A “Mission Not Impossible”
Understanding and Reducing Disparities and Disproportionality

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“Disparities” refers to the variation in rates at which persons of different groups experience social conditions.

“Disproportionality” refers to the overrepresentation of specific groups in child welfare, particularly placement.
(Sample Items)

<table>
<thead>
<tr>
<th></th>
<th>National Average</th>
<th>White (Non-Hispanic)</th>
<th>Black/African American</th>
<th>Asian and Pacific Islander</th>
<th>American Indian and Alaska Native</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>6.7</td>
<td>5.6</td>
<td>13.2</td>
<td>3.7</td>
<td>8.8</td>
<td>5.7</td>
</tr>
<tr>
<td>Teen Death Rate</td>
<td>62</td>
<td>58</td>
<td>83</td>
<td>33</td>
<td>87</td>
<td>58</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>43</td>
<td>27</td>
<td>64</td>
<td>17</td>
<td>59</td>
<td>82</td>
</tr>
<tr>
<td>% of Teens 16-19 Not in School/Not Graduates</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>% of Children in Poverty</td>
<td>18</td>
<td>11</td>
<td>34</td>
<td>12</td>
<td>31</td>
<td>28</td>
</tr>
</tbody>
</table>

AI/AN Infant Mortality Rates

(U.S. DHHS, Centers for Disease Control and Prevention [CDC])

All Races
AI/AN
Recipient Families were:

- 31.5% White
- 34.2% Black/African American
- 28% Hispanic or Latino origin (of any race)
- 2.3% Asian
- 1.3% American Indian/Alaska Native (underrepresented nationally)
- 1.2% Multiracial
Behavioral Health

- **African Americans**
  - 30% more likely to report having serious psychological distress than Whites
  - Less likely to receive mental health treatment than Whites (60.1% of Af. Am./Blacks received treatment the same year as a depressive episode compared with 73.3% of whites)

- **Hispanics**
  - are 20% more likely to report having serious psychological distress than Non-Hispanic Whites.
  - Non-Hispanic Whites receive mental health treatment 3 times more often than Hispanics.
  - Suicide attempts for Hispanic girls grades 9-12 were 80% higher than for White girls in the same age group.
Asian American/Pacific Islanders
- 20% less likely than Whites to experience serious psychological distress
- 60% less likely to have received mental health treatment in the past year

American Indians/Alaska Natives
- Three times as likely to experience feelings of sadness or hopelessness as compared to Whites.
- Unintentional injuries, homicide, and suicide account for 75% of all mortality for 10–20 year olds.
- Suicide was the second leading cause of death for 10–34-year-olds.
- Adolescents have death rates two to five times the rate for Whites in the same age groups.
Percent of Persons 12 or Older Who Met Criteria for Substance Abuse or Dependence (2009)

Percent of Persons 18 or Older Who Met Criteria Any Mental Illness (2009)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>20.7</td>
</tr>
<tr>
<td>Black/Af. Am.</td>
<td>17.9</td>
</tr>
<tr>
<td>Hispanic/Lat.</td>
<td>17.8</td>
</tr>
<tr>
<td>As. Am.</td>
<td>15.5</td>
</tr>
<tr>
<td>AI/AN</td>
<td>21.6</td>
</tr>
<tr>
<td>Total</td>
<td>19.9</td>
</tr>
</tbody>
</table>

Suicide Rates by Race/Gender
Age 10–18 (2006)

Black/African American

– More than twice as likely as White youth to be arrested (1)
– 40% more likely to be detained while waiting for a court date (1)
– 30% more likely to be placed outside the home post-adjudication (1)

Asian American (1)

– 80% less likely to be arrested than White youth (1)

American Indian/Alaska Native

– 20% more likely to be placed outside the home post-adjudication (1)
– 80% greater proportion of AI/AN youth have their cases waived to adult court than White youth (1)
– 79% of all youth in federal forensic custody are AI/AN (2)


Juvenile Arrests per 1,000 Juveniles (2007)

Out-of-Home Placement per 100 Adjudications (2007)

View I: “Disproportionate Need”
– Poverty Rates, 2009 (National 14.2)
  – White: 11.7%
  – African American/Black: 25.8
  – Hispanic: 23.5%
  – Asian American: 11.4%
  – American Indian/Alaska Native: 27.3%
    (36.8% on reservation)

View I: “Disproportionate Need”

- *Link Between Poverty and Maltreatment*
  
  - Low SES families were five times more likely to experience substantiated child maltreatment than families of higher socioeconomic status in the NIS-4 (National Incident Study of Child Abuse and Neglect).
  
  - Child maltreatment risk increases for individuals who receive welfare, are unemployed, and/or are single-parents (all predictors of poverty).

View II: “Bias and Child Welfare Decision Making”

– Differences in: Reporting

• African American/Black women are equally (if not slightly less) likely to have substance abuse problems.

• But significantly more children are removed because of parental substance abuse in African American/Black homes than White.

View II: Bias and Child Welfare Decision Making

- Differences in: Investigation, Substantiation, and Placement
  - Children of color
    - are two times as likely to be investigated for maltreatment and two times as likely to be substantiated for abuse and neglect.
    - are 2.5–3 times as likely to be removed from home and placed in care.
    - Once in care, they stay longer and are less likely to return home or be adopted than White children.
    - AI/AN children face higher rates of disproportionality than any other race.

View II: Bias and Child Welfare Decision Making

– Differences in: Service Choices

- Children of color have limited access to family support/preservation services.
- Children of color are less likely to receive mental health services.
- Families of color are less likely to receive reunification services.
- Resource families of color are less likely to receive help to adopt.
Maltreatment Decision Path

White Children

- 100 Reported
- 25 Substantiated
- 8 Placed
Decision Path to Disparity

American Indian Children

25 Placed

50 Substantiated

100 Reported

Juvenile delinquency risk for Indian children increases.
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2010 % of Total Population (1)</th>
<th>2009 % of Total Foster Care Population (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>72.4</td>
<td>39.2</td>
</tr>
<tr>
<td>Black/African American</td>
<td>12.6</td>
<td>30.2</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>.9</td>
<td>2.0 (2.6*)</td>
</tr>
<tr>
<td>Asian American</td>
<td>4.8</td>
<td>.6</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>16.5</td>
<td>20.4</td>
</tr>
</tbody>
</table>

* estimate by NICWA which includes AI/AN children in tribal welfare programs


<table>
<thead>
<tr>
<th></th>
<th>% of state’s child population AI/AN</th>
<th>% of substantiated ‘child victims’ who are AI/AN</th>
<th>% of foster care children who are AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>20</td>
<td>49.7</td>
<td>50.9</td>
</tr>
<tr>
<td>Minnesota</td>
<td>2</td>
<td>6.5</td>
<td>12.2</td>
</tr>
<tr>
<td>Montana</td>
<td>10</td>
<td>23.7</td>
<td>33.6</td>
</tr>
<tr>
<td>Nebraska</td>
<td>1</td>
<td>5.7</td>
<td>9</td>
</tr>
<tr>
<td>North Dakota</td>
<td>9</td>
<td>23.8</td>
<td>26.2</td>
</tr>
<tr>
<td>Oregon</td>
<td>1</td>
<td>7.8</td>
<td>11.3</td>
</tr>
<tr>
<td>South Dakota</td>
<td>15</td>
<td>49.2</td>
<td>52.2</td>
</tr>
<tr>
<td>Utah</td>
<td>1</td>
<td>2.3</td>
<td>5.7</td>
</tr>
<tr>
<td>Washington</td>
<td>2</td>
<td>7.5</td>
<td>8.4</td>
</tr>
</tbody>
</table>

Form of Primary Maltreatment By Race for Substantiated Maltreatment as Percentage of Total Victims (2007)

Source: Calculations by NICWA of Department of Health and Human Services, Administration of Children and Families, Childrens Bureau, Child Maltreatment 2007, Table 3-10. Available at http://www.acf.hhs.gov/programs/cw/pubs/cm07/table3_10.htm
Overrepresentation of AI/AN children in care is related to poverty, poor housing, poor education, untreated mental health issues, and caregiver substance misuse.
Gaps in Child and Family Support

**Mainstream:**
- Non-Profit Sector Provides Over 1/3 of all Preventive Support
- More Likely to Receive TANF
- More Likely to Be Insured/Have Access to Health Care
  - 15.3% nationally have no health care coverage.
  - 19.3% of Af.Am./Blacks have no coverage.

**AI/AN:**
- Almost no Non-Profit Involvement (1/10 of 1% of foundation giving goes to AI/AN)
- Underrepresented in TANF
- Significantly less likely to be insured/have access to health care
  - 32.1% nationally have no health care coverage.

Why Poverty Matters: Annual Family Incomes in Cases of Child Removal (Ns)

Comparing Percentage of Home Ownership: Families Whose Children Are Removed, and Other Families in Nova Scotia

Own homes %

Nova Scotia: 71%
Child Removals: 3%

Child Welfare Services Do Not Target ALL of the Problems

• Families receive very few poverty-reduction services.

• Families receive few housing-related services.

• Families receive few mental health services.

• Families receive few substance abuse treatment services.
Policy/Practice Recommendations

Strategies for responding to structural risk factors. Differentiate between maltreatment and social disadvantage.

Better align services with structural risk factors and culture of child/family.
• Victims of maltreatment are 11 times more likely to be arrested as a juveniles. (1)

• A many as 80% of maltreatment victims experience mental and emotional health disorders. (1)

• Children in out-of-home placements are two times as likely as other victims of maltreatment to be delinquent. (2)

• For young males in particular placement, instability further increases risk for delinquency. (2)

• 70% of youth in the juvenile justice system suffer from mental health disorders, and 27% of youth are experiencing disorders so severe that their ability to function is significantly impaired.


Approaches to Reduce Disproportionality

- Training for Mandatory Reporting (Washington State)
- Differential Response/Diversion Programs (Alaska)
  - Greater use of tribal services
  - Tribal capacity building for safety assessment and in-home services
- Parental Involvement: Navigators, Volunteers (Pennsylvania, Louisiana)
- Systems of Care Model (North Dakota Sacred Child)
Approaches to Reduce Disproportionality

• State ICWA Laws
  (Iowa, Oklahoma, Wisconsin, and Washington)

• Touchstones of Hope: Truth and Reconciliation
  (South Dakota; Hennepin County, Minnesota; Alaska)
TRUTH AND RECONCILIATION ➔
COLLABORATIVE PROBLEM SOLVING

- Relating • Step Four
- Truth Telling • Step One
- Restoring • Step Three
- Acknowledging • Step Two
What Works: Touchstones of Hope for Indigenous Children and Families

- Self–Determination
- Culture and Language
- Holistic Approach
- Structural Interventions
- Non-Discrimination

www.reconciliationmovement.org
• Development of community visions of child safety
• Embracing what hurts: taking ownership
• Linking economic development/lands to child safety
• Reconciliation in child welfare program for leaders
• Clarity of what community child caring knowledge is

• Acknowledging that mainstream child welfare is culturally loaded

• Caution around adapting mainstream programs – center community knowledge and values
Holistic Approach

• Do community planning with child wellbeing playing a central role.

• Engage children/youth in community visioning exercises.

• Be cautious about the risk of doing community development based on what government will fund versus on community need.

• Engage the non-profit sector.
Structural Interventions

- Ensuring Alaska Native children have equal access to resources
- Child welfare addressing poverty, substance abuse, mental health, and housing
Non-Discrimination

• Ensuring Indigenous children have equal access to resources

• Ensuring Indigenous knowledge is on equal footing with non-Aboriginal knowledge in child welfare

• Promoting respectful relationship-building across cultures
Four Phases of Reconciliation

Truth Telling
Telling the story of child welfare as it has affected Indigenous children, youth, and families

Restoring
Doing what we can to redress the harm and making changes to ensure it does not happen again

Acknowledging
Learning from the past, seeing one another with new understanding, and recognizing the need to move forward on a new path

Relating
Working respectfully together to design, implement, and monitor the new child welfare system

Deep Dialogue and Courageous Conversations

- Relating: Step Four
- Truth Telling: Step One
- Restoring: Step Three
- Acknowledging: Step Two
Potential Answers

- Research to better understand the problems and the dynamics that cause them
- Reduction of poverty
- Community-based services that are child-centered and family-driven
- Cultural competence among professionals, organizations, and systems
“A set of congruent practice skills, attitudes, policies, and structures, which come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in the context of cultural differences.”
Elements of Cultural Competence

1. Awareness and acceptance of difference
2. Awareness of own cultural values
3. Understanding the “dynamics of difference”

4. Development of cultural knowledge
5. Ability to adapt practice to fit the cultural context of the family (Cross, 1989)

The heart of the disparity issue
Organizational Elements of Cultural Competence

• Valuing diversity
• Cultural self-assessment of organization
• Managing for the dynamics of difference
• Institutionalization of cultural knowledge
• Adaptation to diversity
  – Policies
  – Values
  – Structure
  – Services
Cultural Competence Continuum (Cross, 1989)

- Culturally Destructive
- Cultural Incapacity
- Cultural Blindness
- Pre-Competence
- Basic Cultural Competence
- Cultural Proficiency

“Somewhere between cultural incapacity and basic cultural competence lie the roots of disparity.”
Policy and Practice Recommendations

- Strategies for responding to structural risk factors. Differentiate between maltreatment and social disadvantage.

- Better align services with structural risk factors and culture of child/family.
1. Changes in adult professional behavior (knowledge and skills of practitioners and other key staff members within an organization or system)

2. Changes in organizational structures and cultures, both formal and informal (values, philosophies, ethics, policies, procedures, decision-making)

3. Changes in relationships to consumers, stakeholders (location and nature of engagement, inclusion, satisfaction), and systems partners
Let’s remember why we are really here today…