

Advancing Equitable Outcomes for Infants and Toddlers Involved in Child Welfare



Quality Improvement Center
for Research-Based
Infant-Toddler Court Teams

Introduction: The Need for Vigilance

Research shows children of color—including Native American and non-white Hispanic children—are disproportionately represented at all levels of the child welfare system (see Figures 1a, 1b, and 1c) and, once involved, experience disparate treatment and outcomes. This over-representation is particularly true for young children of color. Their families are less likely to receive family preservation services, and the children are more likely to be removed from their homes. Once removed from their families, these children are more likely to experience disparately negative outcomes; in the case of African American children, these outcomes include longer stays in foster care.^{1,2}

Although there are multiple and persistent causes for these disparities, the situation cannot be overlooked or continue to be unaddressed. Vigilance by systems, stakeholders, and key actors can advance more equitable outcomes. These outcomes can be achieved through implementation of targeted initiatives, revision of policy and practice, and intentional systemic reform. Infant-toddler court

1 Martin, M., & Connelly, D. (2015). *Achieving racial equity: Child welfare strategies to improve outcomes for children of color*. Retrieved from www.cssp.org/policy/2015/achieving-racial-equity-child-welfare-policy-strategies-improve-outcomes-children-color.pdf

2 See Appendix A: *Fact Sheet: Equity in Child Welfare—Troubling History, Continued Obstacles, Today's Trends*



Support to Advance Equity

The Safe Babies Court Team™ (SBCT) approach and associated technical assistance includes training on race and equity issues, a focus on examining data, and ongoing continuous quality improvement. The resources included in this document are provided by the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT) to infant-toddler court teams working to advance equity.

teams are key stakeholders in ensuring that young children and their families get what they need. For this reason, they need to be aware of and find ways to address impediments created by the history of both explicit racism and unconscious bias in their communities.

Figure 1. Child Populations by Race

Figure 1a. Child Population, by Race (FY2016)³

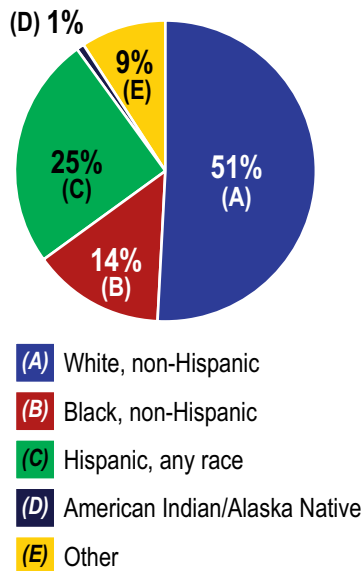


Figure 1b. Child Welfare Population, by Race (FY 2016)⁴

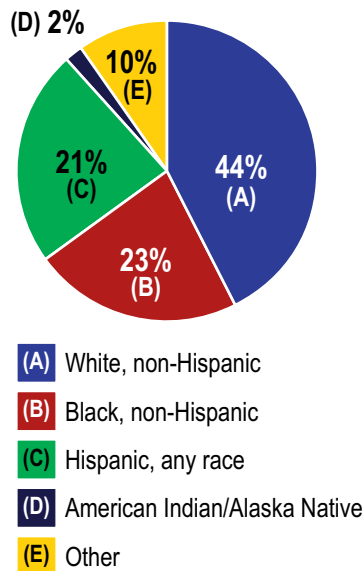
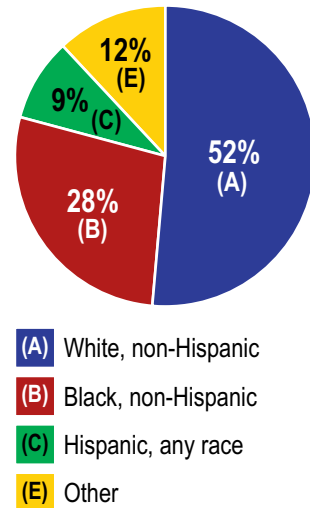


Figure 1c. Children Involved With SBCTs, by Race, as of April 30, 2017⁵



3 The pie chart highlights the races that correspond with the categories collected in the QIC-CT/SBCT database. The category labeled Other includes: Asian: 5%; 2 or more races: 4%; Native Hawaiian and Other Pacific Islander: <0.5%. Data collected from The Annie E. Casey Foundation, Kids Count Data Center. The Annie E. Casey Foundation, 2017, <http://datacenter.kidscount.org>.

4 The pie chart highlights the races that correspond with the categories collected in the QIC-CT/SBCT database. The category labeled Other includes: Asian: 1%; 2 or more races: 7%; Native Hawaiian and Other Pacific Islander: <0.5%. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. The AFACRS Report, 2017. www.acf.hhs.gov/sites/default/files/cb/afcarsreport24.pdf.

5 The category labeled "Other" includes: American Indian/Alaska Native, Asian, 2 or more races, and Native Hawaiian and Other Pacific Islander. Two of the QIC-CT sites are excluded from this data: Eastern Band of Cherokee Indians, Cherokee, NC, and Hillsborough, FL. Two non-QIC sites are included in the data: Tulsa, OK, and Arkansas. Data includes all cases opened beginning at start date (which varies between each of the sites) through close date.

The goal of focusing on equity is to help infant–toddler court teams ensure all eligible families are being given the opportunity and access to services that will help their children thrive. This brief suggests a process, tool, and various strategies to help infant–toddler court teams focus on advancing equity. It builds on the work documented in the Safe Babies Court Team™ approach to support infant–toddler court teams in doing this work well by providing context and direction for ongoing action. In addition, an accompanying fact sheet in Appendix A provides information on implicit bias and historical, structural, and institutional racism—all of which have a direct impact on children of color who are involved with child welfare and other public systems.

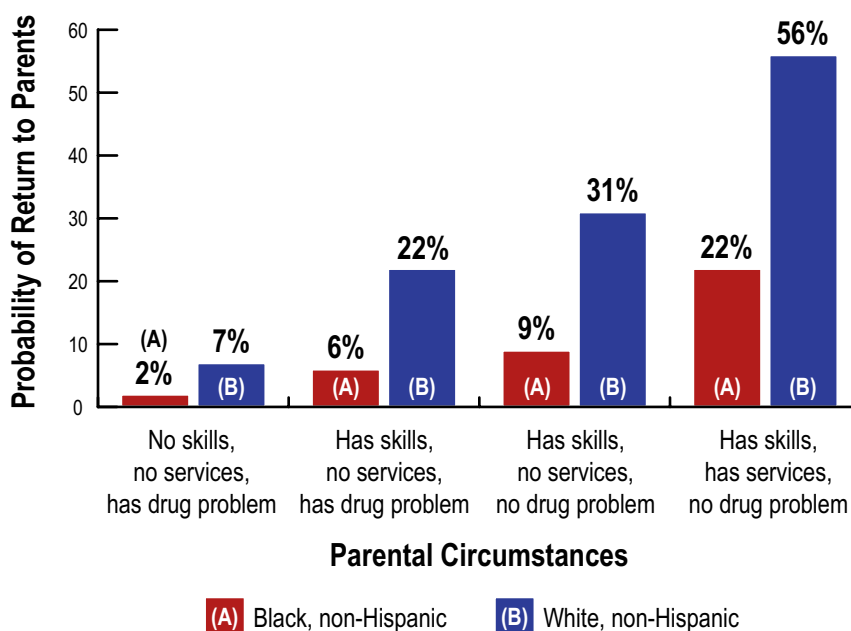
An Opportunity to Advance Equity

Infant–toddler court teams are well-suited to meet the needs of families with young children involved in the child welfare system, as they have the ability to intervene at a time when development is foundational, rapid, and cumulative. Central to the SBCT approach is a commitment to social justice and equity, with an intentional focus on equity strengthening the [core components](#) of the SBCT approach.

As displayed in Figure 1c, almost half of the children served by SBCTs across the country are children of color. The odds of achieving reunification and a sense of well-being are stacked against these children when the trends in the child welfare system are considered. As shown in Figure 2, white children, no matter the challenges their parents face in providing a safe and stable home, are always more likely to be reunified with their parents than is the case for black children. Specifically, data show that the probability of a white child being reunified with the parent when the parent has the skills, services are in place, and the parent does not have a drug use issue is 56%, compared to a black child who has probability of 22% of reunifying when the parent is in the same situation—has skills, services are in place, and the parent does not have a drug use issue. These data highlight the structural and institutional biases that are impacting children and families of color involved with child welfare.

These trends underscore the fact that change is needed. The SBCT approach stands out as a strategy to ensure that children of color served by infant–toddler court teams are

Figure 2. Disparate Outcomes in Reunification
(U.S. Dept. of Health and Human Services, 2011)



able to beat the odds. The commitment of infant–toddler court teams to advancing equitable outcomes for families with young children who come into contact with the child welfare system represents a strong start to mitigating the barriers these families face and improving well-being outcomes.

The Role of Infant–Toddler Court Teams

Infant–toddler court teams are in a unique position to advance equity, and within the infant–toddler court team are many key stakeholders—including judges, community coordinators, child welfare representatives, early intervention representatives, and other staff who work directly with families and children—who, as a united court team, all have a role to play. The infant–toddler court teams are already guided by a set of principles and core components that include valuing birth parents and being sensitive to their histories, recognizing the importance of services to parents as well as children, frequent child–family contact, and being attuned to the impact the approach is having by tracking outcome data. Young children and their families served by this approach have experienced positive child welfare outcomes.⁶ It is essential, therefore, that all families be given the opportunity to benefit from the approach within the limits of local capacity.

Although the core components of the SBCT approach universally apply to all families, implementing them with families of color may require infant–toddler court teams to consider targeted, intentional actions aimed at building understanding and evaluating decision-making through a racial equity lens. For example, staff, stakeholders, and service providers alike may need to build cultural competencies and understanding of the impact of trauma from historical oppression. As a collaborative initiative, infant–toddler court teams are well-suited to convening discussions and building these competencies. Furthermore, infant–toddler court teams are dedicated to understanding the impact of their work through frequent review of data, starting with reflecting on enrollment data to ensure all families, but especially families of color, receive equal consideration for participation in the approach. Then, once enrolled, reviewing data about service delivery by family race and ethnicity provides a more accurate assessment to drive



How to Promote Equity in SBCT Enrollment—Arkansas

To promote equity in opportunity to participate in the SBCT approach, research shows that processes that include **diverse perspectives** and promote an **intentional decision-making process** help combat implicit bias and institutional racism. The SBCT enrollment process in Pulaski County, AR, includes input from a broad team and a discussion with the parent to better understand any concerns. The process ensures that enrollment recruitment is inclusive of families of all races and reduces implicit bias.

⁶ McCombs-Thornton, K. L. (2012). The effect of the ZERO TO THREE Court Teams initiative on types of exits from the foster care system—A competing risks analysis. *Children and Youth Services Review*, 34, 169–178. Retrieved from www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution

improvement and influence operational processes and decisions. By taking steps to advance more equitable outcomes for all infants and toddlers, infant–toddler court teams are in a better position to explain what they do and the value of this intervention for the clients and communities they serve.

Actions Steps for Infant–Toddler Court Teams

The commitment to equity creates a foundation for infant–toddler court teams to be intentional about taking steps to advance equity. While having conversations about inequity within the child welfare system is difficult, the ability to do so and a shared commitment within the infant–toddler court team to be transparent is critical. Once the team is committed to this vision and continuing the hard conversations, the team can take action to advancing equity through three key steps (see box: Three Steps to Advance Equity) that prompt consideration of critical questions and possible actions.

The first step is to **Get the “Big Picture”** by developing a shared awareness among the stakeholders of the disproportionate representation and outcome disparities for children of color. Infant–toddler court teams can become informed about the national picture by using the included *Fact Sheet: Equity in Child Welfare* (Appendix A), listed resources (Appendix C), and *10 Guideposts to Abolish Racial Bias in Child Welfare* (Appendix D and see box) as material for one or more regular infant–toddler court team stakeholder meetings.

Infant–toddler court teams can also build awareness and increase their capacity to fulfill their role by taking advantage of training opportunities offered by the QIC-CT and ZERO TO THREE.

Three Steps to Advance Equity

1. **Get the “Big Picture”**—Become informed about the issue, review national data and trends.
2. **Focus on the Local: Lay the Foundation**—Affirm infant–toddler court team commitment, ensure representation of diverse perspectives, collect and review data at the local level and within the infant–toddler court team disaggregated by race and ethnicity.
3. **Focus on the Local: Build the Structure**—Identify priorities areas, develop strategies to address disparities, engage in continuous learning, identify opportunities to institutionalize and scale effective strategies.

10 Guideposts to Abolish Racial Bias in Child Welfare

1. Bias is an invisible bubble that can be burst!
2. Awareness is the first step to change bias.
3. Bias is human, bias is normal—racial hatred is not normal.
4. Bias in the brain is designed for survival—we must learn that everyone is not the enemy.
5. Difference triggers bias based on skin color, race, gender, age, ability, language accent, or body type.
6. Adverse childhood experiences plus historical trauma may trigger bias and strong emotions.
7. Unrecognized privilege preserves bias.
8. Science and facts dismantle bias—Gather evidence of your role in “otherizing.”
9. Commitment and practice are required to change bias.
10. Connection and community change bias.



In order to equip communities with the information and skills to understand and address the issues confronting families of color in the child welfare system, the QIC-CT has undertaken a training initiative that focuses on historical trauma as experienced by African-American, Native American, Alaska Native, and Native Hawaiian families. This training focuses on increasing awareness of the history of racism, current structural racism, and how disparate treatment of people of color affects their experience of the child welfare system.

With this grounding in the issues, a second step infant-toddler court teams can take is to **Focus on the Local: Lay the Foundation** for further work through self-reflection and engagement of key partners. First, teams should ensure the local implementation of the SBCT approach clearly affirms social and racial justice in its vision, mission, and goals and the stakeholders

convened represent the diversity of the community. Critical actions for stakeholders to take include examining the site's Common Vision to make sure it clearly emphasizes an intentional commitment to advancing equity as well as ensuring the infant-toddler court team reflects the racial and ethnic composition of the families being served and includes diverse perspectives.

Laying the foundation also requires sites to acquire and review local data about the community and the population being served to better examine practice in the community. Infant-toddler court teams must also collect data for the children they serve from birth to 3 years old and be able to disaggregate the data by race. Disaggregating the data by race and ethnicity and examining it closely is how an infant-toddler court team will begin to see whether and in what ways the SBCT approach is advancing equity. Stakeholders should review the data along with key indicators of child well-being including number of placements, placement with extended family members, time to permanence, and time from a service need being identified to the initiation of those services. Digging into the data prompts an infant-toddler court team to ask questions about its role in advancing equity and identify opportunities to use the SBCT approach as a learning lab for strategies that will promote equitable outcomes for children and families of color.

Child welfare agency representatives should be asked to share data that provide insight into the children and families being served disaggregated by race and ethnicity—specifically data on children of the same age who are being served in the local jurisdiction. Having comparable data allows infant-toddler court teams to assess barriers to advancing equity as well as areas where the SBCT approach is reducing disparate outcomes for children of color. For example, examining the number of placements for children of color involved with the SBCT approach compared to the birth-to-3 child welfare population in the same jurisdiction who are not involved with the SBCT approach will help to identify whether the SBCT approach is having a positive impact on reducing the number of placements. If there is not a positive impact, the examination

(continued on page 8)

Key Indicators of Child Well-Being

In order to better understand the experiences of children and families of color involved with infant-toddler court teams, it is important to review key indicators of well-being and permanency by race and ethnicity.

Timeliness of Developmental Screenings

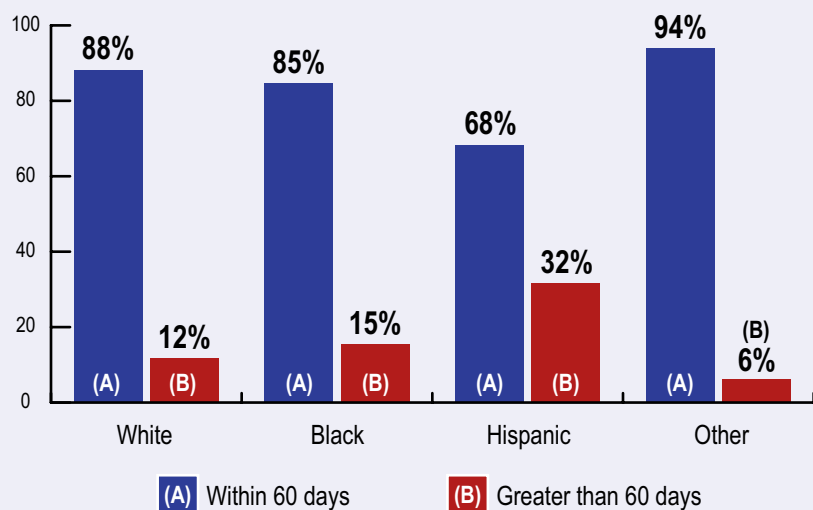
has a significant impact on a child's health, development, and well-being. Federal legislation requires a referral to early intervention (EI) services for all children under 3 years old involved in a substantiated case of child abuse, neglect, or illegal drug exposure. However, research indicates that fewer than one fifth (18%) of all children in substantiated cases receive a referral to developmental services. Of children in contact with the child welfare system, Hispanic children of immigrants demonstrated

the greatest developmental need yet were among the least likely to receive EI services. Data highlight that a substantial number of children involved with infant-toddler court teams are receiving timely developmental screenings, thus greatly increasing the likelihood for timely EI services for all children. The data also show that Hispanic children are lagging compared to other children involved with the approach, which presents an opportunity for SBCTs to dig deeper into the data to identify any existing barriers.

Number of Placements has an impact on a child's well-being. Research indicates that children who experience early placement stability experience fewer behavioral problems and enjoy better outcomes. The most recent Child Welfare Outcomes report from the Children's Bureau included data on the stability of children of all ages in child welfare based on their length of stay in foster care. In 2014, of all children served in foster care during the year who were in care for less than 12 months, 85.6% (national median) experienced no more than two placements and 66.1% (national median) of all children who were in foster care for at least 12 months but less than 23 months experienced two or fewer placements.

Timeliness of Developmental Screenings*

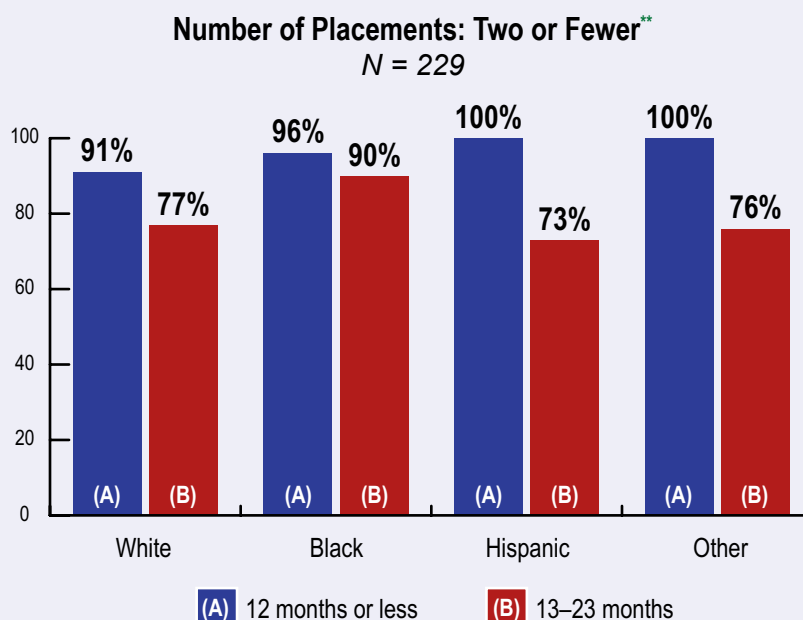
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* Source: Motoyama, M. J., Moses, M., Conrad-Hiebner, A., & Mariscal, E. S. (2016). Development, CAPTA Part C referral and services among young children in the U.S. child welfare system. *Child Maltreatment*, 21(3), 186-197.

Comparatively, children served by infant–toddler court teams generally fare better. Within the SBCT, 94.2% of children in care less than 12 months experienced two or fewer placements and 79.4% of children in care 12–23 months experienced two or fewer placements. All of the children identified as “other” race or ethnicity or identified as Hispanic in care for less than 12 months experienced 2 or fewer placements. When considering children who have been in care 12–23 months, some children in all racial and ethnic categories experienced more than two placements. While children involved with the infant–toddler court teams experience greater placement stability than the majority of children in foster care, it is critical also to continue to disaggregate the data by race and examine patterns by race and ethnicity and any potential barriers some segments of the population may be facing.



** Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2016). *Child Welfare Outcomes 2010-2013: Report to Congress*. Retrieved from www.acf.hhs.gov/sites/default/files/cb/cwo10_13_exesum.pdf

may lead to identification of barriers the infant–toddler court team can address. It is critical to note that by addressing disparities in these areas, the infant–toddler court team is taking steps to improve outcomes of healthy development and well-being for infants and toddlers of color (see box Key Indicators, beginning on p. 7). For example, by reducing the number of placements for children, increasing placements with extended family, increasing parent–child contact, and increasing timely access to services, systems are taking steps to strengthen secure attachments between children and their parents and caregivers.

Both **Step 2: Lay the Foundation** and **Step 3: Build the Structure** are continuous processes. Infant–toddler court teams should identify a champion(s) to lead this work and ensure a regular review of data and strategies to advance equity. In addition, teams should ask questions related to how any of the proposed actions will impact children and families of color.

The tool that follows provides additional guidance and questions for infant–toddler court teams to use as they consider strategies that will advance racial equity. The responses to the prompts in the tool will inform the group about necessary next steps in order to advance equity through the SBCT approach.

Instruction for Using a Tool for Infant–Toddler Court Teams to Advance Racial Equity

This tool is designed to be used with the entire infant–toddler court team to facilitate discussion about equity within the child welfare system and the SBCT approach. The Three Steps to Advancing Equity are designed to guide a team through the work. Some teams may find the need to go back to previous steps as part of their commitment to continuous learning and quality improvement. Infant–toddler court teams should work through the Critical Questions in each step and identify Strategies for Advancing Equity. The tool that follows includes possible strategies and next steps to address identified priorities, but it is not exhaustive. Each infant–toddler court team will need to develop strategies and next steps that are specific and tailored to their community.

Contact Us

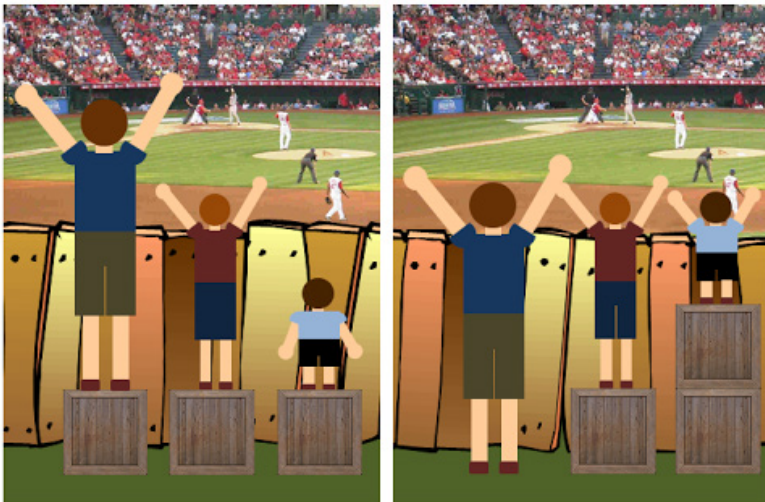
For resources from the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT), please visit www.qicct.org. For inquiries on the QIC-CT, contact: QIC-CT@zerotothree.org.

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A Tool for Infant–Toddler Court Teams to Advance Racial Equity

Get the Big Picture

- Become informed about the issue
- Review national data and literature about disproportionality, disparate outcomes, and race equity in child welfare



Equality

Equity

Focus on the Local: Lay the Foundation

- Commit to advancing equity
- Build a Safe Babies Court Team (SBCT) with diverse representation and perspectives
- Collect and review data, disaggregated by race and ethnicity

Focus on the Local: Build the Structure

- Identify priority areas
- Develop strategies to address disparities
- Engage in continuous learning to track and adjust strategies
- Identify opportunities to institutionalize and scale effective strategies

Guiding Questions	Strategies for Advancing Equity
Get the Big Picture	
Create a safe space: • Are there barriers to respectful and honest conversations about racial equity? Become informed: • Does your team have a basic understanding of the issues: inequities among racial and ethnic groups, implicit bias, historical trauma, disparities in outcomes? • What are the gaps in knowledge?	Create a safe space ✓ Identify a facilitator for these conversations ✓ Create ground rules for discussions Fill the knowledge gaps within and across the SBCT ✓ Identify national and local organizations that have an expertise in race equity ✓ Review and refer back to Appendices A–D: Fact Sheet: Equity in Child Welfare (Appendix A); Key Definitions (Appendix B); Resources list (Appendix C); 10 Guideposts to Abolish Racial Bias in Child Welfare (Appendix D) ✓ Review available national child welfare data including Adoption and Foster Care Analysis and Reporting System (AFCARS) and Annie E. Casey Foundation’s KIDS COUNT and Race to Results Reports ✓ Identify necessary trainings for the SBCT and broader child welfare system including through ZERO TO THREE, the Center for the Study of Social Policy, and the Kirwan Institute
Focus on the Local: Lay the Foundation	
Commit to advancing equity: • How does the common vision reflect a commitment to racial equity and social justice? • Does the SBCT represent the racial makeup of the community? Who is missing, and how can they be meaningfully engaged? Collect and review data, disaggregated by race and ethnicity: • What are the birth to 3 racial and ethnic demographics in the jurisdictions, involved with child welfare, and enrolled in the SBCT? • <i>(list continued)</i>	Be accountable ✓ Review and ensure the SBCT site’s Common Vision includes a specific commitment and focus to racial equity and social justice ✓ Identify and establish a method or workgroup who can lead the SBCT’s work in advancing equity ✓ Collaborate with champions and other organizations, initiatives, and work groups in the community that are focused on racial equity Look at SBCT data ✓ Ensure racial and ethnic identity data is being collected directly from families rather than relying on information passed along by others or individual assumptions ✓ Work with ZERO TO THREE Technical Assistance Specialist for help accessing and running data reports ✓ Devote time at SBCT meetings to review the data ✓ Identify key indicators to track data and allow for comparison of outcomes by racial and ethnic identity ✓ Review trends observed in the data to identify successes and apparent disparities among racial and ethnic groups. For example, within the SBCT approach, are children of color experiencing the same number of placements as white children?

(continued)

Guiding Questions	Strategies for Advancing Equity
Focus on the Local: Lay the Foundation (continued)	
- Identify key indicators to track data including: ✓ Enrollment in SBCT approach ✓ Number of placements while in foster care ✓ Placement with kinship ✓ Length of stay in foster care ✓ Timeliness to receiving developmental screenings ✓ Timeliness to receiving identified services ✓ Timeliness to initiation of Child–Parent Psychotherapy	Acquire and review child welfare system data ✓ Establish a partnership with the local and state child welfare system to obtain data and develop a Memorandum of Understanding if necessary ✓ Identify representatives within the child welfare system who are focused on issues of racial equity to be a part of the SBCT and can help members understand how the SBCT database and the child welfare database may differ in collecting and reporting data ✓ Compare children in foster care who are not involved with the SBCT approach with SBCT children by race and ethnicity
Focus on the Local: Build the Structure	
Identify priorities, understand barriers and develop strategies: - What is the data telling us about how different populations are experiencing SBCT? - Based on the examination of the data, what are the priorities for the SBCT to advance equity? - Where are the barriers that need to be better understood to reduce disparities? - What policies, processes, and social relationships contribute to experiences of families of color? - Are there empowering processes at every human touchpoint? - What processes are traumatizing and how do we improve them?	Establish improvement priorities as a SBCT - Devote time at SBCT meetings to review the data and impact of implemented strategies Gather information about potential barriers through qualitative means - Hold focus groups with diverse community members and child welfare staff to understand the barriers - Take the time during Family Team Meetings (FTMs), Pre-removal Conferences, and other case planning meetings with the families to better understand what barriers might exist. For example, the SBCT notices that Hispanic children are less likely to receive a developmental screening within the first 60 days. The SBCT can develop a set of guiding questions to use during the FTMs to better understand family experiences including: how far is the screening from the family, does the provider speak the same language as the family, does the family feel comfortable with the provider, etc.

(continued)

Guiding Questions	Strategies for Advancing Equity
Focus on the Local: Build the Structure (continued)	
Continuous learning and evaluation: • How will the SBCT ensure continuous review of data and strategy implementation? • How is the current issue, policy, or program shifting power dynamics to better integrate a focus on reducing disparities experienced by children and families of color? • What is working to advance equity? • What opportunities are there to scale successful strategies?	Develop strategies to remove barriers to equity • Develop guiding processes for addressing implicit bias including using FTMs and Pre-removal Conferences Develop plans to integrate successful strategies into broader child welfare system practice • Work with SBCT collaborations to scale strategies • Recruit new SBCT members and/or develop cross-system partnerships to scale successes

Appendix A:

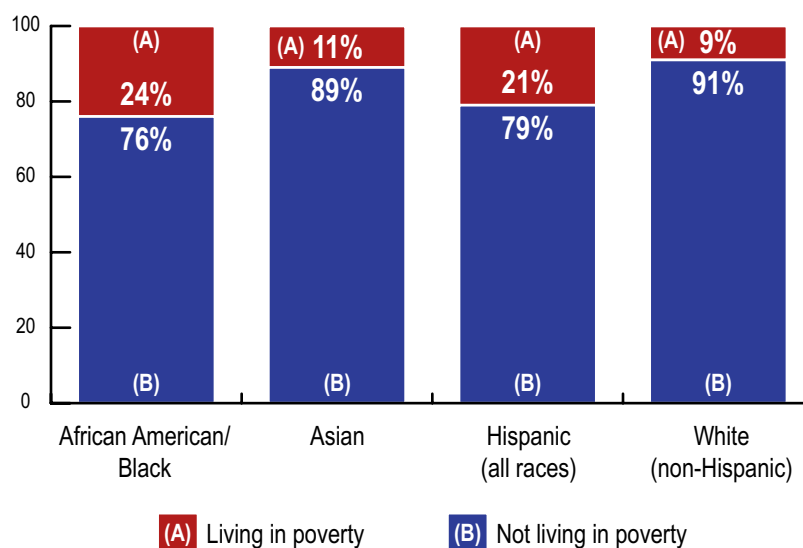
FACT SHEET: Equity in Child Welfare—Troubling History, Continued Obstacles, Today's Trends

The U.S. has a longstanding history of centering power within white communities—resulting in the development of a complex system of institutional beliefs and behaviors that oppress people of color and privilege whites. Research also shows that children of color, including Native American and non-white Hispanic children, have historically experienced poorer outcomes because public policy choices—whether intentional or not—have led to unequal treatment and opportunities for families to strengthen their well-being and protective capacities.^{7,8} As a result, systems, policies, and practices have produced (and continue to produce) varying outcomes for different racial groups—to

the advantage of whites and the detriment of people of color, regardless of their intention. Historic disinvestment in communities of color coupled with a continuing legacy of racially discriminatory public policies and practices have oppressed communities of color and led to negative outcomes compared to their white peers. In addition, the systems, policies, and practices put in place to assist those in greatest need (e.g., the child welfare system, Temporary Assistance for Needy Families) are not organized to be sensitive to the people they are charged with serving, and they lack cultural humility and accountability mechanisms. These conditions can result in disparate outcomes for population groups in communities

that have been marginalized. This is most evident in the composition of those living in poverty, which disproportionately impacts people of color (see Figure A.1) and families with female householders. Young children, particularly young children of color, are also the most likely to live in poor or low-income households (see Figure A.2). Moreover, families of color are almost twice as likely as white families to be living in deep poverty (at or below 50% of the federal poverty level) and children—primarily children of color—face deep poverty at the highest rates.

Figure A.1. Proportion of Individuals Living in Poverty, by Race and Ethnicity 2015
(U.S. Census Bureau)



7 Martin, M., & Connelly, D. (2015). *Achieving racial equity: Child welfare strategies to improve outcomes for children of color*. Retrieved from www.cssp.org/policy/2015/achieving-racial-equity-child-welfare-policy-strategies-improve-outcomes-children-color.pdf

8 Katznelson, I. (2005). *When affirmative action was white: An untold history of racial inequality in twentieth-century America*. New York, NY: W.W. Norton.

In addition to the systemic disinvestment in communities of color, research (including the Philadelphia Urban ACE Study) has found that families and children of color are more likely to experience adverse childhood experiences—many of which are associated with living in communities of disinvestment that have higher rates of poverty.⁹ These experiences coupled with chronic and sustained discrimination and oppression have a psychological impact on members of that society across generations.

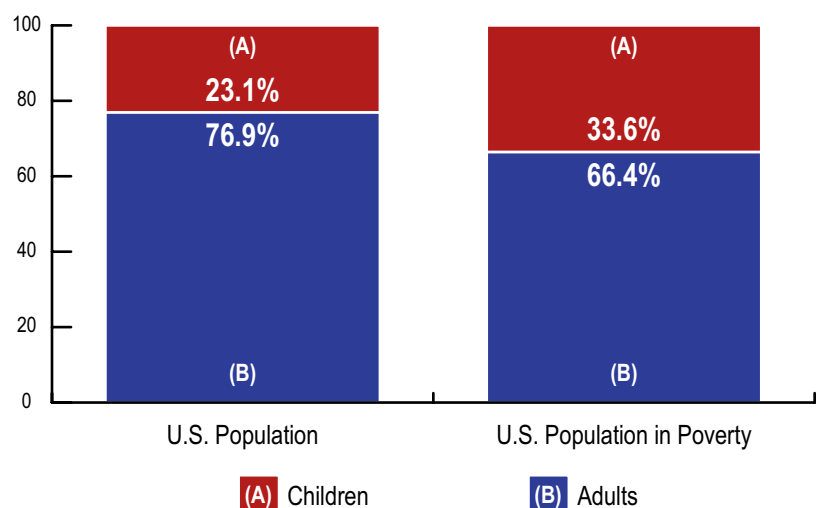
Impact on Young Children and Families

Families with young children face a unique set of stressors attempting to work while also straining to negotiate the demands of parenting. The addition of poverty further exacerbates the risk for child maltreatment. For families who are already struggling to afford the high cost of necessities such as housing, food, and child care, also working in low-wage jobs that lack flexibility contributes to the demands of parenting. Additional daily life challenges that may arise also make it difficult for these families to succeed. For families involved in the child welfare system, these stressors are compounded as opportunities for success are often mitigated by intersecting challenges related to race, a family's primary language, mental or physical health, developmental or intellectual disability, involvement in the criminal justice system, or issues related to substance abuse.

Overlap With Child Welfare

The most commonly cited reason for removing a child from their home in FY2015 was neglect. Poverty is the greatest threat to child well-being and the best predictor of a finding of abuse and neglect.¹⁰ Many challenges faced by poor families are deemed by child welfare agencies to be child neglect including unsafe housing, homelessness, food insufficiency, and absence of stable child care options. Rates of poverty, as shown in 2016 Current Population Survey data collected and distributed by the U.S. Census, disproportionately affect families of color, and in particular mothers of color with low-wage jobs.^{11,12} For young children, the toxic stress that often arises

Figure A.2. Children Disproportionately Live in Poverty
(U.S. Census Bureau)



9 The Research and Evaluation Group at Public Health Management Corporation. (2013) *Findings from the Philadelphia Urban ACE Study*. Retrieved from www.instituteofsafefamilies.org/sites/default/files/isfFiles/Philadelphia%20Urban%20ACE%20Report%202013.pdf

10 Sedlak, A. J., Mettenburg, J. Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

11 Semega, J. L., Fontenot, K. R., & Kollar, M. A. (2016). *U.S. Census Bureau, Current Population Reports, P60-259, Income and poverty in the United States: 2016*. Retrieved from www.census.gov/content/dam/Census/library/publications/2017/demo/P60-259.pdf

12 Center for the Study of Social Policy. (2016). *20 Years of TANF: Opportunities to better support families facing multiple barriers*. Retrieved from www.cssp.org/pages/body/TANF-at-20.pdf

from conditions of chronic adversity, such as poverty, can have a significant detrimental impact on their early brain development which can have lasting consequences for their life-long health, academic success, and productivity as working adults.¹³

Couple this reality and disproportionality in child welfare with what researchers know about the overlooked needs of infants and toddlers in child welfare, and children of color are at even greater risk. Young children in the child welfare system are less likely than any other age group to be appropriately diagnosed or to have access to needed services. In addition, data show that of the 80% of children involved with child welfare agencies who have emotional or behavioral diagnoses or developmental delays, 32–42% were under 6 years old. However, of those with an identified mental health need, less than 7% received services to meet those needs.¹⁴

Conclusion

Cross-system, multigenerational approaches that aim to help entire families from varying backgrounds have the potential to improve outcomes and positively impact families for generations. This concept is not new. However, there are many missed opportunities for systems and policies to take into account the needs of both children and parents and the circumstances in which families live. By understanding the disparities faced by families involved in intervening systems (e.g., the child welfare system) concerning their health and economic stability, it is essential to identify the crucial impact policies, practices, and programs have in the lives of young children and families involved in these systems. A commitment to advancing equitable outcomes for families with young children represents a strong start to mitigating the barriers families face and improving well-being outcomes.

13 Shonkoff, J. P., Garner, A. S., et al. (2011). *The lifelong effects of early childhood adversity and toxic stress*. Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/early/2011/12/21/peds.2011-2663.full.pdf>

14 California Child Welfare Council, Child Development and Successful Youth Transitions Committee. (n.d.). *Building a system of support for young children in foster care*. Retrieved from www.chhs.ca.gov/Child%20Welfare/Child%20Welfare%20Council%20Report%20on%20Young%20Children%20in%20Foster%20Care.pdf

Appendix B:

Key Definitions

Disparate Outcomes: Markedly different outcomes experienced by varying individuals or groups being served by the same systems, services, and programs. For example, African American children are more likely than their white peers in foster care to experience longer stays in care.

Disproportionality: What is “disproportionality” in child welfare?¹⁵

There are two components of disproportionality of concern to infant–toddler court teams—disproportionate representation and disproportionate treatment.

- **Disproportionate representation** includes the over- or under-representation of minority children in the system compared to their representation in the general population.
- **Disproportionate treatment** consists of the disparate treatment or services provided to minority children compared to those provided to similarly situated white children.

Historical Racism: A legacy comprised of a complex system of beliefs and behaviors, grounded in the presumed superiority of whites. These beliefs and behaviors are conscious and unconscious, personal and institutional, and result in the oppression of people of color and benefit whites.

Implicit Bias: Defined by the Kirwan Institute, implicit bias¹⁶—also known as implicit social cognition—refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.

The implicit associations individuals harbor in the subconscious cause them to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance. These associations develop over the course of a lifetime beginning at a very early age through exposure to direct and indirect messages. In addition to early life experiences, the media and news programming are often-cited origins of implicit associations.

Institutional Racism: From Race Forward: The Center for Racial Justice Innovation, *institutional racism*¹⁷ occurs within institutions and systems of power. It is the unfair policies

15 Hill, R. B. (n.d.). *Disproportionality of minorities in child welfare: Synthesis of research findings*. Retrieved from www.cssp.org/reform/child-welfare/other-resources/Disproportionality-of-Minorities-in-Child-Welfare-Synthesis-of-Research-Findings.pdf

16 The Kirwan Institute for the Study of Race and Ethnicity. (2015). *Defining implicit bias*. Retrieved from <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias>

17 Race Forward: The Center for Racial Justice Innovation. (2014). *Moving the race conversation forward part 1: How the media covers racism, and other barriers to productive racial discourse*. Retrieved from www.raceforward.org/press/releases/moving-race-conversation-forward

and discriminatory practices of particular institutions (e.g., schools, workplaces) that routinely produce racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities.

Otherizing: The Oxford Dictionary defines this term as a “verb (with object). To view or treat (a person or group of people) as intrinsically different from and alien to oneself.”¹⁸ The example they offer is “referring to them in these terms strips them of their identity and ‘*otherizes*’ them as foreigners.” So referring to a person with disabilities as a “cripple” or an immigrant as “an illegal alien” are examples otherizing that range from terms used to describe behaviors (e.g., promiscuous) to destructive stereotypes (e.g., “she’s just a tramp”). These terms linguistically separate users in a psychological process that maintains a comfortable distance between “us” and “them.” This process ultimately allows for destructive practices ranging from discrimination and prejudice to violence and racial hate crimes. In war, soldiers may be trained to first view the enemy by otherizing them with terms such as “gooks” or “terrorists” which strip the persons of humanity. The soldier may then psychologically justify killing the enemy.

Structural Racism: Race Forward: The Center for Racial Justice Innovation, defines structural racism¹⁹ as racial bias among institutions and across society that involves the cumulative and compounding effects of myriad societal factors—which includes the history, culture, ideology, and interactions of institutions and policies—that systematically privilege white people and disadvantage people of color.

¹⁸ Retrieved from English Oxford Living Dictionaries, <https://en.oxforddictionaries.com/definition/otherize>

¹⁹ Race Forward: The Center for Racial Justice Innovation. (2014). *Moving the race conversation forward part 1: How the media covers racism, and other barriers to productive racial discourse*. Retrieved from www.raceforward.org/press/releases/moving-race-conversation-forward

Appendix C:

Resources for Infant–Toddler Court Teams for Increasing Understanding and Advancing Equity

Confronting Racial Discrimination in the Child Welfare System

- [*White Privilege: Being Born on Third Base and Thinking You Hit a Triple*](#) by Lucy Hudson
- [*Undoing the Past: Cultural Grief and Trauma in the Courtroom*](#) by Tina Saunooke
- [*Healing From the Historical Trauma of Slavery: A Training Series for the Orleans Parish Safe Babies Court Team*](#) by Marva Lewis, Judge Ernestine Gray, and Dawn Bentley-Johnson
- *When Affirmative Action Was White: An Untold History of Racial Inequality in Twentieth-Century America.* By I. Katznelson (2005). New York, NY: W.W. Norton & Company.
- [*Strategies to Reduce Racially Disparate Outcomes in Child Welfare: A National Scan.*](#) by Oronde Miller and Amelia Esenstad, Center for the Study of Social Policy/the Alliance for Racial Equity in Child Welfare.
- [*Achieving Racial Equity: Child Welfare Strategies to Improve Outcomes for Children of Color*](#) by Megan Martin and Dana Connelly, Center for the Study of Social Policy (2015).
- [*Racial Bias, Even When We Have Good Intentions*](#) by Sendhil Mullainathan, New York Times, January 3, 2015.
- [*Equity and Empowerment Lens.*](#) Multnomah County Health Department and Multnomah County Office of Diversity and Equity, 2012.
- [*Elevating Equity.*](#) KIDS COUNT in Colorado, 2017.
- [*Tribal Justice.*](#) A co-production of Vision Maker Media and American Documentary | POV. Available on PBS. August 2017.
- *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* by M. Alexander (2010). The New Press.
- *Guidelines for African American Child Endangering Hair Styling Practices: Medical, Legal, and Emotional Perspectives* (2017). Marva L. Lewis, Mumbi Dunjwa, and Constance Cohen. Unpublished manuscript under review Tulane University, New Orleans, LA.
- Resources including a Technical Assistance Brief, bench card, and reports in from the Model Courts from [*Courts Catalyzing Changes.*](#) a project through the National Council of Juvenile Family Court Judges.

Appendix D:

10 Guideposts to Abolish Racial Bias in Child Welfare (M. Lewis, 2017)

A core principle of Safe Baby Court Teams (SBCT) is equitable treatment of all infants and their families who are in the child welfare system. In addition, the SBCT approach is committed to the elimination of bias that unwittingly fuels racial disparities experienced by young children in the foster care system and policies and practices that maintain structural racism. The following guidelines will help in the process, as infant-toddler court teams create their individual plans to address bias. Each guideline is elaborated with evidence and resources. More resources are available on the SBCT website. These 10 Guideposts can be displayed in offices and courtrooms as a daily reminder of the need for ongoing attention to bias.

10 Guideposts to Abolish Racial Bias in Child Welfare

1. Bias is an invisible bubble that can be burst!
2. Awareness is the first step to change bias.
3. Bias is human, bias is normal—racial hatred is not normal.
4. Bias in the brain is designed for survival—we must learn that everyone is not the enemy.
5. Difference triggers bias based on skin color, race, gender, age, ability, language accent, or body type.
6. Adverse childhood experiences plus historical trauma may trigger bias and strong emotions.
7. Unrecognized privilege preserves bias.
8. Science and facts dismantle bias—Gather evidence of your role in “otherizing.”
9. Commitment and practice are required to change bias.
10. Connection and community change bias.

1. Bias is an invisible bubble that can be burst!

Scientific research has demonstrated that biases thought to be absent or extinguished remain as “mental residue” in most individuals. Studies show that people can be consciously committed to egalitarianism, and deliberately work to behave without prejudice, yet still retain hidden negative prejudices or stereotypes. With conscious commitment to eliminating bias and recognition of stereotypes and prejudices, individuals and organizations can set concrete goals for change. This change can be sustained with on-going accountability and assessment using the data.

2. Awareness is the first step to change bias.

To change biases people begin with acknowledging the biases and assumptions they have that may influence their attitudes, behaviors, and, ultimately, decisions about children and families in the child welfare system. Once individuals become aware that they have biases and “own” them, they have the power to change their minds. Research by educators who teach social justice to adult learners emphasizes the need for learners to move from simple “either-or” thinking to complex, critical abstract thought that incorporates the complexity of human

relationships. This enhanced awareness ultimately allows for people to see each other as humans in complex interpersonal relationships with others.

3. Bias is human, bias is normal—racial hatred is not normal.

Humans tend to categorize people using limited pieces of information and then act on this information, even though most of their initial judgements have not been confirmed. It is human and normal for people to take mental shortcuts to allow them to handle the huge amount of information bombarding their brains at every moment. They build schemas that include cognitive biases, stereotypes, and default thinking to help them to process new information or phenomena they encounter. This automatic information allows them to quickly make sense of the world and guides their behavioral responses. Humans are immersed in everyday stereotypes that range from the benign stereotypes that associate women with nurturing and men with competition, to more destructive stereotypes that associate African American males with aggression, or lesbian or gay parents with weakness. Infant–toddler court team members must be diligent to seek out the modern day vestiges of bias reflected in demeaning and destructive stereotypes that shaped the past relationships between dominant and oppressed groups. To this end, court team members may practice *affirmative introspection*. Increasing self-awareness, understanding your values, passions, preferences, and world-views will clear a path for the courageous acknowledgement of personal or organizational biases and assumptions. This process will help prevent “otherizing” where individuals blame the victim without looking in the mirror.

4. Bias in the brain is designed for survival—we must learn that everyone is not the enemy.

The brain automatically processed social information. If the brain notes that someone is different and less familiar, it may signal a potential threat. The resulting emotions may affect the way someone interacts with the other person. The greater the difference, the greater potential use of simple stereotypes or biases in interactions with people from other groups.

5. Difference triggers bias.

There are many ways that people are different from each other and in the number of diverse experiences they’ve had. These differences include characteristics such as race (associated with physical features such as skin color), social class, sexual orientation, nationality, gender, age, ability, or language (or accent). It is a perfectly human response to difference for the brain to automatically register this difference. Emotions triggered by the brain registering “difference” and readying a person for the “flight, fight, or freeze” response that ensured survival in ancient times may be unrecognized factors that lead to biased decisions about parents, families, or communities that are based on stereotypes. When people are under high stress, such as making child welfare decisions that literally may result in the life or death of infants and toddlers, they automatically operate in their old primitive brain related to our survival. When the child or their family are different from the professionals or their identity groups in some visible way, this difference may unconsciously trigger bias.

6. Adverse childhood experiences plus historical trauma may trigger bias and strong emotions.

Individuals’ perceptions of others are influenced by their histories of trauma including adverse childhood experiences (ACEs). These individual experiences of childhood trauma may be exacerbated by their identity groups’ experiences of historical trauma. Both sets of experiences

may be associated with emotionally charged memories of bias, stereotypes, or unrecognized privilege. Research shows that emotions influence the way people process information and relationships. For example, when people feel angry, they are more likely to perceive people rather than situations as responsible for a problem, they are less likely to trust others, and they are more likely to make judgments based on stereotypes. When professionals are rushed, distracted, or stressed and make decisions while grappling with the reality of an overloaded caseload, busy court docket, and cranky infants, operating using a cognitive short cut easily kicks in. To achieve the dynamic goal of building respectful partnerships between communities, families, and the infant–toddler court teams, professionals must account for the legacies of historical trauma and modern day institutionalized mechanisms associated with the legacies and history of the race relationships in the United States.

7. Unrecognized privilege preserves bias.

The modern day manifestations of historical trauma—toxic stereotypes and implicit bias, white privilege, and internalized oppression—may unwittingly become part of decision-making processes by well-meaning members of infant–toddler court teams. When left unaddressed, these biases may hinder achieving the goals of the creation of solid working relationships between families and infant–toddler court team members.

8. Science and facts dismantle bias—Gather evidence of your role in “otherizing.”

Show me the data! Documentation that the numbers of children in care that are disproportionate to their numbers in society is evidence of bias. Disparities in services provided to children and families that are associated with racial group membership is evidence of bias. Gather evidence to assess your child welfare system’s performance on key indicators (e.g., number and types of placements, or time to permanency). Taking the widely used and well-documented Implicit Bias Test offered by Project Implicit at Harvard University is free to use as a private means to assess your personal role in “otherizing” or personal stereotyping that leads to biased decisions. There is ample research demonstrating that concrete, objective indicators and outcomes reduce standard stereotypes, and that lack of clear standards, open criteria, lack of accountability for actions and feedback, and lack of transparency also contribute to the continued biased decision making and thus disparities in child welfare system for children of color.

9. Commitment and practice are required to change bias.

Acknowledge the biases and assumptions you have that influence your attitudes and behavior with children and families who are different than you. Unrecognized biases may show up in policies, practices, and jokes that contribute to the continuation of racial disparities and disproportionately in child welfare system. Ultimately, to achieve a goal of safety for babies and their families in the child welfare system professionals must abolish these biases to form authentic and constructive working relationships with families and communities. Recent research by a team at the University of Wisconsin (2012) on bias demonstrated that when treated as habit, individual bias can be reduced. They created a 12-week intervention that combined increased awareness of bias with a specific population or identity group, coupled with an intentional commitment and applied specific strategies to change racial bias. The authors found that individuals who practiced the new unbiased behavior were successful in making a long-term change.

10. Connection and community change bias.

Human connection is a fundamental need from infancy through old age. Infants require attachment to—and at least one nurturing and predictable relationship with—a primary caregiver to survive. When primary caregivers satisfy an infant's basic needs for food, shelter, warmth, and loving touch, the infant develops a preference, a bias toward this person or group. Many adolescents go through a developmental phase of defining themselves in different ways from their parents and family. They may dye their hair purple, wear their pants low, or sport body piercings or tattoos in odd places. They seek identification through peer groups who have similar preferences as they go through a normative process of exploring their identity. Being psychologically connected to others in varying degrees of intimacy is normal and expected. When the safety infants feel with their secure base of a primary attachment figure allows them to explore their surroundings, the infants' bias and preference expands beyond their primary caregiver. Similarly, when individuals feel safe and secure within their own families and identity groups, they can begin to explore individuals and groups who are different from their family circle. They are open to explore relationships with others. Connection with diverse others offers opportunities to find delightful similarities and intriguing differences. These new connections with diverse others change bias. New connections among diverse groups form communities. These connections lay the foundation for equitable treatment and social justice.

Resources:

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