

Providing Kinship Care to Black Youth: Implications for Social Work

Brittany J. Nwachuku, EdD, LCSW

Bonnie Young Laing, PhD

Emma Maria Sterrett-Hong, PhD

Gwendolyn Perry-Burney, PhD, MSBA, MSW

Sharon E. Moore, Ph.D., MSW

Abstract

Kinship care is a viable option for African American youth who need foster placement. Of the approximately 430,000 children who live in foster care in the United States, slightly more than 100,000 of those children are Black. This paper explores factors and issues impacting Black children living in foster care with the aim of providing practical guidance for social work practitioners and educators that will result in more positive outcomes for these youth. To facilitate practical application of the content in this article, a case study will be provided.

Keywords: Foster care, Kinship care, Black youth

“Call it a clan, call it a network, call it a tribe, call it a family: Whatever you call it, whoever you are, you need one.” — Jane Howard

This paper explores key issues impacting Black children living in foster care with the aim of providing practical guidance for social work practitioners and educators that will likely result in more positive outcomes for these youth. To achieve this goal, the authors provide a demographic overview of social and environmental characteristics of Black youth living in foster care and discuss caregiver factors that weigh in the evaluation of kinship based foster placements. Key practice recommendations to address the needs of Black children living in foster care will be included. A case study will be provided to enable practical usage of the content in this article.

Demographics

It is generally well known among child welfare practitioners that Black children are overrepresented in the child welfare system (Child Welfare Information Gateway, 2020). Black children are in foster care for a myriad of reasons that include challenges in creating permanent placements, poverty, and other social/economic factors, along with bias among service providers in assessment practices and a lack of funding to state and local governments to reduce disproportionality in foster care rates (USGAO, 2007). An important departure point for understanding the dynamics of providing kinship foster care to Black children is to explore current data on their representation in the American population of children compared to their representation in the population of children in foster care. For instance, although the numbers of Black children entering the child welfare system have decreased, Black children enter foster care at rates higher than their percentage in the American child population (Child Information Gateway, 2020). Black children are also more likely to enter foster care at younger ages and are likely to remain in the foster care system longer than other American children (Congressional Research Service, 2016).

In the United States, there are more than 73 million children, 15 percent of whom are Black (Kids Count, 2019). In 2018, of the more than 430,000 children living in foster care in the United States (Kids Count, 2018), 23 percent (100,000) were Black. Twenty-one percent of children entering the child welfare system are Black. On average only 7 percent of the overall population of children entering foster care are under the age of 1 year (Kids Count, 2021), yet roughly 25 percent of Black children in foster care are under one year of age (Generations United, 2020; Perry-Burney, 2019). As an aggregate, American children remain in state administered foster care for 20.4 months (Congressional Research Service, 2016), yet Black children are likely to remain in foster care 4 months longer (24.4 months) than the average American child. The length of stay in foster for Black children is nearly 7 months longer than for a White child (17.7 months). As further illustration of disparities in length of stay for Black children, in 2018 alone more than 250,000 children exited

foster care; Black children comprised only 21 percent of these children, while White children comprised 46 percent of exiting children (Child Welfare Information Gateway, 2020). Kinship care has become a preferred placement option and may mitigate some impacts of child removal {including trauma and sibling separation), (Child Welfare Information Gateway, 2018).

Kinship Foster Care

Currently, more than 2.6 million children live in kinship care including both formal and informal arrangements (Child Welfare Information Gateway, 2018). Twenty percent of American children in formal foster care placements live in family-based care arrangements (Child Welfare Information Gateway, 2020). In comparison, 32 percent of Black children live in formal kinship care placements (Children's Bureau, 2018). Black children in kinship care are more likely to live with an older care giver, which includes the 25 percent of Black children living with grandparents (Generations United, 2020).

Kinship care may also mitigate some impacts of the parenting challenges that necessitate foster care placements. Children often come to the child welfare system's attention due to their parents' substance abuse, neglect, and mental health issues. When a parent is unable to care for their child, the parent may temporarily transfer care and custody of the child to a local child welfare agency. The caretaker of the child is called a "foster parent" or "guardian." Care and custody may also be transferred by court order. In every state, there is an agency to oversee dependent children and youth (Perry-Burney, in press). Foster care involves the physical removal of a child from their biological parents to foster parents. The top three reasons for children's removal in most states are parental drug abuse, child neglect, and physical abuse. In many states, parental drug abuse is considered child neglect because the home is likely to be in a state of chaos due to the parent's addiction, and the child's basic needs are not being met.

In the Black community, kinship care has traditional roots in slavery, when children were removed from their homes to live with kin or other Blacks on the plantation when their biological parents were sold (Hegar, & Scannapieco, 1995, Rankin, 2002). Contemporarily, in a Black community, the extended family network is an important support strategy and has moved from a traditional informal caregiving arrangement to a formal arrangement made through child welfare services (Gibson, 2007). The following actual exemplar is presented to highlight the benefit of good quality kinship care. To protect client confidentiality, all persons in the case study have been given pseudonyms.

Case Example

Aaliyah Joe is a 16-year-old, biracial female from South Hills, Pennsylvania. Aaliyah has a Black father and a Caucasian mother. She grew up with her 13-year-old sister, Laura, and 2-year-old sister, Erin. Aaliyah was raised by her unwed mother, Morgan, and father, Corey, in a complex/complicated environment. Aaliyah's parents met in high school and announced their pregnancy with Aaliyah to their parents before leaving for their senior prom. Their experience with teenage pregnancy is not uncommon. A total of 194,377 babies were born to women aged 15–19 years in 2017 (CDC, 2019). With both parents on the brink of their college careers, Aaliyah was often attended to by her paternal grandparents and great-aunts. As years passed, Aaliyah's parents decided to end their romantic relationship, with hopes to focus primarily on caring for Aaliyah and her sisters. Although goals for care were established, the parents were young and unable to properly agree on their daughters' custody arrangements. This caused tension between the parents and immediate and extended families, with ensuing consistent and complex arguments that Aaliyah and her sisters would often see and hear. This also meant that as a young child, Aaliyah would often be charged with watching her sisters and be unoccupied while her parents worked and participated separately in their own activities outside of their home.

When children lose everything they know or have become accustomed to, it causes a sense of loss and trauma (Ahrens et al., 2011). Aaliyah watched her parents disagree on everything that would tear her away from her norm, causing her to cope the best way she knew how. As time went on, her grades, friendships, and mental health suffered. Around age ten, Aaliyah began to befriend other young girls who, unfortunately, were interested in substance abuse, sexual activity, and other behaviors. This resulted in her making several suicide attempts, running away from home, custody battles between the state of Pennsylvania and her parents, and her own pregnancy at the age of 15 (CDC, 2019). Aaliyah became distant and depressed, wondering who in her world would be willing to fight for her and provide the love that all children need. To no avail, she turned to several in-school support services and friends, still yearning for the full attention and love of her parents (Rees, 2010). Once a straight-A student, she veered down a road of sadness and turmoil due to the trauma she experienced during her upbringing.

During the state custody hearing, the judge was in a position to decide which parent would be most fit to care for Aaliyah. However, when the judge asked each of her parents their perspective on who would be most ideal, both declined their desire to have full custody of Aaliyah. At that point, her Black great-aunt intervened and offered to be the official guardian of Aaliyah to assist her in getting back on track. Aaliyah was five months pregnant at the time that she went into kinship care with her great-aunt. Not only did Aaliyah deal with the pain and trauma of her upbringing, but she was also forced to process the psychological distress

that resulted from both of her parents denying their desire for full custody of her and all that goes along with being a teenage mother. Research has shown that living with relatives is better for youth and benefits them in several ways, including minimizing trauma, improvement of a child's well-being, improvement of mental and behavioral health outcomes, and preserving a child's cultural identity and community connections (Ahrens et al., 2011).

Although kinship care took some getting used to for Aaliyah, she began to build a normative routine with her great-aunt, excel in her new school, and rise to the top of her class in several subjects. In addition, she delivered a full-term baby girl, and with the support of her extended family and parenting classes that she attended through the kinship care agency, she learned to love motherhood in a healthy way. When youth are placed in kinship homes with relatives, they are often likely to express more positive feelings about their placements and less likely to run away (Alexson Guidry, 2019, Kerman et al. 2009). Since Aaliyah has been in the care of her great-aunt, she has minimized suicide attempts and made positive strides towards the betterment of her well-being as well as her daughter's upbringing. Although it will take time for Aaliyah to fully heal from the psychological trauma she experienced because of the dysfunction that existed in her immediate family, it is important to note that the opportunity to be under the care of a relative allowed Aaliyah to remain close with the Black community and culture. "Kinship care facilitates cultural, spiritual and social growth of both the children and extended family through continuous connectedness of families" (National Association of Social Workers, 2003, p. 4).

Remaining in the care of family allowed Aaliyah to thrive. She continued to remain close with her sisters and started rebuilding a relationship with her parents, as well as increasing activity in her family's church and faith practices. With support services provided by her school that helped her excel academically and socially, her self-esteem improved, and she demonstrated a zest for living. In-school support services have been found to be successful in improving student resiliency (Shapiro, et al., 2020). Presently Aaliyah works several hours a week at a fast-food restaurant to help with the expenses of raising her baby. She was asked by her school counselor to be a peer mentor and helps schoolmates with their homework assignments. She has bonded well with her great-aunt with whom she has built trust. Her great-aunt talks with her daily in an affirming positive manner and supports all her academic and college aspirations. Further, even in the wake of the COVID pandemic, Aaliyah's great-aunt meets Aaliyah's socialization needs by taking regular short outings to drive-through restaurants and grocery stores with Aaliyah and her baby (while using safety precautions). Aaliyah is now looking forward to attending college after graduating from high school. If she stays on her current trajectory, she will not be among the more than 50% of teen mothers who fail to graduate from high school (Manlove & Lantos, 2018).

Kinship care was the right fit for Aaliyah, but not all youth have the privilege of being fostered in homes with relatives. It is imperative for the social work profession to continue advocating and encouraging family systems to consider the implications that kinship has on permanency. Furthermore, social workers and all those who are involved in making kinship care arrangements need to be cognizant of the cultural structures within the Black community and the negative outcomes that can occur when Black youth are put into placements that do not recognize their cultural heritage and, in some way, consistently connect them to the Black community (Keeping it Real, n.d.).

Factors that Influence Quality Foster Care

Housing instability, psychological and mental wellness, income insecurity and readiness to address dynamics between foster children and their birth parents are all family environmental factors that can impact a child's safety and the caregiver's ability to provide a stable environment (Cudjoe, 2019; Rufa & Fowler, 2016). While none of these factors alone preclude a family caregiver from being able to successfully provide kinship care, such factors, when present, do require service provision to address possible challenges to maintaining a safe and stable home for the child in care (Generations United, 2020). More than 5.5 million children live with grandparents (Generations Together, 2017). Seventy-five percent of Black kinship carers are grandparents over the age of 40, who are more likely to have significant health problems than non-family caregivers (Rufa & Fowler, 2016). Black kinship care providers also frequently report high amounts of perceived stress (Berrick & Boyd 2016).

The social environments surrounding Black families providing kinship care can contain both stressors and supportive factors (Washington, et al., 2018). Factors such as the availability of peer and social supports for children, and quality community-based supportive services are important for child wellbeing in kinship care. Community conditions that negatively influence child outcomes include high levels of crime and poverty. Children in kinship placements who live in distressed communities experience more behavioral health problems (Rufa & Fowler, 2016).

The Coronavirus pandemic has exacerbated difficulties in foster care service provision and permanency planning (Font, 2020). For Black children in kinship care, higher rates of caregiver employment outside of the home (50%) and the multigenerational nature of households place these caregivers at greater susceptibility to contract COVID-19, especially where comorbidities exist (Conn, 2020; Font, 2020). In addition to these

factors, children in kinship care face increased risks to child wellbeing stemming from the suspension of in-person visits to ensure child safety as a result of the COVID pandemic, (Children's Bureau, 2020; Font, 2020; Phillip Rayzer, Personal Communication, August 30, 2020) and extended times without permanency and adoption proceedings (Generations United, 2020). In lieu of face-to-face activity, many state sponsored child welfare organizations have instituted virtual home visits and other forms of virtual case supervision (Children's Bureau, 2020) although a concern is the educational impact of virtual schooling without face-to-face learning support such as mentoring and other socialization support provided by in-person interaction in schools, after school programs, and other out of school time activities (Conn, 2020).

Cultural Traditions that Protect Separated Children

Foster care is a traumatic experience for most children who are removed from their home and biological parents. Once children are removed from their home, Child Protective Services (CPS) completes a case assessment and gathers information with the aim of securing a safe, permanent home. If the parents cannot take the child back, a relative (kinship) placement or another permanent planned living arrangement is warranted (Yi, Edwards & Wildeman, 2020, Tyler & Melander, 2010). Historically, various racial and ethnic cultures have developed group-specific strategies to minimize the trauma and loss of parents and siblings while in foster care (Hegar & Scannapieco, 1995).

In many Black communities, the family is part of a community system with distinct, but widely varied and diversified socio-cultural attributes, variant family structures, and flexible family function patterns (Morisey, 1990). Prior to the development of the U.S. federal-state child welfare system, the responsibility for informal care and out-of-home placement was traditionally provided by intergenerational parenting from biological and extended family members, such as grandparents, aunts, uncles, or cousins, until the parent and child could be safely reunified. Today, this is referred to as kinship care. The informal system functioned adequately because many family members lived in close proximity to each other. Within the family and community, it was paramount to protect the child(ren). It was important to keep the child in familiar surroundings and enable them to continue to attend school and be socialized within their family network. In the Black community, family relationships are part of the cultural history, tradition, and identity and are held together by a set of common values, including interdependence, resilience, and collective responsibilities. The provision of social, emotional, and instrumental support for other extended family members is normative. There was a sense of responsibility for the care of children by the family, church, and community (Simpson, Smith, and Wilson 2016). While residing in non-kinship out-of-home placement, the child assimilates while losing some of their own cultural identity, values, and traditions, thus making reunification efforts with parents more problematic.

Unlike larger families of the Baby Boomer generation of 1946-1964, today, families are much smaller and mobile, living further away from each other and providing little support to younger relatives (Pew Research Center, 2015). This transition, and the developing industrial society, seems to have created additional mechanisms for governmental intervention, such as child welfare, family and children services, and mental health services, etc., to assume an increasingly prominent role in shaping the destiny of displaced and neglected Black children.

Implications

Social Work and Human Service

Any services provided to Black youth in kinship care need to be culturally responsive to attend to struggles faced by Black families, including institutional racism. Service providers need to be aware that Black families may have distrust in systems due to historical and current injustices Blacks have experienced, and therefore child welfare workers will need to prioritize building trust with family members by being authentic, reliable and honest. In addition, service providers need to be aware of cultural values many Black families hold, such as the importance of the wider community for supporting families. Providers can then create case management plans that prioritize services involving extended family and fictive kin, including kinship care but also involving family and community members in providing support for Black youth more informally such as through recreational activities or informal mentorship. In addition, given the restructuring of family relationships that can occur when children enter kinship care, it may be helpful for families who initially struggle with the transition to be referred to a family therapist who can help them establish a new family structure. Family therapy can help strengthen not only the relationship between the kinship foster parent and child but also between the new kinship care family system and the child's biological parent(s). Families can also be encouraged and supported to engage in activities that empower the child and family, such as participating in local cultural and educational events, outdoor activities at local neighborhood parks, indoor activities and participating in culturally based healing, such as spiritual practices, if they are meaningful to the family.

Social Work Educators

All children, regardless of placement setting, gender, age, and race, experience some symptoms of trauma when they must be separated from their parent(s) or primary caregiver (Johnson & Chipungu, 2016). Therefore, more attention is needed to address the social and emotional health of these children, thus making it paramount that social work educators use evidence-based trauma-informed interventions in teaching social work students to work with Black children and families (Johnson & Chipungu, 2016). Social work students

should be exposed to racial disproportionalities that exist in the child welfare system, such as that 17% of Black children in the child welfare system were adopted in 2017 compared to 49% of White children (Hall, 2019). Being educated about racial disparities will provide new members of the child welfare workforce with greater information, and perhaps motivation, to prioritize placements, such as kinship care, that may lead to more permanence for Black children. In addition, social workers are the only professionals to practice the person-in-environment perspective where they physically visit communities, they serve to cultivate community relationships and networks, gain community trust, and call on the community for direction and support while assisting them in strengthening and transforming families and the community. Educators must gather and access their biases as well as students' biases and prejudices and look at Black family strengths to optimize interventions; this can be accomplished through role plays, case studies, videos, and factual information based on contemporary cases of its application and outcome.

Conclusion

In an ideal world, children would be raised by healthy biological parents. However, to some degree, family dysfunction is a reality of every family system because we live in an imperfect world inhabited by imperfect people. As a result, the child welfare system was created to provide alternative arrangements for children whose parents, for a plethora of reasons, are not able or available to parent them. As has been discussed, research has found kinship care to be a viable alternative to out-of-home placement. Those who provide services to those in the child welfare system need to make sure that supportive services are provided to kinship providers, that social work educators prepare social work students to address the needs of Black child(ren) in kinship care and that the child(ren) and kinship caregivers are serviced from a holistic perspective that includes addressing their cultural needs as well. The authors are aware that not all kinship arrangements are successful, but through the case study that has here been presented, we have shown that good outcomes can and do result from kinship arrangements and that Black youth who find themselves in these arrangements can go on to have healthy youth development and make viable societal contributions.

References

- Ahrens, K. R., DuBois, D. L., Garrison, M., Spencer, R., Richardson, L. P., & Lozano, P. (2011). Qualitative exploration of relationships with important non-parental adults in the lives of youth in foster care. *Children and Youth Services Review, 33*(6), 1012–1023. <https://doi.org/10.1016/j.childyouth.2011.01.006>
- Alexson Guidry, A. (2019). Why Relative Placement Is Best for a Child in Need of Care. *Children's Rights Litigation, 22*(1), 12-17.
- Berrick, J and Boyd, R. (2016). *Financial well-being in family-based foster care: Exploring variation in income supports for kin and non-kin caregivers in California*. <http://www.sciencedirect.com/science/article/pii/S0190740916302596>
- CDC. (2019). *Reproductive health: Teen pregnancy*. Retrieved from: <https://www.cdc.gov/teenpregnancy/about/index.htm>
- Children's Bureau (2018), *The AFCARS Report*. Retrieved from: <https://www.acf.hhs.gov/cb>
- Children's Bureau (2020). *Child Welfare Worker Safety in the Time of COVID: CDC Recommendations for In-Person Interactions with Families*. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/childrens_bureau_cdc_webinar_transcript.pdf
- Child Welfare Information Gateway. (2018). *Working with kinship caregivers*. Retrieved from <https://www.childwelfare.gov/pubPDFs/kinship.pdf>
- Child Welfare Information Gateway. (2020). *Foster care statistics 2018*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubPDFs/foster.pdf>
- Congressional Research Service (December 8, 2016). *House Ways and Means Committee Green Book*. Retrieved from <https://greenbook-waysandmeans.house.gov/sites/greenbook.waysandmeans.house.gov/files/Figure%2011-11%20and%20Table%2011-11.pdf>
- Conn, M. (August 19, 2020). *For Kinship Caregivers, No Good Options for Back to School*. Retrieved from: <https://imprintnews.org/education/for-kinship-caregivers-no-good-options-for-back-to-school/46718#0>
- Cudjoe, E., Abdullah, A. and Chiu, M. (2019). *What Makes Kinship Caregivers Unprepared for Children in Their Care? Perspectives and Experiences from Kinship Care Alumni in Ghana*. Retrieved from: <http://www.sciencedirect.com/science/article/pii/S0190740919300246>
- Font, S. (2020). *The Impact of the COVID-19 Pandemic on Children in Foster Care*. Exploring the issues and potential solutions. Retrieved from: <https://covid-19.ssri.psu.edu/articles/impact-covid-19-pan->

- Generations Together (2017). National Facts Sheet. Retrieved from: <http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-United-States.pdf>
- Generations United. (2020). Toolkit for African American Grand Families: Helping Children Thrive Through Connection to Family and Culture. Retrieved from: <https://www.gu.org/app/uploads/2020/07/AA-Toolkit-WEB-2.pdf>
- Gibson, P.A. (2007). Kinship Care as a mental health intervention for African American families. In Logan, S.M.L., Denby R.W, & Gibson, P.A. (Eds), *Mental Health in the African American Community* (pp. 265-282). The Haworth Press.
- Hall, R. (2019). The US adoption system discriminates against darker-skinned children. *The World*. Retrieved from: <https://www.pri.org/stories/2019-02-21/us-adoption-system-discriminates-against-darker-skinned-children>
- Hegar, R. & Scannapieco, M. (1995). From family duty to family policy: the evolution of kinship care. *Child Welfare*, 74(1), 200-216.
- Johnson, K.Y, & Chipungu, S.S. (2016). Child welfare in urban environments. In Wells-Wilbon, R., McPhatter, A.R., & Vakalshi, J.F.O. *Social Work Practice with African Americans in Urban Environments* (pp.37-54). New York, NY: Springer.
- Keeping It Real: Supporting the Needs of African American children in out-of-home care. (n.d.). Washington State Department of Social and Health Services. Retrieved from: http://depts.washington.edu/all-cwe/sites/default/files/sites/default/files/caregiver/keeping_it_real.pdf
- Kerman, B., Freundlich, M., & Maluccio, A. (2009). *Achieving permanence for older children and youth in foster care*. Columbia University Press.
- Kids Count (2018). Child population by race in the United States. Retrieved from: <https://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=1&loct=1#detailed/1/any/false/37/any/423,424>
- Kids Count (2019). Kids Count Data Book: State trends in child wellbeing. The Annie E. Casey Foundation. Retrieved from: <https://www.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf>
- Kids Count (2021). Children in foster care by age group in the United States. Retrieved from <https://datacenter.kidscount.org/data/tables/6244-children-in-foster-care-by-age-group#detailed/1/any/false/37/1889,2616,2617,2618,2619,122/12988,12989>
- Manlove, J. & Lantos, H. (2018). Data point: Half of 20-29 year old women who gave birth in their teens have a high school diploma. *Child Trends*. Retrieved from: <https://www.childtrends.org/half-20-29-year-old-women-gave-birth-teens-high-school-diploma>
- Morisey, P.G. (1990). Black children in foster care. In Logan, S.M.L., Freeman, E.M., & McRoy, R.G. *Social Work Practice with Black Families: A culturally specific perspective* (pp.133-147). New York, NY: Longman.
- National Association of Social Workers. (2003). Kinship care. *Association of Black Social Workers*, 1(1), 1-6.
- Pew Research Center. (2015). Parenting in America. Retrieved from: [https://www.pewsocialtrends.org/2015/12/17/parenting-in-america/Perry-Burney, G. \(In Press\). Foster Care. In Health and Well-being for People of Color: An Encyclopedia for Issues, Problems and Solutions.](https://www.pewsocialtrends.org/2015/12/17/parenting-in-america/Perry-Burney, G. (In Press). Foster Care. In Health and Well-being for People of Color: An Encyclopedia for Issues, Problems and Solutions.)
- Rankin, S. (2002). Why they won't take the money: Black grandparents and the success of informal kinship care. *Elder Law Journal*, 10(1). 153-185.
- Rees. (2010). All they need is love? Helping children to recover from neglect and abuse. *Archives of Disease in Childhood [Arch Dis Child]*, 96(10), 969-76.
- Rufa, A. K., & Fowler, P. J. (2016). Kinship foster care among African American youth: Interaction effects at multiple contextual levels. *Journal of Social Service Research*, 42(1), 26-40.
- Shapiro, C., Collins, C., Parker, J., Martinez, S., Olson, S. & Weist, M. (2020). Coalescing investments in school mental health in South Carolina. *Child & Adolescent Mental Health*, 25(3), 150-156. DOI: 10.1111/camh.12382.
- Simpson, G.M., Smith, B.D., and Wilson, D.B. (2016). *Social Work Practice with African Americans in Urban Environments*. New York: Spring Publishing Company., No. 57.
- Tyler, K. & Melander, L. (2010). Foster Care Placement, Poor Parenting, and Negative Outcomes Among Homeless Young Adults. *Journal of Child & Family Studies*. 19(6), 787-794. DOI: 10.1007/s10826-010-9370-y.

United States Government Accountability Office (2007). African American children in foster care. Retrieved from: <https://www.aecf.org/m/resourcedoc/AECF-AfricanAmericanChildrenInFosterCare-2007.pdf#page=2>

Washington, T., Wrenn, A., Kaye, H., Priester, M. A., Colombo, G., Carter, K., Shadreck, I., Hargett, B. A., Williams, J. A., & Coakley, T. (2018). Psychosocial factors and behavioral health outcomes among children in Foster and Kinship care: A systematic review. *Children & Youth Services Review, 90*, 118–133. <https://doi.org/10.1016/j.childyouth.2018.04.030>

Yi, Y, Edwards, F., & Wildeman, C. (2020). Cumulative Prevalence of Confirmed Maltreatment and Foster Care Placement for US Children by Race/Ethnicity, 2011–2016. *American Journal of Public Health, 110*(5), 704-709. DOI: 10.2105/AJPH.2019.305554.



Dr. Brittany Nwachuku is a Licensed Clinical Social Worker (LCSW), Board-Certified Oncology Social Worker (OSW-C) and Qualified Administrator (QA) of the Intercultural Development Inventory (IDI), who holds a Doctor of Education degree from the University of Pittsburgh. Her clinical experience of working with diverse populations includes, juvenile probation, foster care youth, school social work, private practice, and oncology healthcare settings. In addition, she has provided clinical and administrative supervision to social work students, interns and professionals, while facilitating a wide range of cancer support groups, educational lectures, and professional development to staff on best practices for diverse and underserved patient populations. Presently, Dr. Nwachuku is an Assistant Professor of Social Work and Director of Field Education at Slippery Rock University in Pennsylvania.



Dr. Bonnie Young Laing is an associate professor and teaches in the social work program at California University of Pennsylvania. She holds a bachelor's degree in psychology from Edinboro University of Pennsylvania, an MSW with a concentration in community health and mental health from West Virginia University and a doctorate in social work from Virginia Commonwealth University. Dr. Laing has more than 25 years of practice experience in urban African American community practice. Her scholarship is focused on community practice with particular attention to social and economic justice. She has published work in the areas of community organizing, labor/community coalitions, youth development, affordable housing, community development in African American communities and culturally competent macro practice.



Dr. Emma Sterrett-Hong is an Associate Professor and the Associate Dean of Equity and Inclusion in the Kent School of Social Work at the University of Louisville. Her research focuses on the impact of interpersonal relationships on the well-being of underserved youth, as well as the dissemination of evidence-based psychosocial practices. In addition, she is a Licensed Psychologist and Licensed Marriage and Family Therapist. She has supervised social work and marriage and family therapy graduate students and trainees, as well as maintains a small family therapy practice.



Gwendolyn D. Perry-Burney, Ph.D., is a Professor of Social Work at California University of Pennsylvania, Department of Health and Human Service Professions. She holds certifications as a youth organizer, and trainer by the School of Unity and Liberation, REACH-SW Evidence-based trainer, CSWE Site Visitor and eCollege Online Instructor. She co-authored a book chapter Youth Organizing for Social Change a Case Study in *Global youth: Understanding challenges identifying solutions, offering hope, and Youth conflict: The struggle from within*. Child sexual abuse in rural African American church community: A forbidden topic. *Journal of Human Behavior and Social Environment*. She is an expert in the areas of Human Behavior in the Social Environment and Social Welfare Policy. Her specialty areas are work with youth, community development, collective activism, program design, substance abuse and mental health in the African American community, and grant writing.



Sharon E. Moore, Ph.D. is Professor of Social Work at the Raymond A. Kent School of Social Work at the University of Louisville. Part of her current research is devoted to issues related to African American males, caregivers and Black faculty at Predominantly White Institutions (PWIs). She co-edited the text *Dilemmas of Black Faculty at Predominantly White Institutions in the United States: Issues in the Post-Multicultural Era*. Dr. Moore presented the paper “The Benefits, Challenges, and Strategies of African American Faculty Teaching at Predominantly White Institutions” at the Oxford Round Table at Harris Manchester College in the University of Oxford, Oxford, England. She was awarded the 8th Annual Florence W. Vigilante Award for Scholarly Excellence for the article she co-authored in the *Journal of Teaching in Social Work*, “The Dehumanization of Black Males by Police: Teaching Social Justice—Black Life Really Does Matter.”