Racial Disproportionality and Disparities in the Child Welfare System: Why Do They Exist, and What Can Be Done to Address Them?

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Children of color are overrepresented in the child welfare system, and Black children have been most significantly impacted by this racial disproportionality. Racial disproportionality in child welfare exists because of influences that are both external to child welfare systems and part of the child welfare system. We summarize the causes of racial disproportionality, arguing that internal and external causes of disproportional involvement originate from a common underlying factor: structural and institutional racism that is both within child welfare systems and part of society at large. Further, we review options for addressing racial disproportionality, arguing that it needs to be rectified because of the harm it causes Black children and families and that forcible separation of children from their parents can no longer be viewed as an acceptable form of intervention for families in need.

Keywords: racial disproportionality; racial disparities; child welfare; foster care

Research has observed the overrepresentation of children of color in the child welfare system for more than 50 years. Commonly referred to as *racial disproportionality*, this phenomenon describes a condition that exists when the proportion of one group in the child welfare population (i.e., children in foster care) is proportionately larger (overrepresented) or smaller (underrepresented) than the proportion of the same group in the general child population. Overrepresentation in the child welfare system has most significantly occurred for Black children, with national data indicating that Black children represent 23 percent of children in foster care, although they represent

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only 14 percent of children in the general population (KIDS Count 2020). This represents a decrease in disproportionality since 2000 when Black children represented 38 percent of children in foster care (Summers, Wood, and Russell 2012). This decrease was realized in part due to national attention to the problem of disproportionality in the early 2000s, which led to a number of state legislative mandates requiring system responses (e.g., Michigan Department of Human Services 2006; Texas Health and Human Services Commission 2006), as well as national philanthropic efforts to assist in these responses (e.g., Casey Family Programs 2009). However, despite decades of efforts to address this, Black children remain overrepresented in foster care at a rate more than 1.6 times their proportion of the general population. While the national dialogue has focused largely on Black children, racial disproportionality has also been observed for Native American and Latinx children, although to a lesser degree and with variation by state.[1]

While racial disproportionality refers to one group's representation in the child welfare system being out of proportion with their representation in the population, racial disparity refers to inequality in group representation in the child welfare system. That is, racial disparity is used to describe inequitable outcomes experienced by one racial group when compared to *another* racial group, while disproportionality compares the proportion of one racial group to the *same* racial group in the general population. Racial disparities can occur at every decision-making point in the child welfare system, beginning with the point of initial report, acceptance of reports for investigation, substantiation of maltreatment, entries into foster care, and exits from care. These decisions are made not only by child welfare caseworkers, but also by supervisors, administrators, judges, and other legal professionals, as well as professionals external to the child welfare system and the general public. At each of these decision-making points, racial disparities occur that disproportionately impact Black children.[2]

Beginning with the point of initial referral, multiple studies demonstrate that Black children are more likely to be reported for suspected maltreatment than White children (e.g., Putnam-Hornstein et al. 2013). Once a report is made, allegations involving Black children are more likely to proceed to investigation than those involving White children (e.g., Fluke et al. 2003). Once accepted, allegations involving Black children are more likely to be substantiated than those involving White children (e.g., Putnam-Hornstein et al. 2013). Following an investigation, Black children are more likely to be removed from their homes and placed into foster care than White children (e.g., Maguire-Jack, Font, and Dillard 2020). Finally, once in care, studies show that Black children are less likely to be reunified with their families and spend a longer time in care than White children (e.g., M. Miller 2008). Over the years, studies have examined factors that explain these disparities and findings have been mixed regarding the role of race, with some studies identifying race as a significant factor at various decision points

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(e.g., Rivaux et al. 2008), while others have found no significant effect for race when controlling for other factors (e.g., Putnam-Hornstein et al. 2013).

Yet regardless of the reasons disparities occur, racial disproportionality and disparities represent a significant societal problem because of the harm they cause Black children and families. Research consistently demonstrates that, on average, the act of forced separation of children from their parents is a source of significant and lifelong trauma, regardless of how long the separation lasts (e.g., Mitchell and Kuczynski 2009; Sankaran, Church, and Mitchell 2019). Beyond this initial trauma, multiple studies document that children who are removed from their homes are at risk for a host of negative outcomes including low educational attainment, homelessness, unemployment, economic hardship, unplanned pregnancies, mental health disorders, and criminal justice involvement (e.g., Courtney et al. 2011; Pecora et al. 2005). Research has yet to determine whether removal and foster care themselves cause these poor outcomes as opposed to them reflecting a constellation of social and economic disadvantages and traumatic experiences, which may include removal and foster care. Indeed, recent research has shown a potential mitigating effect of foster care on certain negative outcomes (e.g., Font, Berger, and Cancian 2018; Font, Cancian, and Berger 2019). Nonetheless, it is indisputable that, on average, children who spend time in foster care exhibit adverse social, economic, and health-related outcomes throughout the life course.

While these risks exist for all children who experience foster care, we believe they are exacerbated for Black children who are already at risk of experiencing adverse outcomes due to structural and institutional racism and inequality. As a result of the ongoing legacy of racial inequality in America, Black youth are at increased risk of experiencing a host of poor outcomes over the course of their lives including economic hardship, poor health, low educational attainment, teen births, criminal justice involvement, emotional distress, and suicidal ideation (e.g., Hanks, Solomon, and Weller 2018; Hope, Hoggard, and Thomas 2015). For Black youth who experience the trauma of family separation and foster care, we contend that these risks are heightened, resulting in a condition of *compound disadvantage* for youth who are already at increased vulnerability for negative outcomes. As such, for Black youth, foster care as an intervention becomes a source of their ongoing and continued oppression. Even in cases where some form of intervention is necessary to ensure child safety, the negative outcomes associated with foster care can serve to further disadvantage Black youth who must navigate a society characterized by systemic inequality and structural racism. As a result, we believe that foster care as an intervention is fundamentally different than other forms of intervention that are intended to provide support (e.g., Temporary Assistance for Needy Families [TANF], Head Start) in which Black families may also be disproportionately involved.

Although the existence of racial disproportionality and disparities is widely documented, the factors that contribute to these problems have been the subject of debate in recent years. At issue is whether the observed inequities result from differential treatment from child welfare and related systems (e.g., racial bias, underreporting of children of other races), or from differential need among Black

families due to their greater likelihood of experiencing poverty and related risks for maltreatment (e.g., neighborhood conditions, family composition). Research supports both of these views, with a large body of research documenting the relationship between poverty and maltreatment (e.g., Kim and Drake 2018).

Findings from the most recent National Incidence Studies of Child Abuse and Neglect (NIS-4) found that children in low-socioeconomic-status households experienced some form of maltreatment at a rate more than five times the rate of other children, and Black children were significantly more likely to live in families with low socioeconomic status (Sedlak et al. 2010). The NIS-4 also documented that Black children were significantly more likely to experience several forms of maltreatment than White children. Yet research also demonstrates the potential role of racial bias in decision-making in child welfare, with multiple studies documenting the persistence of racial inequities even when factors such as poverty and related risks are statistically controlled (e.g., Dettlaff et al. 2011; Rivaux et al. 2008). For example, Rivaux et al. (2008) found that Black children were 77 percent more likely than White children to be removed from their homes following a substantiated maltreatment investigation, even after controlling for factors such as poverty and related risks.

The debate regarding these factors has led to multiple critiques of efforts to address disproportionality, particularly among those who question the role of racial bias given the relationship between poverty and maltreatment (e.g., Bartholet 2009; Drake et al. 2011). As a result, efforts to address disproportionality have stalled, and what has been a problem in child welfare for decades remains unresolved. As such, this debate has served to perpetuate harm to Black children. Not only has this debate hindered efforts to address disproportionality, but it has distracted from the real problem of racism that creates disproportionality, both within child welfare systems and within broader society. Although research clearly documents the relationship between poverty and maltreatment, poverty and disproportionate need are the result of centuries of racism and structural disadvantage that have created the conditions of risk that contribute to maltreatment in Black families. These issues of disproportionate need are then compounded by the pervasive and intrusive involvement of child welfare systems in Black families (Roberts 2002). This article refocuses the understanding of racial disproportionality and disparities on the larger underlying issue of racism that perpetuates and supports the overrepresentation of Black children in the child welfare system, and what needs to be done to address this disproportionality and disparity.

Why Racial Disproportionality and Disparities Exist

In their extensive review and analysis of the research on racial disproportionality and disparities, Fluke et al. (2011) provided four explanations for racial disproportionality and disparities: (1) disproportionate need resulting from poverty and related risks associated with maltreatment; (2) racial bias and discrimination

among child welfare staff and mandated reporters, as well as institutional racism in policies and practices of child welfare agencies; (3) child welfare system factors, including a lack of resources to address the needs of families of color; and (4) geographic context, including neighborhood conditions of concentrated poverty and other factors that may contribute to differential rates of maltreatment.

These explanations were similar to prior reviews, including those by Hines et al. (2004) that proposed four interrelated factors: (1) parent and family risks, (2) poverty and community risks, (3) race and class biases in the child welfare system, and (4) the disproportionate impact of child welfare policies on children of color. Barth (2005) also proposed four similar models for explaining disproportionality: (1) differential need resulting from differential risk; (2) racial bias that affects decision-making; (3) placement dynamics that may result in longer lengths of stay; and (4) the multiplicative model, wherein all three factors interact to produce disproportionality. Similarly, findings from a U.S. Government Accountability Office (2007) study examining disproportionality identified three contributing factors: (1) higher rates of poverty among Black families; (2) bias in child welfare systems; and (3) difficulty recruiting adoptive parents and increased reliance on kinship care in cases with Black children, which may result in longer lengths of stay in care.

In this article, we categorize these factors as those that are external to child welfare systems (poverty and related risks, neighborhood conditions) and those that are internal to child welfare systems (racial bias, institutionally racist policies, and placement dynamics). Yet we contend that these factors result from a common underlying factor—structural and institutional racism, both within child welfare systems and society at large. The following section discusses these external and internal factors, focusing on the role of racism in creating and perpetuating risk for maltreatment and child welfare system involvement among Black families.

External Factors: The Role of Racism in Creating and Promoting Risk for Maltreatment

Efforts to understand the pervasive disparities for Black families often apply a rationale in line with explanatory models of disproportionate need, which suggest that Black children and families are more likely to experience many of the risk factors associated with maltreatment (e.g., poverty, parenting stress), thus making them more vulnerable to child welfare system contact (e.g., Barth 2005; Bartholet 2009). Although sufficiently logical, this line of reasoning provides only a partial explanation that begs other critical questions that often remain unaddressed within maltreatment literature: *Why are Black children and families more likely to experience risk factors associated with maltreatment? How have risk factors for maltreatment come to be concentrated among Black families?*

In this section, we address these questions. We focus on the link between racism and risk factors for maltreatment. Recognizing this connection is key to a foundational understanding of why Black families disproportionately experience

risk factors associated with child maltreatment and child welfare system involvement. We address the direct role of racism in creating and perpetuating risk for maltreatment through factors external to the child welfare system by discussing (1) historic racism against Black families; (2) the relationship between racism and poverty; (3) the relationship among racism, health, and stress; and (4) the relationship between racism and geographic contexts. We place a primary focus on structural racism and acknowledge that, as with other forms of oppression, racism is not merely a personal ideology based on racial prejudice, but a *system* that involves institutional policies and practices, cultural messages, and individual actions and beliefs (Center for the Study of Social Policy [CSSP] 2019).

Historical overview of racism against Black families

Ahistorical conceptualizations of disproportionality and disparity are fundamentally flawed because they fail to take into account historical events, policies, social dynamics, and economic influences that occurred in the past but continue to shape current determinants of health for Black families. As such, a historical lens must be applied to understand the roots of current racial disparities and the endurance of inequitable outcomes.

Enslavement and dehumanization. Racism against Black families has been a defining characteristic of the United States, predating even the nation's official inception. In 1619, a year prior to the arrival of the Mayflower, a ship arrived at the British colony of Virginia with a cargo of twenty to thirty enslaved Africans (Hannah-Jones 2019). Their arrival marked the initiation of a vicious system of chattel slavery that would last for the next 250 years. As such, generations of Black people were born into slavery, and their enslaved status was passed down to their children. Enslaved people were not recognized as human beings; rather, they were regarded as property that could be bought, sold, traded, and disposed of violently.

As the slave trade became a flourishing economic system, unfounded but socially popular scientific theories were used to decree Black people as less than fully human and thereby rationalize their brutal subjugation. Throughout much of the nineteenth century, scientific racism was promoted through a body of scholarship that focused intently on proving racial inferiority (Eberhardt 2019). Empirical efforts relied on theories asserting that humans originated from multiple sources to proclaim a "natural hierarchy" determined by racial characteristics with White people at the top. Notions of White supremacy and the perceived subhuman status of Black people were legally codified through policies such as the Three-Fifths Compromise, which counted an enslaved Black person as three-fifths of a human and reflected the ideology that Black people were both property and less than human (DeGruy 2005).

Forced family separation. The domestic slave trade institutionalized the forced separation of Black families. Enslaved people were denied the right to form families and to keep them intact. Ties to parents, siblings, and extended

family were not honored by enslavers or the courts. Enslaved people could not marry, and they had no claim to their own children, who could be bought, sold, and traded at their owner's discretion. Historical evidence suggests that the forced separation of children from parents was cruel, widespread, and devastating, with desperate pursuits to reunify lost family members occurring during slavery and beyond (H. Williams 2012).

Overall, slavery, with all its vicious facets, should be understood as a massive historical trauma that continues to shape the lives of children, families, communities, and the systems with which they interact (National Child Traumatic Stress Network 2016). Given that the involuntary removal of children through foster care is not the first form of family separation to disproportionately impact Black families in this country, it should be understood that for Black families, the trauma of involuntary removal can be heightened by the legacy of forced family separation that was integral to slavery.

Laws and policies to maintain White supremacy. Following the Emancipation Proclamation in 1863 and the official abolishment of slavery in 1865, the government enacted a series of laws, policies, and systems to maintain White supremacy and reinforce inequity through the continued subjugation of Black people. Starting in 1865, Black codes were enacted in Southern states to restrict the freedom of Black people, which included vagrancy statutes that imposed penalties and made it a crime for Black people to be unemployed. Through Black codes, many misdemeanors or trivial offenses were treated as felonies, with harsh sentences and fines. Black codes prohibited interracial marriage or cohabitation, restricted the practice of professions outside of menial labor, denied voting rights, controlled where Black people lived, and even included provisions to seize Black children for labor purposes.

Despite the guarantees of equality in the 14th Amendment, White supremacy was protected and reinforced through subsequent Supreme Court decisions and legislation. The landmark *Plessy v. Ferguson* decision in 1896 declared that racial segregation of Black Americans was constitutional. Between 1881 and 1964, the majority of states passed Jim Crow Laws, which mandated "separate but equal" status for Black people, requiring that public schools, public facilities, churches, and restaurants have separate facilities for White and Black people. The most common Jim Crow laws prohibited interracial marriage, mandated that businesses separate customers by race, and protected the rights of business owners to refuse service based on race. Jim Crow Laws were fully backed by the Supreme Court until 1964, when the Civil Rights Act outlawed all discriminatory legislation.

The history of enslavement and dehumanization of Black people, forced family separation, and policies to maintain White supremacy form an inequitable foundation that continues to have an impact on social, legal, and political factors that shape experiences of Black children and families. Evaluating why disparities exist requires connecting these external factors and recognizing the role of racism in creating and promoting disproportionate risk for maltreatment.

Racism and poverty

Current and historic racism continues to negatively impact the economic status of Black families and is a root cause of racial disparities in poverty. Enduring consequences of racism, including residential segregation, discrimination in labor markets, unequal access to quality education, and implicit and explicit biases perpetuate the disproportionate concentration of Black families among the poor. As such, racial disparities in income, employment, educational attainment, homeownership, and wealth persist and endure across generations (Chetty et al. 2018).

Data consistently document inequitable outcomes for Black households across various measures of poverty and wealth. In 2018, the Black poverty rate (20.8 percent) remained more than twice as high as the White poverty rate (8.1 percent); and the median income was $70,642 for White households, while Black households had a median income of $41,361 (Semega et al. 2019). The Black/White wage gap, which indicates how much less Black workers are paid than White workers, has increased from 20.8 percent in 2008 to 26.7 percent in 2018 (Gould 2019). Beyond income, the residual effects of Jim Crow Laws and systematic exclusion from homeownership have contributed to persistent disparities in wealth. Homeownership is particularly influential on the racial wealth gap, as homeownership helps families to accumulate wealth and take advantage of substantial tax savings. In 2019, less than half of Black families (42 percent) lived in owner-occupied housing, compared to 73 percent of White families (Rudden 2019). Further, approximately one in six Black households spend more than 50 percent of their income on housing, leaving them financially strained and unable to devote resources to their children's education, health care, and other basic needs (Stanford Center on Poverty and Inequality 2017).

The racialized nature of poverty in the United States is a direct consequence of racism, the evidence of which can be traced across decades through formal and informal policies that have intentionally and adversely targeted Black people. Poverty and associated economic hardships are well-established risk factors for child maltreatment. Specifically, maltreatment risk is associated with a variety of indicators of economic hardship, including unemployment, single-parent household structure, food insecurity, difficulty paying for housing, and self-reported economic stress (Institute of Medicine and National Research Council 2014). While the link between poverty and child maltreatment is uncontested, the link between poverty and racism has been relatively unacknowledged in the discourse on etiology of racial disparities in the child welfare system. Applying a historical view that properly accounts for racism is key to accurate contextualization and explanations of these disparities. It provides a basis for understanding that racial disparities attributed to disproportionate need are also fundamentally attributable to racism and its enduring effects.

Racism, health, and stress

Racism is also intricately linked to persistent racial disparities across important indicators of health. According to a meta-analysis focusing on the relationship

between reported racism and health outcomes, racism is associated with poorer physical health and poorer mental health, including depression, anxiety, and psychological stress (Paradies et al. 2015). Evidence indicates that socioeconomic factors alone do not account for these disparities. At every level of education and income, Black people have a lower life expectancy at age 25 than do White and Latinx populations (Paradies et al. 2015).

The experience of racial stressors among Black Americans across the life course may contribute to "weathering" or accelerated deterioration in health as a consequence of the cumulative physiologic burden placed on biological systems by repeated experiences with discrimination, stigma, economic adversity, and political marginalization (Geronimus et al. 2006). Researchers have also suggested that chronic experiences of racism and microaggressions can result in "racial battle fatigue," which includes constant anxiety and worry, hypervigilance, elevated heart rate and blood pressure, extreme fatigue, and other physical and psychological symptoms (Soto, Dawson-Andoh, and BeLue 2011). Epidemiologist Sherman James referred to the coping strategies that are needed to survive amid this experience of constant discrimination and oppression as "John Henryism," which is also associated with significant adverse health consequences (James et al. 1992).

Notably, prior research demonstrates a strong link between various forms of parent/family stress and child maltreatment risk (e.g., Slack et al. 2011). For Black families, the experience of stress stemming from enduring racial discrimination may have adverse consequences on parenting and maltreatment risk that go beyond general experiences of stress related to parenting or economic hardship.

Racism, geographic contexts, and structural inequities

More than any other group, Black individuals and families continue to bear the burden of the legacy of racial residential segregation (D. Williams, Lawrence, and Davis 2019). Where one lives is a critical determinant of socioeconomic status, health, and well-being. It determines access to quality schools, job opportunities, safe and affordable housing, nutritious food, exposure to environmental toxins, access to reliable public transit, quality medical care, and longer life expectancy. For Black households, residential segregation has severely restricted access to quality resources and opportunities that have stifled economic mobility.

Throughout most of the twentieth century, federal, state, and local governments defined where Black and White people should live by enforcing racially explicit policies. Racial residential segregation was perpetuated by intentional government action, amounting to segregation by law and public policy. For example, the Federal Housing Authority and Veteran's Administration refused to insure mortgages to Black people in designated "White" neighborhoods and would not insure mortgages for White people in neighborhoods where Black households were present. In addition, federally backed loans were awarded to private builders only if racial restrictions were included in their subdivision deeds (Rothstein 2017). Segregation was also firmly reinforced by local laws that segregated schools, hospitals, hotels, restaurants, and parks. The Civil Rights Act of 1964 and Fair Housing

Act of 1968 were meant as remedies, but the cumulative effect of racially discriminatory policies in the housing market had taken their toll. Black families had been forced into racially segregated high-poverty areas, with inferior infrastructure and institutions, substandard housing, and industrial pollution. As a result, the worst urban context in which White people reside is considerably better than the average context of Black communities (D. Williams, Lawrence, and Davis 2019).

Here, we have reviewed the relationship between racism and factors external to the child welfare system that contribute to racial disproportionality and disparities, including poverty, health and stress, and geographic contexts. Considered together, these external factors demonstrate how racist laws, practices, and policies have concentrated various conditions of risk among Black families. As such, racism can be understood as a common denominator across external factors that explains why Black families may disproportionately experience adverse conditions associated with child maltreatment and child welfare system involvement.

Internal Factors: Racism and Racial Bias in Child Welfare and Related Systems

While racism external to child welfare systems creates the conditions of risk that may lead to maltreatment in Black families, racism within child welfare systems exacerbates and maintains racial inequities. This section reviews the racist origins of the child welfare system, the ways in which racism is institutionalized in child welfare systems, and the role of racial bias in decision-making.

Institutional racism and the child welfare system

The history of the child welfare system, as with the history of most formal structures in the United States, is one that involves the gradual development of a system designed by White people with the goal of maintaining the supremacy of White people. Throughout its history, racism has been embedded in child welfare systems' policies and structures to first exclude Black children from involvement and later to perpetuate oppression against them.

Prior to the mid-1800s, there was little involvement of formal systems in families' lives, as White children were viewed solely as the responsibility of their parents. Black children were the property of their slave owners. The origins of the child welfare system began in 1853, when Charles Loring Brace established the Children's Aid Society as a means of caring for abandoned and orphaned White children living on the streets of New York. While there was some institutional care for White children at that time, Loring Brace believed that these children could help to settle the expanding American West, and through placement in family care, grow into productive adults (O'Connor 2004). This led to the Orphan Train Movement, which resettled more than two hundred thousand White children through the early 1900s. Black children remained largely excluded from child

welfare services through the mid-1900s, until a series of policy changes in the 1960s had a significant impact on the involvement of Black children (Bates 2016).

The passage of the Social Security Act in 1935 saw the creation of the Aid to Families with Dependent Children Program (AFDC), which provided states great discretion in eligibility requirements. Policy-makers often designed requirements to maintain racial oppression in the form of "illegitimate child clauses" or other home suitability clauses that allowed states to deny benefits to, or expel, Black families whose homes were viewed as immoral (Bell 1965). As examples, in 1959 the state of Florida removed more than fourteen thousand children from their welfare program, more than 90 percent of whom were Black. The following year, the state of Louisiana expelled twenty-three thousand children from AFDC, the majority of whom were Black, on the grounds of unsuitability (Lawrence-Webb 1997).

These events triggered enough public attention to form the basis of the Flemming Rule, which prohibited states from denying eligibility for AFDC due to unsuitability clauses. However, the law also required that states investigate homes that had been deemed unsuitable and, if determined to be unsafe, either provide income assistance or place children in foster care to ensure their safety. This was followed in 1962 by the Public Welfare Amendments to the Social Security Act, which emphasized removal as an intervention when caseworkers deemed families neglectful. The combination of these policy changes, along with the disproportionate number of Black families that were expelled from AFDC and subsequently deemed unsafe by caseworkers who at the time were predominantly White, led to what we now refer to as racial disproportionality, as the majority of children placed in foster care following implementation of the Flemming Rule were Black.

Since then, the role of child welfare policies and their implementation has continued to disproportionately impact Black children. The Child Abuse Prevention Treatment Act (CAPTA) of 1974 introduced mandatory reporting laws, which resulted in a rapid growth of maltreatment allegations and placement of children in foster care. CAPTA also established mandatory minimum federal definitions of child maltreatment. However, CAPTA allowed states broad discretion to expand on these definitions, resulting in laws that vary widely by state and often reflect current social problems within the context of those states. Over the decades following CAPTA, these definitions were largely influenced by racial narratives including the War on Drugs, "welfare queens," "crack babies," and beliefs about appropriate parenting standards that may reflect a White, middle-class lens.

Beyond specific federal policies, the fundamental principle that governs child welfare decision-making, the "best interests of the child" standard, has repeatedly been challenged due to its potential for bias given its ambiguous definition, which leaves room for substantial subjectivity in application. Legal scholar Tanya Asim Cooper (2014, 107) said of the best interest standard, "Its lack of definitive guidance allows foster care professionals and even judges to substitute their own judgment about what is in a child's best interest and allows unintended biases to permeate decision-making." Even the Supreme Court has acknowledged the

potential for bias, stating the best interest standard "is imprecise and open to the subjective values of the judge" (*Lassiter v. Department of Social Services* 1981).

Racial bias and decision-making

Beyond the institutional racism embedded within child welfare systems through its origins and policies, racial biases among child welfare and other professionals further contribute to racial inequity. Multiple studies have shown that race significantly impacts decision-making among professional reporters at the point of initial referral. This evidence is most clear among medical professionals. In their seminal study, Jenny et al. (1999) found that among children seen in a hospital for head injuries, abusive head trauma was significantly more likely to be overlooked by physicians if the child was White. Since then, multiple additional studies have identified racial biases among medical personnel. Lane et al. (2002) found that non-White children with accidental injuries were more than three times as likely than White children to be reported for abuse, even after controlling for income. Hymel et al. (2018) found that non-White children with head injuries were nearly twice as likely to be reported for abusive head trauma than White children with similar injuries. Further studies have found that among children who present with head injuries, Black children are more likely than White children to be referred for full skeletal surveys and more likely to be reported for maltreatment (e.g., Lane et al. 2002; Lindberg et al. 2012). Similar disparities have also been documented among educational personnel (e.g., Krase 2015) and other professional reporters (e.g., Krase 2013). Overall, this body of research demonstrates that not only are Black children overreported, but White children in need of intervention are underreported.[3]

Multiple studies have examined the extent to which racial bias impacts decision-making at various decision points once families are involved in the system by using statistical controls to isolate the role of race. These findings have been conflicting, with some finding that, after controlling for poverty or other socioeconomic measures, race is not a significant explanatory factor (Drake, Lee, and Jonson-Reid 2009; Font, Berger, and Slack 2012). However, others have found that even after adjusting for socioeconomic measures, race remains a significant explanatory variable, suggesting the influence of bias (Dettlaff et al. 2011; M. Miller 2008).[4]

As an example, Rivaux et al. (2008) used data from Texas to examine two related decision points—the decision to provide services to families, and the decision to remove a child from the home in lieu of receiving in-home services. After controlling for both income and risk as defined by CPS caseworkers, results indicated that race was a significant predictor of both decision points. After controlling for income and risk, Black children were 20 percent more likely than White children to be involved in cases in which services were provided and 77 percent more likely than White children to be removed in lieu of receiving in-home services. The inclusion of risk in this study, in addition to income, allowed for an important interpretation to be made regarding the role of race, as decisions to place children in foster care are based largely on the assessment of risk of

future maltreatment. By holding both risk and income constant, the emergence of race as a significant predictor indicates that the race of the child influenced the decisions made regarding that child, providing evidence of the role of bias.

As further evidence, results showed that Black families were consistently assessed as having *lower risk* than White families, even though they were more likely to receive services and experience removal. The authors suggest that rather than race directly influencing the assessment of risk, disparities may be better explained by differences in the *decision threshold* caseworkers use when making decisions, suggesting that although Black families were assessed as having lower risk, there was a different threshold for taking action (e.g., removal), and that threshold is lower for taking action on Black families than it is for White families.

In addition to studies that have used statistical analyses to examine the role of race, a large body of qualitative studies has documented the experience of Black families encountering bias in their interactions with child welfare systems (see, for example, Merritt, this volume). These studies have consistently documented Black families' experiences of disrespectful treatment, cultural misunderstandings, harsh judgments of differing parenting styles, and a lack of culturally appropriate services (e.g., Harris and Hackett 2008; K. Miller, Cahn, and Orellana 2012). In studies that have included child welfare and legal professionals, these professionals have consistently affirmed the experiences of Black families, acknowledging the role of racial biases not only in their own decision-making, but also in assessment measures, licensing standards, and interventions to assist families (e.g., Dettlaff and Rycraft 2010).

In sum, the racist origins of the child welfare system have led to decades of policies that contribute to the disproportionate involvement of Black children and families. The harmful effects of these policies are exacerbated by decision-making that may be influenced by racial biases. Although disproportionate need may result from factors external to the child welfare system, once Black children come to the attention of this system, they become involved in a system that institutionally perpetuates and maintains these inequities, resulting in ongoing harm. The following section discusses the actions needed to address this persistent and ongoing problem.

Addressing Racial Disproportionality and Disparities

We previously noted that researchers have documented racial disproportionality and disparities in the child welfare system for more than 50 years. Although research has found substantial reductions in the involvement of Black children (and increases in involvement of White children) over the last two decades, racial disproportionality and disparities persist. We argue that disproportionality and disparities are problems that need to be addressed due to the disproportionate harm that we suggest they cause Black children and families. These persistent inequities perpetuate the oppressive conditions that cause harm to Black children and families as a result of ongoing structural and institutional racism in society.

Over the last several decades, child welfare systems have employed a number of strategies in attempts to address racial disproportionality. These include interventions at both the individual and systems levels. Interventions at the individual level have focused largely on addressing aspects of decision-making to minimize bias, including the use of standardized risk assessments, cultural responsiveness training, and family group decision-making. Standardized risk assessments may reduce bias and inconsistencies by aiding workers in making uniform decisions, and some research has demonstrated that these tools may assist in more accurately predicting risk across racial groups (e.g., Baird and Wagner 2000). However, as we noted previously, research has also demonstrated that decision thresholds for taking action based on risk may differ across racial groups and contribute to disparities (Rivaux et al. 2008). (See Drake and colleagues, this volume, for an extensive discussion of risk assessment strategies.) Different forms of cultural responsiveness training have shown to increase knowledge and understanding of how biases may impact decision-making; however, this has not been specifically linked to differences in outcomes (e.g., O. Miller and Esenstad 2015). Family group decision-making (FGDM), which includes the family and key figures in the child's life in planning for services at key decision points, may assist in reducing disparities by giving voice to perspectives that extend beyond the individual caseworker. Although findings on the effectiveness of FGDM in reducing disproportionality are mixed, a small number of studies have found that FGDM may lead to shorter stays in care and increased reunifications for Black children (e.g., Sheets et al. 2009).

Interventions at the agency-systemic level include agency leadership, community partnerships, and improvements to kinship and adoption. Research has shown that in jurisdictions that have successfully reduced disproportionality, agency leadership was an essential aspect of this by identifying disproportionality as a problem and setting a commitment to address it (O. Miller and Esenstad 2015). Research has also demonstrated that meaningful agency-community partnerships, including the use of satellite offices, can improve culturally responsive service delivery, which may be associated with reductions in disproportionality (e.g., Lemon, D'Andrade, and Austin 2008). Finally, expanding the use of informal kinship care and subsidized guardianships to facilitate exits from foster care to relatives may improve permanency for Black children (e.g., Testa 2002).

However, despite these efforts and the progress that has been made, attention to disproportionality and disparities has waned in recent years, and what has been observed as a problem for five decades is now viewed by many as an acceptable status quo. This has resulted largely from the ongoing debate in child welfare about the causes of disproportionality. Those who argue that disproportionate need is the primary cause of disproportionality largely argue that racism and bias in child welfare systems is not a significant factor and have been critical of efforts to address disproportionality through cultural responsiveness training or other efforts to address bias. These arguments that frame disproportionate need as the predominant driver of disproportionality have led child welfare systems to function as if the causes of disproportionality occur outside their systems, and as a result, racial disproportionality is to be expected, which may result in a failure to take action to address it.

We argue that racism, both internal and external to child welfare systems, is the underlying cause of disproportionality and disparities therein. Yet to what extent is racism also the cause of current complacency toward addressing these problems? To what extent does racism drive the current narrative that accepts inequity as the status quo? Dr. Ibram Kendi (2019, 17–18) defines racism as "a marriage of racist policies and racist ideas that produces and normalizes racist inequities." The child welfare system was founded on the *racist idea* that White children are superior to Black children and, over the last century, this *racist idea* formed the basis of *racist policies* that have governed the child welfare system to produce and normalize the *racist inequities* that continue to exist today. We believe this normalization is found in the narratives that claim racial disproportionality is to be expected due to "disproportionate need." Yet racial inequities should never be accepted as a status quo, neither in society nor in the child welfare system.

So, what should be done to address ongoing racial disproportionality and disparities? Can a system that began with a racist intent evolve into a system that achieves racial equity? Or does a new framework need to be considered that reimagines the child welfare system as a fundamentally different system than the one that exists today? Antiracism is a practice that opposes institutional and systemic policies and practices that produce and maintain racial inequity. Applying an antiracist framework to child welfare begins by acknowledging that racial disproportionality and disparities are maintained through the policies of the system, as well as the broader society, in which they exist. Kendi defines racist policies as those policies that produce and maintain racial inequity, while antiracist policies are those that produce and maintain racial equity. In this definition, "policy" is used broadly to include all "written and unwritten laws, rules, procedures, processes, regulations, and guidelines that govern people" (2019, 18). All policies either produce racial inequity or they produce racial equity. Applying an antiracist framework to child welfare acknowledges the racist origins of child welfare policies and practices, identifies the ways in which current policies and practices produce and maintain inequity, and re-creates those policies and practices—both within child welfare systems and in the larger societal context—in a way that is designed to achieve racial equity.

Thus, an antiracist framework is not one of reform, it is one of re-creation. This section began with a review of interventions that have been used in attempts to address racial disproportionality and disparities. Yet it is clear that these strategies are not sufficient. Decades of work have been done, yet racial inequities that harm Black children and families remain. An antiracist framework calls for an end to the policies and practices that continue to produce these inequities. Within the child welfare system, those policies and practices are those that support the involuntary separation and removal of children from their families of origin. The elimination of racial disproportionality and disparities, and the harm they cause, will only be achieved when the forcible separation of children from their parents is no longer viewed as an acceptable form of intervention for families in need. The harm that results from this intervention, and the families that are destroyed as a result, fundamentally distinguishes foster care and the child welfare system from any other system or means of helping vulnerable families. This harm will only be stopped

through the elimination of foster care as an intervention and a fundamental reim-agining of the meaning of the welfare of children.

Decades of child welfare policy have created the child welfare system that exists today, and as such, ending foster care as an intervention is a long-term strategy that will require gradual steps. However, we believe this needs to be a necessary goal, and actions need to be taken to move toward that goal. This can begin with the following actions.

Enhance the economic safety net for families in need

The economic safety net consists of various programs intended to alleviate pov-erty among families with low income (e.g., TANF; Supplemental Nutrition Assistance Program [SNAP]; Head Start; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]; Earned Income Tax Credit [EITC]; childcare and housing subsidies; and so on). Mounting evidence points to clear connections between safety net policies and child maltreatment prevention. Restrictions on safety net policies (e.g., reductions in welfare benefits, lifetime welfare limits, and sanctions) can contribute to increased maltreatment risk and involvement with CPS (Slack, Lee, and Berger 2007), while policies that increase subsidies or continue eligibility (e.g., increased income via the EITC, additional child support) can decrease this (Berger et al. 2017; Cancian, Yang, and Slack 2013). Safety net policies provide existing infrastructures that target the most eco-nomically vulnerable families. Using these avenues to invest economic and material support can disrupt cycles of instability and circumvent the need for child welfare system intervention. In addition to safety net programs, targeting family-centered work policies such as paid leave (i.e., parental leave and sick leave), livable wages, and consistent and flexible work schedules can also strengthen household financial security and reduce risks that may lead to child welfare intervention.

Fund robust public health approaches to child maltreatment prevention

Child maltreatment is increasingly acknowledged as a costly public health problem. Yet to what extent are public health approaches reflected in the current service infrastructure of the child welfare system? The funding and implementa-tion of public health approaches to maltreatment prevention (see articles by Jones Harden and colleagues, this volume; and Roygardner, Hughes, and Palusci, this volume) have lagged despite consensus that maltreatment prevention cannot occur by intervening only after maltreatment allegations are reported to CPS. To move from rhetoric to action, we must place greater emphasis on public health approaches that center the needs of families and include primary prevention services outside the child welfare system to provide help before maltreatment occurs. Public health approaches also include universal, non–means tested ser-vices that are delivered to entire communities and provide a wide continuum of activities that extend beyond direct services to include neighborhood activities that engage parents, public policies, and institutions that support families, and public education efforts to change social norms and behavior (Zimmerman and

Mercy 2010). Policies that apply a public health lens to maltreatment prevention are needed to replace foster care as a primary intervention and to shift from the reliance on interventions that target individual behavior change to those that intervene on social determinants of health.

Raise the threshold that must be met before removal is authorized and build structures to enforce this

Although involuntary removal is supposed to occur only in cases where there is an imminent danger of serious harm, children are often removed in cases that do not meet this standard (Khan 2019; Pelton 2015). In addition to being subject to bias, decisions to remove can be subjective and reactionary, as can be seen in evidence that documents increased rates of removals following high-profile child deaths (e.g., Kramer 2018). Studies have documented that removal decisions are often based on fear of liability rather than best interests of children, with case-workers describing removals as the "safe decision" over family preservation (e.g., Dettlaff and Rycraft 2008). State statutes require that child welfare agencies engage in "reasonable efforts" to prevent placement of children in foster care. What constitutes reasonable efforts is not defined in federal law and is only vaguely defined in state statutes, yet at a minimum this should include demon-strating that caseworkers explored all other options to ensure child safety, and removal is the only available option to protect a child from imminent and serious harm. However, reasonable efforts are rarely enforced. Policies should be devel-oped to strengthen the enforcement of "reasonable efforts" and provide greater oversight to removal decision-making to ensure only the most severe cases result in involuntary removal.

Trust Black communities to care for Black children

When Black children and families were excluded from the child welfare sys-tem during its origins, Black communities developed means of supporting each other and aiding families in need. Can we envision a society in which family and community members are once again first responders to families in crisis rather than government officials? We can move toward this way of responding by expanding the use of and eliminating barriers to informal kinship care. Informal kinship care refers to situations in which parents voluntarily place their children with kin without formal involvement of the child welfare system. In these situa-tions, kin are not required to be licensed or approved according to agency regula-tions. However, these regulations are often still used to eliminate potential kin providers, even in informal arrangements. To facilitate expansion, child welfare systems should develop policies to eliminate barriers to these placements not directly related to child safety (e.g., nonviolent criminal histories, space require-ments). Child welfare systems should also expand the definition of "kin" to include fictive kin (i.e., nonrelated caregivers with close family ties), which cur-rently exists in only twenty-eight states (Child Welfare Information Gateway

2018). While expanding informal kinship care lessens family regulation and oversight by child welfare systems, it also results in a loss of financial support from child welfare systems that comes with formal kin caregiving relationships. As a result, we need policies that provide material supports for informal kin arrangements, whether from child welfare systems or from expansions in existing safety net programs, such as food and clothing allowances, or from expansions in existing safety net programs, such as TANF, SNAP, and children's health insurance.

Conclusion

Placement in foster care disproportionately harms Black children and families through disproportionate rates of removal and the resulting adverse outcomes associated with foster care. Although child welfare reforms have occurred over decades, they have focused largely on system improvements, while the fundamental intervention of forcible involuntary separation has remained unchanged. Eliminating the racial inequities that exist in the child welfare system, as in society at large, will require bold steps that reimagine our understanding of child welfare and child well-being. Envisioning a future where racial disproportionality and disparities no longer exist requires reimagining how society responds to children and families in need. Envisioning a future where racial disproportionality and disparities no longer exist requires envisioning a future where families are strengthened and supported, rather than surveilled and separated. After decades of attempts to address the harm the child welfare system causes to Black children and families, it is now time to acknowledge that child welfare is not a broken system, but rather a system that needs to be broken.

Notes

1. Overrepresentation has been observed among Native American children, who represent approximately 2 percent of children in foster care although they represent only 1 percent of the general child population. Latinx children are underrepresented at the national level, although overrepresentation exists in certain states. As the body of research on disproportionality, as well as debates concerning the appropriate response, has focused primarily on Black children, this article addresses racial disproportionality and disparities among Black children.

2. It is important to note that estimates of disparities may differ considerably when raw differences between groups are considered, as opposed to adjusted differences, which, for example, represent differences between groups conditional on factors such as income, family structure, parental education, and others. We argue that racial disparities in the child welfare system are of concern whether they are robust to such adjustment given that the differences in underlying factors that may lead to such disparities are, themselves, symptoms of historical and contemporary structural inequalities and systemic and institutional racism.

3. This phenomenon has been documented in other systems as well, such that Black youth are twice as likely to be arrested than White youth although self-reported offenses are comparable (e.g., Lauritsen 2005), and Black youth are more likely to be suspended from school compared to White youth who engage in similar behaviors (e.g., Shollenberger 2015). Research on racial disparities has been much more extensive in these systems with much research supporting the role of racial bias in contributing to these

disparities. While not directly comparable to child welfare systems, the pattern of disparities and consistency of findings across systems are of note.

4. It is important to note that many factors related to methodological differences in this body of work—samples, geography, analytic strategy—may explain differences in these findings. It is also important to note that this body of work is relatively small compared to the work that has been done on racial disparities in some other disciplines. Much further research is needed in child welfare to better understand these disparities.

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