

COUNTY OF LOS ANGELES

Family and Social Services

FESIA A. DAVENPORT
Chief Executive Officer



DATE: Wednesday, December 14, 2022
TIME: 1:30 PM

THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY TO ENSURE THE SAFETY OF MEMBERS OF THE PUBLIC AND EMPLOYEES AS PERMITTED UNDER STATE LAW.

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AGENDA

Members of the Public may address any agenda item after all Informational Items are presented. Two (2) minutes are allowed for each item.

- I. **Call to Order**
- II. **Consent Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
-- No Items --
- III. **Presentation/Discussion Items:**
 - a. **UCL A Pritzker Center x Foster Together Network:**
Courageous Conversations—A Study on the Experiences of Black Youth in Foster Care
- IV. **Public Comment**
- V. Standing item(s) and those continued from a previous meeting of the Board of Supervisors or from a previous FSS Agenda Review meeting:
-- No Items --
- VI. **Adjournment**

Courageous Conversations

A Foster Together Network x UCLA Pritzker Center Study

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Courageous Conversations:
A Foster Together Network x UCLA Pritzker Center Study

Author's Note

The American child welfare system began in the 1800s following nearly 250 years of slavery in the United States, which among countless horrors, involved the sale of Black children or their parents to slaveholders, resulting in their separation. American Indian children endured similar forms of separation because of congressionally sanctioned Indian Boarding Schools.

Commentators and advocates alike have analogized these practices to modern-day foster care, noting the distinct comparisons to family regulation, acculturation and assimilation. Here, in this study, we attempt to document some of the ways Black children experience modern-day separation from their parents and entry into a system that is far from attuned to the needs of Black youth and their families.

Assimilation, acculturation and the eradication of Black culture have always been inherent to the system's operation. While it is necessary to address the reforms recommended, it is equally important to appreciate the bigger picture and history giving rise to why these reforms are needed in the first place. We urge readers and reformers to mindfully consider these concepts, while actively challenging the presence of racism and anti-Blackness in our child welfare system, communities and country.

Executive Summary

Los Angeles County is home to the largest foster care system in the state of California, and one of the largest in the nation. Within this system, Black children are overrepresented. In January 2022, 30, 589 children were receiving child welfare services. Of these children, 7, 239 were Black, comprising 23.7% of the total children in care. According to available U.S. Census data,

approximately 9% of children in Los Angeles County are Black. This disparity, commonly referred to as “disproportionality” within the child welfare system, demands a significant reduction and an immediate response.

With this response in mind, the Foster Together Network and UCLA Pritzker Center for Strengthening Children and Families embarked on a collaborative study to examine and better understand how race intersects with foster care through a series of “courageous conversations.” The study was designed to explore and increase understanding of the experiences, attitudes, and perceptions related to (1) providing care for Black youth in foster care; (2) facilitating reunification among Black families; (3) receiving foster care services as a Black youth or family; and (4) training and support needed among caregivers caring for Black youth. Conversations were held in the form of focus groups and interviews with participants from the following populations with experience in foster care:

- Non-Black caregivers
- Non-Black residential facility staff
- Black parents and relative caregivers
- Black young adults who spent time in care as youth

A total of 15 focus groups and two individual interviews were completed with 51 total participants over Zoom. This report and its recommendations are grounded in these conversations and the participants’ perspectives. Broadly, feedback from participants, organized by type, is as follows:

Non-Black caregivers expressed concern about how to connect with the culture and identity of Black youth, and how to keep Black youth in their care connected to their racial identities. Some caregivers also mentioned they received limited support from the child welfare system. A number of issues were raised about how to best tend to the hair and skin care needs of Black youth, and being ill-equipped to meet those needs. Some caregivers noted the effect of having a Black social worker was helpful at times. Caregivers expressed the need for more

financial resources, as well as a need for social workers to have better training on cultural competency and racial literacy.

Residential staff noted instances where Black youth did not feel supported or were treated differently by professionals within the child welfare system. One participant stated that in his opinion, Black youth were removed from their parents faster, and often before providing their families with in-home support. Some staff also mentioned that some Black youth did not have good relationships with their social workers and the resulting limits on resources and information provided to agencies, families, and youth. Residential staff attributed weak relationships between Black youth and social workers to limited cultural understanding and sensitivity when it comes to the needs Black youth. Hair and skin care were discussed at-length, with staff demonstrating various levels of proficiency toward the unique hygiene needs of Black youth.

Biological parents and relatives who participated in the study had limited positive experiences with social workers. Biological parents felt social workers did not see the efforts they made to parent or the good aspects of their homes, such as having enough food or new clothing for their children. Moreover, the biological parents felt as if an entire system was working against them to keep them from parenting their children. Even when parents struggled due to substance use, domestic violence, housing insecurity, poverty, or legal issues, they reportedly experienced little compassion or empathy from social workers. Biological parents explained that removal is a devastating experience, resulting in suffering for the entire family and harm to their children's health and emotional wellbeing. Parents and relatives talked about their disdain for many of their social workers, and perceived preferential treatment of foster parents. For most of the biological parents in the study, they reported little effort toward reunification by social workers. The findings suggest a need for a focused and intentional Black family reunification effort.

Black young adults with lived experience in care described their perception that Black foster youth are set for failure and are treated as such by social workers and some caregivers. Black young adult participants perceived that Black families are over surveilled, and that Black children are more easily removed from their homes because of their race. These participants explained they felt unsupported by social workers, and often felt the lack of support was due to being Black. Several participants brought up racism in their foster or group homes. Some young adults described how racism was directed at them from other youth in care, and in some instances from caregivers. Many of the young adults said that they often did not feel comfortable bringing up racist incidents to staff because they questioned staff's willingness to respond. Participants encountered what could be described as racial microaggressions where subtle and persistent comments and offenses have clear racial overtones which are racist, harmful, and undermine a person's confidence, and sense of self. To that end, these participants, male and female, commented on various issues connected to hair care and hygiene, often remarking that caregivers had limited understanding of Black hair and skin. Black young adult also participants reported they are often not provided with essential resources for success in life after foster care.

Lastly, the report reviews data around training and support, and concludes with recommendations for systemic improvement. They are as follows: (1) Require hair and skin care education; (2) enhance cultural competence and racial literacy; (3) increase funding; (4) provide additional resources; (5) make reunification a priority; (6) improve accountability and expertise; (7) prioritize mental health and well-being; and (8) strengthen advocacy for biological parents.

Background

Los Angeles County is home to the largest foster care system in the state of California, and one of the largest in the nation. In January 2022, 30,589 children were receiving child welfare services. Of these children, 7,239 were Black, comprising 23.7% of the total children in care. According to available U.S. Census data, approximately 9% of children in Los Angeles County are Black. Black children are 5 times more likely than White children to be placed in foster care. According to the California Child Welfare Indicators Project, approximately 19.3% of allegations made to the child protection hotline involve Black children, and they make up 37.5% of children who age out of foster care. Los Angeles County is not alone in these disparities. Indeed, Black children are overrepresented in foster care across the United States, and have been for several decades. While explanations for this overrepresentation have been offered by scholars and advocates alike, questions remain about the specific needs and experiences of Black children once they are in care.

Answering the questions about why Black youth are overrepresented in foster care, and learning about their experiences once in care is especially important given that Black children are often placed with or cared for by non-Black caregivers. To that end, a system that is designed to provide care, support, and protection for families in peril, can also cause additional trauma, stress, and anxiety for those very families through its inadequate or misinformed response. Therefore, understanding their experiences may offer the best hope for either reforming a system that attempts to “care,” about youth, or to seriously question its existence as a system of “care” in the first place.

In February 2022, the Foster Together Network and UCLA Pritzker Center for Strengthening Children and Families embarked on a collaborative study to examine and better understand how race intersects with foster care through a series of “courageous conversations.”

Courageous conversation is a strategy for breaking down racial tension and raising racism as a topic of discussion. Those with knowledge of the subject are invited to openly share it, and those who do not have the knowledge are encouraged to learn and grow from the experience. This study was intentional in its focus toward discussing, exploring, and learning about issues tied to race and racism experienced by Black youth and families.

The study was designed to explore and increase understanding of the experiences, attitudes, and perceptions related to four key objectives (1) providing care for Black youth in foster care; (2) facilitating reunification among Black families; (3) receiving foster care services as a Black youth or family; and (4) training and support needed among caregivers caring for Black youth. Over the course of four months, discussions were held in the form of focus groups and interviews comprised of participants from the following populations with experience in foster care:

- Non-Black caregivers
- Non-Black residential facility staff
- Black parents and relative caregivers
- Black young adults who spent time in care as youth

The findings of this research are intended to inform (1) policy, practice, and training curricula for LA County departments, provider agencies, and other relevant stakeholders on the importance of racial awareness and cultural competencies related to Black youth and families; (2) development of supportive resources, such as caregiver and social worker cultural humility toolkits and educational videos; and (3) philanthropic investments. The findings from these conversations may also be utilized to inform policy and advocacy for Black youth and families, as well as additional research for diverse populations in child welfare systems.

Terminology

Key terms used throughout this report are defined as follows:

- Non-Black Caregiver: Refers to individuals who do not identify as Black, and who have experience caring for Black children and youth, presently or in the past.
- Child/Youth: Refers to individuals in the foster care system between the ages of 0-21.
- Black Young Adult: Refers to individuals who were in the foster care system who have since emancipated and are over the age of 18.
- Non-Black Residential Staff: Refers to individuals who work for LA County-based Short Term Residential Therapeutic Programs who do not identify as Black, and who have experience caring for Black children and youth, presently or in the past.
- Biological Parent/Relative Caregiver: Refers to a biologically related family member, who may be a parent or kin caregiver, of a Black child who has been cared for by a non-Black caregiver while in the foster care system.

Overview

This report is organized in accordance with the project objectives and sub-organized by participant group. Objectives 1 (providing care) and 3 (receiving care) were combined given the bidirectional nature of caregiving. Common themes are highlighted throughout the report. Part 1 reviews findings on providing care for Black youth in foster care. Part 2 reviews findings on reunification among Black families. Part 3 reviews findings on receiving foster care services as a Black youth or family. Part 4 reviews findings on training and support needed among caregivers caring for Black youth. The report concludes with recommendations and key takeaways for reform where racial awareness and cultural competence are concerned.

Methodology

All research activities were approved by the UCLA Institutional Review Board (IRB). Data were collected between March and June 2022. Participants were recruited through various

professional networks. A total of 15 focus groups and 2 individual interviews were completed with 51 total participants over Zoom. This report and its recommendations are grounded in these conversations and the participants’ perspectives.

Pursuant to the approved IRB protocol, the research team recorded all individual interviews (2) and focus group discussions (15) after consent from participants was obtained. Recordings were transcribed verbatim and uploaded into the qualitative software Dedoose for coding. The coding process allowed the research team to identify general themes and trends that emerged across the data, and resulted in 1,823 excerpts/quotes from the participants. Qualitative thematic analysis was used to identify commonalities and differences in the participants’ perspectives concerning the four project objectives.

Participant Background

In total, there were 51 participants, representing four sub groups. Table 1 provides a breakdown of the number of participants by category as well as their race/ethnicity.

Table 1. Participants Courageous Conversations Project

Participant Role	Race/Ethnicity			Total
	Black	Latinx	Non-Black / Non-Latinx	
Caregiver	-	8	10	18
Residential Staff 1		7	2	10
Relative	4	-	-	4
Young Adults	19	-	-	19
Total	24	15	12	51

Of the 51 participants, 19 were Black young adults with lived experience in LA County foster care. At the time of their participation, the Black young adults ranged in age from 21 to 37-years-old, with the average age being 25. Additional participants had experience providing care for foster youth. Participants included non-Black caregivers (18), residential facility staff (10), Black biological or relative caregivers (4). Most of the non-Black caregivers (8) and residential facility staff (7) identified as Latinx. Among the 18 caregivers, 12 identified as women, and 6 identified as men. Among the 4 relatives, all identified as women. Among the 10 residential staff, 9 identified as women, and 1 as a man.

Part 1: Providing and Receiving Care

As indicated above, objectives one (providing care) and three (receiving care) have been combined in this section due to the bidirectional nature of caregiving. With some exception, the section on caregivers and staff outlines data on providing care, whereas the sections on parents/relatives and youth outline data on receiving care.

A. Non-Black Caregivers

“I’m going to say no, I was not prepared to foster a Black youth and was not prepared to foster a teenager.” – Non-Black Caregiver

When considering placement, several non-Black caregivers reported that they were not asked if they had a racial preference for the youth placed in their care. Of those who were asked, several acknowledged that they initially opted out of having Black youth placed in their care. However, all of them mentioned that they ultimately changed their minds and became open to Black youth being placed in their homes. Some caregivers went on to adopt the Black youth placed in their homes. When asked to elaborate on their hesitation to care for Black youth, caregivers described varying levels of concern due to their racial differences. Some of these concerns were

couched in not understanding Black culture or not knowing how to help youth stay connected to their Black identities and communities, while others said they lacked the language to discuss issues related to racism and the safety concerns of growing up as a young Black person in the United States. For example, one caregiver remarked that in caring for Black youth, “teaching them about their culture is a little hard because that means I have to do my own study.”

Upon learning of a forthcoming placement and at various times thereafter, preparedness was a key concern among the non-Black caregivers who were part of this study. One caregiver summarized his experience caring for Black youth as follows:

“We're working backward here. We need to start from the beginning, and this is the way I think about it: we're giving potential licensed foster parents a toothpick to go out and bat at the baseball field, and what happens when you are batting with a toothpick? It breaks. We need them to walk out with a solid bat so whenever a curveball or anything comes their way, they're gonna be able to hit it and not break.”

In addition, non-Black caregivers expressed concern about how to connect with the culture and identity of Black youth, and how to keep Black youth placed in their care connected to their own racial identities. Some caregivers also mentioned the limited support they received from the child welfare system around supporting Black children. Some caregivers also noted that the effect of having a Black social worker was helpful at times. One caregiver said that her Black social worker was a positive influence, because the social worker could understand the culture of Black children and was able to assist the caregiver with various cultural considerations. Another participant felt her Black social worker was more willing to end the placement in their home because the caregiver was White and was not suited to raise a Black child. Another caregiver's thoughts reflected this sentiment when she shared, “It's kind of hard for me because I'm not Black so there are a lot of things that I can't relate [to].” Remarks of this nature suggest that while non-

Black caregivers are aware of the racial and cultural nuances of raising Black children, they feel ill-equipped to navigate them.

However, many caregivers remained open to placement, noting that some agencies ask prospective caregivers whether they have preferences in terms of race, while others do not. Some Latinx caregivers mentioned they did not have a racial preference among the children they cared for, except where there was a language barrier. Caregivers mentioned that being a caregiver for children involved with the foster care system is “a calling” and that they do not select any race over another. Indeed, one caregiver stated, “I was open to. . . anybody that needs help.”

The forms of help required among Black youth according to caregivers ranged from caregiving typical among all children (e.g. love, care, structure, and support) to more specific interventions due to the youth being Black. Numerous caregivers specifically noted the help that Black boys need in terms of guidance and protection from law enforcement. For example, one caregiver stated, “I am Hispanic and I have to teach my kids. . . as sad as it is to be scared of the cops.” This quote suggests an awareness of the historically problematic interaction many Black youth have with law enforcement, and the need to have “the talk” that is common in many Black households regarding contact with police. Moreover, there is a need for caregivers to be mindful of how negative and racialized perceptions of Black youth frequently disrupt their ability to have normal childhoods, and can fuel resentment and angst towards non-Black adults.

Several non-Black caregivers stated that they lacked knowledge on caring for Black hair and skin, including the types of products to purchase, where to buy them, and how to work with varying hair textures. Hair and hygiene were repeatedly emphasized as areas in need of additional support for both Black boys and girls, with an emphasis on the expenses associated with Black girls’ hair maintenance in particular. Several caregivers noted that they relied on Black friends to

provide support around hair care and hygiene. Support of this nature appeared especially beneficial where self-doubt was concerned for both the caregivers and the youth. Latinx caregivers mentioned that not knowing how to care for Black youth correctly was emotionally hard for them. While this may have been hard for some adults, one can only imagine the emotional harm and frustration for the youth who felt misunderstood and unsupported. Some caregivers mentioned they felt frustrated, sad, or “like a complete failure” if they were not able to do things correctly around hair and skin care, because they realized that these were issues related to Black culture, self-esteem, and self-care

The lack of cultural awareness was specifically highlighted with respect to hair care, as essentially every non-Black caregiver stated that they were not equipped to respond to the hair care needs of Black youth. As much as this frustration was felt by caregivers, it paled in comparison to what Black young adults experienced, discussed below. Indeed, an absence of cultural awareness toward hair and hair care is particularly problematic when it comes to Black children in foster care. The salience of hair and skin within Black cultural context is vital. For years, many within the Black community have fought for recognition of natural hair, culturally responsive skin care products, and an acknowledgement of the uniqueness and beauty of Black skin and hair which has historically been deemed inferior by White supremacy standards. Thus, it is not a surprise that caregivers found out from the Black youth that they cared for, that health and beauty standards for Black people hold high importance and significance. Moreover, hair alone can send clear messages about age; religion; ethnic identity; wealth, social status and much more, and can be a source of pride when cared for properly. Failure to provide proper hair care relegates Black children in foster care to a lowly status, reminiscent of the experiences had by enslaved women and children, who were also not provided proper tools to care for themselves.

In some cases, Latinx caregivers mentioned that when they compared caring for Black youth with children of other races, the only difference was hygiene. One participant said, "Um, [in] my experience, the only difference is the hair. . . The hair, you know, it's so different from our hair texture." Again, a quote of this nature demonstrates unfamiliarity toward hair that is "different," while failing to also see that there are real differences among Black youth which require a nuanced and supportive response. Some participants also mentioned caring for Black hair involved a lot of "guessing and asking." Their learning process was intrinsically motivated and independent from DCFS or other agencies. Participants learned to braid or about Black hair care by watching videos or asking barbers, friends, or family members. For example, one participant shared, "We've had a lot of conversations here at home [about hair care]. . . especially because I cut their. . . hair. The oldest wanted locks right before the pandemic started. So, I had to learn how to loc his hair." When asked how she learned, the participant responded "Um, just online you know, a lot of Instagram videos."

Among Latinx caregivers, some mentioned the children in their care struggled with not looking like their caregivers, and therefore withheld affection in front of their friends or at school. One participant shared, "You get the stares; you get the stops," when caring for Black youth and being seen with them in public. The caregivers mentioned they would like to be better prepared to deal with these situations and have the tools to have conversations on these issues with the children in their care. This sentiment was often compounded by comments from onlookers. For example, one caregiver shared, "They [Black foster youth] see me as a mom, and they see my family like their family. We're Hispanics. They're fully integrated with our family. But anytime we're out they feel. . . shame because people are always like, 'where are your parents?'"

Relatedly, in the absence of a Black caregiver, participants shared the youth in their care have questioned Latinx caregivers as to whether they have “become Mexican” or declared that they are, in fact, Mexican, by and through the identity of their caregiver. One Latinx caregiver shared that the Black girls in her care say they are “half Mexican.” This sentiment was reflected on by another caregiver as follows. “We started talking to him, you know, you're African American, you're Black. . . and it's interesting to hear him now because he says, ‘Well, I'm African American, but I'm also Latino. Like, I'm Mexican.’ I'm like, ‘Oh, why do you say that?’ He's like, ‘because I love Mexican food.’” Interestingly, food did not come up as a theme among caregivers.

B. Non-Black Residential Staff

“I'm not going to pretend that I've had your experience or that I even understand, but I'm willing to learn about your experience. . . .” – Residential Staff

Residential staff participants were non-Black and represented five Short Term Residential Therapeutic Programs (STRTPs). Residential staff displayed an awareness that race plays a critical role in their work and caring for youth. Broadly, residential staff demonstrated curiosity toward the race-related issues presented in their work and noted that the nature and type of issues raised depended on the youth's age and developmental stage. These issues were most often raised during activities, such as listening to music or in the car “if a cop car passes by,” and commonly included discussion about hair and skin care, as well as sexual orientation and gender racial identities.

Residential staff noted instances where Black youth did not feel supported or were treated differently by professionals within the child welfare system. One participant observed that Black youth were removed from their parents faster, and often before providing their families with much or any in-home support. Some staff also mentioned how some Black youth did not have good

relationships with their social workers and how that affects the resources and information provided to agencies, families, and youth. Residential staff members attributed weak relationships between Black youth and social workers to the social workers not having a cultural understanding or sensitivity when it comes to Black youth.

Like the caregivers, residential staff echoed the importance of hair and skin care with respect to Black youth in their care, though the depth of their knowledge varied. One non-Black residential staff participant demonstrated significant insight regarding Black hair care. He described his understanding of the importance of regular hair maintenance for Black girls, learning about the products, and having regular access to them. This staff member shared he learned about Black hair care as a child in his neighborhood, and through self-directed learning through friends, the internet and Black staff. Many, if not all residential staff were aware of the added costs associated with Black hair care and products, and often commented on the need for budgets to be adjusted accordingly, especially for hair care for Black girls. Further insight offered by staff displayed a general awareness around the shame Black youth experience when their hair was not properly maintained or when their “skin is ashy” and the broader cultural implications of this in the Black community, further underscoring their understanding and awareness of the unique needs of Black youth in care.

Beyond hygiene, culturally responsive support throughout the pandemic and racial uprising were raised as necessary tools for properly supporting Black youth. For example, following the killing of George Floyd, residential staff stated that they attempted to be responsive to questions about Black Lives Matter, and later intentionally celebrated Juneteenth with the youth. The events around the summer of 2020 were described as opportunities for staff to have open conversations with youth about careers and other ways to become successful, instead of “becoming a rapper” or

relying on “selling their body image” alone. One could argue that this view of possible career paths is deficit laden or biased, however. One staff member shared that in their residential facility, Black staff took it upon themselves to create opportunities to dialogue with Black youth about race related topics, noting that it was particularly important that these discussions were led by Black staff specifically and highlighting the invaluable significance of having racially diverse staff who reflect the racial groups of the youth in care.

Naming race and its role in caregiving and other relationships appeared as a prominent theme among residential staff. Staff shared that Black youth often appeared more comfortable talking to a staff person of the same race, highlighting the importance of having racial representation among staff. Creating trusting relationships appeared to take time, and honoring differences was noted as important, but not determinative. For this reason, one participant shared that it was important to generate rapport around topics not relating to race. Nevertheless, in the spirit of developing relationships among peers, staff observed that Black youth often called other Black youth “brother,” “sister,” or “cousin,” even if they weren’t necessarily blood-related. Staff also noted that Black youth would form connections at school and the demographic of the surrounding community around the STRTP influenced these relations.

C. Black Biological Relatives

“I think we suffer more. Because. . . our kids are angry, and they're misunderstood.” – Relative

Black biological relatives, including parents and other individuals related to children who were in foster care, represented the smallest sample among our focus group with four participants total. Still, the power of their voices cannot be overstated. The emotional trauma that parents communicated about the removal of their children was palpable in our interviews. Even among parents who experienced removal over a decade ago, the memory of those events opened up old

wounds “that will never heal,” according to one participant. The conversations with parents were full of anger, pain, tears, and many unanswered questions that remain to this day.

In terms of the early stages of involvement with child welfare, including removal, participants expressed that removing children from their homes is a serious and complex issue. They suggested that social workers involved in these processes should be seasoned and experienced, instead of recently licensed. Participants indicated that removal is a devastating experience, resulting in suffering for the entire family and harm to their children's health and emotional wellbeing. For example, one parent mentioned her children still (after being out of the system, getting a job, and having kids of their own) have flashbacks from their experiences in foster care and do not like talking about their memories. Another parent highlighted the contradiction between having their children removed while other youth remain in the care of their parents and are later murdered by them. Preventing removal was a frequent theme, with an acknowledgement that support was needed, and not made available in lieu of removal.

As to the care received, dismay was expressed over the level of control foster parents have. Foster parents, for example, could decide whether the relative and their child could meet privately to talk or see each other. To emphasize this point, one parent explained, “They [foster parents] shouldn't be allowed to have carte blanche to do anything they want with those kids. Those are my kids you they're not yours.” In some situations where biological relatives appeared to have issues or misunderstandings with caregivers, and felt as if they do not get enough or any support from social workers. For example, one parent shared, “The foster parents, decided that they wouldn't let me see the [child]. . . and the social worker didn't even do anything when I complained.” One relative mentioned she felt she did not ever receive any help from any professional in the system.

She consistently stated that nobody wanted to support her or advocate for her, and that the case manager and the foster parents were trying to have her kids turn against her.

The parents that we spoke to also indicated they had limited positive experiences with social workers. The parents explained they felt social workers did not see the efforts they made to parent or the good aspects of their homes, such as having enough food or new clothing for their children. One parent recalled that her kids had everything, including new clothes, toys and food. She wondered aloud, “do they [foster care] need kids that bad?” and concluded “there is something wrong with the system.” One parent mentioned some social workers were abusive and disrespectful to her children. In addition, relatives mentioned some social workers were not sensitive to certain details in the lives of children in foster care. For example, social workers would conduct visits at the child’s school, where classmates would notice the child is in foster care. As a result, the parent shared, “I had to tell one of the social workers do not go to my child's school, do not embarrass her, she has a family, you know. . . .” Lastly, one parent highlighted that social workers are overworked and that they are unable to offer proper resources to families.

Biological relatives also mentioned non-Black caregivers do not necessarily know how to care for the hair of Black youth. One parent mentioned that while in foster care, her daughters were “all musty” and without deodorant, and that their hair had not been combed or washed in what she approximated had to be at least a month. She also mentioned the caregiver for her daughters decided to cut the long hair of one of the girls because she did not know how to care for it. Another relative said she saw a Black girl under the care of a non-Black caregiver whose hair was falling out. The same parent also mentioned that she tried to explain how to care for Black hair, but the caregiver was not interested.

Some biological relatives believe Black children in foster care are treated differently than other non-Black children. One parent mentioned that Latinx children are treated better compared to Black children. Another parent said people in the system treat Black children differently because they misunderstand Black children and do not realize the children are dealing with a lot of pain and anger. Indeed, the general sentiment offered by the parents that we spoke to were centered on frustration, anger, and distrust. It was clear in our conversations that parents they felt Black children are often time treated in a fundamentally different manner than other youth. The sentiment was that DCFS needs to do a better job of prioritizing reunification with Black families, increasing cultural competence among non-Black caregivers, and tending to the hair, skin, and hygiene needs of Black children.

D. Black Young Adults

“Let that kid be Black.” – Black Young Adult

Initially in our conversations with Black young adults, they reported that race did not affect their experience in the system or with caregivers. However, when prompted to elaborate further about some of their experience in care, some elaborated about racial issues. Participants described a general idea that Black foster youth are set for failure and are treated as such. Two Black young adult participants stated that Black families are more surveilled, and children are more easily taken out of their homes because of their race. One of the young adults said, “Honestly. . . with the Black kids, the social workers are so quick to pull the kids from their home. . . They're just so quick to, like, rip those families apart.” After being asked by the moderator, “Do you feel like your race played a role in your experience in foster care?” another participant answered, “Oh, yeah, it definitely did. The amount of surveillance my mom and I kind of like went through was definitely racially based.”

Several participants brought up racism in their foster or group homes. Some described how racism was directed at them from other youth in care, and in some instances from caregivers. Some staff reportedly that they supported Black youth, while they stated that others ignored and did not reprimand other youth for their perceived racist actions. Many of the young adults said that they often did not feel comfortable bringing up racist incidents to staff because they felt they would not respond. One young adult felt that Black youth who went absent without official leave received less support from staff. Many of the young adults believed that some staff ascribed to negative stereotypes about them as Black people. These stereotypes promote the view that Black youth are aggressive, scary, or combative, which impacts interactions with staff. As reported by interviewed young adults, these stereotypes can also lead to overmedication, assumptions about truthfulness, and a presupposed limited interest in adoption. One Black male participant described his experience with a Black social worker who prevented him from being adopted by a non-Black, Samoan family. According to the participant, this social worker was racist against non-Black people and would try to tell him how to “act Black” and embarrass him about “acting White.” This participant experienced others treating him like he was “too White” and mentioned having some fear about interacting with other Black people due to stereotypes. He said that he “despised” his social worker for intervening in his placement and making him uncomfortable with his Black identity.

In several instances, mental health and medication were raised by Black young adults as a challenge for them while in care. Participants described that removal is incredibly traumatic, and that consequently, children enter the system with mental health issues such as anger, depression, and anxiety. Some participants said they could not relate with the therapists that were assigned to them. Another participant emphasized that mental health requires more than simply taking a child

to appointments on the part of a caregiver and that access to culturally sensitive therapy should be a priority. These participants mentioned that some of the therapists they had used a “White savior approach,” which may have resulted in overmedication rather than treating the trauma. A number of participants said that they felt that kids are too easily labeled with issues and given medication to “fix” them, but this often leaves them feeling lethargic and not like themselves. Black young adult participants also mentioned their impression that medication is mandatory, especially in group homes—a common placement for Black youth

Hygiene, including hair and skin care, were frequent themes connected to the caregiving experience. Both male and female participants experienced issues relating to hair. Good experiences focused on supportive adults (i.e., social workers, foster parents, or staff) that demonstrated an understanding of the importance and difference in Black hair. One female participant mentioned that prior to foster care, she did not have appropriate hair care. Once in care with a Black caregiver, she had access to the products she needed, though she and her caregiver argued about the specific type of product she wanted.

These experiences emphasize the significant importance of hair in the Black community. The ability to feel good about the appearance and health of one’s hair and skin has important connections to self-esteem, self-concept, and overall feelings about how a person presents themselves in life, both personally and professionally. Hair and skin care matter because they are staples, along with wardrobe, of the cultural aesthetic that is germane to Black culture. The importance of hair is vitally important for Black girls and women in particular, especially given the long history of Black women’s hair being deemed inappropriate, unattractive, and undesirable based on standards of beauty driven by White supremacy.

Moreover, while Black hair and skin care may be important on the surface, it is also critically tied to emotional well-being and has deep historical roots in the cultural ontology of Black people. During the seventeenth and eighteenth centuries, Black people were forced into captivity and their hair was shaved to drive a loss of identity. Emblematic of this point, a male young adult participant described his experience with a non-Black caregiver who did not provide an appropriate brush for him, and that he was forced to explain why he needed Murray's, and why he used it in the manner he did. He described how this made him feel "weird," and concluded, "I'm just going to cut my hair so I can be normal." Another young woman said that she would repeatedly rely on her Black friends for hair care products because her Latinx caregiver did not prioritize her repeated requests for certain items for her hair. These examples demonstrate a lack of concern or attention for Black hair care and skin products, and raise serious concerns about what non-Black caregivers need to understand when taking Black youth into care. An ongoing refusal to recognize the connection between hair, skin, appearance and self-esteem can be viewed as a major oversight on the part of the caregiver, akin to a form of neglect, at a time when significant trauma has already been incurred.

Experiences typical to childhood, such as playing sports or having a favorite (cultural) food, appeared compromised for some participants. One young adult, when asked what advice he would give a non-Black caregiver, he said "Let that kid be Black." For this participant, letting a child be Black "means to dive into the culture; to understand culture." He went on to describe that his non-Black caregivers had him play soccer instead of football or basketball, which caused him to feel upset because they were not his preferred sports of choice. He further explained instances of eating "tamales instead of wings" as examples of cultural disconnect that were often challenging to get accustomed to with non-Black caregivers. When asked if he voiced his needs, he said "I

was so silenced by shame. Yeah, I didn't. I didn't even have the voice. I didn't have the power.” He concluded, “I was stripped of that.”

Part 2: Facilitating Reunification Among Black Families

A. Non-Black Caregivers

“So, I may ask them [foster youth] “do you want to speak to her [biological mother], do you want to write to her?” If they agree, then that's what I'm going to do. If they say no, I'm going to respect that.” – Non-Black Caregiver

Non-Black caregivers offered diverse responses regarding their experience with reunification, mainly because they felt the approach to promoting relationships with biological caregivers varied among social workers. Caregivers indicated that social workers actively encouraged relationships in some instances. In some instances, both the caregiver and the youth were required to cut ties with biological relatives. Caregivers also agreed that where reunification is the ultimate goal, professionals in the system should make more efforts to reunify youth with their families, for example, through mentoring and meetings between biological relatives and children.

Some participants knew of caregivers who stopped caring for Black youth due to challenging relationships with biological relatives. For example, one participant knew of a caregiver who would not care for Black foster youth anymore “... because she had been so harassed by the moms.” Similarly, another participant said, “I had a foster parent tell me, ‘I don't take any more African American kids. And I said ‘Why?’ She says ‘It's not because of the kids. . . it's because of the parents, the moms, they're always lashing out, cursing, being disrespectful. . .’” For this caregiver, she was concerned about complaints being made against her and negative consequences impacting her licensure as a foster parent. A deeper analysis of such comments may

suggest that Black parents were upset about being disconnected or excluded from having relationships with their children, and needed additional support in those moments. Moreover, the reactions by some Black parents could be a result of their perceived or actual mistreatment, especially where it appeared that foster parents were receiving preferential support from social workers. Finally, there is a longstanding impression that Black women, in particular, are angry and aggressive—tropes which may be impacting the caregiver’s impression of the parent.

Latinx caregivers perceived that with some families and in certain cases, social workers would try to support reunification. However, they mentioned this was not always the case and they felt social workers would sometimes give them mixed messages about the best action to take as caregivers. One caregiver felt social workers “could have been more sympathetic towards the birth family.” She went on to say, “I feel like maybe DCFS could have been more sympathetic towards the birth family. You know, I just see them as kind of like, as an institution, rather than someone providing services or supportive services, especially when it comes to reunification.” Another participant mentioned that the child welfare system, in general, should provide support for parents who are falling behind in their classes because they don’t have the resources to attend.

B. Non-Black Residential Staff

“I don't know everything. I'm just here to support you all as you work towards reunification.” -

Non-Black Residential Staff

Residential staff expressed a number of insights on reunification, though most comments were generally applicable to all youth irrespective of race. In summary, one participant pointed out “we help facilitate their relationship and connect them so that they don't feel like they've lost touch with any family or natural support while they're with us because being with us is temporary.” Facilitating included supporting parent and youth bonding through phone calls or Zoom, inviting

families to participate in activities at the residential facility, and progressing to overnight and extended visits slowly to ensure stability is achieved. For example, one staff member stated that, “in the past, pre-COVID, when there were. . . big holidays or events, [we] would invite families to enjoy those events with the kids. [For]Thanksgiving, they would have the youth come, the youth’s parents and families come or guardians come and or other types of celebrations like that. So that was really nice.”

Other staff expressed that parents were often combative towards them and occasionally said things like “F-you” and “You don’t know what we have been through,” to which the staff agreed, and said “I am here to help you with reunification.” According to this staff member, some parents would eventually open up, but others did not, and that this was, “the biggest challenge with the parents.” Accordingly, another participant observed that requiring long term therapy for biological parents is critical, especially “during the family maintenance process, it will be imperative to have therapy.”

One participant said that there is a big difference between making effort toward family reunification and transitioning to a new foster placement. To that end, participants agreed with one another that the resources Black families need to reunify are especially limited, therefore resulting in delayed or unlikely reunification. Emphasis on locating family for placement and leveraging extended family members for information and connections were common suggestions in furtherance of family reunification. According to participants, biological families of Black youth also faced difficulty accessing resources needed for reunification, resulting in youth staying longer stays at residential facilities. Coincidentally, poverty and limited resources are tied to historical, structural and societal forces that put Black families at an economic disadvantage, thereby resulting in a Catch-22 Black families may be unlikely to overcome.

C. Biological Relatives

“There isn't any plan or any support in place, which causes the recidivism rate to be incredibly high. . . .” – Biological Relative

Overwhelmingly in our study we found that biological relatives do not feel the system supports them. There was a generalized perception from the biological relatives that they were consistently mistreated, disrespected, and judged negatively by professionals in the foster care system. One parent described an interaction she had as “beyond offensive throughout the entire process.” Relatives also mentioned they rarely felt professionals in the system understood them, and that many of them lacked cultural sensitivity to understand Black families and support them in reunification. Relatives consistently talked about how they felt there were many assumptions about them from social workers and staff, which prevented reunification. Examples included the suggestion that they were alcoholics, drug addicts, unintelligent, have a “record,” or are infertile.

Reunification services among parents concerned both mental health services and a range of resources required. Biological parents believe that there should be a clear reunification plan, including counseling, for all parties involved (i.e., biological parents and children in foster care). Parents further urged the importance of agreement and accountability among all parties, including the social worker, when it comes to the terms of the plan. There was a general sentiment that was expressed by relatives and that they were often held to a higher standard, whereas social workers and staff were not.

For most of the relatives, there seemed to be little regard, mention, or concern about reunification among Black children and their families. These participants believed that they were required to go through “different hoops,” and it almost felt as if social workers “did not want children with their families” or “did not want kids with their parents.” These sentiments reveal

the need to stress the importance of reunification as a primary goal, whenever possible, especially for Black families.

D. Black Young Adults

“Use your time [as caregiver] to help these kids to get back with their parents.” – Black Young Adult

Black young adult participants explained that the child welfare system should incentivize reunification with their biological families. One youth reflected, “. . . I don't remember much of an incentive for reunification or just creating a pathway for that. . .” For example, one young adult reflected that one of her caregivers helped her connect with family, and another did not. By limiting that connection, she said that she did not meet her siblings until she was a teen. Some participants believe that foster parents should help them reunify with their parents, but often did not play an active role in trying to make that happen. Some participants also mentioned wanting to keep in touch with their biological parents and relatives and needed caregiver support to do so. Accordingly, one participant emphasized that caregivers should not speak negatively about biological parents and should remember the importance of the connection between parents and their children. Where that connection is emphasized, it can make all the difference. Indeed, one young adult recalled that a caregiver allowed overnight visits, and “with the foster parents' help of wanting us actually be reunified, we got reunified within two years.”

Part 3: Training and Support Needed

In some instances, the training and support needs expressed by participants overlap with recommendations we will offer. To avoid redundancy, the foregoing section outlines what participants shared when it came to training and support, whereas our recommendations are formulated to address systemic reforms.

A. Non-Black Caregivers

“ . . . Honestly, I didn't care [about the race of the child], but now thinking about it. . . if you're willing to take . . . Black children. . . that's when social workers need to do their job and say,

‘Okay, these are some resources. . . .’ – Non-Black Caregiver

Participants called for better training, education, and workshops on caring for Black youth, and said there should be culturally specific training with updated content on communication with Black communities. Caregivers said that they want opportunities to connect with other foster parents to learn about how they support Black youth. The caregivers also said that they want their children to connect with other Black youth and more diverse groups of people. Caregiver participants said that they believe Black role models and mentors are important for youth to see and engage with, if they grow up in a non-Black home and community and that making efforts to foster those relationships should be intentional. Interestingly, two participants commented on the lack of resources for those under guardianship and moving from foster to adoption. One participant mentioned having no support from the child welfare system, and her granddaughters had no resources after turning 18 even though they were under guardianship. Another foster parent explained the confusion she experienced when she lost her resources after adopting the child in her care, only got the resources back when she fostered another child.

Latinx caregivers mentioned they did not feel prepared to support Black foster youth in connecting with their culture because they did not have adequate resources or tools to do so. Indeed, the moderator asked, “What support or preparations were made available to you to help to support you all in caring for Black youth?” The participant responded “None.” Latinx caregivers again mentioned ignorance about haircare and not knowing, for example, where to take the Black foster youth they were caring for to get their hair cut or done. Upon caring for a twenty-one-

month-old, one caregiver lamented that she needed “classes or something,” to avoid feeling like a failure, and eventually just did her own research to compensate for the resources she did not have.

Regarding transitional support, Latinx caregivers mentioned that some Black foster youth feel uncomfortable receiving specific support after turning 18 because it flags them as former foster youth, and they don’t like that. Related, another participant mentioned that some of the young women she cared for received an apartment as part of the transitional support from foster care. They did not know what to say when people asked them in college about how they had the money to pay for an apartment on their own. They felt uncomfortable not knowing what to do in those situations and what to say and suggested supporting youth in navigating how to tell their stories.

B. Non-Black Residential Staff

In general, residential staff raised the traditional concerns around an absence of resources for youth in and formerly in foster care. Desired resources include housing aid and obtaining birth certificates, driver's licenses, and identification cards. Staff also expressed interest in providing youth with more independent living skills which are essential once youth are no longer in care. For example, mock interviews, time management skills, FAFSA help, and credit and banking resources, were mentioned as areas of support. Staff also mentioned limited awareness of the resources that do exist. For example, one participant said, “And they [Black youth in foster care] didn't have any idea that these opportunities were available for them. I feel like someone should make it their job to, you know, go out there and make sure everyone knows that these are, you know, financial opportunities that they can use to better their education.”

C. Biological Relatives

“They need to not only have resources for [biological relatives], like us, they need to have some kind of compassion. There is no compassion.” – Relative

Biological relatives mentioned two issues related to lack of resources. First, they described an absence of mental health services available for foster youth, and second, a lack of services that are both culturally responsive and beneficial to support biological parents. For biological relatives, it is fundamental that all children involved with the system get good quality mental health care. It was repeated by several of the relatives that counseling services should be available immediately, especially after something as traumatic as removal has occurred. To express the urgency for therapy, one relative shared, “It (counseling) should be right away; as soon as you walk in the door, there should be a therapist sitting right in front of you. There's no way that that shouldn't happen.” Related, participants believed that addressing trauma and mental health is fundamental throughout and after involvement with the system. A number of participants talked about how all therapeutic work should be done by experienced clinicians in order for it to be valuable for the children. Biological relative participants also recommended having “extended mental health services for everyone who touches that life of the child as a family, so family mental health services would be imperative, and mental health services for bio parents long-term”.

Regarding social workers, biological relatives believe there needs to be more mandated (not optional) training for resource parents on cultural sensitivity issues. Participants also mentioned the need for training on the dependency system in addition to other required training sessions. “So having them really knowing their field, but also knowing the dependency system would be beneficial because that's the population that they're working in.” In addition, biological relatives mentioned that parent partners who have a pivotal role in supporting families involved with the system should receive formal training. They could, for example, become more knowledgeable in the options available for families with different needs and support foster parents

navigating services. Related, parent partners were suggested as possible support for non-Black caregivers caring for Black children.

D. Black Young Adults

Black young adult participants mentioned they recognized the lack of resources that were available to them after leaving the system. In addition, they consistently stated that the limited resources they did receive while in care were not enough. For example, the young adults talked about how they did not have enough housing options, which resulted in homelessness. Some participants specifically highlighted the need for more transitional housing, noting that emergency shelters are unsafe and uncomfortable. Moreover, participants also highlighted the need for more educational support, guidance and mentorship. Related, some participants said they did not have monetary resources for cultural activities, sports, and high school experiences. Participants also mentioned more programming on finances, investments, and budgeting that would have been beneficial.

The young adults also talked about the need for emotional and relational support. Participants suggested that caregivers and residential staff members should have done a better job to support and encourage youth in school, sports, and to pursue their interests. The participants also talked about how they felt that they needed encouragement to do well in these areas, and would have appreciated additional involvement in their lives and advocacy. To that end, participants described the need to learn more “adult skills” before transitioning out of foster care. One participant shared, “They don't teach you the realities of the real world. They just give you like little basics. And, you know. . . the odds are against you when you're already a foster child, and then on top of that, you're Black.”

Part 4: Recommendations

Recommendations emerged based on data from all of the participants in the study. Recommendations are gleaned from participant insight and developed with reforms feasible at the systemic level in mind.

1. Require Hair and Skin Care Education

The data collected throughout this study repeatedly demonstrated cultural disconnections between Black youth and their non-Black caregivers, particularly where skin and hair care were concerned. Like all youth, appearance matters for Black youth, and many stated that they often felt as if their requests for skin and hair care products were continuously overlooked. Issues such as hygiene, skin and hair care, racial and cultural realities all matter when it comes to the wellness and survival of Black youth. Significant steps must be taken to increase the racial literacy and cultural competence of non-Black caregivers in this area, and across all others.

2. Enhance Cultural Competence and Racial Literacy

Social workers and various agencies which license caregivers should have mandatory training or classes on the fundamentals and essentials of raising and caring for Black youth. While recognizing that not all Black youth are the same, there are core foundational elements that could be essential learning. Caregivers mentioned the importance of forming “safe spaces” for discussions around race and its role in caregiving. Caregivers also mentioned the need for enhanced preparedness for those not familiar with Black culture, and additional insight on how to address racism in both its flagrant and understated forms.

3. Increase Funding

Increased funding was a predominant recommendation from participants, and could address the myriad of concerns raised around access to appropriate hair and skin care for Black youth. Participants also suggested additional funding for culturally relevant activities, including those that

are extracurricular, such as sports, music, art and other after school activities. Caregivers mentioned the possibility of an increased stipends to address the unique needs of Black youth that would respond to their cultural needs. Los Angeles County may consider re-evaluating current funding formula models for caregivers and assess if additional financial support would be warranted for youth with specific designations, including race and ethnicity.

4. Provide Additional Resources

Understanding where and how to access resources stands out as a need mentioned across participants. Young adult participants raised frequently mentioned housing, scholarships for educational advancement, and mental health services. Caregivers repeatedly talked about a need for additional resources and information on hair and skin care, including where to go for braiding and dreadlocks, and where to find neighborhood barbers. Biological parents described the need for culturally competent parent partners, specifically trained around issues concerning race and its connection to child welfare system injustices. Black mentors were mentioned as a repeated resource request. We would strongly recommend that caregivers and staff be provided access to community resources within particular zip codes that offer a variety of products, resources, and services relevant to the needs of Black youth. Moreover, workshops should be offered to caregivers and youth about educational supports and pathways, housing, financial literacy, employment training and opportunities and adult life skills.

5. Make Reunification a Priority

Reunification, the general intention behind foster care when safe and appropriate, and its importance cannot be overstated. Evaluating what is safe and appropriate must be done with cultural humility. Enhanced attention to reunification, the role of racism in failing to achieve it, and the unique needs of Black families must be addressed. To that end, staff and caregivers must

be constantly informed about reunification of children to their biological families as a top priority. Moreover, providing training to staff and caregivers about how to engage in appropriate and culturally sensitive discussion with Black parents should be considered. Ongoing discussions on goals, steps, strategies, and activities that are being taken on the part of caregivers to increase contact with biological parents, and safe and appropriate connection and contacts are essential to keeping reunification as a top goal. A “Black Family Reunification Project” may be a way to focus both public and private stakeholders to improve Black family reunification outcomes.

6. Improve Accountability and Expertise

Accountability among social workers was mentioned repeatedly, especially when coupled with the limited expertise many felt played a role in their involvement with the child welfare system. Consideration should be given to the role racism plays in child removal and social worker decision-making, and how accountability can be increased to address outcomes associated with it. There should be ongoing anti-bias training for social workers, data provided on Black families in care, and review panels that discuss and analyze cases for Black families. Relatedly, attaining and encouraging feedback from youth, parents, caregivers, and staff, and acting on their suggestions or needs could also be improved, especially where incidents of racism are suspected or apparent.

7. Prioritize Mental Health and Well-Being

Black youth, due to intergenerational trauma, abuse, racism, neglect, poverty and systemic harm, may have many needs by the time they arrive in foster care. The system failures and structural disadvantages they face are profound and layered. Therefore, trauma and its connection to racism and intergenerational involvement with foster care must be addressed through high quality, culturally competent mental health services, and frequent and ongoing therapeutic support for all involved. The participants in our study mentioned that many of the counseling services

offered to youth and families were culturally disconnected, not beneficial and frequently a waste of time. An intentional effort needs to be made to identify, employ and sustain therapists of color, and to utilize agencies that employ therapists of color, or individuals who have a positive and sustained history of working with diverse populations. Intensive focus on this is required from a range of professionals involved in child welfare.

8. Strengthen Advocacy for Biological Parents

Parent advocacy and support must be improved, and greater efforts must be made to connect them with resources, inform them of their rights, assist with reunification, and seek to provide ongoing connection with their children when safe and appropriate. The supports for parents should also be legal, centered on mental health supports, educative groups, or healing spaces.

Conclusion

This study sought to provide a small glimpse into the minds of Black youth and the individuals who care for them. One of the limitations of the study is the relatively small number of participants in this study. Therefore, we are clear, it is not our intention to generalize the findings in this study to larger populations of the subgroups we interviewed. These findings are only connected to the participants that we spoke with over the course of the study. Nonetheless, there are important takeaways from this work that have implications for caring for Black youth, and demonstrate the need for further inquiry into the experiences and challenges of Black youth in care, and those responsible for their care and well-being.

In terms of future study, there is more that can be learned about how to best support Black youth in care. Future research should conduct evaluation surveys from youth in care, families in the system, caregivers and staff from STRTPs. Additional insight from social workers and

individuals across all levels of government should be examined. Most importantly, in furtherance of understanding what works and what is not working in child welfare, those with first hand, lived experience must be heard. Thus, qualitative and quantitative data that can be collected from youth in care, adults who spent time in care needs to be a consistent priority of child welfare agencies. Emphasizing and centering youth voices is critical to better understanding and ultimately improving child welfare for Black youth. The collection of data should focus on what were both positive and negative aspects of being in care, what changes that they would recommend.

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