

# HUNTER COLLEGE SCHOOL OF SOCIAL WORK CHILD WELFARE LECTURE SERIES

# Color of Child Welfare Policy: Racial Disparities in Child Welfare Services

**RUTH MCROY, PHD** 

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129 East 79th Street • New York, NY 10021 TEL 212/452-7053 • FAX 212/452-7051 www.hunter.cuny.edu/socwork/nrcfcpp

A service of the Children's Bureau/ACF/DHHS Tonight, I have a chance to visit and talk about a topic that I am particularly concerned about, as I know that many of you are as well. The topic is the color of child welfare policy, and specifically I want to look at issues of racial disparities. Some of the comments that I will be sharing with you today are based on a book chapter that I've recently written called the "Color of Child Welfare Policy," which will be published in the forthcoming book, <u>The Color of Social Policy</u>, that is being edited by Dr. King Davis, the holder of the Sutherland Chair in Mental Health Policy at the University of Texas at Austin.

As I was preparing this presentation I picked up a copy of a new book <u>Shattered Bonds</u>, written by Dorothy Roberts, a law professor at Northwestern in Evanston, Illinois. I recently had the opportunity to meet her and to learn more about her perspectives in terms of racial disparities in child welfare. I highly recommend the book.

Over-representation is a concept that is often used to describe the situation of children in the nations child welfare system. And in fact most recently I've noticed that two terms are being used to examine this issue: over-representation and disproportionality. Over-representation suggests that if a particularly racial/ethnic group of children are represented in foster care at a higher percentage than they're represented in the general child population, then this means that they are over-represented. According to Roberts (2002) 17% of children under 18 in the U.S. are African American, yet in 1999, 42% of children in foster care were African American. In New York City, Black children are ten times more likely to be placed in foster care than are white children. In the state of Minnesota, African American children are over six times more likely to be reported as maltreated than white children and are more than 16 times as likely as white children to experience an out-of-home-placement. Minnesota, of course, is a state with a relatively small population of African American.

Disproportionality is the other concept that is often used to consider this particular issue, and that's defined as a situation in which a particular racial/ethnic group of children are represented in the foster care system at a higher percentage than any other racial ethnic group. So the assumption is that if five percent of all White children would be presented, there would also be five percent of African American, five percent of Latino, five percent of Asian American, five percent of Native American.

According to the latest AFCARS (Adoption and Foster Care System) Report, out of 568,000 children in the foster care system, we've looked at those percentages there's nothing like those equal percentages I suggested would occur if we did not have a situation of disproportionality. Later statistics suggests that Blacks are about 42%, 36% white, 15% Hispanic, 2%American Indian/ Alaskan native, 1% Asian, and 8% unknown. So when we look at those figures we know that something is going on within this population and something is particularly going on with African American children in terms of both disproportionality as well as over-representation. In New York City in 1997, there were 42,000 children in care. 3% were White, 24% Latino, and 73% African American.

We can get caught up in looking at the figures associated with the child welfare but it's important to know that this is not just happening in the Child Welfare System. We have to look at this from the perspective of other systems as well. These other systems are also disproportionally African American. And I will give some examples from the criminal justice system, the health care system, mental health, homeless, victims of violent crimes, and welfare. It goes on and on. If we have time, I'll give you other

examples of other systems. The purpose in looking at other systems is that these are interconnected, and I'll make that point very clear soon.

Let's look at the criminal justice system. African Americans represent about 12.4% of U.S. population but are 48.2% of the prison population. Forty percent of juveniles in legal custody are African American and African Americans are over-represented in local jails as well. When we look at the criminal justice system and other areas that are over-representation. In health care a lot of reports have come out very recently in terms of differential treatment. The African American rate of diabetes is more than three times that of Whites. The rate of HIV/AIDS among African Americans is more than seven times of Whites. Infant mortality is twice that of Whites. And we all know there's a life-span differential in the fact that African American males have the shortest life span between African American males and females and White males and females.

The Institute of Medicine recently released a report, which indicated that minorities are less likely to get proper heart medication, heart by-pass surgery, kidney dialysis, and transplants. The gap is greatest between Blacks and Whites. Blacks on Medicare are more likely to have their lower limbs amputated as a result of diabetes. In many studies there's still differences in terms of how African American patients are being treated in our medical system. In some studies, fictitious patient files have been given to different physicians for review. The only difference between the files was the race of the patient. However, researchers have noted that recommendations for treatment have varied based on race of patient.

The Surgeon General has recently released a report on disparities in the mental health system. He identified disparities in the availability, acceptability and quality of mental health services to racial and ethnic minorities. He also pointed out that in much of the research that has surfaced on such areas as schizophrenia and bi-polar disorders, along with ADHD, has included primarily sample populations that are White, have very small population that include African American or Asian-American or Native American or Hispanic and when those populations are included, they are included in very small numbers. Even then there's often not a systematic analysis by ethnic group. In addition to that, there's a tendency to give recommendations for treatment for all populations based upon studies that have been done primarily on only one population, Whites.

Let's turn to homelessness for a minute. Forty-four percent of the homeless population is African American, 3.5 times as many African Americans as Whites are homeless. The over-representation there includes many African American children and families in need. Victims of violent crimes have the same story. African Americans of all ages are more likely to be the victims of serious violent crimes than are Whites. Often, they are also at greater risk of knowing someone who has suffered violence and the greater risk is not associated with socio-economic status differences and differences in the area of residency.

Let's return now to a look at African American children in the child welfare system from an historical perspective. African American children for many years were underrepresented or perhaps not represented within the child welfare system. Until 1865, since slavery was considered the major child welfare system for African American children in this country, there was a tendency to overlook or deny

the needs of black children. After slavery was over, they were excluded from many services because of segregation practices. African American children that were dependent often were placed in almshouses, because they were excluded from most orphanages. Groups such as the National Urban League in 1910 advocated more for more equitable services for African American children. However, by 1923, most child welfare agencies were still segregated. Much of this history of African American children in the child welfare system is well documented in Billingsley's book, Children of the Storm.

In 1930, at the White House Conference on Youth, Ira De A. Reid, of the Urban League called attention to discrimination against Black parents in income maintenance, medical care, services to unwed mothers and daycare services. He acknowledged that one of the reasons for this was the arbitrary enforcement of welfare policies such as the man in the house rules, the illegitimate child rules and home suitability clauses which tended to use moral reasons for keeping African Americans from eligible for welfare benefits.

In the meantime, between 1927 and 1939, in New York City the number of children's protective service cases for Caucasian children declined by more than 31%, but yet the number for African American children rose by 147% according to Piven and Cloward's 1971 publication. In 1939, twenty-three of twenty-seven Protestant custodial care agencies took only Caucasian children in New York City. African American children were typically labeled juvenile criminals to even qualify for some of these services. And, of course, I know that Nina Bernstein, the author of Lost Children of Wilder was here last year in your lecture series and probably talked a lot about this—the history of what happened here in New York City.

In 1959, the famous study by Maas and Engler reported that although there were more African American children in care, they were less likely to be adopted. So we're seeing more children coming to care at this point, but yet being less likely to be adopted due to deferential services available to those children and families. This was continuing in 1963 as culturally insensitive workers were removing children from undesirable family situations and placing them in foster care. In 1963, 81% of children in out of home care were there because parents were unmarried or the children came from broken homes. These were the primary reasons the children were being removed from their parents of origin and were being placed in care. Most of these children at that time were identified as being African American and American Indian.

Jeter in 1963 identified some of the problems associated with African American children in care at that time. African American children were remaining in foster care for longer periods of time than White children and adoption was not being offered on an equitable basis. Many agencies explained that they were not placing African American children for adoption because there were no families available for such children. The majority of families who were seeking to adopt were White families—many of whom were infertile and seeking to adopt white infants and not the children that were in system.

There was on-going discrimination in service provision. Black children were being served primarily by the public agencies. Private agencies in 1963 were still primarily serving White children.

What were some of the policy responses? We know that in 1972 the National Association of Black

Social Workers issued a position statement advocating against the trans-racial placement of African American children because some agencies, again, feeling that African American children families were not adopting were pushing for more trans-racial placements.

However, the primary reason for that occurring was the decline in the availability of White healthy infants for adoption. The increased availability of birth control, abortion, the greater social acceptability of children being parented by mothers out of wedlock led to a tremendous decline in numbers of children that were being placed for adoption. Yet many infertile couples were then seeking to adopt children and were looking for U.S. born infants and many were seeking infants through intercountry adoptions as well.

In 1974, CAPTA was passed, the Child Abuse Prevention Treatment Act, which called for mandatory reporting. Therefore, we had an increase in the number of children coming into the system as a result of mandated reporting of children that had been abused and neglected. In 1978 the Indian Child Welfare Act was passed after about 15 years of discussions about trying to do something on behalf of Native children that were being removed from their families and off the reservation and being placed with White adoptive families. The Indian Child Welfare Act was passed, which basically prioritized the placement of Native American children with Native American extended families or with Native foster or adoptive families in the same tribe or another tribe, before considering placement off the reservation or with white adoptive families.

The Adoption Opportunities Act of 1978 was passed to begin to eliminate barriers to the adoption of special needs children. The Adoption Assistance and Child Welfare Act was passed in 1980 in response to the growing numbers of children. The purpose primarily being to focus on trying to reunify possibly by establishing and requiring the use of "reasonable efforts" in order to try to keep families together rather than move so quickly towards out of home placement for children coming into the system.

In the 1980's and the 1990's, we have continued to see growing numbers of children in care. I can identify a number of other social polices that have been implemented including MEPA and IEPA, ASFA, (the Adoption and Safe Families Act) of 1997and many others that have been stipulated within states for the purpose of addressing some of these issues. Another important piece of legislation in 1993 was the Family Preservation Support Act, which specifically required states to establish an integrated continuum of services for families at risk or in crisis; but yet the amount of funding that was allocated for family preservation was much less than what we allocate for out of home care

The funding of foster care is another issue that has to be addressed in looking at this problem because foster care is a sort of open-ended kind of funding situation in which, states financially benefit by keeping children in care. And as long as that policy is on the books, that's going to keep more and more children within the system. This is reflected in the numbers. In 1982, there were 262,000 children in care, 52% of those were Anglo. By 1993, there were 429,000 children in care, 38% were Anglo, by 2001, 588, 000 children in care, 35% were Anglo. You'll notice the number of Anglo children going down. We noted before the number of African American increasing.

The New York AFCARS data of 1998 suggested that 17% of the child population in New York State is African American, and about 49% of the children in care. You'll notice different figures because it depends upon the year and the source of the data. There are always variations in terms of the actual numbers.

The foster care population is disproportionately African American in a number of cities. For example, in New York City, 73% of the population in care is African American. In San Francisco, 70% of the foster care population is African American and in Chicago 75%. You can name many other large urban areas that have very high numbers of African American children, and you will find a disproportionally high number of African American children in the system.

What are some of the reasons? A lot of the literature points to a variety of different rationales for the reasons for African American children being in the system in growing numbers. Many of those reasons have pointed to an increase, for example in child maltreatment. Some link this increase to the increase in poverty. Leroy Pelton, author of For Reasons of Poverty, which was written back in 1989, specifically points out that children are being removed from their families for reasons of poverty. And what's interesting about that is many of the children that are being removed from their impoverished families are now being placed in working class foster families.

Lower income is the best predictor of child removal and placement according to Pelton back in '89 along with Lindsey in '91. The majority of the children in care are from single parent, low-income households. This does not suggest that only low-income single-parent households are abusing their children. This can occur also in middle-income and upper-income families as well, but they have the resources to keep the children out of the system. They have the legal resources, the financial resources and so forth to make a difference.

Another reason often given for many children coming into the system has to do with differential attributions through labeling bias. Physicians may be more likely to attribute injury to abuse in lower income homes and may be more likely to believe a parent in an upper income family that the child's injuries came from a fall or something of that nature.

Neglect is often a product of poverty. Parents under scrutiny are much more likely to be reported. Pelton says that the family, frequently due to poverty, does not have the resources to offset the impact of situational or personal problems which themselves are often caused by poverty. The agencies have failed to provide the needed support such as babysitting, homemaking, daycare, financial assistance and housing assistance.

Now one of the supports that's identified there is one of the keys to all of this-- financial. A lot of times the services that we provide are not the ones that are going to respond to the financial need of the family. A lot of times the services that we provide are in the form of counseling, and counseling is important yet if many of these families are given some of the same levels of financial support that we give our foster families, they may be able to survive in a much better manner and be able to maintain their children.

Substance abuse is another factor, and I will talk more about that in just a minute because that's actually one of the reasons why more and more children are entering the system these days. It has to do with substance abuse, homelessness, AIDS, teen parenthood, violence and racism --all are considered correlates.

The reason for African American over-representation has to do with the disproportionate poverty among Blacks. We know that Blacks represent about 12.8% of the population, yet about 23.6% are poor. We also recognize that there is an income differential among African Americans and not just among those that are poor. African American median income is about \$29,740 compared to White median income about \$52, 821 annually. Fifty percent of females in African American households have an average income of \$17,316. We know that that is very, very limited income and it is a factor for sure. We know from the Annie Casey Foundation that children raised in impoverished situations are much more like to drop out of school. They are 160 times more likely to give birth as teenagers; 18 times more like to be killed in their community by gun fire; 60 times more likely to suffer reportable abuse or neglect; and 46 times more likely to be placed in foster care.

We talked about substance abuse and how that fits in because you can't talk about child welfare without talking about substance abuse. Parental substance abuse is the reason for 42% of children who are victims of abuse and neglect. In 77% of the cases, alcohol was the problem substance, and cocaine in 23%. According to the Department of Health and Human Services, alcohol and drug related cases are more likely to result in the outcome of foster care placement than any other cases. It's also true that Black women are more likely to be reported for prenatal substance abuse and are more likely to have their children removed.

Whenever we start talking about substance abuse, we must also talk about the criminal justice system. It is estimated that 1.74 million children have at least one parent in prison. There are a disproportionately high number of African Americans in prisons...again we talked about that disproportionately before. 9.7% of Black men between 20 and 29 years old are in prison. Compare that to 2.9% of Hispanic, 1.1% of non-Hispanic White men between 20 and 29.

Differential sentencing is another factor about how long children may be without their family and in out of home care. African American men and women tend to serve more time than Whites for the same offenses. There are a number of studies on-going right now looking at differential sentencing for African Americans versus Whites. If they are likely to serve more time, this has an impact on children that have been removed from their families. African American children are likely to be separated longer than White children from parents.

According to the Adoption and Safe Families Act, termination proceedings can be started if children have been in care for 15 of the past 22 months. This is an issue for many of these families. If we have African American parents in prison for longer periods of time, but the law does not account for this, African American children may be disproportionately affected. Another factor that influences how long a child remains in care is whether or not that child has on-going contact with family members. Well, when we have family members that are in prison, sometimes visitation is pretty problematic. Many of our prison systems are located in rural areas. We have a huge prison industry in the state of Texas in

rural areas yet most of our children are living in foster families in urban areas. So it can be a major ordeal for these children's workers who arrange for them to visit a family member that is in prison. The loss of contact has all kinds of implications for children in care.

It's also important to look at differences in conviction rates. Two thirds of crack cocaine users are actually White and Hispanics, but the persons who are most likely convicted of possession are African Americans. Specifically: 84.5 % are African American, 10.3% are Whites, and 5.2 are Hispanic. That's important to know. That has an implication for the disproportionality. We have to look at the issue in terms of what kinds of crimes African Americans are being convicted of and whether or not there tends to be harsher penalties. African American's are more likely to be convicted of crack cocaine use and there are harsher penalties than for powder cocaine. Moreover, whether you are convicted is often related to the type of legal representation you have. I could talk about that for another hour. But instead, let's turn to what all of this means.

Mark Courtney has done a lot of work in this area. He talks about in addition to child maltreatment that there are issues in terms of service provision, kinship care, and family preservation. He has noted inequities in exit rates, length of care, placement stability, likelihood of adoption. In each of these areas, he found the majority of racial differences reported between African Americans and whites rather than any other group.

Rick Barth, who's now at the University of North Carolina formerly at Berkeley, has done some work specifically looking at decision points in his examination of disproportionality. He identified the specific points at which decisions are made. What happens with a child, first of all, report or no report? Is there going to be a report on the allegation or not? Then the decision is made whether or not to go out and investigate. Some cases will not be investigated. The next step is substantiation. Is the allegation substantiated? Is the case closed, no services provided or in-home service is provided? Is the child placed in out-of-home care? Is the out-of-home placement in a kinship care placement or in foster care? Then is the child reunified, adopted or does the child remain in care. Those are all decision points in which somebody is involved in making the recommendation and somebody's supervisor will say what we should do in this particular case. And it becomes even more difficult when you have a caseload of some 35 or 40 cases in which sometimes workers have about five minutes to talk with their supervisor before they have to make key decisions.

According to three National Incidence Study estimates about incidents of child abuse and neglect, there are no differences in incidents of child abuse and neglect by racial group. But several issues have been raised about a possible sample selection bias and possible undercount of incidents. Some have questioned whether the National Incidence survey is representative, especially given that if there is no difference in incidence why do we see disproportionality in terms of children in the system? And there are also issues in terms of possible under count given the way a lot of our surveys are conducted. Barth suggests a multiplicative model. He says that there are small to medium increases in the disproportionality experienced by African American children as they move through the child welfare system. So he says that at each of these decision points that I described before, that there's sort of multiplicative effect each time there's a decision and this leads to an overrepresentation.

He argues that there is a greater risk for child abuse in African American families especially because the data suggest that there's greater re-entry once African American children return home from foster care. So he suggests that there's probably something going on within the family, and that there's greater likelihood that there is greater abuse or neglect within African American families. He further suggests that there's no compelling reason to assume that this disproportionality is not generally in the best interest of the children served. What he is suggesting is that there is a greater need for foster care for these children, that the families are in need; therefore, that's the reason that the children go into foster care. Unfortunately, what that doesn't take into consideration is how these children are treated once they get into the system.

Many of these children once in the system move from place to place to place and there are greater problems that stem from some of these multiple moves that they had before entering the system. You might also say that if African American families are in greater need, then more preservation should be directed towards this population.

In terms of service provision there is another factor that may lead to disproportionality. Many suggest that there's a lack of culturally competent protective service workers. Most have had no training in services for African American families and, not only do they not have training to serve African American families, but may not have basic skill training in terms of child development, in terms of assessment, and in terms of using professional tools. In fact, many individuals who go out and make the initial assessment may not be trained social workers at all. Many of those that are on the front end responding to an investigation may be German majors. Many do not have any background in this particular area, but that's an issue. But then we also have to think, you know, how are they being trained? How are they being prepared for these kinds of jobs?

There are a lot of studies that are now suggesting that if they have been given assessment tools for one thing many of them may not be using it; two, some may use it but not appropriately. So there are a lot of issues associated with that; and in the research we are currently doing in terms of matching children, and families, we are learning more than ever how workers often have access to the tools, but choose not to use them for a variety of reasons primarily because of heavy caseloads. They don't have time to learn or use anything new.

#### **Service Provision**

Zellman in 1992 found that survey participants were more likely to believe a report should be made on a child of color described in a vignette than a white child. Others have found that there tends to be greater substantiation sometimes of children of color than White children. African American children are more likely to remain in care longer, have less visitation and fewer contacts with workers. African American children are less likely to have plans for contact with family, fewer services.

In interviewing a number of social workers involved in Child Welfare Services over the years, I've asked specific questions about why it is that they may not be making the arrangements for contact with some of the African American children on the caseload and one reason that is often given is because that there is fear of going into African American homes and communities to make those visitations. As a result they may delay visits. That's also given sometimes as the reason for placement of African

American children outside their community because the community that they are placed in (often white) sometimes is located closer to the agency, or to the worker's home and ease of transportation seems to be a factor sometimes.

We know that they're often less likely to be adopted, less likely to be reunited, and less likely to have family preservation services. And the reality is that many of the family preservation services that are offered are often temporary; and they're often not the type of services that would raise them out of poverty.

# Adoption

Many agencies are still struggling to overcome barriers to African American adoption. Many despite the fact that there are a number of successful minority specializing agency such as the Institute of Black Parenting, Homes for Black Children, Black Adoption Program and Services, just to name a few. Those agencies have a waiting list for African American families, yet many agencies overlook those agencies and either keep children in their system or try to make transracial placements without even looking or contacting those agencies. Sometimes it means going through interstate compact, so that would mean a little more work, but there are families for children.

In our own state of Texas we have workers who have placed Houston children with Minnesota families, despite the fact that Houston has a huge African American population, and many families would be more than happy to adopt such children. A lot of reasons have been given for the shortage of African American adoptive parents. Some say it is because of lack of sufficient minority staff. Sometimes workers don't have access to or are not familiar with options available to families such as subsidies, etc.

I've looked closely at issues of kinship care in a couple of states recently and have learned that a lot of times workers are unable to share with kinship care providers all the numerous options that might be available to them because they may not be aware of what those options are. The knowledge is important. Our families continue to be screened out of the process. We had legislation, legislation such as the Multi Ethnic Placement Act, provisions to keep adoption from being delayed or denied to African American children for reasons of race. However, in reality African American children are still remaining in the system, primarily because the children that are in the system are not necessarily those that need transracial adoption services. Most white families are not looking to adopt African American male children between the ages of 12 and 16.

#### **Decision making points**

When we look at when the decisions are made; looking at that cases to investigate; what kind of services are being provided; what kind of recommendation for placement is being made; what are we training our students that they are being prepared to work in this arena; and what kinds of options do they have if they're thinking about what to do and why to do it? What factors may be influencing their decision and are they possibly making decisions based upon stereotypes that we have all developed unconsciously over the years of living in our society. You know, there's conscious racism and unconscious racism and sometimes we may not realize it that it is possible that some decisions are made based on race.

We also have to recognize that there are other decision points. We have to look at the experience and knowledge of our judges as well as the availability of legal presentation for family members. Is there advocacy? Are there court appointed special advocates acting on behalf of children and family?

#### **Placement**

Again there are issues in terms of the worker's experience and potential biases. What's their caseload? The problem is the caseloads are so high that workers really don't have much time to spend thinking about a particular case. And another factor that I found interesting has to do with workers perception of available homes. If workers truly believe that there's an option available for a child, they may not recommend foster care placement. They may not be thinking in terms of adoption. ASFA has required workers to start making permanency plans. For years that was not the case, and there are a lot of times workers assume that there were not others options available for children.

# **Impact of other systems**

We've already talked about much of this. We cannot look at child welfare in a vacuum. We have to look at it in terms of the impact of policies associated with the criminal justice system, with the legal system, with the economic system, with the welfare system. It's not just child welfare, because children are members of families and families are being affected by each of these other systems. We have to look at the reasons for disproportionality. Is it person centered? Is it community centered?

Dorothy Roberts talked about a "theory of community harm." She proposes in her book that harm is coming to African American communities by children being disproportionally removed from such communities. She notes in her book that one in ten African American children in Harlem is in foster care. She talked about the fact that families there are very familiar with the system and rarely know families that have not been impacted by the system. Is the issue person or community centered?

Does child removal have something to do with where the family lives? Does it have to do with poverty or the fact that the family doesn't have insurance? Doesn't have resources/ doesn't have knowledge of resources? Doesn't know their legal rights? It's amazing how many people have no idea of their legal rights and what they can object to once the child has been removed. There's a lot of community mistrust of the system as well as individual mistrust of the system.

Jenkins, Diamond Garland, et al proposed the visibility hypothesis which suggests that greater visibility might propel more children into the foster care system. That would mean that if African American children are represented in smaller portions in the general population such as they are in the state of Minnesota, that greater visibility may lead them to be more likely to be represented in the foster care population. Because of their being fewer numbers, they're more visible and as a result of that they're more likely to be reported. Some would suggest that maybe these families don't have a lot of extended family members to provide protection that would keep them out of the system and that might be a reason. As I said before, in the state of Minnesota children of color are 16 times more likely to be in the foster care system. The question is how does the visibility hypothesis explain what happens in a city like New York City or San Francisco or Chicago with large numbers of African Americans represented disproportionately?

Is it agency centered, there's a problem associated with a lack of culturally specific services, lack of appropriate location, failure to reach population, decision-making, myths, or stereotypes about African American families. I used to talk about one of the problems as related to a lack of minority staff. However I know of agencies that have a large number of minority staff and we still have disproportionality. How do you explain that? First we have to examine the agency situation more closely. Are most of the African American staff in lower level positions, and not in supervisory or administrative positions? Is it possible that their supervisors and administrators are actually making final decisions in terms of who comes into care? So it does not necessarily means that because there are African American staff at the lower level that would make any difference because they may not be at those higher decision-making levels; and number two, the other factor associated with that is they too may have, like many of us have, incorporated a lot of internalized discrimination, racism and so forth. As a result of being educated in institutions within the system, we have been taught in the same way as many non-African Americans about African Americans. Many of these negative stereotypes we all have to overcome.

# **Implications**

We do need to change how our workers are being trained. We need to look at who is providing the services, and we do need to raise questions about those who are providing the primary services in protective services and how we are training our workers and supervisors. How are we preparing our students? What kinds of classes do they have in services to specifically African American families? To what extent are we removing them from this notion of a colorblind society, which we do not have at this point? We are still are a very race conscious society. We thought we would be here by 2002, but we're not here and at what point would we as social workers acknowledge that and face the fact that when we are training and are teaching our students, we need to talk about some of these issues.

One student came to me the other day in my Social Work practice with African American Families class, and she said, "I looked around the room and I tried to understand why there were only three of our social work graduate students are in this class and every body else is from non social work programs from across campus. Where are the rest of our students who need to know about social work practice with African American families, because the reality is that's who we are serving largely in most child welfare agencies? " She went on to say "I'm now learning more about how and what does this mean when I work with an African American family? What does it mean when I interact in the office or in the family's home? What does that mean? How do I come across? How do I understand the cues that are given off? How do I take that and how do I understand what they're really thinking and feeling about me? And how does my interaction with them influence the outcome of our overall interaction? How does my work facilitate the work at the agency?" We need to have knowledge of culture: The impact of racism and poverty, behavior, attitudes and values. We need to know about the help-seeking behavior of our various clients, language and speech pattern and communication styles.

The impact of policy on clients of color and the differential impact in the interaction of those systems are important. We need to understand about cross-cultural relationships and what it means when we go into a situation. We're coming in with all the power over the client who has no power. We have to focus on how do we empower our clients and how do we acknowledge the privilege that our role as social

workers.... what a privilege that is and what that means to a family and the fact that they are still are not in a position of privilege. How does that impact the family? We need to look at skills in terms of how do we communicate active information on behalf of culturally different clients. What do we even say when workers talk to their supervisors? How do they describe the clients? The ability to openly discuss racial and ethnic differences and respond to culturally based cues. The ability to accept what ethnicity means to the clients. It means a whole lot more than just writing on the intake form that the client is African American. What does that mean to the client, to the community? What are the implications in terms of the outcome in the case? What are we doing in terms of teaching our students the skills and rapport to empower our clients?

### **Societal Changes**

How often have you heard the "anything but race, theory?" There's something else operating. We have to acknowledge that this is an issue and what implications it has for our services; and then we also have to look at funding, and how funding has had a lot to do with the provision of services in child welfare, whether it be family preservation or foster care or adoption. As far as racism, there is a federal judge in Missouri that stated in a relation to racial disparities in sentencing that "Perceptions of African Americans as dangerous, different, or subordinate are lessons learned and internalized completely outside of our awareness, and are reinforced by the media-generated stereotyping."

This perception is dangerous. He came up with that as a result of looking at some of these issues in terms of racial disparity in the case outcomes. How do we acknowledge this and how are we looking at issues of institutional racism, and its impact on African American families?

There are other factors we have to look at in terms of policy. The lack of domestic policy has led to racial isolation and concentration of blacks in inner cities. It's not just child welfare. We have to look at our domestic policy as well because we have a community of concentrated disadvantage and it is children coming from those communities of concentrated disadvantage that are entering our system. What are we doing in terms of society, in terms of responsiveness to those communities related to jobs, housing, services, and educational programs? What impact has the growth of the prison industry had on this? Because in many states there's a feeling that a lot of children that have been in our foster care system and some of our institutions are children that as adults will find that they are in another institution — the prison system.

There are many families whose children have been removed because of drugs, the use of drugs. What were we doing in terms of providing them with drug treatment? There are alarming statistics that suggest the majority of our prison systems where many of these families are housed, do not have adequate drug treatment program. When the family leaves the system, they have not been appropriately treated for drug abuse. How can we make a difference? Is it legislation? Will there be more class action suits, civil rights challenges? We have to start talking about it and acknowledging that there is a problem. Is it going to require more class action suits against various state child welfare systems for us to begin to acknowledge that there are problems.

There needs to be much more media attention to institutional discrimination. We've heard a lot in the headlines in recent days about all the reports of disproportionality associated with medical treatment.

We've talked about that tonight. There are many ongoing conferences focusing on the child welfare issue more than ever before. But what are we doing about it? We recognize it. We're talking about it, which is a good move forward but what are we doing about it? I was reading something I found very interesting. All of you know James Dumpson. He spoke here at Hunter in November 29, 1973, about 29 years ago at a forum held associated with the Wilder case. He said at that time in 1973, only a court mandate will bring systems change in foster care in this city. A court mandate. He said that in 1973 and now it is 2002. Has this been done? Has there been true systems change? That's the big question. What happened? Will it take court mandate in every city in the US to force the issue, to look at this problem?

Governmental reports mandated, as well as required mandated changes in the training for judges, workers and other staff. Our challenge is to acknowledge that we have inter-systemic disparity. We cannot look at child welfare in a vacuum. We have to look at it in relation to each and every other system that's described here because the children and their families are not operating in a vacuum. They come from communities that have been impacted by domestic policy. We have to look at each of those.

Dorothy Roberts in her book talks about whether or not we have a system of child protection or should we really be looking at promoting children's welfare instead of just focusing upon protecting children by removing them from their families of origin. Should we now be looking more at what is in the best interest and welfare of children that are in the system?

And finally, we know that we have thousands and thousands of children -- some 568,000 that are waiting in the child welfare system today. They are waiting for us to make some difference on their behalf, and I would expand that to just say...and by the way, "Children are Waiting" was a title of a report that was done in New York City back in the '70's.

Children are still waiting here. The children are waiting not just here, but they're waiting all over the country. And I want to expand that to say it's not just the children that are waiting, but their families are waiting too. Because it's easy for us to take the children out of context and say that they are in the system, but what happens to the family from which they came? To what extent are we trying to avoid having positive feelings about those families? Have we considered that children belong with their families? Yes, in the cases of extreme abuse and neglect children should be removed. But there are cases, many cases, in which children have been removed for reasons of poverty. If there is a way to be able to enhance the viability of many of those families instead of removing the children and just placing the children with other families and giving them the support to raise them, maybe we need to take another look at this whole system, and we need to look at it in relationship all the systems.

I just want to leave on that note that the children are waiting and the families are waiting and they're waiting for us to identify what we as social workers and educators and social work practitioners and funders are going to do to make a difference on behalf of all of these children. This was also a concern back in 1973 associated with the Wilder case. We are in the year 2002 and we're still talking about the same issues. The children were waiting then, and they're still waiting today. It's up to us now to no longer talk, but to do something. By establishing agendas at our various schools of social work to say that we're no longer going to look at this in a vacuum, that we're going to look at it in terms of the inter-

systemic approach, that we're going to talk to our colleagues who are working in the areas of child welfare, substance abuse, juvenile justice, criminal justice, welfare reform. You name it, and start putting all of those together to make a difference because the children and families are waiting.