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Regulating the Lives of Children

Kinship Care as a Cultural Resistance Strategy of the African American Community

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INTRODUCTION

The disproportionate number of African American children in the child welfare system has grown to a point of grave concern (Hill, 2008; McRoy, 2004; Roberts, 2003). As of September 2007, there were 496,000 children in the foster care and adoption system in the United States (U.S. Department of Health and Human Services [USDHHS], 2008). One hundred thirty thousand (27 percent) were waiting to be adopted (USDHHS, 2008a). African American children, although only 15 percent of the U.S. child population (U.S. Census Bureau, 2003), represent 32 percent (162,722) of the children in out-of-home care (USDHHS, 2008b).

This chapter is dedicated to Nellie F. Bent and Lillian Carter “Big Momma,” who have taught me the importance of using resistance as a tool for the preservation of our families and our children through their selfless example of quiet strength.

The disproportionality of African American children in the foster care system can be viewed as a form of racial regulation that devalues the strengths, resources, and culture of many African American families. The disproportionate removal of African American children from their homes serves to disempower African American families by severing the psychosocial and sociocultural ties between children and their familial traditions. This disconnection process is a major problem because it lessens the likelihood of African American children receiving the socialization necessary for helping to replicate traditions that protect and advance African American communities.

This chapter examines kinship care as a form of cultural resistance in the African American community, and it contends that this type of care helps offset and combat the problem of disproportionate removal of African American children from their homes. This chapter also conceives kinship care as a necessary strategy to reduce the social problems that African Americans disproportionately confront and that place African American children at risk of disproportionate removal.

Through a convergence of economic and job discrimination, public welfare, and the War on Drugs, African Americans have experienced significant vulnerability related to family structure and relationship building that has had residual effects on the number of children at-risk of removal from the home. Contemporary kinship care has evolved as a culturally based strategy that helps to preserve families, share traditions, and maintain connectedness despite multiple familial and societal challenges. The implications of this resistance effort are to find creative ways to help support this indigenous response, both within and outside of the community, while respecting and not diminishing it through formal social welfare policy regulation.

Formal kinship care has been defined as “care provided by relatives as foster care under auspices of the state,” and informal foster care has been defined as “all other caregiving provided by relatives in the absence of a parent” (Harden, Clark, & Maguire, 1997). According to the U.S. Census Bureau (2000), more than 6 million children receive care from kin providers. Of these, more than 2 million children are known to the child welfare system (USDHHS, 2008a). Kinship care has often been viewed as a form of family preservation, resilience, and a conviction in the importance of keeping the family together (Scannapieco & Jackson, 1996). Although not viewed as a form of resistance, it does fit the conceptualization of passive resistance. Passive resistance has been articulated as a value-oriented form of resistance within the African American community and,

as such, includes “a collective attempt to restore, protect, modify, or create values in the name of a generalized belief” (Smelser, 1962, p. 313). Unannounced and off the radar, caring for African American children, maintaining them in the home, and passing on family traditions and history are protective mechanisms that allow for family values and culture to be passed on to the next generation. This chapter examines the significance of this form of passive resistance as a strategy to combat the racial regulation of African American children.

❧ THE NATURE OF RESISTANCE IN THE AFRICAN AMERICAN COMMUNITY

I can't believe I'm raising a three year old and a ten year old. I'm 58 years old you know. I would have never seen this for myself at this age in my life. I could have retired you know but not now. My husband died about 15 years ago with diabetes complications. Lord, I miss him. My daughter has a drug problem. She's been out there for years. I keep telling her that she's got to get herself together for these kids. I'm not always going to be around to take care of them you know but there [sic] not going into the system. I can tell you that. Not while I'm alive and still breathing. No. Those people just mess you up. No, for now, I can make it. It's hard though because everything is out of pocket. Things are so expensive. When they get sick, that costs money because they aren't under my health insurance. I would have to take my daughter to court and I'm not doing that. My oldest son helps me a lot with things. He comes by and talks to the 10 year old and gives me money when I need it. I've used almost all of my retirement money but I know that God will provide. This is what African American people do. We take care of our children and these are my babies. We'll work it out and get through just like our families have always done.

The above quote of a grandmother raising her grandchildren evidences a form of resistance. Resistance can take many forms. As described earlier, resistance can be active whereby there is an outward cry or act taken. However, resistance can also be unannounced, not as obvious but nonetheless present and powerful. Some definitions of resistance include “the power or capacity to resist”; “the inherent ability of an organism to

resist harmful influences"; and "a psychological defense mechanism wherein a patient rejects, denies, or otherwise opposes the therapeutic efforts of a psychotherapist." Thus, resistance may take place without a conscious effort to oppose something but can be a defense mechanism activated when one feels a sense of eminent harm but also a sense of power and the ability to stand in opposition. It helps one to understand how African American families can build on strengths of communalism and the value of extended family through a sense of empowerment and capacity of rearing African American children.

Resistance in the African American community has an historical context that dates back to slavery when Africans Americans learned to read when literacy was a crime, formed lasting unions when it was illegal to marry, and those who maneuvered through the Underground Railroad when death was the result for escaping from slave masters (Franklin, 1997; Hill, 1997; Martin & Martin, 2005). The very nature of resistance, therefore, is a part of the experience of the African American community. Resistance is therefore linked to survival both individually and collectively. Frederick Douglass said, "Without struggle, there is no progress." The end of legalized slavery and the success of the Civil Rights Movement are evidence for many African Americans that success will come and that struggle is a natural part of achieving that success. Thus, resistance is not viewed as something abnormal or disabling. Resistance does not require outside recognition but instead action, sacrifice, and hope that things will be better.

One cannot talk about African American children and not be aware of the African American family, with its challenges and its strengths. African American children are inextricably linked to the family and the community (Hill, 1997). Despite major challenges in the African American family, African American children are still regarded as key to the survival of the community and at the heart of the African American family. The focus on family and prioritization of the success of African American children is critical to understand because despite contemporary challenges, the focus on the African American child remains and is still central to the life of the family. This idea feeds into the expectation that children are to be cared for despite the circumstances around their reason for being in care. Resistance also evidences how African American people make sense of social and economic challenges (Carlton-LaNey, 2001; Davis & Bent-Goodley, 2004). The response counters what people know about African American culture, its organization and bonding, even when it appears to be disorganized and fragmented. The response

counters the misperception that African Americans are always seeking a handout and that there are more African Americans in the system than outside of the system. Resistance is then inextricably tied to the desire to maintain the connection within the African American family. The act of resistance speaks to a survival ethic that builds on strengths and defies stereotypes. It speaks to the ability to adapt and be fluid when confronted with challenges unseen.

❧ **DISPROPORTIONALITY OF AFRICAN AMERICAN CHILDREN IN THE CHILD WELFARE SYSTEM**

At one time, formal systems did not provide services to African American children (Billingsley & Giovannoni, 1972; McRoy, 2004). African American children in need of care received services from African American providers through settlement houses, orphanages, and other structures developed to meet the needs of African American children (Hodges, 2001; Peebles-Wilkins, 1995). These responses often included a focus on life skills development, inclusion of the family and community, civic engagement, and building trust and connectedness with the family and community (Carlton-LaNey & Carlton Alexander, 2001; Hill, 1997; Peebles-Wilkins, 1995). These services were usually provided in the community, with providers deeply invested in the success of the child both while in and out of care. The sense of accomplishment was best met when the child was able to survive successfully beyond care and feel a sense of connection with others in the community. The large number of African American children in the mainstream child welfare system can be traced to the 1950s and 1960s, with overrepresentation of African American children being identified during the 1970s and 1980s as a point of concern (Jenkins et al., 1983). The rise in contemporary kinship care patterns were identified in the late 1980s and early 1990s (Geen, 2004). Currently, African American children are three times as likely as white children to be placed in out-of-home care (Hill, 2008). The reasons for this disproportionality have been largely attributed to the prevalence of substance abuse, HIV/AIDS, and poverty in the African American community (Chipungu & Bent-Goodley, 2003; McRoy, 2004; Roberts, 2003). Poor families are more likely than middle-income families to be identified for child abuse and neglect, and families with incomes under \$15,000 are more likely to have substantiated cases of

abuse and neglect compared with those making more than \$30,000 (Chipungu & Bent-Goodley, 2004; Lindsey & Martin, 2003). Substance abuse has been identified in 50 to 78 percent of child welfare cases, yet, there continues to be limited substance abuse treatment facilities available in communities of color (Choi & Tittle, 2002; Semidei, Radel, & Nolan, 2001). The problem of children orphaned as a result of HIV/AIDS has received increased attention, as more than 125,000 children in the United States have been estimated to have lost their mother because of AIDS (Thaler, 2005). The full impact of AIDS has not yet been completely understood in the child welfare arena (Chipungu & Bent-Goodley, 2004). Unfortunately, African American people are disproportionately affected by poverty, substance abuse, parental incarceration, and HIV/AIDS (Bent-Goodley, 2003; Davis & Bent-Goodley, 2004). Consequently, these social factors have been identified as fueling the disproportionate numbers. Additional factors of limited cultural competence, functioning based on stereotypes and misconceptions of African American families, system bias, poor service provision, and insufficient training with how to engage and work with families of color have all been identified as fostering inequity within the child welfare system (Chipungu & Bent-Goodley, 2004; Cross, 2008; McRoy, 2004; Miller & Ward, 2008; Roberts, 2003; Rodenborg, 2004).

CHALLENGES TO THE AFRICAN AMERICAN FAMILY AND ITS IMPACT ON AFRICAN AMERICAN CHILDREN

It should be noted that nearly half of African American families continue to be led by both parents (Hill, 1997). Therefore, there is a continued effort to stay together and build lasting African American partnerships. However, it is the disproportionality of the number of African American children and families in crisis that is cause for concern and action. The role of contemporary kinship care is a response not only to the problems noted but also linked to historic inequity and discrimination that have intersected to make it more challenging for African American families to meet the needs of children. Consequently, the reasons for this disparity are not just rooted in child welfare policies but also at the intersection of antipoverty programs, employment practices, and drug-abuse policy.

Child Welfare Policies

Although there have been child welfare policies targeted to address the number of children in out-of-home care and child removal, they have proved to be insufficient with addressing disproportionality. The Child Abuse Prevention and Treatment Act of 1974 shifted from a focus on long-term foster care to promoting permanency, and the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96–272) defined reasonable efforts to prevent children from being placed outside of the home. These acts were crucial in attempting to shift the thinking about how and why children should be placed outside of the home. However, the policy did not provide a clear interpretation of reasonable efforts, particularly as it relates to child poverty. As noted at the beginning of the chapter, poverty is one of the single most critical factors related to child removal, particularly within the African American community. African American children are often removed not because of abuse but because of issues of neglect, typically rooted in economic needs not being met. Therefore, although the policy importantly requires that reasonable efforts be made to keep children in the home, it does not address what constitutes reasonable efforts to maintain children in the home when the primary concern is child neglect resulting from economic need. As a result, this policy advances a racially regulatory feature for which it does not appear to be directed.

The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105–89) focuses on providing incentives to increase permanency and adoption among children in the foster care system and putting children on the fast track to adoption within 15 of the most recent 22 months. ASFA requires that adoption and permanency planning take place concurrently. Yet, ASFA provides financial incentives for adoption and no incentives, financial or otherwise, for permanency planning (U.S. General Accounting Office, 2002), which highlights the emphasis on expedited terminations of parental rights to allow for adoptions and not reunification. Termination of parental rights has been done such that women have learned about these proceedings after the fact or near the beginning of their child's adoption process (Roberts, 2003). Substance abuse programs have found it difficult to receive the large number of referrals for treatment, resulting in women being at risk of losing parental rights because of systemic inefficiencies. Although many states and judges have tried to address these issues innovatively, there is no requirement that they do so. Poor children and children of poor substance-abusing parents are at greater risk of child removal than middle-class parents and children of

middle-class substance-abusing parents. Although ASFA was established to increase adoptions for children whose parents have not made changes, it also puts African American children in a system incentivized to have them adopted as opposed to reunified with their families. The fact that African American children will be disproportionately impacted by ASFA is not specified, but by being silent on the realities of how and why African American children enter into and stay in the child welfare system, ASFA contributes to and becomes a part of a racially regulatory system and does little to address the actual needs of disproportionality, inequity, and discrimination.

Discrimination in Employment

Unemployment and the disproportionate impact of joblessness created multiple challenges in the African American home (Franklin, 1997; Ricketts, 1989). African Americans were hard hit by the Great Depression. At the height of the Great Depression, 50 percent of African Americans were unemployed compared with 25 percent of Whites (Jewell, 2003). Unemployment rates soared for African American men in the 1950s and became even more established by the 1980s. As a result of discriminatory treatment, African American men were relegated to few employment opportunities and were challenged to find jobs that could support their families (Franklin & Moss, 2000). The high unemployment of African American men during this time contributed to rising separation within the family as men were challenged in societal expectations as provider and as women were forced to assume an even greater financial responsibility to sustain the family (Franklin, 2001). African American women were more likely to obtain jobs specifically confined to domestic work and, consequently, received lower wages because of their race and gender (Jewell, 2003; Tate, 1993). Thus, although African American women were working both within and outside of the home, their salaries were not sufficient enough to maintain the home. The once egalitarian mechanisms that supported the relationship were now strained (Franklin, 1997). Men could not provide the financial supports needed. Women were forced to serve as both financial provider and caregiver. This strain on the relationship coupled with the daily dosage of discriminatory treatment led to an increasing number of men leaving their families to seek new opportunities and return, or leave to avoid the shame and embarrassment of not being able to provide (Martin & Martin, 2005). Between the 1930s and 1950s, the rate of female-headed households

was the same for African American and white females at 19 percent and 12 percent, respectively. It was after the 1950s that we saw a divergence. In 1950, white female-headed households were 8.5 percent of white families, and by 1980 the number rose to 11.2 percent. In 1950, African American female-headed households were 17.6 percent of African American families, and by 1980 the number rose to 37.8 percent, in part because of the high number of African American families that migrated from the South to Northern urban environments (Ricketts, 1989). Currently, 44 percent of African American families are headed by single women.

Impact of Aid to Dependent Children

Aid to Dependent Children (ADC) was created by the Social Security Act of 1935 as part of the New Deal and was structured as an antipoverty program to provide aid to mothers with children. Initially, African American families were not eligible to receive public assistance (Billingsley & Giovannoni, 1972). Only 15 percent of African American families were eligible to receive public welfare in 1935 (Jewell, 2003). It was in the 1960s that African Americans began to use public welfare services. There were two major issues associated with receiving ADC that prompted serious consequences for African American families. The “man-in-the-house” rule and the Flemming Rule both had racially regulated features that would prove to be highly problematic for African Americans. The “man-in-the-house” rule essentially stated that to receive income support, there could be no male in the home. Thus, this policy compounded the already complicated circumstances derived from rising unemployment among African American males (Stack, 1974). For women to retain income support, they could not have a male presence in the home, including the father. This stipulation complicated what was already a strained relationship by forcing African American men to hide, leave the home for periods of time, and keep their belongings out of sight so that the woman could maintain the benefits for the family. It also sent the message that black men were not needed in the home and could not make a contribution, discouraging marriage and making relationships more tenuous. ADC also limited the role of black men to solely being a financial resource as opposed to a vital part of the structural and emotional makeup of the family. This racially regulatory feature of ADC placed African American men out of the African American family by institutionally withholding income supports, conducting random checks

in the home, and furthering a divide between black men and women, resulting in increasing numbers of black female-headed households and black children at-risk of out-of-home removal.

The second element of ADC with a racially regulatory feature was the Flemming Rule. The Flemming Rule was developed in the early 1960s with the intention of diminishing the state's role in dropping children from the welfare rolls based on unfair determinations of home suitability. The Flemming Rule was an administrative response to these inequities and was based on the idea that children should not suffer because of poor parental conduct. As a result, the child's economic needs were distinguished from the parent's economic needs. The children were distinguished and separated from the parental issues in order to maintain financial support for the children. Providing this federal home suitability plan allowed for more African American children to receive public welfare. Unfortunately, it also diminished the focus on supporting the family and separated the needs of children from their parents. Consequently, the idea that the child's needs are more important and supplant the parent's needs was established, and it also created the notion that the parent was not worthy of support as a result of poor parental conduct and choices.

The War on Drugs

The War on Drugs furthered these challenges. The 1973 New York Rockefeller Drug Laws made the penalty for the distribution and possession of drugs the same as second-degree murder. Other states began to mimic this legislation, creating a criminal justice system that incarcerated increasingly more people. Currently more than 46 percent of the prison population is African American (Beck & Harrison, 2001). Most (71 percent) are imprisoned for nonviolent crimes—one third of which are related to drugs. Despite being no more likely than whites to engage in crime (Blumstein, 1993), African Americans are seven times more likely to be incarcerated (Mauer, 1999). Families increasingly witnessed the use of substances to self-medicate and to escape issues of poor mental health, homelessness, joblessness, and poverty (Provine, 2007; Taifa, 2004). What further complicated this usage was the targeted criminal justice response in the African American community. Once the crack epidemic began in the 1990s, there was a full attack on low-level, nonviolent offenders who were largely drug users trying to get the funds and resources to feed their addiction (Bobo & Thompson, 2006; Taifa, 2004). This "war" has led to

the mass incarceration of African Americans, particularly males, and increasingly females. Consequently, the growing numbers of African American children without biological parents able and willing to provide them with care increased. By 2000, 1.5 million children had an incarcerated parent, with African American children being nine times more likely to be in this position (Mumola, 2000). More than one half of these children were placed with a grandmother (Mumola, 2000). These policies in very many ways feed into a pipeline from the child welfare system to the criminal justice system that has had ubiquitous consequences for the African American family (Children's Defense Fund, 2007).

KINSHIP CARE AS A FORM OF RESISTANCE: THE CASE FOR THE AFRICAN AMERICAN FAMILY

Kinship care did not just evolve as a reaction to the large numbers of children being removed from the home. It was also a response to the intersection of the negative impact of the policies and practices described above, and the persistent belief in the value of African American children staying within the family and community. Although grandmothers are often the primary caregivers, there are other family members that provide active care for children in extended family networks. Grandfathers, uncles, aunts, godparents, and nonblood or fictive kin often provide care to children without recognition or assistance from formal provider systems.

The Complicated Landscape of Kinship Care

Kinship care providers face many complicated challenges when trying to provide care for children. In addition to the challenges posed with explaining to a child why a parent is missing, absent, or incapable of providing for them, the kin provider also has to negotiate interactions with the parents and find the financial, emotional, and structural needs to support a child (Bent-Goodley & Brade, 2007; Berrick, 1998; Murphy, 2008; Ruiz, 2004). Kinship providers are often in declining or poor health, economically vulnerable, and with a limited *child-centered* support system (Geen, 2004). A child-centered support system is generally developed when one is engaged in regular childlike activities. For example, children who are connected with sports activities tend to have a support system

that provides increased opportunities for socialization, respite care, and a sense of connectedness to the life of the child. Kin providers are often less familiar with the current child-centered support system and so they are disconnected from a number of supports within the community. In addition, some kin providers are embarrassed with the situation and feel a sense of guilt for their child or relative not succeeding in raising his or her children (Smith-Ruiz, 2008). This sense of shame or failure can complicate being able to parent and have the kin provider question his or her ability to be successful parenting the second time around. Finally, the children may have emotional and mental health issues that make it more challenging to parent them (Ruiz, 2004). The child may feel abandoned, angry, hurt and disappointed in the situation. Kinship caregivers have to balance all of these issues in addition to the child's desire to ultimately be with the parent despite the parent's inability or decision not to participate.

The Lack of Support From Formal Systems to Kinship Care Providers

Formal child welfare systems are increasing their involvement and regulation of kinship care arrangements (Berrick, 1998; Murphy, 2008). Until recently, many states provided no or limited financial supports to kinship care providers. The formal child welfare system also requires rules and regulations that are intended to improve child well-being and keep children safe. These processes can also be restrictive and punitive to kin providers (Murphy, Hunter, & Johnson, 2008; Simpson & Lawrence-Webb, 2009). For example, a grandparent may feel conflicted with terminating the parental rights of their child to receive financial benefits and they may be unwilling to deny the parent access to the child despite being required by child welfare officials to do so. For some kin providers, they are unfamiliar with and overwhelmed with the child welfare and social service systems. They may not only be resistant to seeking help from these systems, but they may not know where or how to access them (Murphy, 2008; Ruiz, 2004).

That's My Baby and I'll Take Care of Him: Parenting Against the Odds

Despite these challenges, kinship care providers continue to care for their children. They continue to make the necessary self- and familial

sacrifices to parent. Parenting is often shared with other family members, such as aunts and uncles. The kin provider may have some other person in the family assisting with regular caregiving responsibilities and providing financial supports to meet the daily needs of the child. Because of the acceptance of a wide definition of family (Hill, 1997), there is an inherent support of these types of familial arrangements. Kinship care providers can obtain supports from additional informal networks, such as within faith-based communities. Tangible resources, such as food and clothing, can be accessed and available to providers. However, there are also intangible supports often available, such as mentorship and guidance from members of the community, that are generated from within the informal network. Although it has not eliminated the disproportionality of the number of African American children in out-of-home care, it has reduced the disproportionate number of African American children in formal care.

❧ **IMPLICATIONS**

Contemporary kinship care is a form of resistance to the challenges facing African American families. While focusing on preserving African American families, kinship care also is a means of combating the devastating effects of other social and economic ills that impact the African American community. Kinship care acknowledges the multiple challenges facing the family, but it also is a means of acknowledging the power within the community to provide for and sustain itself. As such, there are a number of implications to consider. First, kinship care disputes the incorrect perception that African Americans are not engaged in preserving the family and caring for African American children. There has been a sustained effort to ensure the preservation of the African American family and caring for African American children. Although formal systems have been organized to often separate the well-being of the family from the child, the African American community understands that the two are connected, and, therefore, the response cannot be separated. Amid growing demands, the African American community has been consistently challenged with being able to meet the multiple needs of families, and so the community must re-invest in examining how kinship care can be augmented internally to better meet the needs of vulnerable children and families.

Second, supporting kinship care constitutes more than the development of child welfare policies because the reason for contemporary

kinship care is a result of a number of social, political, and economic policies and practices that have negatively impacted the African American community, along with poor critical support services not being available to the community. Although it is important to design child welfare policies that do not augment the vulnerability of African American children, it is also important to design policies that address continued discrimination in the employment and education arenas to support African American men and women in finding and creating jobs that will sustain their families. It is critical to provide African American families with the supports needed to build and sustain healthy relationships that allow them to move beyond the systemic inequity and challenges that have been uniquely experienced in the African American community. It is critical to develop substance abuse and HIV programs that are located within the community and able to meet the intersectional needs within the community from a cultural context as opposed to having services outside of the geographic area, services that are not culturally competent, or services that focus on one social problem when communities are actually facing the challenge of negotiating multiple problems. Finally, it is critical to address poverty and the economic needs facing African Americans. This type of response includes having child welfare policies that are cognizant of the larger issues of why many African American children are at greater risk of being placed outside of the home, rather than relying on micro-level factors only.

Finally, as policies and services are crafted to support this organized informal system of care, it is critical that the formal response does not disrupt or dismantle the informal systems that are already in place. There has to be a balance of being supportive and staying out of the way of this indigenous response to maintaining the preservation of the African American family. The regulation of the lives of African American children has already evidenced that formal systems are not better able to ensure the safety and well-being of children. A careful approach needs to be taken, with the indigenous community in the place of leadership, to decide how to best support this system of care without being disruptive, punitive, and harmful as formal providers attempt to be supportive.

Social workers are uniquely positioned to serve as advocates to advance kinship care policies that support families and create parity in compensation between kin and nonkin providers across jurisdictions. Because of social work's role in communities and the profession's emphasis on social justice and human rights, social workers must be at the forefront of reshaping child welfare legislation, antipoverty programs, employment

practices and training, and equity in the criminal justice system with enhanced opportunities for treatment and improved service delivery. Although social workers are already engaged in these settings, it is important to become more strategically mobilized to advance legislation that truly responds to and supports indigenous responses to care. Social work scholars can engage in research that further examines the nature of kinship care as a resistance strategy and form of collective resilience. In addition, greater research is needed to examine intersectional issues associated with child welfare, employment, antipoverty, and criminal justice policies.

CONCLUSION

Kinship care has played a critical and vibrant role in sustaining and preserving African American families and communities. Kinship care is a form of resistance not only to the removal of African American children from the home but also to the social ills negatively impacting African American communities. Despite increasing challenges within the community, African Americans continue to use kinship care as a means of sharing traditions, maintaining order, responding to needs, providing mutual aid, and transferring values from generation to generation. Although not utopic in its response, kinship care does provide a means of furthering African American families. It is evidence that there is an organized response to need that is still vibrant within the community and that African American children are valued and considered integral to the preservation of the community. As we honor this important tradition within the African American community, we must also respect its indigenous roots and allow the community to best define what it needs to thrive.

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