



# MARGINALIZED YOUTH

USING A NEW TOOL TO IDENTIFY SOURCES OF SYSTEMIC RACISM IN THE CHILD WELFARE SYSTEM.

April Wall Parker, MS  
Pressley Ridge

# PRESENTATION OUTLINE

- What is systemic (institutional) racism?
- What does systemic racism look like in child welfare and behavioral healthcare institutions?
- Introducing a tool to help us understand the lived experience of those we serve.
- Sharing results from an ongoing study using real-world examples.
- Recommendations for creating healing systems and advocating for youth.



# WHAT IS SYSTEMIC RACISM?

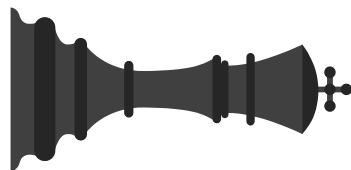
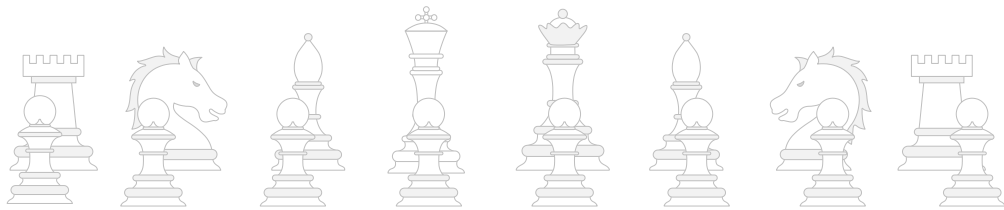
CULTURAL AND SOCIETAL IMPLICATIONS



# SYSTEMIC RACISM VS. INDIVIDUALIZED RACISM

## Systemic racism

- Historical and contemporary policies, practices, and norms that create and maintain oppression or inequitable treatment (The Urban Institute, 2020).



## Individual Racism

- “Any distinction, exclusion, restriction or preference based on race, color, descent, or national or ethnic origin” (Committee on the Elimination of Racial Discrimination, 2020).



## A SYSTEMS PROBLEM (JAMES, 2020)

- “Disproportionality and disparities exist for the same populations in most if not all helping systems and institutions.”
- Systems design programs that address individual pathology; this approach maintains and perpetuates disproportionality and disparities for poor and minority communities.



## Disproportionality

Group A experiences something more/less often than Group B.

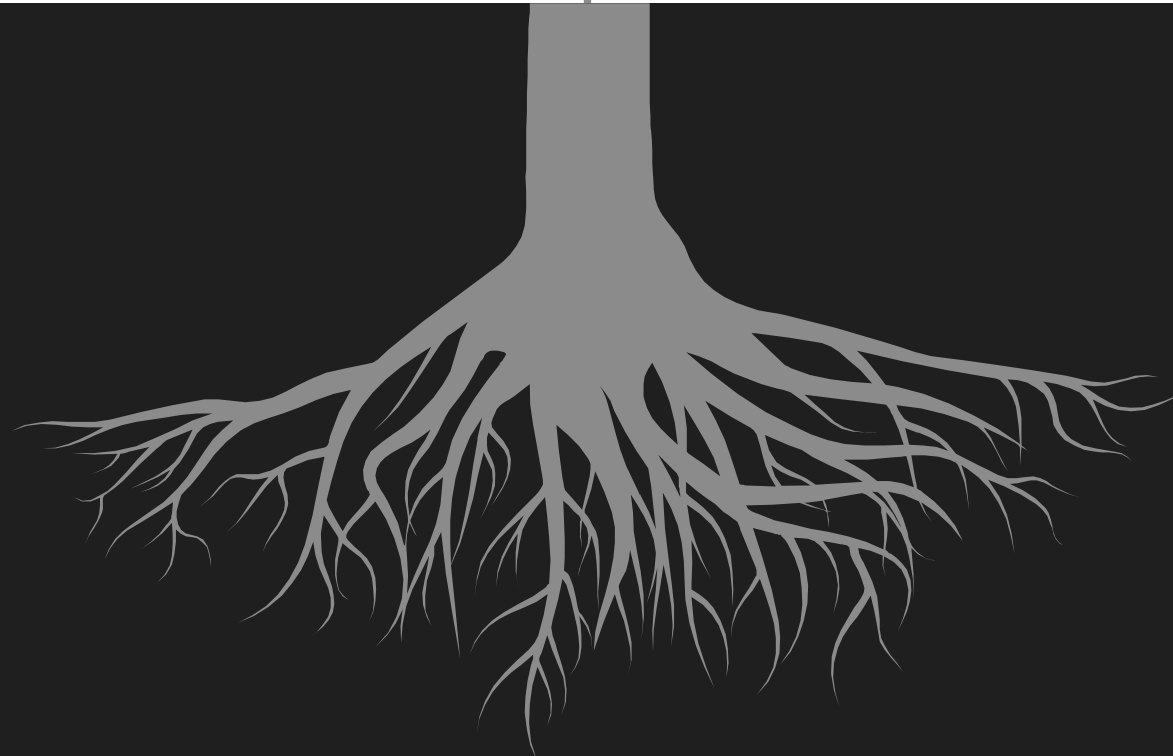
## Inequality

Group A is treated more favorably than Group B for the same behavior.

## Bias

Extrapolating beliefs to all persons belonging to Group B.

Systemic Racism





# WHAT DOES SYSTEMIC RACISM LOOK LIKE IN CHILD WELFARE AND BEHAVIORAL HEALTHCARE INSTITUTIONS?

COMMON SOURCES OF DISPROPORTIONALITY, BIAS & INEQUITABLE TREATMENT





**Systems Framing:** There is a gap between the mental/behavioral health service systems' approaches towards serving diverse youth and negative expectations often found in other institutions (Alegria et al., 2010).

Many systems do not exhibit ecosystemic views, instead focusing on individual maladies or blameful characterizations of youth. These systems often rely on punishment as a means of addressing behavior as opposed to preventative care.





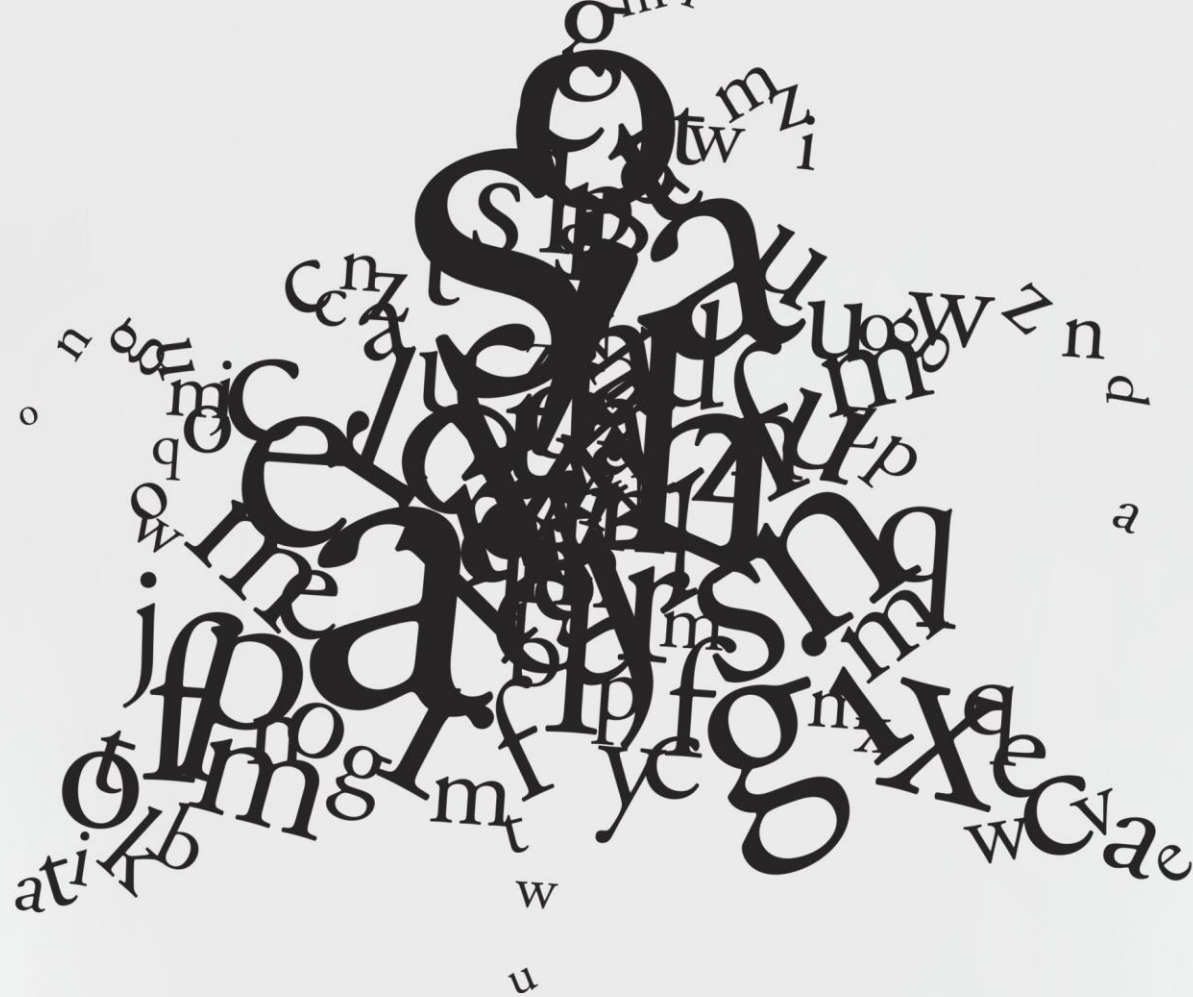
Talking Points: Systems Framing

# Engaging Families

- When parents are treated differently, there is an increased likelihood that they will not actively participate or remain in services for their full duration (Hackworth et al., 2018).
- Parental anxiety about being judged and feeling unwelcome due to class, race or cultural background is associated with decreased help-seeking and lower service uptake and continued attendance (Cortis et al. 2009).



**Talking Points:** Engaging Families



**Language:** Stigmatizing or stereotypical language is often found in individual records. This language may reflect implicit bias and negative attitudes on behalf of the service provider (Goddu et al., 2018).



Talking Points: Language

# Access

Service access can also be limited for due to lack of transportation, childcare, or ability to take time off work; communication and language barriers; cultural differences between individuals and providers; and historical and current discrimination in systems (Institute of Medicine, 2002).



**Talking Points:** *Access to Services*

# Treatment Type

People who are African American are more likely to receive less desirable or effective treatments than people who are white.

Minorities are less likely to receive a diverse range of procedures, ranging from high-technology interventions to basic diagnostic and treatment procedures, and they experience poorer quality medical care than people who are white.

(Institute of Medicine, 2003; 2015).







**Talking Points:** Treatment Type



## **Termination of Services & Support**

Evidence suggests that people of color discharge to more intensive levels of care than whites, are less likely to discharge to their homes, and more likely to have services ended prematurely (Perzichilli, 2020).



**Talking Points:** Service Termination

The background of the slide features silhouettes of a woman on the left and a man on the right, standing in a field of tall grass. They are positioned against a bright, golden-orange sunset sky. The woman is on the left, facing right, and the man is on the right, facing left. Both have their arms crossed. The overall mood is contemplative and serene.

## Less Favorable Working Alliances

Research shows that white individuals have more favorable working alliances with their providers than individuals who are not white (Eliacin et al., 2016).

Another study demonstrated that, over time, individuals who are white reported a steady increase in working alliance quality, whereas those belonging to a racial minority group did not (Walling et al., 2012).



**Talking Points:** Working Alliance



# INTRODUCING A TOOL TO HELP US UNDERSTAND THE LIVED EXPERIENCE OF THOSE WE SERVE

THE EQUITY “TRACER”



# OVERVIEW

- Our organization has created goals to promote equity and inclusion.
- However, we needed a resource to help us develop awareness of our current practices.
- We developed a “tracer” tool to see what was happening to those we serve, and how they were being treated.

# EQUITY TRACER: STEPS



## Record Review

Review individual records, case notes, intake documents, etc. for evidence of bias or inequity.



## Discuss

Review with program staff to validate information and ascertain the context of the individual case.



## Improve

Use findings to improve processes, procedures, or decision making.







TRACER “SCORING”



# SHARING RESULTS FROM AN ONGOING STUDY USING REAL-WORLD EXAMPLES

PILOT STUDY RESULTS



## CASES REVIEWED

**22 tracers** completed  
between February and  
April 2021



PA

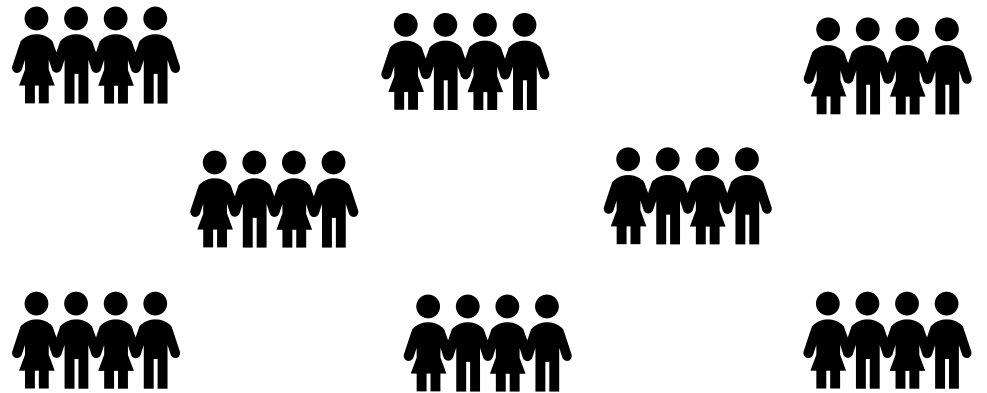
MD

WV

---

All tracers on non-white individuals indicate some *potential* evidence of structural racism

100%



## EXAMPLES

- Youth ordered to residential care facility, citing poor grades and inappropriate behavior at school  
(*Systems Framing*)
- School refusing to change meeting times to accommodate mother's work schedule  
(*Family Involvement*)
- “Thug” and “gang-like” used to describe a youth with no history of criminal behavior  
(*Language*)
- Teen making substantial progress, moved to juvenile detention despite provider support  
(*Termination of Services*)

---

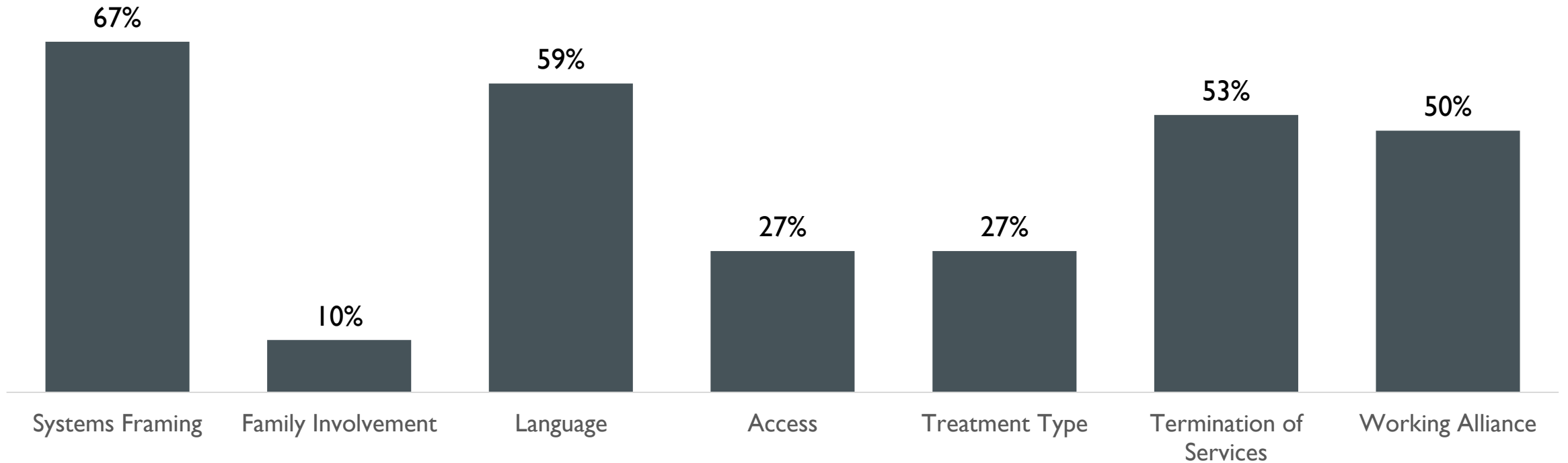
On average, two sources were identified for white individuals, and **three sources were identified for non-white** individuals.





## Sources of Bias or Inequity

% of individuals with potential evidence by tracer category





# RECOMMENDATIONS FOR CREATING HEALING SYSTEMS AND ADVOCATING FOR YOUTH

A DISCUSSION





WHAT WILL YOU DO?



**A**ction

**C**hanges

**T**hings