

# WORKING PAPER #4

## Racial Disproportionality in the U.S. Child Welfare System: Documentation, Research on Causes, and Promising Practices

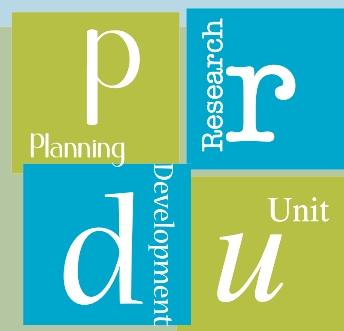
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## Introduction

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America's child welfare system is marked by pronounced and disturbing racial disparities. African American and Native American children are *overrepresented* in the national foster care population: the percentage of the foster care population from these groups is greater than their representation in the general youth population. Black children, for example, make up two-fifths of the nation's foster care population, although they represent less than one-fifth of the nation's children. Children of color from all major ethnic groups are also *disproportionately* represented in the foster care system compared to white children: they have a greater chance than white children of being placed in foster care.

There is also evidence that children of color receive inferior treatment once they come to the attention of child protective services. They are more likely to be removed from their parents and placed in foster care, they stay in foster care for longer periods of time, and they are less likely to be either returned home or adopted. In addition to their numerical disproportionality, children of color are disadvantaged by child protection services that are not culturally competent, such as the insufficiency of Spanish-speaking caseworkers and foster parents to serve Latino children or the paucity of Asian-Pacific Islander providers of child welfare services. (Tsang 2001)

It is critical that researchers, advocates, and policymakers turn their attention to racial disproportionality in the child welfare system, investigate the reasons for it, and take steps to eradicate it.

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## Documentation of Disproportionality

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For decades the child welfare system discriminated against children of color by excluding them. The first child welfare services were established in the late 19th century by elite charitable organizations to "rescue" destitute white immigrant children. The proportion of nonwhite children in the public child welfare caseloads steadily increased after World War II, almost doubling between 1945 and 1961, from 14 percent to 27 percent. (Billingsley & Giovannoni 1972) African American children were often relegated to inferior "colored" asylums or classified as juvenile delinquents to qualify for out-of-home care. (Ibid.; Bernstein 2001) In 1958, the U.S. Bureau of Indian Affairs, in collaboration with the Child Welfare League of America, launched a mass campaign to relocate Indian children from reservations to orphanages and white adoptive homes. Congress sought to redress the state-sponsored decimation of Indian tribes by passing the Indian Child Welfare Act in 1978, giving tribal courts exclusive jurisdiction over child welfare decisions involving tribal members.

In the late 1980s, both the total size of the foster care population and the share of children of color, especially African American children, skyrocketed. The number of children in foster care increased from 262,000 in 1982 to 581,000 in 1999. In 1986, Black children, who were only 15 percent of the population under age eighteen, made up 35 percent of children in foster care. (Select Committee 1989) By 1999, the share of Black children in the nation's foster care population had risen to 39 percent, although they were only 17 percent of the nation's youth. (DHHS 2001) Latino children are slightly underrepresented: they comprise 17 percent of foster children and 18 percent of U.S. youth. *(Editor's note: While the national statistic suggests slight under-representation, data from states and smaller*

*locales document places where over-representation occurs. There is also debate about the accuracy of classification with regard to Latino children.)* White non-Hispanic children are the most underrepresented of all groups, making up 64 percent of the youth population but only 31 percent in foster care.

The proportion of Black children in out-of-home care in large states such as California, Illinois, New York, and Texas ranges from three times to more than ten times as high as the proportion of white children. (Goerge, Wulczyn, & Harden 1994) A recent study by the Minnesota Department of Human Services on outcomes for African American Children in its child protection system concluded that racial disparities “in the entire process” constituted “an urgent crisis.” (Minnesota DHS 2002) Specifically, the study found that the state’s African American children were 6 times more likely to be assessed for maltreatment and 16 times more likely to be placed in out-of-home care during an investigation than Caucasian children. In Minnesota, almost one out of every 25 African American children had been placed in foster care in 1999.

The system’s racial disparity is most apparent in large cities where there are sizeable African American and foster care populations. In Chicago, for example, almost all children in foster care are Black. The racial imbalance in New York City’s foster care population is also staggering: out of 42,000 children in the system at the end of 1997, only 1,300 were white. Black children in New York were ten times as likely as white children to be in state protective custody. (Guggenheim 2000; Center for an Urban Future 1998) The overrepresentation of nonwhite children is even greater, however, in cities where they constitute a smaller percentage of the population. Researchers have proposed a “visibility hypothesis,” suggesting that “there is a greater probability for minority children to be placed in foster care when living in a geographic area where they are relatively less represented (i.e., more ‘visible’).” (Garland et al. 1998) A California study, for example, found that in cities where Black children constituted less than two percent of the census, their foster care placement rate was 15 times their proportion of the population.

Children of color not only enter foster care at higher rates; they also remain in foster care for longer periods of time. Numerous national and state studies have linked race to the length of time spent in foster care. (Courtney & Wong 1996; McMurtry & Lie 1992) The U.S. Department of Health and Human Services reported that in 1994 African American children were twice as likely as white children to have open cases for longer than 18 months (64 percent versus 31 percent). (DHHS 1997) African American children remained in foster care twice as long as white children, for a median length of time of 17 and 9 months, respectively. Longer stays in foster care contribute to racial disproportionality because they increase the numbers of nonwhite children in the system in any given year. Indeed, some experts believe that exit dynamics rather than rates of entry more consistently explain why African American children are overrepresented in the foster care population. (Wulczyn 2002)

Another important dimension of racial disparity is the community impact of child welfare involvement. There is evidence that many poor Black neighborhoods have extremely high rates of placement in foster care. (Roberts 2002) For example, in 1997, one out of ten children in Central Harlem had been placed in foster care. In Chicago, most child protection cases are clustered in two zip code areas, which are almost exclusively African American. Researchers have yet to investigate the impact of this spatial concentration of child welfare intervention in certain communities of color. It is likely that such intense levels of state supervision have negative consequences for family and community networks that are supposed to prepare children for civic life.

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## Causes of Disproportionality

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What are the causes of racial disproportionality in the child welfare system? The existing social science literature contains theories that attribute the racial disparity both to differences in the well being of children and to differences in the system's treatment of children. In other words, the disparity may stem from societal conditions outside the system that increase the risk of involvement, such as higher poverty rates among nonwhite children; from racially differential practices within the system; or from both. Some scholars suggest that this distinction in causes—societal forces vs. child welfare practices—makes a critical difference in how we should address racial disproportionality. One group of researchers notes, for example, “evidence about the needs of the children and families prior to service receipt cannot be used to argue that these less favorable outcomes result from worse child welfare services for African American children than for Caucasians rather than from worse initial circumstances of African American families.” (Courtney et al. 1998)

A dominant explanation for racial disproportionality is higher poverty rates among nonwhite children. There is a strong and well-established correlation between poverty, insecure income, welfare receipt and cases of child maltreatment. (Roberts 2002) The Third National Incidence Study of Child Abuse and Neglect (NIS-3), conducted by the U.S. Department of Health and Human Services in 1996, reports that the incidence of child abuse and neglect is more than 26 times higher in families earning less than \$15,000 per year compared to those with annual incomes above \$30,000. (Sedlak & Broadhurst 1996) Most cases of child maltreatment involve parental neglect, which is usually difficult to disentangle from the conditions of poverty. Social work professor Duncan Lindsey concludes, “inadequacy of income, more than any factor, constitutes the reason that children are removed.” (Lindsey 1994) Black, Latino, and Native American families are at greater risk of involvement in the child welfare system because they have lower incomes and are more likely to live in poverty than white families. (Courtney et al. 1998; McCabe et al. 1999)

The question whether race predicts a greater likelihood of child welfare involvement independent of poverty and other family characteristics has been controversial. All three waves of the National Incidence Study concluded that there are no racial differences in the *incidence* of child maltreatment (though some analysts have questioned the accuracy of these findings). Some studies have found that race makes no difference to decisions such as reporting or substantiation of child abuse and neglect. Others suggest that race interacts with other predictive factors, such as welfare receipt, substance abuse, and single parenthood, to influence outcomes. (Hill 2001a)

There is, however, considerable evidence that racial disproportionality results in part from practices within the child welfare system itself. Researchers have tried to identify at what points in the child welfare decision making process—reporting, investigation and substantiation, child placement, service provision, and permanency decision making—differential treatment, if not racial bias, occurs. A 1985 study found that African American families were more likely to be reported to child welfare authorities than white families for equally severe injuries to their children. (Hampton & Newberger 1985) A more recent study of missed cases of abusive head trauma discovered that doctors failed to detect the abuse twice as often in white children as minority children. (Jenny et al. 1999) Research has similarly found that Black women are much more likely than white women to be reported by hospital staff for substance

abuse during pregnancy and to have their babies removed by child protective services. (Chasnoff, Landress, & Barrett 1990; Neuspiel & Zingman 1993) Thomas Morton of the Child Welfare Institute makes the logical argument that, if one assumes the accuracy of the NIS finding of no racial differences in the incidence of maltreatment, higher reporting rates for African American children must result from systemic bias. (Morton 1999)

Other analyses have detected racial differences in substantiation and placement decisions regarding children who come to the attention of child protective services. One study of New York cases concluded that racial background was the only variable that could explain higher substantiation rates of reports against Black and Latino families. (Eckenrode et al. 1998) Research also shows that receipt of welfare benefits doubles the likelihood of substantiation, and that a greater percentage of Black children receiving welfare is associated with increased overrepresentation of these children in out-of-home placements. (Goerge & Lee 2001; Barth, Green & Miller 2001)

Once in the child welfare system, African American children are more likely to be placed in foster care and less likely to be reunified with their families than any other children. (U.S. DHHS, 1997; Courtney & Wong 1996) A federal report observed that, although African American children in the child welfare system tend to have more problems than other children, these problems could not explain their disproportionate representation in the foster care population: "...even when families have the same characteristics and lack of problems, African-American children, and Hispanic children to a lesser extent, are more likely than white children to be placed in foster care." (U.S. DHHS, 1997) Most Black children in child protective services are placed in foster care, whereas most white children receive in-home services. In a recent reanalysis of the NIS-2 data, Westat senior researcher Robert Hill found that race continues to have strong independent effects on placement: "African American children are more likely to be placed in foster care than Caucasian children with comparable characteristics." (Hill 2001a) He notes that race works in combination with other important predictors, including a caretaker substance abuse problem, child disability, and Medicaid receipt, to produce disproportionality in foster care placement.

The lack of consensus about the causes of racial disproportionality does not negate its roots in structural racism. The disproportionate involvement of families of color is linked to societal inequities that have made them more vulnerable to state intervention and to child welfare policies that rely too heavily on child removal instead of family support. Recognizing that children of color may be in greater need of service does not justify current child welfare practices that place such disproportionately numbers of nonwhite children, especially African American children, in out-of-home care. Moreover, it is improbable that child protection decisions are immune from deeply embedded racial stereotypes that consciously and subconsciously affect decision making in other systems. The Minnesota Department of Human Services report concluded, "The destructive myth that African American families are not capable of properly rearing their own children needs to be confronted and addressed." (Minnesota DHS, 2002). As researchers continue to investigate the reasons for racial disparities and to identify the decision points where they occur, we should develop strategies for reducing racial disproportionality in the child welfare system while providing the services and supports that children and their families need.

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## Addressing Disproportionality

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Social science researchers have documented the existence of racial disparities in every aspect of the child welfare system. Unfortunately, they have not paid similar attention to ways to successfully address these differences. There is little research that empirically identifies and tests policies, programs, and practices that have succeeded in reducing the level of disproportionality in state systems. Some states, however, have instituted promising practices that attempt to address racial disparities, which can serve as models for others. These practices seek to reduce the need for out-of-home placements or to increase family and community participation in child welfare decision making.

Eliminating racial disparities would require a radical transformation of the child welfare system's orientation, from its current focus on child protection and removal to one of child and family well-being, and the creation of a family-centered services system that provides economic supports, housing, health care, child care, and preschool education. (Roberts 2002; Kamerman & Kahn 1990) Some experts have proposed abolishing or reducing the system's coercive role by transferring the investigative and punitive functions to other agencies (Pelton 1997) or by creating a "differential response" within child welfare agencies that directs authoritarian intervention to a small share of high-risk families, while the larger share of low-risk families receives services on a voluntary basis. (Waldfogel 1998)

While such fundamental change is a long-term goal, states have implemented over the last two decades family preservation programs aimed at reducing placement of children in foster care or expediting family reunification. Family preservation refers to a variety of specific social work practices designed to avert the need to place children in foster care, including intensive, home-based programs that serve families at imminent risk of having children removed. Family preservation programs typically try to build on family strengths while meeting needs identified by the family itself and offer concrete assistance such as transportation, housing services, or cash to meet emergency needs. Research has shown that family preservation programs can effectively keep children out of foster care. (Berry 1997; Nelson 2000) Unfortunately, most studies fail to measure child well being or rates of repeated child maltreatment and many lack control groups. Moreover, the intensive crisis-oriented model has not been adequately tested in inner-city Black communities that are disproportionately involved with child protection services. As Sandra Stehno notes, "Policy makers have done little as yet to support the development of minority-defined, minority-based models of family preservation." (Stehno 1990) Nonetheless, the importance of family preservation as a philosophy and the promising outcomes of many programs make this a critical area for research on reducing racial disproportionality. (Whittaker & Maluccio 2002)

Another strategy recognizes that changing the relationship between child welfare agencies and the communities they serve requires allowing clients to more actively participate in child welfare policy and practice. The consent decree in *R.C. v. Hornsby*, a class action lawsuit against the Alabama child protection department for violating children's constitutional right to family integrity, required that families be involved in the planning and delivery of services and instituted a philosophy of service delivery in home-based and community-based settings. (Bazelon Center for Mental Health Law 1998)

Family group decision making (FGDM) is another approach implemented in a number of states that engages families in child welfare decision making as a way of addressing the disproportionate numbers of children of color living in out-of-home care. It originated from legislation in New Zealand enacted in

1989 that incorporated Maori cultural perspectives in child welfare practice by mandating greater family involvement. According to the American Humane Association, FGDM is a practice that is “family-centered, family strengths-oriented, culturally based, and community based,” in which “families are engaged and empowered by child welfare agencies to make decisions and develop plans that protect and nurture their children from enduring further abuse and neglect.” (National Center on FGDM 2001) The AHA reports that the implementation of FGDM worldwide has produced promising trends, including a decrease in the number of children living in out-of-home care and an increase in the number of children living with kin. However, AHA notes that “while these consequences are positive, most are not supported by comprehensive, long-term data” and calls for “outcome-based research and evaluation ... to ascertain the short- and long-term consequences and effectiveness of FGDM on children and families.” (Ibid.)

State agencies have increasingly relied on kinship foster care to place African American children in out-of-home care. Some experts have heralded kinship foster care as a way of enhancing the stability of placements and keeping African American children in their extended families and their communities, solving some of the concerns about disproportionate removal of these children from their parents. (Scannapieco & Jackson 1996) Kinship foster care affirms a traditional African American family structure “that was historically strong, intact, resilient and adaptive.” (Ibid.)

The enthusiasm for kinship foster care has been tempered, however, by studies in several states that show lower reunification rates for children placed with relatives. (Berrick et al 1999; Courtney & Needell 1997; Gleeson et al. 1997) In his analysis of 1994 national data, Robert Hill confirmed that relative placement was inversely related to reunification, but noted that the lower reunification rate of African American children could not be explained by their higher relative placement rate. (Hill 2001b) Yet kinship foster care appears to increase the racial disparity in length of time spent in foster care. In Illinois, for example, the likelihood of reunification for African American children decreased over the last decade as the likelihood of discharge to a relative increased. Lower reunification rates may result from the inadequacy of reunification and other services provided to families involved in kinship foster care. It is also possible that long-term kinship foster care often serves as an alternative to adoption when relative caregivers are reluctant to sever parental ties.

Delays in reunification may also stem from financial incentives for families to prefer children to remain with kin caregivers who receive foster care stipends. In California, children in kinship care receiving foster care benefits were half as likely to be reunited with their parents after four years as were children in kinship homes receiving lower welfare benefits. (Berrick et al. 1994) The disparity in benefits had the greatest impact on Black families: “African American children in kinship homes supported by the foster care subsidy remained in care approximately twice as long as all other children.” (Berrick 1998) Prolonged involvement in the formal foster care system can be seen as the price families must pay to receive the level of financial support they need to care for children. (Roberts 2001)

Eight states have obtained federal waivers to implement subsidized guardianship programs, in which states use federal funds to pay stipends to relatives who serve as permanent legal guardians of children in foster care for whom return home and adoption are not realistic options. Subsidized guardianship provides financial assistance and legal authority to relative caregivers who are often reluctant to pursue termination of parental rights required for adoption. Preliminary evaluation of Illinois’ program shows



encouraging permanency rates and social functioning among children placed with guardians, but confusion among guardians about the state's role and services. (Miller, 2000)

A longitudinal study of foster care placements in Cook County, Illinois, found that subsidized guardianship has reduced the "kinship disadvantage" with respect to achieving permanency: "By restructuring its permanency options in ways that build on the strengths of extended families and cultural traditions of informal adoption among African Americans, Illinois was able to diminish the magnitude of the racial disparity in adoption and guardianship and turn kinship into a positive advantage for the timely achievement of permanency." (Testa 2001) This positive assessment, however, masks the continuing racial disparity in permanency outcomes: African American children exit foster care most frequently through adoption or guardianship while white children exit most frequently through reunification with their families. (Children & Family Research Center 2002; Wulczyn 2002) While shortening the length of time African American children spend in foster care by speeding their permanent placement with relatives reduces racial disproportionality, it remains important to reduce racial disparities in rates of entry in foster care and in reunification with parents.

Tennessee's Relative Caregiver Program attempts to promote the benefits of kinship care without the disadvantages of involvement in the formal foster care system. (Brooks & Roberts 2002) In 2000, the Tennessee General Assembly passed legislation that allocated \$4 million to support a pilot program funded through the Temporary Assistance to Needy Families block grant. Under the program, the Department of Children Services contracted with community-based agencies at three sites to serve 1,500 children and their relative caregivers in sixteen counties. The families participate in strategic planning with their own communities to identify both the needs of children and their relative caregivers and the existing resources available to them. The services provided by the program include individual and family counseling, legal services, financial aid, recreation, homemaker services, support group participation, and case management, as well as concrete needs such as beds, mattresses, and clothing. Importantly, relatives obtain private custody of children (described as guardianship in other states), which may be shared with the parents, and need not relinquish custody to the state in order to receive services. More effort should be devoted to implementing policies and programs like the Relative Caregiver Program that safely reduce the numbers of children of color entering foster care.

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## References

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- Barth, R.P., Green, R.L., & Miller, J.M. 2001. "Toward Understanding Racial Disproportionality in Child Welfare Services Receipt." Paper presented at the *Race Matters Forum: Examining the Overrepresentation of African Americans in the Child Welfare System*, Chevy Chase, MD: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.
- Bazon Center for Mental Health Law. 1998. *Making Child Welfare Work: How the R.C. Lawsuit Forged New Partnerships to Protect Children and Sustain Families*. Washington, D.C.: Bazon Center for Mental Health Law.
- Bernstein, Nina. 2001. *The Lost Children of Wilder: The Epic Struggle to Change Foster Care*. New York: Pantheon.
- Berrick, Jill Duerr. 1998. "When Children Cannot Remain Home: Foster Family Care and Kinship Care." *Future of Children, Protecting Children from Abuse and Neglect* 8: 72.
- Berrick, Jill D., et al. 1994. "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Care as Family Preservation." *Children and Youth Services Review* 16:33.
- Berry, Marianne. 1997. *The Family at Risk: Issues and Trends in Family Preservation Services*. Columbia: University of South Carolina Press.
- Billingsley, Andrew & Giovannoni, Jeanne M. 1972. *Children of the Storm: Black Children and American Child Welfare*. New York: Harcourt Brace Javonovich.
- Brooks, Susan L. & Roberts, Dorothy E. 2002 (forthcoming). "Social Justice and Family Court Reform." *Family Court Review*.
- Center for an Urban Future. 1998. "Race, Bias, and Power in Child Welfare." *Child Welfare Watch*. Spring/Summer: 1.
- Chasnoff, Ira J., Landress, Harvey J., & Barrett, Mark E. 1990. "The Prevalence of Illicit-Drug or Alcohol Use During Pregnancy and Discrepancies in Mandatory Reporting in Pinellas County, Florida." *New England Journal of Medicine*. 322:1202.
- Children and Family Research Center. 2002. *Report on Child Safety and Permanency in Illinois for Fiscal Year 2001*. Urbana, IL: School of Social Work, University of Illinois at Urbana-Champaign.
- Courtney, Mark E., et al. 1998. "Race and Child Welfare Services: Past Research and Future Directions." *Child Welfare* 75:99.
- Courtney, Mark & Needell, Barbara. 1997. "Outcomes of Kinship Care: Lessons from California," in Berrick, Jill D., Barth, Richard P., & Gilbert, Neil. *Child Welfare Research Review* 2: 130. New York: Columbia University Press.

Courtney, Mark E. & Wong, Vin-Ling I. 1996. "Comparing the Timing Exits from Substitute Care." *Children and Youth Services Review* 18:307.

Eckenrode, J. et al. 1988 "Substantiation of Child Abuse and Neglect Reports." *Journal of Consulting and Clinical Psychology* 38:9.

Garland, Ann F. et al. 1998. "Minority Populations in the Child Welfare System: The Visibility Hypothesis Reexamined." *American Journal of Orthopsychiatry* 68: 142.

Goerge, Robert M. & Lee, Bong J. 2001. "The Entry of Children from the Welfare System into Foster Care: Differences by Race." Urbana-Champaign, IL: Children and Family Research Center, School of Social Work, University of Illinois.

Gleeson, James P. et al. 1997. "Understanding the Complexity of Practice in Kinship Foster Care." *Child Welfare* 76: 801.

Goerge, Robert M., Wulczyn, Fred S., & Harden, Allen. 1994. *Foster Care Dynamics, 1983-1992: California, Illinois, Michigan, New York, and Texas - A First-Year Report from the Multi-State Foster Care Data Archive*. Chicago: Chapin Hall Center for Children.

Guggenheim, Martin. 2000. "Somebody's Children: Sustaining the Family's Place in Child Welfare Policy." *Harvard Law Review* 113: 1716.

Hampton, R. & Newberger, E. 1985. "Child Abuse Reporting: Significance of Severity, Class, and Race." *American Journal of Public Health* 75:56.

Hill, Robert B. 2001. "The Role of Race in Foster Care Placements." Paper presented at the *Race Matters Forum*, Chevy Chase, MD.

Hill, Robert B. 2001. "The Role of Race in Parental Reunification." Paper presented at the *Race Matters Forum*, Chevy Chase, MD.

Jenny, Carole et al. 1999. "Analysis of Missed Cases of Abusive Head Trauma." *Journal of the American Medical Association* 281:621.

Kamerman, Sheila B. & Kahn, Alfred. 1990. "Social Services for Children, Youth, and Families in the United States." *Children and Youth Services Review* 12: 1.

Lindsey, Duncan. 1994. *The Welfare of Children*. New York: Oxford University Press.

McCabe, K., et al. 1999. "Racial Ethnic Representation across Five Public Sectors of Care for Youth." *Journal of Emotional and Behavioral Disorders* 7: 72.

McMurtry, S.L. & Lie, G. 1992. "Differential Exits of Minority Children in Foster Care." *Social Work Research and Abstract* 28:42.

Miller, Jennifer L. 2000. "Child Welfare Waivers: What Are We Learning." *Policy & Practice* December: 20.

Minnesota Department of Human Services. 2002. *Report to the Legislature on the Study of Outcomes for African American Children in Minnesota's Child Protection System*. St. Paul: Minnesota Department of Human Services, Children's Services Administration.

Morton, Thomas D. 1999. "The Increasing Colorization of America's Child Welfare System." *Policy and Practice* December: 23.

National Center on Family Group Decision Making. 2001. *What is FGDM?* Englewood, CO.: American Humane Association. Available at [http://www.ahafgdm.org/what\\_is.htm](http://www.ahafgdm.org/what_is.htm).

Nelson, Kristine 2000. "What Works in Family Preservation Services?" p. 11 in Mirian P. Kluger, Gina Alexander, and Patrick A. Curtis, eds., *What Works in Child Welfare?* Washington, D.C.: CWLA Press.

Neuspiel, Daniel R. & Zingman, Terry Martin. 1993. "Custody of Cocaine-Exposed Newborns: Determinants of Discharge Decisions." *American Journal of Public Health* 83:1726.

Pelton, Leroy H. 1997. "Child Welfare Policy and Practice: The Myth of Family Preservation." *American Journal of Orthopsychiatry* 67: 545.

Roberts, Dorothy. 2002. *Shattered Bonds: The Color of Child Welfare*. New York: Basic Books/Civitas.

Roberts, Dorothy E. 2001. "Kinship Care and the Price of State Support for Children." *Chicago-Kent Law Review* 76: 1619.

Scannapieco, Maria & Jackson, Sondra. 1996. "Kinship Care: The African American Response to Family Preservation." *Social Work*. 41:190.

Sedlak, A.J. & Broadhurst, D.D. 1996. *Third National Incidence Study of Child Abuse and Neglect, Final Report*. Washington, D.C.: U.S. Department of Health and Human Services.

Select Committee on Children, Youth, & Families. 1989. *U.S. Children and Their Families: Current Conditions and Recent Trends*. Washington, D.C.: U.S. House of Representatives.

Stehno, Sandra M. 1990. "The Elusive Continuum of Child Welfare Services: Implications for Minority Children and Youths." *Child Welfare* 69: 551.

Testa, Mark F. 2001. "The Changing Significance of Race and Kinship for Achieving Permanency for Foster Children." Paper presented at the *Race Matters Forum*, Chevy Chase, MD.

Tsang, A. Ka Tat. 2001. "Representation of Ethnic Identity in North American Social Work." *Social Work*. 46: 229

U.S. Department of Health & Human Services. 2001. *The AFCARS Report: Interim FY 1999 Estimates as of June 2001 (6)*. Washington, D.C.: U.S. Department of Health & Human Services. Available at [www.acf.dhhs.gov/programs/cb](http://www.acf.dhhs.gov/programs/cb).

U. S. Department of Health & Human Services. 1997. *National Study of Protective, Preventive, and Reunification Services Delivered to Children and Their Families*. Washington, D.C.: U.S. Government Printing Office.

Waldfoegel, Jane. 1998. *The Future of Child Protection: How to Break the Cycle of Abuse and Neglect*. Cambridge: Harvard University Press.

Whittaker, James K. & Maluccio, Anthony N. 2002. "Rethinking 'Child Placement': A Reflective Essay." *Social Services Review* March: 108.

Wulczyn, Fred. 2002. "Closing the Gap: Are Changing Exit Patterns Reducing the Time African American Children Spend in Foster Care Relative to Caucasian Children?" Unpublished paper.



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