (Drake et al., 2011; Maguire-Jack et al., 2015). A study of families in California found that low socioeconomic status (SES) Black children are actually less likely to be referred for maltreatment, have their cases substantiated, or enter foster care than low SES White children (Putnam-Hornstein et al., 2013). The poverty experienced by families and children of color also may amplify their exposure to social service systems, such as financial or housing assistance, which may further increase their exposure to mandated reporters. This is referred to as visibility or exposure bias.

Racial Bias and Discrimination

The strong relationship between poverty and maltreatment, however, does not fully explain racial disproportionality and disparity. It is also possible that child welfare professionals or others involved with the case or family may knowingly or unknowingly let personal biases affect their decision-making. For example, two studies in Texas found that race, risk, and income all influence case decision, but even though African-American families tended to be assessed with lower risk scores than White families, they were more likely than

White families to have substantiated cases, have their children removed, or be provided family-based safety services (Dettlaff et al., 2011; Rivaux et al., 2008).

Child Welfare System Factors

Certain characteristics of the child welfare system may affect the services and outcomes of children of different races and ethnicities. For example, a review of the Michigan child welfare system identified several institutional features that negatively impact children and families of color, including limited access to court appointed special advocates, contracted agencies not providing services in African-American communities (even when required to do so), and a lack of quality assurance mechanisms that may help identify and correct differential treatment (Center for the Study of Social Policy, 2009).

Geographic Context

When measuring racial disproportionality and disparity, it is possible that higher-level (e.g., national) data obscure differences that occur at lower levels. For example, at the national level in 2013, Hispanic children were slightly underrepresented in foster care (Summers, 2015). However, they were overrepresented in 14 States. Additionally, one national study found that there were higher rates of maltreatment disparity for Black and Hispanic children in the most urban and most rural counties (Maguire-Jack et al., 2015). Agencies, policymakers, and others may be more successful in their efforts to address disproportionality and disparities when they use data regarding the differences present in their jurisdictions rather than relying solely on national data.

The Child and Family Services Reviews

As early as the first round of the Child and Family Services Reviews (CFSRs) in 2000, numerous State Final Reports noted the problem of disproportionality in the child welfare system and reported on issues that may intensify or cause the overrepresentation of minority groups. For example, at least 25 State first-round Final Reports identified gaps in the provision of culturally appropriate services, and at least 24 State Final Reports indicated that language differences are a barrier to providing and receiving services, case planning, investigations, or training. Only 21 States (40 percent) received a positive rating on the first round CFSR indicator regarding whether a State's recruitment efforts for foster and adoptive parents reflected the racial and ethnic diversity of children in need of out-of-home care (U.S. Department of Health and Human Services [HHS], Children's Bureau, 2012).

In the second round of CFSRs², only 19 States (37 percent) received a positive rating on the item regarding State efforts to recruit and retain resource parents who reflect the racial and ethnic diversity of the foster care population in that State (HHS, 2011). For the States that received a rating of "Strength" for this CFSR item, a number of strategies were cited that accounted for the States' success in recruiting a diverse foster and adoptive parent population. Some of these promising practices included a pilot program targeting prospective parents of Native American descent (North Dakota), a program that used children's ZIP Codes as a factor in matching them with resource families (Idaho), and the compilation and analysis of demographic data on families who had adopted and families underrepresented in the pool of prospective parents (Ohio). (For more information about the CFSRs, including access to the Final Reports, visit <http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews>.)

² Although the third round of the CFSRs began in 2015, only two third-round Final Reports were available as of the writing of this issue brief. Therefore, this brief does not present the results from the third round.

Strategies to Address Racial Disproportionality and Disparities

Strategies to address disproportionality and disparities are often the same strategies used to improve child welfare for all children and families. The particular strategies employed by agencies should be specific to the disproportionality and disparities present in their jurisdictions, both in terms of the racial and ethnic populations affected and the points within the child welfare process at which those differences are apparent. This section describes strategies that focus on various components of the child welfare system, including prevention and early intervention; reporting; screening, investigation, and assessment; services; recruiting and retaining resource families; and permanency. It also includes strategies that can be employed across the child welfare stages.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) has reviewed a number of strategies aimed at reducing racial disproportionality and disparity and has assigned them scientific ratings based on the research evidence supporting them. To view this information, visit CEBC at <http://www.cebc4cw.org/topic/reducing-racial-disparity-and-disproportionality-in-child-welfare/>.

Prevention and Early Intervention

Prevention and early intervention services can strengthen families and decrease the number of children entering care, regardless of race or ethnicity. The implementation of evidence-based prevention and early intervention services, however, is often inadequate (Pecora et al., 2014). Jurisdictions struggling with funding are sometimes reluctant to direct money toward prevention efforts when programs for children already in the system, such as foster care, have many funding needs.

By working proactively and in conjunction with other agencies and service providers, child welfare agencies can implement preventive measures, build family support, and offer services to vulnerable families before abuse and neglect occur. These efforts can be designed for the general population or targeted for specific at-risk groups. Due to their greater exposure to certain risk factors for maltreatment, such as poverty and parental incarceration, programs designed to reduce poverty and crime rates and to increase concrete services, such as housing and employment, may have preventive effects on the incidence of child abuse or neglect. Targeted prevention efforts that include a strong cultural competence component reflected in staffing and training may be especially useful.

In-home services programs in which parents or expectant parents in certain risk categories are visited by professionals or paraprofessionals in their homes have shown promise for reducing maltreatment. The goal of in-home services is to provide support, education, and resources for families who may be struggling. If families can be served in their homes, then maltreatment and involvement with the child welfare system may be avoided.

One of the best-documented home visiting programs is the Nurse Family-Partnership program developed by David Olds. A randomized control study of low-income African-American mothers and children in Memphis, TN, who were visited by nurses at home during the first 2 years of the child's lives found several positive outcomes compared with similar families who had not received home visits (Kitzman et al., 2010; Olds et al., 2014). For example, nurse-visited children were less likely to die from preventable causes and less likely to report internalizing disorders than children in the control group.

Family Preservation Program for Urban American Indian Families

Since 2000, the Denver Indian Family Resource Center (DIFRC) (<http://difrc.org/>) has served American Indian children and families in the Denver area who are involved or at risk of becoming involved with the child welfare system. A core element of its work is its Family Preservation Model (FPM) that combines both direct practice and system change interventions. The direct service component features trauma-informed and family-focused case management, culturally competent assessments (including tools specific to American Indian populations), team decision-making and other early-intervention meetings, and referrals for services and supports (Bussey & Lucero, 2013). The model acknowledges and incorporates awareness of the trauma histories of many urban American Indian families.

The system change component of the DIFRC FPM includes collaborative agreements with child welfare agencies for work on cases involving American Indian children, establishing protocols to identify American Indian children upon first contact with child welfare, training child welfare staff on culturally responsive practices, and bolstering oversight of State-level compliance with the Indian Child Welfare Act (ICWA).

Studies have found that the DIFRC FPM benefits American Indian children and families in several ways, including reductions in involvement with child welfare, decreased re-referral rates, increased use of kinship care, and decreases in out-of-home care placements with non-kin (Bussey & Lucero, 2013). DIFRC has received or participated in several grants from the Department of Health and Human Services to address disproportionality, including a 2011 grant from the Administration for Native Americans and a 2013 grant from the Children's Bureau.

Reporting

Most families first come into contact with the child welfare system due to a report of suspected maltreatment. Therefore, ensuring that reporters of maltreatment do not base their suspicions on racial or ethnic biases is a key component of reducing racial disproportionality and disparities. At the national level, children of color were overrepresented in reports of suspected maltreatment by all groups of reporters (as categorized in the National Child Abuse and Neglect Data System [NCANDS]) (Krase, 2013). Additionally, due to the disproportional rates of poverty, staff of government agencies may have more contact with minority families seeking services or government benefits. The higher visibility of these families may result in their being referred to the child welfare system at a higher rate.

Mandated reporters, who differ in every State, may require more specific guidelines and better training materials than the brief checklist that often serves as their training for reporting child abuse and neglect. (For more information about mandated reporter laws, refer to *Mandatory Reporters of Child Abuse and Neglect* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/>.) This includes additional training about cultural practices that may be misconstrued as maltreatment, particularly among racial and ethnic populations that are prevalent in their region.

Jurisdictions may also want to provide lists of community resources that mandated reporters can turn to when they want to support families. For additional information about cultural competence in reporting, refer to the following resources:

- Cultural Competence: Child Abuse and Neglect (Child Welfare Information Gateway): <https://www.childwelfare.gov/topics/systemwide/cultural/can/>
- Publications: Child Welfare (Bridging Refugee Youth and Children's Services): <http://www.brycs.org/publications/index.cfm#welfare>

Screening, Investigation, and Assessment

A family's race or ethnicity may affect a variety of child welfare decisions. Families of color are disproportionately reported for abuse and neglect, and their cases are more likely to be substantiated at investigation than White, non-Hispanic families. Several studies have shown that cases involving Black children are more likely to be assigned for investigation than in cases involving White children (Font et al., 2012; Putnam-Hornstein et al., 2013). Additionally, a study of child welfare cases in Texas found that although African-Americans had lower risk scores than Whites, African-Americans were more likely to have their case acted upon, either by service provision or the child's removal from the home (Rivaux et al., 2011). This indicates that caseworkers have different risk thresholds depending on a family's race.

One hypothesis about how racial disproportionality or disparities may arise, at least in part, is racial or ethnic differences between a family and its caseworker. One study using a national dataset, however, came to a different conclusion. The researchers found that Black caseworkers tended to assess all families—regardless of race—at higher risk levels than White caseworkers (Font et al., 2012). Since Black families are more likely to be assigned to a Black caseworker, they may have an increased likelihood of a substantiated case of maltreatment, which could increase their rates of disproportionality and disparity (Font et al., 2012).

The use of risk assessment tools, as well as standardized definitions, can help guide the worker in assessing families on safety and risk issues and remove some error from the decision-making process. Workers who have detailed and culturally relevant guidelines about what constitutes maltreatment, as well as its risk factors, may be able to more easily control bias. Not all standardized tools, however, have been sufficiently tested on children from racial and ethnic minority groups, thus leading to a potential increase in bias. When agencies are familiar with the strengths and weaknesses of any tools they use, they may be better able to train supervisors and workers to be aware of any potential bias that the assessment tool may

introduce into the decision-making process. Some studies have shown the promise of risk assessment tools in improving agencies' ability to accurately classify cases and decreases in disproportionality, but others, including an evaluation of Structured Decision Making in Washington State, found no differences in disproportionality (Osterling, D'Andrade, & Austin, 2008; Miller, 2011).

For an example of a standardized assessment tool, refer to the California Department of Social Services' *The Structured Decision Making System: Policy and Procedures Manual* at http://www.childsworld.ca.gov/res/pdf/SDM_Manual.pdf.

Many factors may affect the decisions made during screenings, investigations, and assessments, and agencies should examine how the characteristics of the case, the worker, agency policies, and screening criteria affect children of different races and ethnicities.

Availability and Accessibility to Culturally Competent Services

Although the evidence suggests that families of color are referred to services more frequently than White families, necessary services are often unavailable within, or not easily accessible to, communities that are predominantly Hispanic, African-American, or Native American. A study of three Texas cities found that 25 percent of Black and Hispanic neighborhoods did not have any child welfare services within a 5-mile radius, did not have any bus transportation, and/or had long public transportation times (Dorch et al., 2010). One city did not have any accessible services in 50 percent of its neighborhoods. Another study found that although African-American mothers involved with child welfare had the highest rate of substance abuse problems compared to other racial and ethnic groups, they had relatively low rates of participation in mental health and substance abuse treatment (Osterling, Lee, & Hines, 2012). White women had the highest participation rate. Because services often are not easily accessible or available to families of color, their case plans may be negatively affected, which can cause more adverse involvement with the child welfare system, including the removal of the child.

To help expand the access and availability of services within a particular community, child welfare agencies can assess whether children and families of color are easily able to access the services that the agency provides, either directly or through contracts with other organizations. If there are gaps, the agencies may want to determine how they can increase availability and usage, such as different locations, expanded hours, and removing other obstacles to attendance (e.g., lack of child care or transportation). Another option is for child welfare agencies to bring these issues to the attention of community and faith-based organizations with the goal of helping those organizations expand their own services or establish new services to meet clients' needs. (For information about partnering with the community, visit Information Gateway at <https://www.childwelfare.gov/topics/famcentered/communities/>.)

Clients who receive services either in-home or in the community may be more receptive to services offered by culturally competent providers. Child welfare agencies can develop a diverse list of therapists, counselors, and other service providers so they can readily refer families to providers who are culturally competent and, when possible, converse in the preferred language of the client. Within agencies, management can provide training and direction to child welfare workers to help them refer clients to culturally competent providers in the community. When referrals are made, caseworkers should ensure the providers have a full understanding of the client's cultural background, especially the ways in which culture affects beliefs about health, parenting, and behavior, and be able to incorporate the client's culture into the services or use strategies found to be effective with the client's culture. For example, substance use treatment providers working with Hispanic clients may want to utilize family therapy, which builds upon the centrality of the family within that culture, or have an understanding of the flexible or less structured view of time within Hispanic culture, which may affect timeliness for appointments (HHS, Substance Abuse and Mental Health Services Administration, 2014).

Recruitment and Retention of Resource Families

Child welfare agencies and other agencies placing children in foster or permanent homes may unknowingly use screening processes for prospective resource families that screen out or discourage many minority families. For example, an agency that does not employ staff who are Spanish-speaking or have a catalog of Spanish-language materials may make it more difficult for some Latino families to become resource families (AdoptUSKids, 2012). This may be mitigated when agencies distribute materials that are culturally, racially, and linguistically inclusive.

Although the Multi-Ethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 prohibit the denial or delay of a placement due to the child or family's race or ethnicity, they do require States to develop plans for the diligent recruitment of foster and adoptive families who reflect the racial and ethnic diversity of the children awaiting homes. The Children's Bureau of the U.S. Department of Health and Human Services has funded several clusters of diligent recruitment grants since 2008. The diligent recruitment grantees have used a variety of strategies to recruit a diverse and representative pool of resource families, including geospatial mapping to better understand and target individual communities, outreach at community events, social media, and recruitment teams that focus on particular neighborhoods or communities. Community members were frequently engaged in the planning processes and were actively involved in outreach efforts.

For more resources about diligent recruitment, including additional information about the Children's Bureau grants, visit the National Resource Center for Diligent Recruitment at <http://www.nrcdr.org/>.

When recruiting resource families for Native American children, agencies need to account for the preferences of the Tribe to which a child belongs. ICWA requires that agencies finding a foster or preadoptive home for a child give preference to placements with the child's extended family or homes licensed, approved, or otherwise specified by the Tribe. Agencies should establish relationships with nearby Tribes to ensure they are aware

of their preferences and find the most suitable placements for Native American children. For additional information, refer to *Recruiting Families for Native American Children: Strengthening Partnerships for Success* at http://www.nrcdr.org/_assets/files/NRCDR-org/recruiting-families-for-native-american-children.pdf.

Agencies also should provide resources to help retain families after they have signified interest or have already become resource families. Just as with recruitment, agencies should ensure their retention practices and supports for families are responsive to their particular culture, race, or preferred language.

Permanency for Children in Out-of-Home Care

African-American and Native American children enter the foster care system at a disproportionately high rate (see table 1). The CFRs found that many States have difficulty recruiting foster and adoptive families that reflect the racial and ethnic diversity of children in need of out-of-home care. The following are some strategies for achieving permanency for children of color in out-of-home care.

Reunification. Services that promote family reunification include many of the same services needed for prevention: family strengthening, parent education, substance abuse services for parents, and concrete supports such as housing and transportation. The speed with which these services can be put into place has a great impact on the success of reunification due to the enforcement of the Adoption and Safe Families Act, which terminates parental rights for children who have been in out-of-home care for 15 of 22 months. Thus, most families must meet their goals in this timeframe in order to have hopes of reunification.³ Targeting appropriate services for families of color includes a strengths-based cultural competence component in terms of the service provider, accessibility, and coordination with other demands, such as employment and childcare. In addition, placement of children with kin or with foster families that are in or near the children's own neighborhoods may enable parents to visit more easily—a necessity for achieving reunification goals.

³ There are exceptions to this timeframe for termination of parental rights, and some of the common exceptions include placement with kin or showing significant progress in achieving case goals.

Kinship care. When removal is necessary, it is often ideal for children to be placed directly with kin. In many cases, the children are under the custody of the child welfare system. Placement with family members may be more beneficial than non-relative foster care for the children involved because it helps to preserve community, family, and cultural ties. In 2014, 120,000 children (29 percent of all children in foster care) were living with a relative foster family (HHS, 2015). The number of children living with relatives is far larger—estimated to be 2.7 million in 2010—when also factoring in children in informal care (Annie E. Casey Foundation, 2012). Informal kinship care is a longstanding practice in many African-American, Hispanic, and Native American communities.

In informal care situations, parents voluntarily place their children with kin without any formal involvement from a child welfare agency. This may happen in response to suspected or unsubstantiated reports of abuse or neglect or due to other family situations. Because there is no formal involvement from the child welfare system, the kin are not obligated to be licensed or approved; however, they are also not eligible for most subsidies or supports. Community supports for these families might enable them to care for their children better and keep them from entering the child welfare system.

Kinship care can help children maintain familial ties and provide stability in potentially turbulent situations. Additionally, studies have shown that children in formal kin placements have fewer placement and school disruptions and fewer behavioral problems than children in nonrelative foster care (Annie E. Casey Foundation, 2012). Given these findings and that kinship care is an oft-used practice amongst families of color, it is critical that child welfare agencies utilize kinship care where appropriate and connect formal and informal kinship families with the resources they need. Agencies also may want to ensure that policies support kinship care. For example, States and agencies can broaden their definitions of who qualifies as kin. While legal definitions have tended to define kin in a fairly narrow way, some cultural traditions use a more inclusive definition. A greater pool of families for a child can be achieved by expanding the definition of kin to include “fictive” kin—

adults who may not be related “by blood” but may have another relationship to the child, such as the extended family or Tribe. States and agencies can also issue different licensing standards for kin homes. As of July 2013, 4 States do not license kin homes, 7 States do not require licensure of kin homes but allow kin to elect to be certified, and 19 States and the District of Columbia require relatives providing out-of-home care to be licensed or certified as a foster family home (Child Welfare Information Gateway, 2013). In 10 of those 19 States, kin homes can obtain a provisional or temporary license while they work toward full licensure. Examples of flexible regulations include Idaho’s expedited process for relative and fictive kin placements (see <http://healthandwelfare.idaho.gov/Portals/0/Children/AdoptionFoster/ExpeditedRelativeFictiveKinPlacements.pdf>) and the several States (Illinois, Indiana, Kansas, and Texas as of March 2014) that do not require foster home licensure before placement with a relative (Child Welfare Information Gateway, 2014).

Many kin families struggle with financial burdens when caring for relative’s children. Agencies can support them by providing or helping them access financial assistance. State programs and their requirements vary, but possible financial supports for kin families include stipends for subsidized guardianship, kinship guardianship, or foster care; the Temporary Assistance for Needy Families program; Supplemental Security Income; or the Supplemental Nutritional Assistance Program (formally referred to as the Food Stamp Program).

For more information about the placement of children with relatives, including State laws, refer to the following Information Gateway publications: *Placement of Children With Relatives* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/placement/> and *Working With Kinship Caregivers* at <https://www.childwelfare.gov/pubs/kinship/>.

Customary adoption. Customary adoption refers to the Native American custom of adoption within a Tribe; parental rights are not terminated, and the child grows up knowing his or her biological parents and other family members. There is no stigma attached to this sort of adoption, and the arrangement is more flexible than mainstream legal adoption.

For more information about customary adoption, visit the National Indian Child Welfare Association at <http://www.nicwa.org/adoption/>.

Promising Practices Across the Child Welfare Stages

There are a number of promising practices for addressing disproportionality and disparity that apply across all stages of the child welfare continuum rather than to one particular stage.

Agency Policy Review and Revision. Reviewing agency policies on a regular basis can ensure that these policies support equity for all children and families. Since the policies governing other systems, such as financial assistance, mental health, and substance use treatment, can greatly impact child welfare outcomes, child welfare agencies also should encourage other local and State agencies to review their own policies.

Agencies can take the following steps when examining their policies and practices in terms of racial and ethnic equity (Derezotes, 2006):

- Pay attention to agency cultural competence assessment, training, and technical assistance
- Develop a way to measure racial equity in agency programs and outcomes
- Identify and track agency goals by racial and ethnic groups
- Examine racially sensitive monitoring structures to identify practices that will better serve the needs of children and families

Formal operational structures, such as task forces or committees, can greatly assist efforts to assess how agency policies affect disproportionality and disparity and to enact system changes. A review of racial equity efforts across the country found that these structures were most successful when they were operated out of or reported directly to the executive leader's office as well as when they engaged other institutions and community members (Miller & Esensad, 2015). The following are examples of State and local efforts:

- Texas Center for Elimination of Disproportionality and Disparities: http://www.hhsc.state.tx.us/hhsc_projects/cedd/
- Ramsey County (MN) Anti-Racism Initiative: <https://www.ramseycounty.us/government/departments/health-and-wellness/community-human-services/anti-racism-initiative>
- Indiana Disproportionality Committee: <http://indianadisproportionalitycommittee.weebly.com/>

To assist agencies challenged about where to begin when assessing disproportionality, the National Association of Public Child Welfare Administrators developed the Disproportionality Diagnostic Tool, which allows users to identify gaps, areas for improvement, and agency strengths that can support equitable representation. The tool is available at <http://www.aphsa.org/content/NAPCWA/en/resources/DisproportionalityDiagnosticTool.html>.

State Legislation

Many States have enacted legislation to address racial disproportionality and disparity. For example, Wisconsin established the Wisconsin Indian Child Welfare Act in 2009 to codify the Federal ICWA in Wisconsin law and assist State agencies and courts in complying with ICWA by providing clear guidance (Wisconsin Department of Children and Families, 2016). To view State legislative initiatives regarding disproportionality and disparity, visit the National Conference of State Legislatures at <http://www.ncsl.org/research/human-services/disproportionality-and-disparity-in-child-welfare.aspx>.

Compliance With the Indian Child Welfare Act

To address the high rate of removal of Native American children from their families and their subsequent placement with non-Native American families, as well as the historical trauma these actions created, Congress enacted the Indian Child Welfare Act (ICWA) of 1978 (Simmons, 2014). ICWA established Federal requirements about how State and private agencies handle the involvement of Native American children in the child welfare system. The following are some of the major provisions of ICWA (Child Welfare Information Gateway, 2015):

- Established minimum Federal standards for the removal of Native American children from their families
- Required Native American children to be placed in foster or adoptive homes that reflect Native American culture
- Created exclusive Tribal jurisdiction over all Indian child custody proceedings when requested by the Tribe, parent, or Indian “custodian” (except in cases where such jurisdiction is contrary to other Federal law, e.g., P.L. 280⁴)
- Granted preference to Indian family environments in adoptive or foster care placement
- Required State and Federal courts to give full faith and credit to Tribal court decrees

In 2015, the Bureau of Indian Affairs updated its Guidelines for State Courts and Agencies in Indian Child Custody Proceedings to reflect recommendations from the U.S. Attorney General and recent developments in legal practice since ICWA was established. Additionally, in 2016, HHS, the Department of the Interior, and the Department of Justice formed an interagency collaboration to promote ICWA implementation and compliance. To view more information about ICWA, including the guidelines and the interagency collaboration, refer to <http://www.indianaffairs.gov/WhoWeAre/BIA/OIS/HumanServices/IndianChildWelfareAct/index.htm>.

ICWA compliance across the United States, however, is uneven, with the following being some of the most critical issues (Simmons, 2014):

- Lack of oversight of implementation
- Agencies not identifying Native American children early in the process
- Agencies not providing Tribes with early or proper notification of child welfare proceedings
- Lack of placement homes that reflect the preferences stated in ICWA
- Insufficient training and support for staff about ICWA
- Scarcity of resources for Tribal child welfare agencies to work with State and private agencies

Practices that show promise in improving ICWA implementation include laws defining the State’s relationship with the Tribe, guides and trainings about ICWA for child welfare agencies and State courts, and forums through where representatives from Tribal and State agencies and organizations discuss relevant issues (Simmons, 2014). Examples include a bench handbook regarding ICWA implementation in California (<http://www.courts.ca.gov/documents/ICWAHandbook.pdf>) and a State-Tribal reconciliation process to examine the historical context of Indian child welfare, strengthen intergovernmental relationships, and develop policies to improve practice (<http://www.mainewabanakitrc.org/>). For a more complete list of promising practices, including links for more information, and an overview of ICWA, refer to the National Indian Child Welfare Association at http://www.nicwa.org/government/documents/Improving%20the%20Well-being%20of%20American%20Indian%20and%20Alaska%20Native%20Children%20and%20Families_2014.pdf.

For additional information about ICWA, visit Information Gateway at <https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/icwa/>.

⁴ For more information about P.L. 280, visit the Administration for Native Americans within the HHS Administration for Children and Families at <http://www.acf.hhs.gov/programs/ana/resource/american-indians-and-alaska-natives-public-law-280-tribes>.

Family Group Decision-Making. Family group decision-making (FGDM) reflects the traditional values of kinship and community seen in Native American, African-American, and Hispanic cultures and shows promise in reducing racial disproportionality and disparity among those populations (Sheets et al., 2009; Drywater-Whitekiller, 2014). The intent of FGDM is to bring together immediate and extended family members, a trained facilitator, and others (e.g., community members, agency personnel) to develop a plan for the children’s safety and well-being of the children. Several communities that participated in the Casey Family Programs’ Breakthrough Series Collaborative (BSC) on racial disproportionality determined that families were generally more willing to participate fully in the FGDM process when the agencies used facilitators who were already trusted by and engaged in the community, such as ministers or community organizers (Miller, 2009).

In the BCS initiative, communities that used family engagement in case planning and decision-making reported fewer children entering foster care, increased rates of kin placements when removal from the home was necessary, increased exits from out-of-home care, and shorter stays in out-of-home care (Miller, 2009). Other research has shown that FGDM participation increased the rates of exits from care, especially to reunification, for African-American and Hispanic children (Sheets et al., 2009) and improved African-American children’s receipt of mental health services (McCrae & Fusco, 2009).

For more information about family engagement, view Information Gateway’s *Family Engagement: Partnering With Families to Improve Child Welfare Outcomes* at <https://www.childwelfare.gov/pubs/f-fam-engagement/> or the Family Engagement Inventory at <https://www.childwelfare.gov/fei/>. For more information about FGDM, visit Information Gateway at <https://www.childwelfare.gov/topics/famcentered/decisions/>.

Culturally Competent and Diverse Workforce. Social workers, including the child welfare workforce, tend to be non-Hispanic and White. Data from the National Survey of Child and Adolescent Well-Being (NSCAW) II show that, in 2008–09, 58 percent of child welfare caseworkers were non-Hispanic White, 24 percent were Black, 15 percent were Hispanic, and 4 percent were another race or ethnicity (Dolan, Smith, Casanueva, & Ringeisen, 2011). While it is neither possible nor necessarily desirable to match workers and clients by ethnicity, CPS staff who share or understand the culture or language of a particular family may have a better comprehension of the family’s background and needs.

Family practices that might be seen as abusive or neglectful by mainstream standards may have a cultural component that would define them differently by a worker of a different background. Commonly encountered cases involve different cultural views of corporal punishment and parents’ rights to discipline their children as they see fit. In cases in which children are being harmed, the role of agencies is to honor the intentions while educating the parents about the laws and reasons behind the laws and helping them identify other approaches.

Training for child welfare staff could include information about disproportionality and disparity, institutional racism, culturally competent practice with specific cultural groups, and identifying personal biases and their impact (Lancaster & Fong, 2015). While training is a key first step to enhanced practice by agency staff, it is also important to support transfer of learning to ensure staff apply the concepts from the training to their jobs.

One training frequently mentioned in the literature is the “Undoing Racism” workshop, which was developed by the People’s Institute for Survival and Beyond (<http://www.pisab.org/>). This workshop helps participants better understand racism and its impact on institutions and their own work, as well as how to lessen racism within systems. Studies of this training in the Kentucky child welfare system found high participant satisfaction with the training and that 80–90 percent of participants reported in a follow-up that they had transferred the learning to practice by attempting to or actually bringing about changes in their organizations (Curry & Barbee, 2011).

For additional information about cultural competence training for child welfare professionals, visit the following resources:

- Information Gateway: <https://www.childwelfare.gov/topics/management/training/curricula/caseworkers/topical/cultural/>
- FRIENDS National Center for Community-Based Child Abuse Prevention: <http://friendsnrc.org/cbcap-priority-areas/cultural-competence>
- Florida's Center for Child Welfare: <http://centerforchildwelfare.fmhi.usf.edu/Publications/CulturalCompetencyDiversityPub.shtml>

Communitywide Partnerships and Initiatives. Research has shown that disproportionality in child welfare does not occur in a vacuum but often reflects other societal values. Therefore, forming partnerships with community- and faith-based organizations and engaging the greater community can help child welfare agencies take a more encompassing approach. Communities, agencies, and other organizations may be able to work together to establish councils or other communitywide bodies to respond to issues regarding disproportionality. These councils can address the issue as a whole or concentrate on specific aspects of disproportionality, such as hiring practices or foster family recruitment. Such efforts should include representation from groups that are overrepresented in the child welfare system. This approach may bring child welfare services closer to those who need them, educate other social service providers about child welfare, enhance child welfare staff's understanding of particular racial and ethnic groups, build trust, and demonstrate the agency's commitment to finding homes for children within the community.

When working with Tribes, it is important for State and local child welfare agencies to be aware of Tribal sovereignty (i.e., self-governance) and how that may affect the relationship between the two agencies. For more information, refer to Information Gateway's *Tribal-State Relations* at https://www.childwelfare.gov/pubPDFs/tribal_state.pdf.

Point of Engagement Service Delivery Model

In response to an independent audit indicating that it had a fragmented emergency response system, the Compton office of the Los Angeles Department of Child and Family Services (DCFS) developed the Point of Engagement (POE) service delivery model. POE uses a multidisciplinary, family-centered approach that relies on support from the community to help reduce the number of children entering the child welfare system. The following are examples of key components to POE (Marts, Lee, McRoy, & McCroskey, 2011):

- Providing referrals to informal resources for all families identified through the child maltreatment hotline
- Incorporating differential response
- Offering voluntary family maintenance, reunification, and preservation services for families with open cases and who are at moderate to high risk
- Holding team decision-making and child safety conferences to identify strengths and resources and develop a service plan
- Providing additional supports to children and families when maltreatment has been substantiated, including the following:
 - Assigning an intensive service worker to address immediate needs, link families to services, and work on reunification
 - Identifying non-offending parents and relative caregivers and providing kinship support
 - Referring children and families to multidisciplinary assessment teams to determine if there are any mental health, developmental, and educational issues
 - Beginning concurrent planning

POE has shown positive effects on general child welfare outcomes, such as fewer children being removed from their homes and an increase in reunifications within 12 months, and it has also shown promise in reducing disproportionality (Marts et al., 2011). Although disproportionality was still present in Compton, the community showed improvement in both the rate of substantiation and overall caseload for African-American children, particularly in comparison to other local DCFS offices.

Differential Response. Differential response, also known as alternative response or dual-track response, refers to the use of a tailored response for families reported for child maltreatment. Different from the "one response fits all" approach, differential response is most often used when there is a determination of low risk or when the family might not otherwise qualify for services. Families may receive services without a substantiated finding of child maltreatment or, in cases of substantiation, when the child can remain safely in the home while the family receives services.

Differential response has been recognized as a strategy that could potentially reduce disproportionality and disparity (Martin & Connelly, 2015). This is a flexible approach to working with families and provides more options for family involvement in case planning and service provision. An evaluation of a pilot alternative response project in 10 Ohio counties showed a decrease in all child placements, including a reduction in the number of African-American children in State custody, and major positive effects on new reports of child maltreatment among African-American families (National Quality Improvement Center on Differential Response in Child Protective Services, 2009; Kaplan & Rohm, 2010). Other positive outcomes for families of color, such as equitable or increased service receipt (Jones, 2015). There are also indications, however, that disproportionality and disparity still exist within differential response systems (Allan & Howard, 2013). Additional research on its effect on outcomes for families of color is still needed.

For additional examples of how State and local agencies and communities are addressing disproportionality and disparities, refer to *Strategies to Reduce Racially Disparate Outcomes in Child Welfare: A National Scan by the Center for the Study of Social Policy* at <http://www.cssp.org/publications/child-welfare/alliance/Strategies-to-Reduce-Racially-Disparate-Outcomes-in-Child-Welfare-March-2015.pdf>.

Conclusion

Racial disproportionality and disparity are undoubtedly concerning issues for child welfare systems throughout the country. The strategies used to address these issues are often similar to those utilized to otherwise improve child welfare services but also often incorporate the principles of cultural competence and the recognition of biases. Although there is widespread recognition of the problem, there is a paucity of research about the causes of disproportionality and disparity and of promising practices to address them (Hill, 2011). Child welfare agencies should assess the existence of disproportionality and disparities within their systems, including at which decision points they occur and which racial and ethnic populations are affected, and seek strategies specific to the issues present in their jurisdiction.

Additional Resources

- **National Center for Diligent Recruitment at AdoptUSKids:** Assists States, Tribes, and Territories in developing and implementing comprehensive, multifaceted diligent recruitment programs (<http://www.nrcdr.org/>)
- **Alliance for Racial Equity in Child Welfare at the Center for the Study of Social Policy:** Brings together a multitude of organizations, agencies, universities, and others to support of improved outcomes for children and families of color involved with the nation's child welfare system (www.cssp.org/reform/child-welfare/alliance-for-race-equity)
- **National Conference of State Legislatures:** Provides information, including legislative initiatives, reports, and statistics, regarding State efforts to address racial disproportionality and disparity (<http://www.ncsl.org/research/human-services/disproportionality-and-disparity-in-child-welfare.aspx>)

- **Courts Catalyzing Change: Achieving Equity and Fairness in Foster Care Initiative [National Council of Juvenile and Family Court Judges]:** 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 (<http://www.ncjfcj.org/our-work/courts-catalyzing-change>)
- **Disproportionate Minority Contact Resource Center at the University of Iowa School of Social Work:** Serves state and community efforts to reduce disproportionality and overrepresentation of minority youth in the juvenile justice and child welfare systems by assisting with evaluation and analysis of data and providing technical assistance on issues that include health and education-related disparities (<http://clas.uiowa.edu/nrcfcp/resources/features/dmc-resource-center-focuses-disproportionality>)

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