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Racial Disparity in Foster Care Admissions

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EXECUTIVE SUMMARY

According to national data, roughly 37 percent of the children in foster care are African American despite the fact that African American children make up only 15 percent of the children living in the United States.¹ The ratio of the two percentages – 2.43 – reflects the fact that African American children are overrepresented in the nation’s foster care system. In this paper, we aim to better understand the overrepresentation of African American children in the foster care system. To do this, we address the issue of entry rate disparities at the county level. The study is based on children first placed in foster care between 2000 and 2005, from 1,034 counties in states that contribute to Chapin Hall’s Multistate Foster Care Data Archive. We examine rates of entry into care for groups of children over time defined by their age, their race, and the characteristics of the population in their home county.

ENTRY DYNAMICS

The likelihood or rate of entry into foster care is measured as the number of admissions per 1,000 children in the general population. Admission rate disparity is expressed as the ratio of the entry rate for African American children to the entry rate for white children. In this study, placement and disparity rates reveal the following:

- Disparity decreased from 2000 to 2005 because the placement rate for white children increased while the rate for black children declined.
- Both placement and disparity rates are consistently higher for infants. This is especially true for African American infants, whose risk of placement was nearly 3 times that of white infants in 2005.
- Admission rates shifted regionally between 2000 and 2005. Placement rates declined in urban counties (much more so for African American than white children) and increased in nonurban counties, while the distribution of the underlying child population did not change over this time period.

¹ Disproportionality rates by state range from 1.56 to 5.46, according to the Center for the Study of Social Policy. The Center’s full report is available at: <http://www.cssp.org/uploadFiles/factSheet1.pdf>.

- Placement rate increases among infants in nonurban settings were among the steepest. However, disparity actually decreased for infants in nonurban areas because the placement rate for white babies increased more than the placement rate for African American babies.
- Disparity increased for teens over time across all urbanicity types.

PLACEMENT DISPARITIES IN CONTEXT

In addition to these basic data, the report also examines how entry rate disparities at the county level vary in relation to characteristics of the local population. Data used for this portion of the study were drawn from a subset of 705 counties and population data from the 2000 census. Although the data reflect only simple comparisons, the findings are nevertheless thought provoking. Disparity tends to be *lower* in counties with a larger proportion of African American residents, children in poverty, female-headed households, and residents with less than a high school education.

IMPLICATIONS

African American children are overrepresented in the foster care system. Entry rate disparities begin to account for why there are more African American children in foster care than white children, but patterns in the underlying data connect disparity to age- and place-specific risks. Why are infants at risk of placement? With the data at hand, it is difficult to do more than speculate. We do know that children who enter care prior to their first birthday tend to enter placement within 3 months of birth. We suspect that many of these children, though not all, are born to mothers who have tested positive for substance use. From the perspective of interventions, it is fairly clear that substance abuse treatment in conjunction with prenatal care has to be considered as one part of what will likely be a multipart strategy.

Entry rate disparities begin to account for why there are more African American children in foster care than white children, but patterns in the underlying data connect disparity to age- and place-specific risks.

It is difficult to pinpoint why rates of entry declined in urban areas during a period when placement rates in more rural counties increased. We do know that a number of urban areas have successfully reduced their child welfare populations in the past decade (e.g., New York City and Chicago, among the major areas included in this study). When we examine the relationship between characteristics of the county population and disparity, we find that disparity is lower in counties with high poverty rates, fewer adults with more than a high school education, and more single-parent families. Clearly, more analysis is necessary for the child welfare field to understand what these findings mean overall. As a starting point, the data suggest that a more careful look at the relationship between human capital, social capital, and placement is warranted. At the level of human capital, parents bring their own set of skills to the job of raising children. Their skills as parents are set against the level of support available to them from their community. Against this backdrop, caseworkers have to make judgments about the need for placement. Do parents have the resources to protect their children? Do parents have a social network within their community? Issues of race and ethnicity may be connected to how a family's capacity to protect its children is assessed given the supply of various service types within the same community. The problem is that we do not know how these mechanisms operate. What is clear, at least from these data, is that the underlying decision-making processes may differ depending on the age of the children and where they live.

INTRODUCTION

According to national data, although African American children make up only 15 percent of the children living in the United States, roughly 37 percent of the children in foster care are African American.² The ratio of the two percentages – 2.43 – demonstrates that African American children are overrepresented in the nation's foster care system.

In this paper, we aim to better understand the overrepresentation of African American children in the foster care system. To accomplish this objective, we address the issue of entry rate disparities at the county level. For a population of children in foster care, disproportionality (for any subgroup) arises whenever the admission/discharge equilibrium for one group of children differs from the equilibrium observed for another group. If children from one subgroup enter care in greater numbers and/or stay longer than children from another, the proportion of children in foster care from those groups will not reflect their proportion in the general population.

We consider entry dynamics, with a specific emphasis on rates of entry into care for groups of children defined by their age, their race, and the characteristics of the population in their home county. The *entry rate* is measured as the number of children entering care given the number of children in the general population (i.e., the rate per 1,000 children). *Admission (or entry rate) disparity* is expressed as the ratio of the entry rate for African American children to the entry rate for white children. The analysis we present examines entry rate disparities over time for different age groups of children. We also connect levels of disparity to county-level variation in the characteristics of the population. We focus on counties as the unit of analysis in order to take advantage of the fact that there is greater population variability at the county level than at the state level.

² Disproportionality rates by state range from 1.56 to 5.46, according to the Center for the Study of Social Policy. The Center's full report is available at: <http://www.cssp.org/uploadFiles/factSheet1.pdf>.

Disparity means a lack of equality. Equality in this case refers to the rate of entry into foster care...

TERMS

Our use of the term *disproportionality* refers to one population that is out of proportion with respect to an appropriate reference population. The reference population used for the comparisons is the population of all children under the age of 18 from fourteen states, as counted in the 2000 U. S. Census. We also use census estimates for 2005 for some portions of the analysis. The population is divided into racial and ethnic groups; the population proportion for African American children is simply the total number of African American children divided by the total number of children. The same calculation is used to derive the proportion of white children.

The comparison population consists of children in foster care. We count the number of children in foster care on a given day to derive the population of children in foster care. We then calculate the proportion of white and African American children in the manner used for the general population. Disproportionality arises whenever the proportion of one group in the comparison population (i.e., foster children) is either proportionally larger (overrepresentation) or smaller (underrepresentation) than in the general population. As already noted, 37 percent of the children in foster care nationally are African American whereas only 15 percent of the general child population is African American. In general, we are trying to account for why African American children are overrepresented.

Disparity means a lack of equality. Equality *in this case* refers to the rate of entry into foster care, a measure of foster care utilization. Our analysis starts with race-specific rates of first entry into foster care per 1,000 children in the population. Our analysis of disparity compares whether children of different races and ethnicities enter foster care at the same rate. We use these relative rates (i.e., the rate of placement per 1,000 African American children divided by the rate per thousand for white children) as our measure of disparity. Again, disproportionality of children in foster care is a function of disparity in the entry and/or exit process.

For this reason, we seek to understand differences in the rate of entry in order to better understand disproportionality in the counties we studied. We will undertake an analysis of exit disparities in a separate study.³

DATA SOURCES

The data for this study were drawn from fourteen states that contributed to Chapin Hall's Multistate Foster Care Data Archive (the Archive) as of December 31, 2005. There are 1,034 counties in these states, which represent one-third of the nation's counties and 38 percent of the nation's children. Placements include children in all forms of substitute care including family foster care, licensed relative care, group homes, shelter care, residential treatment, and supervised independent living. Counts of children in the general population are from the Census 2000 Summary File 2, 100-percent data. Counts of children in 2005 are estimates developed by Claritas, Inc. The Claritas methodology uses age-specific survival properties and estimates births between 2000 and 2005 using Census 2000 as the basis for the projections. Tract estimates from the census as well as other sources serve as the control (Claritas, 2004). Race/ethnicity is categorized in the following way. Children from the Archive are classified as non-Hispanic White, non-Hispanic Black, Hispanic or Other, notwithstanding the limitations of the source data. The 2000 U.S. Census classifies race as non-Hispanic White, non-Hispanic Black, Hispanic or Other. Claritas classifies race by Hispanic ethnicity for 2005 using the same estimation method mentioned above.

ANALYSIS

We start with four basic questions:

1. At the county level, is the rate of entry greater for African American children than for white children?
2. At the county level, is the disparity between African American and white admission rates more pronounced for some age groups?
3. Is the level of disparity consistent among counties?

³ Health disparities are discussed commonly in the literature. Braveman (2006) notes that even in the health care literature, definitions of disparity lack clarity. Disparity can refer to the access to care, the utilization of care, or the quality of care. Each of these uses implies an underlying connection to need, as in, for example, equal utilization given comparable levels of need. There is also a sense that disparity implies that the observed differences are in some sense unnecessary. Quoting Whitehead (1992), Braveman notes that disparities research often focuses on differences that are avoidable, unfair, and unjust. In the case of foster care entry rate disparities, the thrust of most commentary centers on disparities in utilization. That is, placement rates for whites are lower because of an over reliance on foster care within certain other populations. Why foster care is used more commonly in certain populations or communities is at the heart of the issue.

4. How does the observed variation in entry disparity vary with respect to the characteristics of the county population?

To answer these questions, we study first-time placements into foster care between 2000 and 2005. Limiting the population to first-time entries manages the confounding problem of children who reenter foster care, given that reentry may itself contribute to disproportionality. Because a large number of counties admit relatively few children to foster care, we study admissions over a 6-year period in order to stabilize the entry rate calculations. With the exception of Table 1, we do not include Hispanics/Latinos or children of other races or ethnicities because there are relatively few of these children in many of the counties studied.

To better understand entry disparity, we examine the data in two ways, both of which are primarily descriptive. We start with a basic description of disparity with an emphasis on age and the urban character of the counties used in the study. Our primary goal is to demonstrate that the degree of disparity is not uniform across populations of children in foster care.

We also compare the relative rates of entry within the context of county population characteristics. The rationale for this approach grows out of two related lines of inquiry. The first connects various aspects of child well-being to the context in which children are raised (McLeod, et al., 2004; Duncan, 2000; Leventhal and Brooks-Gunn, 2000). The second juxtaposes socioeconomic attributes of populations and differential service use across geographic areas (Roos, N., Black, C. et al., 1999). With respect to the former line of inquiry, the social scientists who study community processes and social organization often rely on demographic, social, and economic indicators from the U.S. Census to differentiate the structure of communities. For example, Coulton and her colleagues (1995) used a model that links maltreatment risk to social conditions, economic deprivation, and demographic characteristics. Other researchers have taken a similar approach to understanding neighborhood effects on child well-being more broadly defined. Across studies of well-being, income, racial/ethnic diversity, and residential stability are among the factors used most frequently (Leventhal and Brooks-Gunn, 2000). Other correlates of socioeconomic structure that may affect neighborhood maltreatment rates include family structure (e.g., female-headed households) and the child-adult ratio (Coulton, 1995; Sampson, 1999).

With regard to the second line of inquiry, small areas (e.g., counties) are used frequently to study variation in health care supply, utilization, and quality (Diehr, 1990; Wennberg, 1999). For example, utilization of certain health care services varies among states and within states, often because the supply of those services is greater in some areas than others rather than because the need is greater (Fisher and Wennberg, 2003). In other words, the use of certain forms of care is supply-sensitive.

Where foster care is concerned, placement rates are known to vary from place to place but surprisingly few attempts have been made to understand spatial variation in placement rates using the small-area framework (Wulczyn, 1986; Freisthler, et al., 2007; Lery, 2005). Moreover, no body of research examines placement rate disparities in the context of local population differences, even though placement disparity is thought to be a function of a predisposition to place children of color independent of their need for placement—a pattern that may have to do with the undersupply of in-home services relative to placement services.

Our study combines the approach that links child well-being to place-based population characteristics with the small area framework, to place variation in the use of foster care (measured as entry into care) in the context of county populations. Population characteristics from the 2000 census used to describe the county population include:

- Percent of the population classified as African American alone
- Percent of children living below the poverty line
- Percent of families with their own children under 18 headed by a single female
- Percent of the population 25 years and older with less than a high school diploma
- Percent of households that rent their homes
- Percent of households that moved between 1999 and 2000

These characteristics serve as a rough proxy for the likely demand for child welfare services (i.e., populations with similar concentrations of families living below the poverty line will have similar levels of demand for services

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net of other factors).⁴ In turn, disparity and differences in the underlying placement rates, when compared with the characteristics of the population, help to pinpoint those places where the manifest utilization of foster care is at odds with what one might assume, given the character of the county population.

FINDINGS

BASIC POPULATION DATA

Basic population data are presented in Table 1. In 2005, estimates put the number of children under age 18 from the states used in the study at just over 28 million. Of these children, 61 percent are white, 19 percent are African American, and 13 percent are Hispanic. For foster children, whites make up 38 percent of the total population, African Americans represent 47 percent of the total, and Hispanics constitute 9 percent. These ethnic groups were formulated using the U.S. Census approach in which any person of more than one race or ethnicity is grouped in the “other” category.

TABLE 1

NUMBER OF CHILDREN IN THE GENERAL POPULATION AND NUMBER OF FOSTER CHILDREN, BY RACE: 2005

Race and Ethnicity	Number (N)		Percent (%)	
	Children	Foster Children	Children	Foster Children
Total	28,036,508	154,408	100	100
African American	5,307,751	72,828	19	47
Hispanic/Latino	3,542,699	13,913	13	9
White	17,241,681	58,987	61	38
Other*	1,944,377	8,680	7	6

**Other* comprises persons with more than one race or ethnicity and those who are not African American or white.

Source: Counts of children in the general population are projections by Claritas, Inc. based on Census 2000, Summary File 2. Counts of foster children are from the Multistate Foster Care Data Archive and are based on the number of children in care on January 1, 2005.

⁴ For example, data from the National Incidence Studies suggest that maltreatment risk is more a function of income than race. See Sedlak and Broadhurst (1996) for a discussion of maltreatment generally.

The higher concentration of African American children among foster children represents the basic disproportionality. At this aggregate level, Hispanic children are actually underrepresented in the foster care population (see Hill, 2005).

ENTRY DYNAMICS

Table 2 shows the number of children placed in foster care for the first time between 2000 and 2005 according to race for the 1,034 counties included in this study. Over those years, admissions to foster care held relatively steady. In 2000, there were 65,484 admissions. Admissions peaked in 2003 at 70,690, an increase of nearly 8 percent over 2000. Between 2003 and 2005, admissions declined to 67,086, a drop of slightly more than 5 percent. The net increase in admissions was just 3 percent over 6 years.

The admission pattern for white children differed from the pattern observed overall and the pattern for African Americans. Over the 6-year period, admissions of white children increased 13 percent, from 28,988 in 2000 to 32,799 in 2005. Among African American children, first admissions declined by 10 percent between 2000 and 2005. As a result, white children accounted for 49 percent of first admissions in 2005 compared to 44 percent in 2000. Comparable figures for African American children were 35 percent and 40 percent, respectively.

TABLE 2
FIRST ADMISSIONS TO FOSTER CARE,
BY RACE AND YEAR: 2000 TO 2005

Race	Number (N)					
	2000	2001	2002	2003	2004	2005
Total*	65,484	69,413	68,847	70,690	69,388	67,086
African American	26,434	27,530	26,597	26,365	25,413	23,667
White	28,988	31,951	32,249	33,553	33,311	32,799
Race	Percent (%)					
	2000	2001	2002	2003	2004	2005
Total*	100%	100%	100%	100%	100%	100%
African American	40%	40%	39%	37%	37%	35%
White	44%	46%	47%	47%	48%	49%

*Total includes Hispanics/Latinos and children of other races not listed separately.

Source: Counts of foster children are from the Multistate Foster Care Data Archive, as of December 31, 2005.

The placement (admission) rate, measured as the number of children placed for the first time per 1,000 children in the population, is presented in Table 3. Overall, placement rates increased slightly over the period between 2000 and 2005, from 2.3 placements per 1,000 children to 2.4 placements, respectively. However, the rate increase was limited to white children, for whom the placement rate increased by 17 percent. The placement rate for African American children declined 5 percent, a drop that was slightly below the dip in the number of placements because there was drop in the number of African American children estimated to be living in the counties studied.

TABLE 3

**NUMBER OF CHILDREN ADMITTED FOR THE FIRST TIME,
NUMBER OF CHILDREN, AND THE PLACEMENT RATE PER
1,000 CHILDREN: 2000 AND 2005**

Race	Admissions		Child Population		Rate per 1,000		Change '00 to '05
	2000	2005	2000	2005	2000	2005	
Total	65,484	67,086	27,888,583	28,036,508	2.3	2.4	2%
African American	26,434	23,667	5,632,965	5,307,751	4.7	4.5	-5%
White	28,988	32,799	17,853,226	17,241,681	1.6	1.9	17%

*Total includes Hispanics/Latinos and children of other races not listed separately. Source: Counts of foster children are from Chapin Hall's Multistate Foster Care Data Archive, as of December 31, 2005. Year 2000 counts of children in the general population are from the 2000 U.S. Census, Summary File 2. Year 2005 counts of children in the general population are projections by Claritas, Inc. based on Census 2000, Summary File 2.

The disparity rate expresses the difference between two rates as a ratio. In Table 4, the disparity rates, calculated from the data in Table 3, are presented for African American children relative to white children. These data indicate that, in 2000, the rate of entry into foster care for African American children was nearly three times the rate recorded for white children--that is, for every white child placed per 1,000 children, 2.9 African American children were placed. The data in Table 4 also indicate that the disparity rate dropped in 2005 because the rate of placement for white children increased at a time when the rate for African American children fell. The relative entry rate is the basic measure of disparity used throughout the rest of this report.

TABLE 4
PLACEMENT DISPARITY RATES BY RACE AND YEAR

Comparison	2000	2005
African American to White	2.9	2.3

Source: Derived from Table 3.

AGE AND URBANICITY

In this section, we use age at admission and urbanicity to build on the analysis presented thus far. Age is important because research consistently shows that the risk of placement is closely associated with age (Wulczyn, et al., 2005). Here, we use age at admission to demonstrate how disparity varies as a function of admission age. *Urbanicity*, which captures the urban character of the county where a child was living at the time of placement, is important because children of color tend to live in urban counties.⁵ Although urban counties admit more children to foster care than other counties, admissions in urban counties have fallen in recent years. To better understand how changes in admission patterns in urban counties affect overall disparity, we examine age, race, and urbanicity.

AGE AT ENTRY

Starting with age, Table 5 shows that the placement rates are highest for children under age 1 at the time of admission. For African American children, the rate of placement is particularly high. In 2005, the infant placement rate for African American infants was 18.8 per 1,000. Placement rates fall through age 12. The lowest reported placement rates involve children between the ages of 6 and 12. Among adolescents, placement rates rise. Again, the general pattern is the same for both African American and white children.

⁵ As used here, urbanicity has three levels. The primary urban county represents the largest urban area within each state. The secondary urban counties are defined as those counties where at least 75 percent of the population lives in an urban area. All other counties are regarded as nonurban counties (Wulczyn, Lery & Haight, 2006).

TABLE 5
NUMBER OF FIRST ADMISSIONS AND RATE OF ADMISSION,
BY RACE AND AGE GROUP: 2005

Race	Total	Number (N)			
		Age <1	Ages 1-5	Ages 6-12	Ages 13-17
Total*	67,086	13,485	18,186	17,087	18,328
African American	23,667	5,270	5,983	6,059	6,355
White	32,799	5,902	9,286	8,603	9,008
Rate per 1,000					
Total*	2.4	9.7	2.6	1.7	2.5
African American	4.5	18.8	4.2	2.8	4.4
White	1.9	6.8	2.1	1.3	1.7
Entry Rate Disparity	2.4	2.8	2.0	2.2	2.6

*Total includes Hispanics/Latinos and children of other races not listed separately.

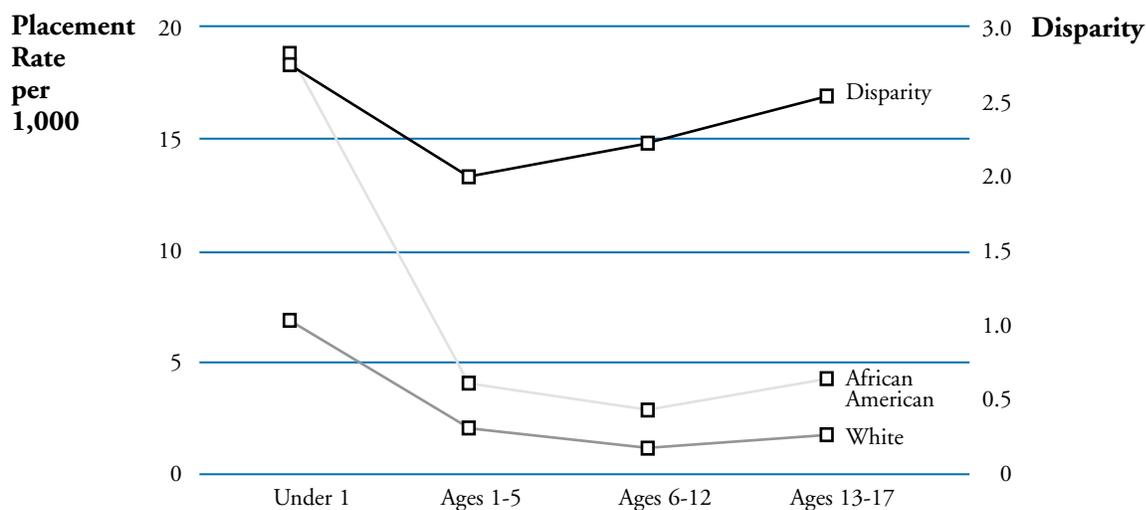
Source: Counts of foster children are from the Multistate Foster Care Data Archive, as of December 31, 2005. Year 2005 counts of children in the general population are projections by Claritas, Inc. based on Census 2000, Summary File 2.

The data in Figure 1 show admission rates by age and race. The age-specific disparity rate is also displayed. Presented this way, the data reinforce the basic risk pattern in relation to age. The u-shaped pattern highlights the higher rate of entry for babies and adolescents. The data also point to the fact that disparity follows a similar u-shape. That is, disparity is greatest among the very young (infants) and adolescents. The overall disparity rate is 2.4, whereas the rate of children under the age of 1 and those between the ages of 13 and 17 is 2.8 and 2.6, respectively.

*...disparity is
greatest among
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(infants) and
adolescents.*

FIGURE 1

RATE OF FIRST ADMISSIONS AND DISPARITY BY AGE GROUP AND RACE: 2005



Source: Counts of foster children are from the Multistate Foster Care Data Archive, as of December 31, 2005. Year 2005 counts of children in the general population are projections by Claritas, Inc. based on Census 2000, Summary File 2.

URBANICITY

Another way to understand entry rate disparity is to place admission patterns in the context of where children live. For the most part, African American children live in primary and secondary urban counties, whereas most white children live in nonurban counties. The question is: what do these residential patterns reveal about disparity?

The data in Table 6 provide a partial answer to this question. These data show the distribution of children by urbanicity for 2000 and 2005. The data indicate that about 25 percent of all children live in urban counties. The remaining children are split between secondary and nonurban areas. Between 2000 and 2005, the distribution of children did not change. The data also show that about 42 percent of African American children live in urban counties compared with just 15 percent for whites. Nearly half of all white children live in nonurban counties compared to only 20 percent of African American children. These basic percentages did not change significantly between 2000 and 2005.

TABLE 6

NUMBER OF CHILDREN IN THE POPULATION AND NUMBER OF
FIRST ADMISSIONS, BY URBANICITY AND RACE: 2000 AND 2005

Urbanicity	Total		African American		White	
	2000	2005	2000	2005	2000	2005
All Children						
Total*	27,888,583	28,036,508	5,632,965	5,307,751	17,853,226	17,241,681
Nonurban	10,396,915	10,103,935	1,148,913	1,065,011	8,326,805	7,922,772
Secondary Urban	10,428,162	10,814,385	2,142,136	2,078,181	6,780,512	6,653,951
Primary Urban	7,063,506	7,118,188	2,341,916	2,164,559	2,745,909	2,664,958
Total*	100%	100%	100%	100%	100%	100%
Nonurban	37%	36%	20%	20%	47%	46%
Secondary Urban	37%	39%	38%	39%	38%	39%
Primary Urban	25%	25%	42%	41%	15%	15%
Foster Children (Admissions)						
Total*	65,484	67,086	26,434	23,667	28,988	32,799
Nonurban	23,414	28,400	3,941	4,772	17,269	20,383
Secondary Urban	20,523	22,695	9,254	9,485	8,258	9,194
Primary Urban	21,547	15,991	13,239	9,410	3,461	3,222
Total*	100%	100%	100%	100%	100%	100%
Nonurban	36%	42%	15%	20%	60%	62%
Secondary Urban	31%	34%	35%	40%	28%	28%
Primary Urban	33%	24%	50%	40%	12%	10%

*Total includes Hispanics/Latinos and children of other races not listed separately. Source: Counts of foster children are from the Multistate Foster Care Data Archive, as of December 31, 2005. Year 2000 counts of children in the general population are from the 2000 U.S. Census, Summary File 2. Year 2005 counts of children in the general population are projections by Claritas, Inc. based on Census 2000, Summary File 2.

Table 6 also shows the number of foster care admissions. In contrast to the basic population data, these data reveal substantial changes. Across the board, admissions to foster care declined in the urban counties included in the study. This was true for African American and white children, although the drop for African American

children, from 50 percent in 2000 to 40 percent in 2005, was larger. At the same time, the number of placements from secondary urban and nonurban counties increased in number, particularly in the nonurban counties. For example, from 2000 to 2005, admissions from nonurban counties increased from 23,414 to 28,400, an increase of 21 percent. In secondary urban counties, the increase in admissions totaled 8 percent. Both these increases contrast with the 23-percent drop in admissions found in primary urban counties. The net effect of these changes shifted admissions to the secondary and nonurban counties. Specifically, in 2005, 42 percent of the new admissions involved children from the nonurban counties. In 2000, the comparable figure was 36 percent.

The changes were particularly striking for African American children. Because most African American children live in urban counties, lower placement rates in urban counties coupled with rising rates in other counties points to a fairly dramatic shift away from urban counties for African American children. According to the data in Table 6, 15 percent of African American admissions in 2000 were from nonurban counties. By 2005 that figure grew to 20 percent. A similar shift affected white children, although the change was not quite as striking.

Changing admission patterns had an impact on placement rates. Table 7, which highlights these trends, reports placement rates by urbanicity, age, race, and admission year. Overall, the data indicate a slight increase in the rate of placement, from 2.3 in 2000 to 2.4 in 2005. The largest increase occurred among infants, followed by 1- to 5-year-olds. Placement rates for 6- to 12-year-olds in 2000 and 2005 stood at 1.7 and 1.6, respectively. The placement rate for teens (13- to 17-year-olds) was flat.

In keeping with the reported shift away from urban and towards nonurban counties, data reported previously placement rates in nonurban counties increased the most. Indeed, for nearly every age and race combination, the placement rate increased markedly. White children between the ages 13 and 17 were the lone exceptions; their placement rate increased by only 3 percent. For all other age groups, the increase was at least 10 percent.

The increases among infants—African American and white—in nonurban settings were among the steepest. The rate of placement among white infants increased by 57 percent in nonurban counties; the figure for African American infants was 33 percent. By 2005, geographic differences in the rate of placement among babies all but disappeared. The opposite was true for white children.

Because most African American children live in urban counties, lower placement rates in urban counties coupled with rising rates in other counties points to a fairly dramatic shift away from urban counties for African American children.

TABLE 7
RATE OF ADMISSION, BY URBANICITY, RACE AND AGE GROUP:
2000 AND 2005

County	Total			Age <1		
	2000	2005	% Change	2000	2005	% Change
Total*	2.3	2.4	2	8.2	9.0	10
Nonurban Total*	2.3	2.8	25	6.6	9.8	49
African American	3.4	4.5	31	13.5	18.0	33
White	2.1	2.6	24	5.5	8.6	57
Secondary Urban Total*	2.0	2.1	7	7.0	8.0	14
African American	4.3	4.6	6	16.6	17.1	3
White	1.2	1.4	13	3.9	5.6	44
Primary Urban Total*	3.1	2.3	-26	12.1	9.3	-23
African American	5.7	4.3	-23	27.3	20.9	-23
White	1.3	1.2	-4	3.9	4.6	16
		Ages 1-5			Ages 6-12	
Total*	2.2	2.4	9	1.7	1.6	-8
Nonurban Total*	2.2	3.1	40	1.6	1.9	14
African American	3.5	4.9	42	2.6	2.9	10
White	2.0	2.9	42	1.5	1.7	16
Secondary Urban Total*	1.8	2.1	17	1.4	1.3	-1
African American	3.9	4.3	11	3.0	2.9	-2
White	1.1	1.5	34	0.8	0.9	8
Primary Urban Total*	2.8	2.0	-30	2.2	1.4	-37
African American	5.5	3.7	-32	4.1	2.7	-35
White	1.2	1.2	8	0.9	0.8	-13
		Ages 13-17				
Grand Total*	2.3	2.3	-1			
Nonurban Total*	2.4	2.6	8			
African American	2.7	3.8	45			
White	2.3	2.4	3			
Secondary Urban Total*	2.1	2.1	-1			
African American	4.4	4.8	9			
White	1.4	1.2	-12			
Primary Urban Total*	2.6	2.3	-14			
African American	4.1	4.2	4			
White	1.3	1.1	-18			

*Totals include Hispanics/Latinos and children of other races not listed separately.
Source: Counts of foster children are from the Multistate Foster Care Data Archive, as of December 31, 2005. 2000 counts of children in the general population are from the 2000 U.S. Census, Summary File 2. 2005 counts of children in the general population are projections by Claritas, Inc. based on Census 2000, Summary File 2.

Disparity rates calculated using the rates reported in Table 7 are presented in Table 8 and summarized in Figure 2. The basic patterns follow the earlier discussion. Across all racial/ethnic groups, disparity dropped from 2.9 in 2000 to 2.3 in 2005, a decline of 19 percent. Disparity in primary and secondary urban counties dropped, whereas disparity in nonurban counties was unchanged. By and large, changes in placement rates among older children account for the geographic patterns. Between 2000 and 2005, disparity among children between age 13 and 17 at the time of placement increased across all areas.

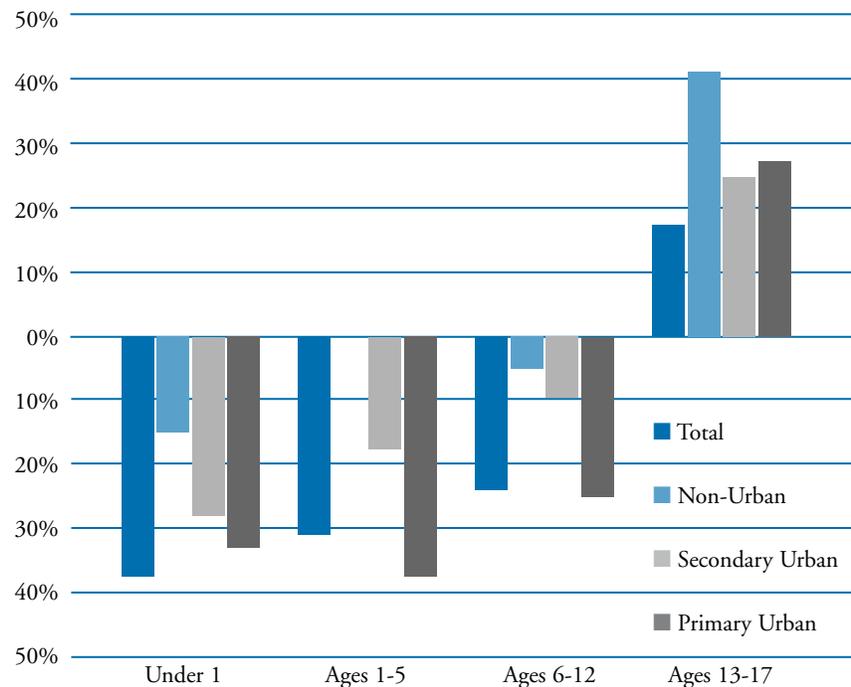
TABLE 8
PLACEMENT DISPARITY RATES, BY URBANICITY
AND AGE GROUP: 2000 TO 2005

County	Total		Age <1		Ages 1–5		Ages 6–12		Ages 13–17	
	2000	2005	2000	2005	2000	2005	2000	2005	2000	2005
Total	2.9	2.3	4.4	2.8	2.9	2.0	2.9	2.2	2.1	2.5
Nonurban	1.7	1.7	2.5	2.1	1.7	1.7	1.7	1.6	1.1	1.6
Secondary Urban	3.5	3.3	4.2	3.0	3.5	2.9	3.6	3.2	3.1	3.9
Primary Urban	4.5	3.6	6.9	4.6	4.8	3.0	4.4	3.3	3.1	4.0

Source: Derived from Table 7.

FIGURE 2
CHANGE IN THE
PLACEMENT DISPARITY
RATE, BY URBANICITY
AND AGE GROUP:
2000 TO 2005

Source: Derived from Table 7.



PLACEMENT DISPARITIES IN CONTEXT

The data presented thus far suggest that county-level disparity rates are uneven, with both age at admission and the urban character of the county connected to disparity in some way. In this section, we explore county disparity rates further by looking more closely at the characteristics of the county populations. To that end, we ask the following question: How does the observed variation in entry disparity vary with respect to the characteristics of the county population?

Our approach is descriptive in that our analysis includes only population-level characteristics.⁶ We examine a subset of 705 counties and explore bivariate relationships between the disparity rate and a selection of social indicators from the 2000 U.S. Census. The indicators selected include:

- Percent of the county population that is African American
- Percent of the children in the county living in poverty
- Percent of the children in single female-headed families in the county
- Percent of population over the age of 25 with less than a high school education
- Percent of the population that owns their homes
- Percent of the population that moved with in the last year.

For reasons described in the introduction, we draw on a body of research that suggests placement into foster care will tend to be higher in counties with higher poverty rates, etc., all else being equal. In addition, the percentage of African American children living in a given county places the discussion of disparity within the visibility hypothesis, which holds that African American children are more likely to be placed in areas where the presence of African Americans is small relative to the white population, i.e., African Americans are more visible (Garland et al., 1998; Jenkins and Diamond, 1985). Our analysis of the data does not explicitly test these hypotheses. Rather, as we noted in the introduction, the effort is descriptive and intended to prompt deeper inquiry.

⁶In this regard, we want to point out the following. First, because many nonurban counties have very small African American populations, we removed from the analysis 329 counties with fewer than 100 African American children in the general population. Second, we do not include other variables that might account for county-wide variation in the use of foster care, such as the supply of foster homes, workforce capacity, and other features of the system. Third, county-level results cannot be used to draw inferences about relationships at the individual level. That is, the results presented cannot be used to say, for example, that children from female-headed households are more likely to be placed. It is also important to note that counties are but one level of aggregation. It may be that when data are organized at lower levels of aggregation (e.g., zip codes or census tracts), the relationships observed at the county level will change. Finally, we note that disparity in placement rates may simply reflect disparities earlier in the processes that define a child's connection to the child welfare system. For example, placement disparities may be a function of disparity in maltreatment reporting and substantiation.

To carry out the analysis, we used data from the 2000 census to rank the counties using each of the indicators separately. We then divided the counties into quartiles based on the indicator-specific distribution. For example, counties with the lowest percentage of African American residents are found in the lowest quartile. The same is true for the other indicators.

The findings from our analysis of disparity and county population characteristics are provided in Table 10. Although the data reflect simple unweighted comparisons, the findings are thought provoking in that disparity is greatest in counties that fall into the lowest quartiles. More specifically, among counties with the lowest percentage of African American residents, the disparity rate in 2000 was 3.2, which was 51 percent higher than counties with the highest percentage of African Americans. With respect to the other indicators, disparity rates were also higher in the counties with the lowest rates of children living in poverty, female-headed households, and adults with less than a high school education. The data also indicate that in counties divided into quartiles based on residential stability and owner-occupied housing (renters), the relationship to disparity is not as pronounced.

...disparity rates were also higher in the counties with the fewest children living in poverty, living in female-headed households, and adults with less than a high school education.

TABLE 10
AVERAGE DISPARITY RATES FOR SOCIAL INDICATORS BY RACE

Quartiles	African American Residents	Child Poverty	Female-Headed Households	Less than High School	Renters	Moved in the Last Year
1 (low)	3.2	4.4	3.8	4.4	3.0	2.9
2	3.0	2.7	2.6	3.0	2.5	2.7
3	2.8	2.2	2.5	2.1	2.5	2.8
4 (high)	2.1	1.9	2.3	1.7	3.2	2.7
Difference – low to high	51%	133%	65%	159%	-6%	6%

Source: Child population counts for placement rates are based on an average of counts of children in the general population in 2000 from Census 2000, Summary File 2, and in 2005 as projected by Claritas, Inc., derived from Census 2000, Summary File 2. Counts of first foster care admissions for placement rates are derived from analytic files based on the Multistate Foster Care Data Archive containing data through December 31, 2005. Covariates are from Census 2000, Summary File 3.

...disparity is lowest in areas with higher poverty rates and counties with fewer educated adults.

The data in Table 11, which report the correlation coefficients for disparity rates and county population characteristics, amplify the basic findings. In each instance, disparity is negatively related to the listed social indicators. The correlation is strongest for poverty and for education less than high school. Again, these reinforce the notion that disparity is lowest in areas with higher poverty rates and counties with relatively fewer educated adults.⁷

TABLE II
CORRELATION BETWEEN 2000 DISPARITY AND COUNTY SOCIAL INDICATORS

Population Characteristic	Correlation Coefficient
African American Residents	-.16
Child Poverty	-.34
Female-Headed Households	-.21
Less than High School	-.40

Source: Child population counts for placement rates are based on an average of counts of children in the general population in 2000 from Census 2000, Summary File 2, and in 2005 as projected by Claritas, Inc., derived from Census 2000, Summary File 2. Counts of first foster care admissions for placement rates are derived from analytic files based on the Multistate Foster Care Data Archive containing data through December 31, 2005. Covariates are from Census 2000, Summary File 3.

⁷ To help us understand the relationship between disparity and the characteristics of the local population, we initiated some exploratory multilevel modeling, using counties as the level-one unit and states as the level-two unit. The results support what we present here in reduced form. The correlations are negative.

SUMMARY AND IMPLICATIONS

Although the rate of foster care placement within the African American community has been a focal point for some time now, it seems that the issue of racial disproportionality is now gaining real traction as a critical policy and practice issue within the child welfare system. The Government Accountability Office (GAO) recently completed a study of what is known about the issue. State-sponsored research in Texas, Michigan, and Tennessee further attests to the interest in the issue among state child welfare directors (Michigan Advisory Committee on the Overrepresentation of Children of Color in Child Welfare, 2006; Texas Health and Human Services Commission, 2006; Wulczyn, Lery, and Haight, 2006). Within the private sector, the Race Matters Consortium and The Casey/Center for the Study of Social Policy Alliance for Racial Equity in Child Welfare have helped move the issue to the forefront of policy discussions.

With these developments in mind, it is important to unpack the issue of disproportionality into the dynamics that define whether one population is overrepresented relative to another. On the one hand, where disproportionality is a function of admission disparities, the strategies for addressing the issue have to focus on entry into care. On the other hand, if disproportionality is more closely tied to how quickly children achieve permanency, then policy and programmatic solutions have to stress the system's back door. In the more likely event that disproportionality is a function of both entry and exit disparities, policymakers and practitioners will have to put nuanced approaches in place if they hope to solve the problem and monitor success.

In this paper, we seek to contribute to this unpacking by looking at disparity in 1,034 counties selected from states that contribute to the Multistate Foster Care Data Archive. The focus is on entry rate disparities, with a special emphasis on age at admission and county characteristics. For county characteristics, we examined a subset of 705 counties and considered the urban character of the county as well as other characteristics of county population. The goal of the analysis is to describe the ways in which disparity differs within populations so that policymakers and practitioners view disproportionality as a multidimensional issue that affects different populations in different ways.

We believe the findings, such as they are, provide an interesting backdrop for future discussions. First, across the counties we examined, disparity declined over time. However, the drop in disparity was uneven. Disparity dropped most sharply in urban areas and among very young children. At the same time, disparity increased among teenagers. As a consequence, between 2000 and 2005, heightened disparity rates moved from urban to nonurban counties for children of all ages except adolescents. Among adolescents, disparity was greater in 2005 than it was previously.

That said, disparity is still greater in urban areas and among children under the age of 1 at the time of admission. In particular, African American babies enter placement at a rate of eighteen placements per 1,000—more than twice the rate for white babies. Although the data were not specifically reported, the findings summarized in Table 5 suggest that the disparity rate for infants compared to children of other ages (i.e., the disparity rate is calculated for age groups rather than racial or ethnic groups) is in the range of four infant admissions per 1,000 for every one placement involving children of other ages. We also note that the same is true for white infants.

Why are infants at risk of placement? With the data at hand, it is difficult to do more than speculate. We do know that children who enter care prior to their first birthday tend to enter placement within 3 months of birth. We suspect that these are children born to mothers who have tested positive for substance use. From the perspective of interventions, it is fairly clear that substance abuse treatment in conjunction with prenatal care has to be considered as one part of what will likely be a multipart strategy. More generally, we have to examine how we support families with newborns in managing the first few months.

...between 2000 and 2005, heightened disparity rates moved from urban to nonurban counties for children of all ages except adolescents.

Disparity rates tended to be lower in areas with higher overall poverty rates, fewer educated adults, and more single female-headed households. In other words, in counties where placement rates are expected to be higher, we found lower disparity.

As for the shift away from urban areas, we do know that a number of urban areas have successfully reduced their child welfare populations in the past decade. Compared with what was true in the early 1990s, poverty rates are lower, as are maltreatment rates in general (Nichols, 2006; U.S. Department of Health and Human Services, 2007). Still, it is difficult to pinpoint why rates of entry declined in urban areas during a period when placement rates in more rural counties increased. The data only point to the fact that disparity at the point of entry is not a single issue.

The latter point is reinforced by what we learned when comparing county population data with disparity rates. The analysis is preliminary, but consistent. Disparity rates tended to be lower in areas with higher overall poverty rates, fewer educated adults, and more single female-headed households. In other words, in counties where placement rates are expected to be higher, we found lower disparity. Clearly, more analysis must be carried out before the child welfare field understands what these findings mean. As a starting point, the data suggest that a more careful look at the relationship between human capital, social capital, and placement is warranted. At the level of human capital, parents bring their own set of skills to the job of raising children. Their skills as parents are set against the level of support available to them from their community (Sampson, et al., 1999). Against this backdrop, caseworkers have to make judgments about the need for placement. Do parents have the resources to protect their children? Do parents have supports within the community to help offset risk within the family? Issues of race and ethnicity may be connected to how a family's capacity to protect their children is assessed given the supply of various service types within the same community. The problem is we do not know how these mechanisms operate. What is clear, at least from these data, is that the underlying decision-making processes may differ depending on the age of the child and where he or she lives.

REFERENCES

- Braveman, Paula. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health, 27*, 167-194.
- Claritas Inc. (2004). *The Claritas Demographic Update Methodology*.
- Coulton, C., Korbin, J., & Su, M. (1996). Measuring neighborhood context for young children in an urban area. *American Journal of Community Psychology, 42*(1), 5-32.
- Coulton, C., Korbin, J., & Su, M. (1999). Neighborhoods and child maltreatment: A multi-level study. *Child Abuse & Neglect, 23*(11), 1019-1040.
- Coulton, C., Korbin, J., Su, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child Development, 66*, 1262-1276.
- Diehr, P., Cain, K., Connell, R., & Volinn, E., (1990). What is too much variation? The null hypothesis in small area analysis. *Health Services Research 24*(6), 741-771.
- Duncan, G.J. & Brooks-Gunn, J. (2000). Family poverty, welfare reform, and child development. *Child Development 71*(1), 188-196.
- Fisher, E.S. & Wennberg, J.E. (2003). Health care quality, geographic variations, and the challenge of supply-sensitive care. *Perspectives in Biology and Medicine 46*(1), 69-79.
- Freisthler, B., Gruenwald, P.J., Remer, L.G., Lery, B., & Needell, B. (2007). Exploring the spatial dynamics of alcohol outlet and child protective services referrals, substantiations, and foster care entries. *Child Maltreatment, 12*(2), 114-124.
- Garbarino, J., Galambos, N.L., Plantz, M.C., & Kostelny, K. (1992). *The Territory of Childhood in Children and Families in the Social Environment*. James Garbarino (Ed.). Aldine de Gruyter: New York.
- Garland, A.F., Ellis-MacLeod, E., Landsverk, J.A., Ganger, W., & Johnson, I. (1998). Minority populations in the child welfare system: The visibility hypothesis reexamined. *American Journal of Orthopsychiatry, 68*(1), 142-146.
- Gillham, B., Tanner, G., Cheyne, B., Freeman, I., Rooney, M., & Lambie, A. (1998). Unemployment rates, single parent density, and indices of child poverty: Their relationship to different categories of child abuse and neglect. *Child Abuse & Neglect, 22*(2), 79-90.
- Hill, R.B. (2005). *Synthesis of Research on Disproportionality in Child Welfare: An Update*. Casey/CSSP Alliance for Racial Equity in the Child Welfare System.
- Jenkins, S. & Diamond, B. (1985). Ethnicity and foster care: Census data as predictors of placement variables. *American Journal of Orthopsychiatry, 55*, 267-276.

- Lery, B. (2005). *Neighborhood Structure and Foster Care Entry Risk: The Role of Spatial Scale in Defining Neighborhoods*. Unpublished doctoral dissertation, University of California at Berkeley.
- Leventhal, T., & Brooks-Gunn, J. (2000). The Neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin*, 126(2), 309-337.
- McLeod, J.D., Nonnemaker, J. M., & Thiede Call, K., (2004). Income inequality, race, and child well-being: An aggregate analysis in the 50 United States. *Journal of Health and Social Behavior* 45(3), 249-264.
- Nichols, A. (2006). *Understanding Changes in Child Poverty over the Past Decade*. The Urban Institute.
- Roos, N.P., Black, C., Roos, L.L., Frohlich, N., DeCoster, C., Mustard, C., Brownell, M.D., Shanahan, M., Fergusson, P., Toll, F., Chough Carriere, K., Burchill, C., Fransoo, R., MacWilliam, L., Bogdanovic, B., & Friesen, D. (1999). Managing health services: How the Population Health Information System (POPULIS) works for policymakers. *Medical Care* 37(6), JS27.
- Sameroff, A.J., Seifer, J., Barocas, R., Zax, M., & Greenspan, S. (1987). Intelligence quotient scores of 4-year-old children: Social-environmental risk factors. *Pediatrics*, 79, 343-350.
- Sampson, R.J., Morenoff, J.D., & Earls, F. (1999). Beyond social capital: Spatial dynamics of collective efficacy for children. *American Sociological Review*, 64(5), 633-660.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2007). *Child Maltreatment 2005*.
- Wennberg, J.E. (1999). Understanding geographic variations in health care delivery. *New England Journal of Medicine* 340(1), 52-53.
- Whitehead, Margaret. (1992). The concepts and principles of equity in health. *International Journal of Health Service*, 22, 429-445.
- Wulczyn, F., Lery, B. & Haight, J. (2006). *Entry and Exit Disparities in the Tennessee Foster Care System*. Chapin Hall Center for Children.
- Wulczyn, F., Barth, R.P., Yuan, Y., Harden, B.J., & Landsverk, J. (2005). *Beyond Common Sense: Child Welfare, Child Well-being, and the Evidence for Policy Reform*. New Brunswick, NJ, Aldine Transaction.
- Wulczyn, F. (1986). *Child Welfare Caseloads: A Sociological Interpretation*. Unpublished doctoral dissertation, University of Chicago.

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