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## Outcomes following child welfare services: what are they and do they differ for black children?

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### ABSTRACT

Current calls to end structural racism in the US include proposals to abolish or radically transform child welfare services (CWS). While substantial research finds numerous poor outcomes following maltreatment, the efficacy and acceptability of CWS, particularly for children of color, has long sparked debate. This review summarizes the state of quantitative research across seven domains for children overall and by race with varying degrees of CWS contact. Current research with adequate comparisons provides no robust evidence to support the idea that children have worse outcomes from CWS involvement, but few studies focused on Black children. Implications for research and system change are discussed.

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outcomes; child welfare services; race; foster care; CPS

For half a century, child welfare scholars have expressed concerns about the quality of services to Black children and families. Suggestions for reform have ranged from having a separate child welfare system for Black children (Billingsely & Giovannoni, 1972), to policies focusing more on “front-end or preventive” and cultural competence (Chibnall et al., 2003), to abolition (Dettlaff & Weber, 2020). There is an ongoing concern that our institutions have evolved in the context of societal racism and continue to operate implicitly or explicitly to, at best, provide poor quality services and, at worst, knowingly perpetuate harm.

There are two possible, nonexclusive arguments for how CWS might differentially harm Black children. The first argument relates to racism *external* to CWS. It could be argued that centuries of racism operating through a number of exclusionary and harmful policies as well as violent and covert practices have resulted in high levels of risk related to poverty and lack of opportunity (Billingsely & Giovannoni, 1972; Drake et al., 2011; Kendi, 2019; Rothstein, 2017) and/or lack of access to community resources (Freisthler,

Gruenewald, Remer, Lery, & Needell, 2007; Maguire-Jack & Negash, 2016) for Black children and families. At the child level such conditions may lead to greater exposure to other sources of risk that may separately worsen outcomes (Garcia, Gupta, Greeson, Thompson, & DeNard, 2017). At the family level, this heightens the likelihood of disproportionate CWS contact (Putnam-Hornstein, Needell, et al., 2013) and creates barriers to services that could prevent avoidable placements into foster care.

Alternately, racism *internal* to CWS decision-making or programming may make it differentially toxic to Black Children. For example, Dettlaff and Weber (2020) assert that “While the potential for these adverse outcomes exists for all children who enter foster care, the risk of experiencing these outcomes is heightened for Black children.” Both paths to possible adverse experiences for Black children involved with CWS acknowledge the existence of systemic racism, but may lead to differing conclusions about the best way forward. Understanding whether CWS as an institution creates adverse experiences for Black children, and does so differentially compared to other children, is fundamental to illuminating paths to improved CWS outcomes.

Berrick (2018) discusses competing imperatives in child welfare particularly how the rights of a child to be safe and the rights of the family to self-determination compete. Given the space constraints, the review focuses only on child-level outcomes and child and parent perceptions of services. Where possible we differentiate how outcomes are associated with varying decision points in child welfare, from maltreatment report through the decision to substantiate, close or provide in home services, to foster care although there are few studies that clearly show interactions between type of services and the race of children. Hereafter, we refer to the early stage of contact as child protective services (CPS) and trajectories involving ongoing in-home services or foster care as child welfare services (CWS).

### **Conceptual framework**

Our questions raise substantial methodological challenges. Ideally CPS or CWS interventions will be associated with improved outcomes, either due to services provided directly, or, more likely, by services provided by community providers subsequent to referral (Jonson-Reid, 2004). Contact with CPS does not guarantee ongoing service delivery; most investigated children and families receive nothing beyond the initial investigation or assessment (US DHHS, 2020). No CWS case management function can succeed if effective community services are unavailable or difficult to access or engage (Jonson-Reid, Drake, & Kohl, 2017; Maguire-Jack & Negash, 2016). Third, services are more likely to be provided to children and families facing greater challenges or with repeated involvement (Garcia et al., 2017; Jonson-Reid & Drake, 2018), which may result in null or negative outcomes when

compared to unserved cases. These problems can be mitigated somewhat by advanced statistical controls for baseline risk, but the success of such statistical controls depends on *all* meaningful risk factors being known and modeled (Berger, Bruch, James, Johnson, & Rubin, 2009). Similarly, methodological challenges also exist relative to assessing differential outcomes for Black children. Inconsistent CPS/CWS service findings may occur due to any number of factors, including regional differences in practice or availability of community services, methodological dissimilarities in how race is categorized, or systematic differences in community risk by race. If findings are neutral or positive and Black children are no more or less likely to benefit, this suggests that while transforming the system to improve outcomes is warranted, we are missing the evidentiary basis for basing reforms on the assumption that involvement harms Black children. Nonetheless, it is important that we continually seek to improve our understanding of the relative benefit of CPS/CWS for subpopulations who may benefit from different approaches. Without such knowledge it is difficult to chart a course that will lead to equitable outcomes.

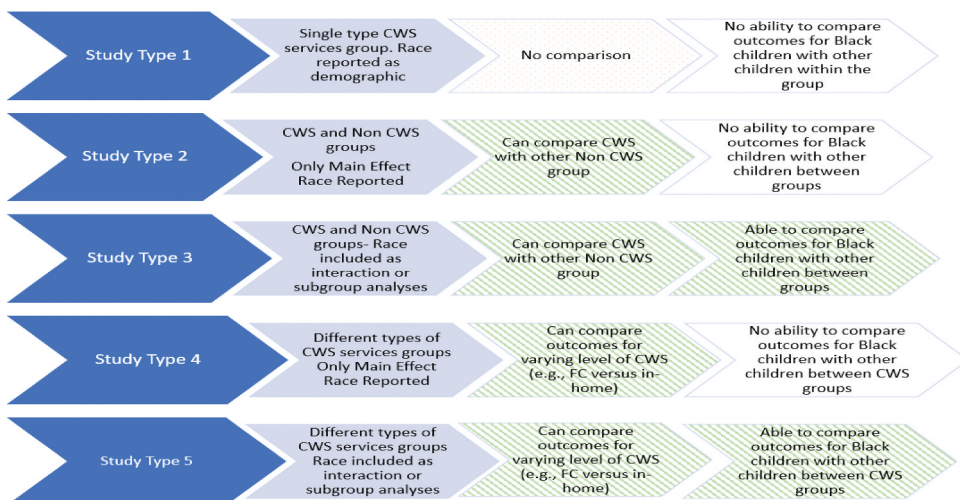
Methodological and statistical advances have led to improved data sources and analytic approaches. Nationally representative samples (e.g., NSCAW: Berger et al., 2009; Conn, Szilagyi, Jee, Blumkin, & Szilagyi, 2005); important large longitudinal studies using linked data from Alaska (Parrish, Fleckman, Prindle, Eastman, & Weil, 2020), Wisconsin [Berger, Cancian, Han, Noyes, & Rios-Salas, 2015], Missouri (Jonson-Reid, Drake, & Kohl, 2009), California (Putnam-Hornstein, Needell, King, and Johnson-Motoyama (2013); and North Carolina (Barth, Duncan, Hodorowicz, & Kum, 2010); greater use of econometric tools (e.g., Doyle, 2013; Gross, 2020; Parrish et al., 2020); propensity score analysis (e.g., Berger et al., 2009; Berzin, 2008); and more standardized measurement of outcomes (e.g., Bald, Chyn, Hastings, & Machelett, 2019) have generated important new findings related to child well-being outcomes of CPS and CWS involvement.

In order to further understand the experience of Black children we must also examine how CPS and/or CWS may lead to differential outcomes for these children. In other words, in group comparison design analyses, racial categories must be explored beyond simple main effects. Finally, we are cognizant of the limitations of broad categorizations of racial or ethnic categories as simple demographic controls (Hamby, 2015), and we hope that more detailed sample descriptions and exploration of how intervention experiences differ by race will become the standard of research practice – but this is not yet the case. It is also important to continue to take stock of findings both in regard to methodological rigor and changes in policy and practice context over time. This review focuses on reporting the key findings of studies whose designs pertain to system outcomes relating to two primary questions. Do outcomes for children with CPS and/or CWS involvement

differ from similar non-child welfare samples? Do Black children experience different outcomes compared to other children?

## Methods

Studies that may include examination of outcomes by race without having a central focus on race may not be easily identified with standard bibliographic searches. We expanded search efforts to CPS and CWS involvement and outcomes broadly to attempt to capture these studies. We also endeavored to capture reports from the “grey literature”—research institutes or state or federal reports. The range in methodologies and data sources and the desire to be inclusive of as many studies as possible led these authors to a scoping review as compared to a meta-analytic or systematic review approach (Arksey & O’Malley, 2005). Space constraints precluded the inclusion of tables that detail the methodological strengths and weaknesses of each study. We instead broadly categorized the types of research designs in [Figure 1](#) and use this to guide the conclusions ascribable to a given study. The light gray segments indicate the basic design, the following segment is striped if a comparison can be made related to the level of CPS/CWS involvement. The final segment is striped if it is possible to confidently compare outcomes across the groups under study, for Black children. While Study Type 1 may provide important background context, we have focused on studies that are included in the final-striped segments with a further emphasis on some form of matching or controls that lends additional credibility to an interpretation of causality related to the outcomes of CPS or CWS involvement.



**Figure 1.** Study Typology Showing Range of Designs and What They Tell Us About How Black Children Fare.

The review is organized according to seven outcomes: (1) Safety (fatality and recurrent reporting); (2) Involvement with Juvenile or Criminal Justice; (3) Development and Education; (4) Health and Behavioral Health; (5) Permanence and Stability; (6) Children's Voices – perception of CWS; (7) Parental Assessment of Services. Some studies inform multiple outcomes.

## Findings

### Safety

CPS and CWS are largely tasked with the protection and care (i.e., safety) of abused or neglected children. At the extreme, safety can be measured in regard to serious injury or fatality. Overall, the findings that follow do not indicate increased risk of later death or recurrence associated with CWS intervention with most studies finding no overall differences by race.

Four studies of fatalities following CPS or CWS addressed research question one and one addressed both research questions. Beginning with the latter, Barth and Blackwell (1998) used crude death rates (the total number of deaths divided by the total child population) to compare the general California child population with 690 children who died in foster care and former foster children that exited foster care prior to death ( $n = 321$ ). Overall, death rates were higher for the foster care involved children. There were important exceptions. White and Latinx children in foster care had higher rates of death than their counterparts in the general population, whereas Black children in foster care had lower crude death rates (160.6 per 100,000 vs. 180.3). Black infants (but not other racial/ethnic groups) in foster care had crude death rates lower than death rates for the same age in the general population (1305 per 100,000 for deaths in foster care and 1750 for deaths in the CA general population). Older youth in care (ages 10–18) had higher rates of death comparable to non-foster children, but the death rate for Black youth was comparable between the foster care and general populations. Rates of death among both Latinx and White children in care from “preventable” deaths were comparable to rates in the general population. In contrast, Black children in foster care had statistically lower mortality rates from “preventable” causes than their counterparts in the general population.

The remaining studies were only informative for research question one. Using a Missouri sample of children in families receiving income maintenance ( $n = 7,433$ ; over 75% of children were Black), two studies examined later death by CPS contact. A study of all deaths prior to age 12 (Jonson-Reid, Chance, & Drake, 2007) used propensity score matching to balance differences between children with and without CPS contact and then stratified by known medical risk at birth. There was a near significant higher rate of death among those with CPS reports but not among those with medical risk. Rates of preventable



death were higher in the CPS group. A later study examined preventable deaths (accidents or violence) in young adulthood (Jonson-Reid, Drake & Kohl, 2017). In multivariate survival analyzes there was no overall association between a history of CPS contact though it was moderately predictive of later deaths. There was no difference in the likelihood of death by race. Among young adults who died, however, Black young adults were less likely to die from accidental causes. A subgroup bivariate analysis indicated no difference by foster care entry within the CPS group.

In California, Putnam-Hornstein, Cleves, and colleagues (2013) looked at the relationship between allegations of abuse investigated by CPS and subsequent fatal injuries (N = 514,232). Compared to White children, Latinx children had lower rates and Native American children had much higher rates. Black children were statistically no more likely to sustain a fatal injury, nor an unintentional injury than White children, but had a statistically higher likelihood of intentional injury deaths.

Repeated CPS contact is another common measure of safety (study types 1, 4 & 5). A recent scoping review found that 16 of 28 studies reported no difference in risk or likelihood of CPS report recurrence by race (Jonson-Reid et al., 2019). In the remaining 12 studies, Black children were *less* likely to have repeat reports compared to White or “Other” children. Among studies that controlled for services following a report, eight found decreased risk related to services and six found moderate increased risk. It was not possible to assess how service effects differed for children by race. In the four studies of recurrence after exiting from foster care, one did not include race, two found no significant effects, and one found nonwhite females were less likely to be reported after exiting care.

Two more recent studies found that Black children were not more likely to be re-reported to CPS and an additional study found that entry into foster care reduced risk of a later re-report. A study drawing on longitudinal linked NCANDS data found that Asian and Native Hawaiian and Pacific Islander children had lower rates of CPS recurrence; there were no differences between Black and White children (Holbrook & Hudziak, 2020). A study using data from NSCAW I and II identified a high- and low-risk class using Latent Class Analysis based on baseline risk factors that were predictive of recurrence. There was no variation by race (Kim et al., 2020). Neither of these studies captured variation in recurrence based on the level of CPS or CWS service provided. Gross (2020) used an instrumental variable approach to balance differences between children who remained home or entered care following a CPS investigation in Michigan. He found that foster care reduced the likelihood of being abused or neglected in the future by 50% but differences by race were not reported.

### ***Justice involvement***

Maltreatment has been linked to greater risk of delinquency and criminality in studies using self-report and CPS/CWS contact as baseline measures (e.g., DeGue & Widom, 2009; Jonson-Reid & Barth, 2000; Mersky, Topitzes, & Reynolds, 2012), but fewer compare outcomes for the general population or across differing levels of CWS involvement using rigorous research designs. Overall, findings from these studies are mixed although there is considerable evidence that involvement with CPS may help reduce transitions to juvenile or criminal justice involvement.

Three studies compared delinquency outcomes for CPS involved children with low income and/or other similar controls. Jonson-Reid, Kohl, and Drake (2009) found that children with reports to CPS in Missouri were at twice or higher the risk of engaging in status offenses, violent or nonviolent delinquency. Children of color were more likely to become involved in the juvenile justice system but the analysis did not control for service provision after a report nor whether the risk of juvenile justice involvement varied by CPS report compared to low-income comparisons. Ryan and Testa (2005) found that substantiated victims of maltreatment ( $n = 18,676$ ), in Chicago and surrounding suburbs averaged 47% higher delinquency rates than those children not substantiated. Children placed in out of home care had twice the chance of experiencing a single delinquency petition. Black children were about twice as likely as White children to have a subsequent delinquency petition, but among children placed in care Black males had higher risk than Black females. Barth et al. (2010) showed that former foster youth had higher felony arrest rates than TANF involved youth in North Carolina. The increased risk for Black youth compared to White youth was nearly identical in magnitude in models for foster youth compared to TANF only. A second analysis was limited to youth formerly in foster care. The likelihood of felony arrest was greater for Black youth, those who entered care as adolescents and those experiencing multiple placements. Race had no relationship to the severity of the charges for any group.

Other investigations have compared outcomes for those who receive ongoing CWS and those who do not. Cho and colleagues used linked administrative data in Minnesota to examine later delinquency among third graders with substantiated maltreatment (2019). They found no difference in later delinquency by foster care placement. Black, Latinx and Native American children all had higher rates of later delinquency compared to White children but the study did not examine how the association between foster care and delinquency varied by race. Two earlier studies, one in California and one in Missouri, examined entry into juvenile corrections and found that ongoing CWS involvement reduced the risk of entry for children of color compared to White children (Barth & Jonson-Reid, 2000; Jonson-Reid, 2002).



Several other studies have attempted to understand the association of foster care compared to remaining in the home with later delinquent or criminal justice involvement. A Pennsylvania study employed path analysis to understand adult criminal justice involvement for White and Black CWS involved youth separately (Goodkind, Shook, Kim, Pohlig, & Herring, 2020). Out of home placement was associated with juvenile justice involvement for both groups. The strength of the association was higher for Black youth. The association between foster care and criminal justice involvement was fully mediated by whether or not they had juvenile justice records.

Three studies have employed an instrumental variable approach to balancing differences between children remaining in the home and those placed in care. Doyle (2008, 2013) used an instrumental variable approach to balance differences between school-aged children who did and did not go to foster care following a CPS report. More than three-quarters (76%) of these children were Black. While children placed in care had higher risk of criminal justice involvement, the author cautioned that the confidence intervals were large and the findings more robust for children considered at the “margin” for placement (i.e., less clear that placement was needed). In other words, findings did not apply to children whose placement in foster care was based on agreed upon serious risk. Black children were more likely to be in this margin of placement group. A similar approach was used by Gross (2020) using Michigan data with school-aged children with investigated maltreatment reports and found a near significant trend in reduction of delinquency. The third instrumental variables study by Bald et al. (2019) used Rhode Island data but included all children aged birth to 18 years at the time of investigation but only reported analyses of delinquency for school-aged children. There was no significant effect for foster care placement on the likelihood of a juvenile delinquency conviction. Effect differential by race was not provided.

Finally, two studies examined criminal justice involvement for youth transitioning to adulthood. Ryan, Perron, and Huang (2016) found that among youth transitioning to adulthood in Washington, those with histories of longer term placement were at lower risk of arrest compared to longer term intact CWS family cases. Black youth had about a 21% higher likelihood of arrest than White youth but subgroup analyses of level of service by race were not reported. Watt and Kim (2019) used NYTD data and found that compared to White youth, Native American (+63%) and Black youth (+16%) were more likely to be incarcerated. Berzin (2008) used the 1997 NLSY and compared young adult outcomes for youth ( $n = 136$ ) who had experienced foster care placement at some point during childhood with those of matched and unmatched samples of youth who had not. Findings from the matched samples with the most similar treatment and comparison groups revealed no associations between placement and criminal justice involvement. It was not possible to assess differential outcomes by race.

### ***Development and education***

Many studies have documented poor educational outcomes for children and youth in foster care (Stone, 2007) and with maltreatment histories (Romano, Babchishin, Marquis & Frecette, 2014). While still scant, studies of developmental and educational outcomes with general population or within level of CWS comparisons are more plentiful than for justice involvement. Nonetheless, it is sometimes not possible to understand differences in outcomes by or whether services effects vary for children of different races.

Two studies had general population comparisons for CPS contact without measuring CWS and one compared children in care to those remaining in the home and a general population comparison. In a study of Mississippi children ( $n = 30,003$ ) by Yoon, Quinn, McCarthy, and Robertson (2019), children reported for maltreatment had higher risk of failing a grade and chronic absenteeism than children not reported. They also found more adverse educational outcomes for Black males than others. Using data from the Chicago Longitudinal Study ( $n = 1539$ ), children with substantiated reports of maltreatment had lower likelihood of graduation and college attendance than children without reports; race was not significant (Mersky & Topitzes, 2010). Berger et al. (2015) compared children in care with similar children involved with CWS (but not placed) and a group of low SES non-CPS involved children in Wisconsin ( $n = 222,049$ ). Children in care had similar math and reading scores to other CPS involved children and were somewhat lower than the low SES group. Children with brief stays in care or recently entered care had lower scores within the foster care group. Children of color had lower scores but the effect sizes were very small. Findings were not broken down by CWS involvement or by race making them informative for our first question but not the second.

A few studies compared educational outcomes according to varying levels of service following a CPS report (with multivariate controls). Harden and Whittaker (2011) used NSCAW to compare children under age two ( $n = 1,720$ ) with investigated reports and those who entered foster care by number of placements and found no statistical difference on cognition, language, social skills or behavior problems in preschool. Although not significant there was some indication that children remaining in the home fared worse. Race was noted as a statistical control but a coefficient was not reported. Another study using NSCAW ( $n = 5,501$ ) looked at reading and math scores among those ages six or older at Wave 4 controlling for physical health conditions, a measure of cognitive ability, and school engagement (Whitgob & Loe, 2018). Neither foster care nor race were significant. One additional study examined high school completion using NSCAW data for youth aged 11 to 15 at Wave I and found no effect of placement and no differences by race (Cage, 2018).

Four studies used more advanced techniques to address baseline differences between children in care and those remaining in the home after an investigation. Two studies (detailed in earlier sections) employed an instrumental variable approach to examine educational outcomes. The Rhode Island study found that ( $n = 26,977$ ) girls who experienced foster care had improved educational outcomes compared to those remaining in the home (Bald et al., 2019). Using MI data, Gross (2020) found that school-aged children entering foster care had improved attendance and math test scores over time. Findings were not broken out by race.

Berger et al. (2009) conducted a study using propensity score matching with NSCAW data. They compared cognitive and behavior problem measures for children in care with other CPS involved-but not placed – children ( $n = 2,453$ ). There was no significant difference by placement. Font and Maguire-Jack (2013) used NSCAW II and also employed propensity score matching to assess child self-report of types of school engagement. Children placed after Wave I had higher levels of cognitive engagement but no other differences by placement were found. Both matching studies used race in the matching process, thus findings by race are not available.

Two studies focused on children involved with CWS and special education. One Midwestern study found that among children in special education ( $n = 471$ ), those in foster care had higher likelihood of a later negative outcome than low SES comparison but not compared to other CPS involved children (Lee & Jonson-Reid, 2009). A study of children under age three at baseline using NSCAW I ( $n = 2015$ ), found no difference in teacher report of an IEP at ages 5 to 8 by foster care and no main effects of race (Scarborough & McCrae, 2010).

A few studies were limited to children in foster care (at least at the beginning of the study). Lloyd and Barth (2011) looked at developmental outcomes among 353 infants placed in care and compared those who remained in care with those reunified or adopted after 66 months. There were nonsignificant trends toward improved outcomes for children who had left care in social skills and language. Adopted children had higher ratings for one reading comprehension measure but lower ratings on adaptive behavior than those still in care. Minority status predicted lower social skills but was nonsignificant otherwise. Fawley-King, Trask, Zhang, and Aarons (2017) looked at a sample of children in foster care at baseline from NSCAW ( $n = 152$ ), finding no differences in school engagement for Black and Latinx compared to White youth although youth categorized as “Other” had lower engagement. A study using the NYTD found that among youth aging out of care ( $n = 9342$ ), there were no racial differences in high school graduation. Compared to White children, Black children and those categorized as “Other” were more likely to enroll in higher education (Watt & Kim, 2019).

### **Health and behavioral health**

Although considerable attention has been given to the high rates of health and behavioral health problems experienced by children involved with CWS during and after their involvement (e.g., Burns et al., 2004; Garcia, Kim, & DeNard, 2016), research rarely meets the criteria for this scoping review for group comparison or describing results by race.

Two studies included some type of general population comparison. Jonson-Reid et al. (2009) found higher rates of having a mental health diagnosis as well as ER hospital care for injury for children with investigated CPS reports compared to low-income comparisons. Children of color were less likely to have a record of mental health diagnosis and there was no difference in likelihood of ER hospital care for injury. No controls for post-report services were reported. Southerland, Casanueva, and Ringeisen (2009) were able to compare a nationally representative (NSCAW) sample of transition age youth who had CWS involvement (as adolescents) to a general population and found that they were twice as likely to be at risk of mental health problems and economic hardship and four times as likely to be a parent but no less likely to be employed or living with a caregiver. Comparison youth from the general population were not matched based on risk and no analysis by race was included in their report.

Other studies compared varying levels of CPS or CWS involvement. Hussey and colleagues (2005) used data from the LONGSCAN study and found no differences in a variety of behavioral health measures according to whether children had substantiated or unsubstantiated reports of maltreatment. Race was included as a control but coefficients not reported. Using an instrumental variable approach, Doyle (2013) found among marginal placements (explained earlier), there was an increase in emergency room care episodes. It is not clear if this reflects poorer health as those covered by Medicaid or other public insurance (as youth in care are) are more likely to use the emergency room for general care (Zhou, Balcker, Taubman, & Finkelstein, 2017). Using a similar approach an earlier study by Doyle found an association between placement and increased risk of pregnancy for girls. Bald et al. (2019) found no significant effect for pregnancy and Font and Colleagues (2019) found a protective effect against early adolescent pregnancy. Finally, using Waves 1 and 3 of NSCAW I data – Orsi, Brown, Knight, and Shillington (2018) compared children ages 6–12 receiving in-home services to children not served on various developmental and sociobehavioral measures. All scores were in the normal range except the Vineland measure of social development among the CWS involved children. Differences by race were not reported.

### ***Permanence and stability***

While permanency in child welfare typically refers to preserving the family or permanent exits from care, we instead chose to use the concept of stability that could be more widely applied to children with differing levels of CWS involvement. Beyond relevant content above, we found a few studies addressing lifelong relationships and housing.

#### ***Lifelong & stable relationships***

CWS attempts to mitigate the loss experienced by children/youth in foster care by working to achieve legal permanency for them – failing that, to achieve emotional/relational permanency which includes contact and relationship with family and having supportive relationships with caring adults and natural mentors (Massinga & Pecora, 2004; Samuels, 2008). Our search for rigorously designed studies in this area including a control or comparison group of youth who were not in foster care yielded no results.

Given its broad implementation and relevance to youth in care we mention one intervention study. Wendy's Wonderful Kids (WWK) uses child-focused recruitment strategies to connect children to family members and other non-parental caring adults/natural mentors and also strives to establish adoption or legal guardianship, when possible. Operating in more than 120 agencies, WWK is one of two strategies that has “promising research evidence” (Greeson, Garcia, Tan, Chacon, & Ortiz, 2020). Although there are no comparisons by race the majority of youth served were Black and results indicated that youth served by WWK were 1.7 times more likely to be adopted than children in the standard CWS care condition (Vandivere, Malm, Zinn, Allen, & McKlindon, 2015).

Social support more generally may also support positive and stable relationships, but available research was limited to youth emancipating from care. At age 21, Black young people comprised 26.6% of the CalYOUTH study sample (Courtney et al., 2018). Black youth described fewer people providing emotional support; fewer individuals providing advice/guidance, and were less likely, than other youth, to report having enough supportive people to count on.

#### ***Housing***

Our search for rigorously designed studies assessing housing status including a control or comparison group of youth not in foster care yielded just one result. Berzin, Rhodes, and Curtis (2011) used data from the National Longitudinal Survey of Youth 1997 to compare housing outcomes for foster youth ( $n = 133$ ) to a matched sample of youth sharing similar risk factors ( $n = 458$ ) and to an unmatched sample ( $n = 8243$ ). Black youth with a history of foster care had a significantly greater likelihood of using public housing assistance compared to their matched non-foster care counterparts. There were no differences between

the samples by race for homelessness, cycling (moving out of parental home and moving back in again), living independently, living in a semi-autonomous arrangement, or living in a neighborhood of poor quality (presence of gangs, buildings in poor condition, or buildings with poor exteriors).

### ***Children's voices***

Obtaining child and youth perceptions of child welfare services is challenging (Berrick, Frasch, & Fox, 2000) particularly for in-home services. A broad review of the literature covering children's responses to out of home care (Fox & Berrick, 2007) found that foster children had generally positive views of their foster care experience, notably feeling safer in care than they did in their own homes. No comparisons were made by race of the child.

Dunn, Culhane, and Taussig (2010) interviewed 9–11 year old children in care. Among these children, 46% reported that had they been left at home their lives would be better, 26% felt it would be about the same and 27% felt it would be worse. These numbers did not vary significantly by race. Fox, Berrick, and Frasch (2008) interviewed children in kin and non-kin care ( $n = 100$ ) and found that the children “report positive regard for the caregiving they receive and are optimistic about the future” (2008). About 7% of children who enter foster care exit to emancipation (US DHHS, 2020). The vast majority of studies focus on this population.

The Midwest Study of the Adult Functioning of Former Foster Youth (“Midwest Study”) examines how former foster youth ( $n = 732$ ) have fared following aging out of care. Youth were interviewed starting at age 17 prior to emancipation through age 26 (Courtney, Terao, & Bost, 2004). By age 21, almost two-thirds agreed that they were lucky to have been placed in care (Courtney et al., 2007). No tests were done to determine whether Black and White youth responded differently. A prior study asking the same questions of youth in Wisconsin also had positive results—78% and 73%, respectively (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). The Midwest Study Youth were also asked about their perceived closeness to foster parents and birth parents. Ninety percent of children reported feeling close to their non-relative foster parents, 94% felt close to relative foster parents, 66% felt close to their biological mothers and 36% felt close to their biological fathers (Courtney et al., 2004). The prior study in Wisconsin garnered comparably positive responses from youth.

The California Youth Transitions to Adulthood Study (“CalYOUTH”) followed a cohort of youth both in and out of care. At age 17, more than half of the full sample agreed that they were lucky to have been placed in foster care (Courtney, Charles, Okpych, Napolitano, & Halsted, 2014). At age 21 ( $n = 616$ ), about two-thirds of the sample felt that they were lucky to have been placed in foster care (Courtney et al., 2018). Youth transitioning out of care in CA were



asked how satisfied they were with services they received during foster care. A range of services were assessed and all were rated between 3.0 and 3.4 on a 1–4 scale, with 4 being most positive (Courtney et al., 2018). This study checked for differences in satisfaction by race and ethnicity and found none.

### **Parental voices**

A recent scoping review of parental satisfaction with child protective services (Tilbury & Ramsay, 2018) reviewed 55 studies. Positive and negative themes were counted across studies. No single negative theme was present in more than half the studies reviewed, but several positive themes were present in more than half (i.e. “works collaboratively”, “respects parents” and “provides practical support”).

Several more generalizable studies of parental perceptions of their CWS experience are available. NSCAW II (Dolan, Smith, Casanueva, & Ringeisen, 2011) included average scores of measures of parental satisfaction with workers (2.3 on a scale of 0–3, with 3 being more positive) and the system as a whole (3.3 on a scale of 0–6, with 6 being more positive). Recent work across several states included a scale measuring parental views of the worker’s consideration, attentiveness, understanding and accessibility, which were all very positively rated by clients (Merkel-Holguin, Hollinshead, Hahn, Casillas, & Fluke, 2015). These studies comport well with prior studies (e.g., Magura & Moses, 1984). The general finding of CWS client satisfaction rates of 60–80% has been found many times since in regional samples (Drake & Jonson-Reid, 2007; Mundy, Neufeld, & Wells, 2016), with results pertaining not only to general satisfaction, but also to client perceptions that their families were doing better following CWS intervention (English, Brummel, Graham, Clark, & Coghlan, 2002). Analyses of NSCAW I found that a few case domains tended toward significance in predicting caregivers’ perceptions of their child welfare worker (Chapman, Gibbons, Barth, & McCrae, 2003). Black clients reported a statistically significantly more positive relationship with their worker than did White clients.

### **Discussion**

Because of the current focus on the harm that child welfare may be causing in relation to calls to transform or abolish CWS, we have focused on the outcomes following CWS involvement not on factors influencing initial reporting, case dispositions, or decision to provide services. Two questions guided the present review of outcomes following CPS/CWS involvement: (1) Are there differences in outcomes by level of CPS/CWS involvement? And, (2) Do outcomes vary for Black children? We summarize findings by domain briefly. In regard to safety, there were mixed findings regarding the likelihood

of death and recurrence according to CPS/CWS involvement. In studies of recurrence, main effects by race were typically neutral or indicated Black children had lower rates of re-report. Only one study of death allowed for race by services examination (Barth & Blackwell, 1998) indicating foster care was protective in comparison to the general population for Black children. In regard to juvenile/criminal justice, CPS/CWS involved children had worse outcomes compared to the general population; Black children overall had higher rates of justice involvement. Nearly all justice studies comparing youth in out of home care with those remaining at home found no difference. Main effect findings for Black children in the child welfare samples indicated higher risk but in the two studies of juvenile corrections entry that examined variation in service effects by race (Jonson-Reid & Barth, 2000; Jonson-Reid, 2002), CWS involvement reduced the risk of entry for children of color compared to those not served. Among youth transitioning to adulthood one study found longer term placement was protective compared to children remaining at home and one study had null findings, but neither reported CWS by race. In regard to educational outcomes, CPS involved children fared worse when compared to the general population with no studies comparing CPS involvement by race. Studies comparing children in care to in-home populations had primarily neutral or positive findings in regard to the effects of placement. When reported, the majority of studies found no difference by race. Patterns for health and behavior findings were similar to educational outcomes—that is, no rigorous studies clarified differences in outcomes by services and race. For stability and permanency, in one study of social support following emancipation, lack youth reported less support. A study of housing found Black youth with a history of foster care were not more likely to be homeless but were more likely to access public housing assistance. Finally, in studies of child and parent perception of CWS, the majority of responses were positive though studies of child perceptions were limited to children in foster care.

Based on available research there is no support for the idea that CWS involvement leads to worse outcomes when adequate comparisons are made. There is some indication that children with CPS involvement without indication of services have worse outcomes but these studies are largely limited to multivariate controls. On the other hand, given the substantial evidence that a CPS report usually signals significant need (Jonson-Reid et al., 2009), it is not surprising that the large proportion of cases that get no preventive services would fare worse. The findings for Question two are mixed. Generally, in studies comparing in-home and foster care participation, the main effect for race was not significant except for studies of justice involvement and social support following emancipation from care. Few studies had design Type 5 (refer to Figure 1) which allow for understanding how outcomes of service categories may vary by race. What few studies included such analyses offer

nothing close to a preponderance of evidence that Black children fare worse across outcomes based on level of involvement with CPS/CWS.

### **Limitations**

Despite national standards, CPS/CWS is largely operated and funded at the local level. Evaluating the impact of a program with so much variation is challenging. We are undoubtedly missing information that could help us to redesign CWS to better serve Black children and families. Study quality and utility is improving with many of the best studies in regard to more rigorous evaluations of outcomes being completed in the last few years. Because policy is a moving target, however, this is also a challenge in drawing conclusions given the variation in time periods covered. It is likely that findings from newer studies reflect evolutions in practice related to various federal, state, and local reforms (Gross, 2020).

Few studies have all of the design and analysis features needed to make confident comparisons. Those that do find relatively few differences in outcomes or perceptions of services between Black and White children. Clearly there are significant gaps in our understanding of how outcomes vary for children of color according to different levels of CPS/CWS involvement. We encourage the idea of “centering” race (and ethnicity) as part of the primary research aim for future services research to fill this gap to better inform practice and policy. In those cases where Black children fare worse, the effect was often gender specific, with males faring worse. This suggests that gender by race interactions should also be tested in future studies.

### **Conclusion**

We agree that racism in American society impacts the quality of life for Black people and dehumanizes all of us. Because of historical systems of oppression and systemic racism, Black children (and Native American children) in the U.S. are among the most vulnerable. Our two most generalizable national studies (NIS-4 and NSCAW) show that low-income children and Black children are more likely to experience maltreatment and severe maltreatment than other children. Yet despite the effects of decades of historical racism and calls to focus more attention on prevention and to redress the the scarcity of resources provided for services (Billingsely & Giovannoni, 1972; Jonson-Reid & Drake, 2018) we have focused much of our research and resources on foster care. We hope that the present review and future reforms will change that. Carefully implemented and evaluated efforts to prevent maltreatment and support parents before involvement with CPS and after they do come into contact with CWS are vital (Jones-Harden, Simons, Johnson-Motoyama, &

Barth, *in press*; Jonson-Reid & Drake, 2018). More effective programs to address housing, financial, and behavioral health challenges are urgently needed – and to the degree that they address poverty and access to quality services these will especially benefit Black children. Indeed, though studies are just emerging, attention to material and income needs does appear to help reduce the risk of maltreatment and improve CWS engagement and outcomes (e.g., Berger, Font, Slack, & Waldfogel, 2017; Cancian., Yang, & Slack, 2013; Rostad, Rogers, & Chaffin, 2017).

We agree that significant reforms at the policy, program and practice levels are a moral imperative to generate better outcomes for Black children and families. We are concerned about any CWS redesign that ignores the need for vigorous CPS. Not adequately responding to child maltreatment is an abrogation of children’s fundamental rights. Black children have a heavy historic burden of racism to carry. This burden will be heavier if policy decisions that influence their safety and well-being are not based on scientifically credible reasoning and evidence. The current state of the evidence supports the need for transformation but does not support abolition of the only available safety net for Black children on the assumption that involvement with CPS and CWS is a path to greater harm. Rapid, systematic, and inclusive discussions about the purpose and charge of CWS are warranted. Creating an array of human services—including CWS—that begins with a true safety net and remains supportive and protective for children must be based on the best available evidence in concert with client, community and practitioner voices. While this work advances, we must continue to improve our response to those already in need. American history is already too full of evidence of government turning its back on Black children and families or intentionally harming them. We hope this review will help guide advances in prevention and early intervention that will help end systemic racism and protect every child.

## Acknowledgments

We thank Emily Putnam-Hornstein and Joe Ryan for their reviews. We continue to seek studies that inform this question and offer information about all the papers we have collected for any investigators who seek to verify our interpretations. A table summarizing the studies cited herein is available at <https://fieldcenteratpenn.org/publications-testimony/publications/>.

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