

2006

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Effective Child Welfare Practice with Latino Families

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April 24, 2006

Effective Child Welfare Practice with Latino Families

In order to define effective child welfare practice with Latino families, one must begin with an understanding of child welfare in general. In 1957, the Child Welfare League of America defined *child welfare* as part of an overall attempt to articulate standards that would “take the ‘folklore’ out of child care and substitute in its place the most scientific knowledge currently available in psychology, psychiatry, sociology, anthropology, genetics, pediatrics, child development and medicine” (CWLA, 1957, ¶ 1). That definition has been revised over time but the essence of the League’s words form the foundation for the commonly accepted definition today:

The distinctive aspects of social work practice in the field of child welfare are derived from the nature of the child, particularly his characteristics of dependency and development; and from the special concern and responsibility for children which all social groups have . . .

Furthermore, because it is universally recognized that the years of childhood are of particular significance for his future development, whatever happens to the child during the developmental process is of concern as it may promote, interfere with or adversely affect the kind of development which is considered desirable. Moreover, the community or state has a real stake in this, in his becoming the kind of person whom it needs or wants, who will perpetuate its traditions, values and ideals . . .

The family has, through the parents particularly, assured the child of the close and continuing individual relationships, attention, concern, special interest and love which we now recognize to be the most important stimulants of healthy development. We can therefore say that the primary and unique need of the child is for parental care. . . .

It is because of the primary social problem of deprivation of parental care that child welfare services have a responsibility and a purpose that differentiate them from other kinds of treatment or social services; [*sic*]and require specialized knowledge, understanding and skills. . . The assumption of this responsibility, in proportion to the degree which parents cannot or are unable to carry it, is a distinguishing characteristic of

those social services which provide help for children whose need for parent care is not being adequately met (CWLA, 1957, ¶ 2-3).

The National Adoption Information Clearinghouse's 2005 definition refers to the child welfare system as "a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children" (p.1).

The subtle differences in the two definitions over 50 years parallel our evolving understanding of family systems and of child development as well as ever-changing public policy around social issues. Whereas earlier definitions revolved around commonly-accepted child-rearing themes such as "spare the rod and spoil the child", the role of mothers as the primary caregivers of children gave way to a broader understanding of the needs of children and the responsibilities of families to meet their developmental needs. Mothers became wage-earners and when parents – either together or singly -- were unable to care for children either through death or divorce, children were placed in orphanages where custodial care was the norm and abuse often occurred.

Throughout the 1960s and 1970s, the knowledge-base regarding child development expanded. In addition, widely-recognized social changes including shifting sexual standards, increasing acceptance of children born out-of-wedlock and of the practice of cohabitation, steadily rising divorce rates, and the number of women working outside the homes altered the very structure of American families as well as the focus on the well-being of children. (Hernandez, 1993, pp. 1-6).

The public response to child abuse requires both a political and legal foundation as well as a psychosocial basis upon which to build a framework. In Europe, as far back as the Middle

Ages, welfare assistance came in the form of mutual aid. Eventually, the emphasis shifted to charitable works as a religious duty, but it was during the fourteenth and fifteenth centuries before government began to play a role. King Edward III created laws ordering all able-bodied people to work, making the failure to do so of interest to public systems. Initial governmental interventions in the U.S. were based on English law where the practice of “warning out and passing on” was prevalent. That meant that people who appeared to be financially irresponsible were escorted back to their home communities or passed along to other communities (DiNitto, 2003, p. 33-34).

For centuries, children were considered chattel, possessions of their parents. The tradition held true in colonial America where severe punishment of children was not illegal. Children were expected to obey their parents regardless of the care they received from them. In instances where parental abuse was severe or when parents either abandoned children or were taken from them by severe illness or death, children in need of care were the responsibility of families, friends or churches (DiNitto, 2003, p.32). Those without such resources were placed in almshouses (poorhouses) or indentured servitude, the same treatment provided for adults in need of public “support”, practices that existed up to the Industrial Revolution when private charities like the New York House of Refuge were established for neglected, abandoned, or delinquent children. (DiNitto, 2003, p. 337)

In the middle part of the 1800s, Charles Loring Brace and a group of New York City Clergymen founded the New York Children’s Aid Society. This society was established to solve the problems of dependent children. Brace began a practice of sending groups of children by train from the city to farm families in the mid-United States. These children, known as “train orphans,” were met at train stations by families willing to house and feed them, primarily in

return for work. The practice, known as “placing out,” lasted into the 1920s (Crosson-Tower, 2004, p. 303).

Brace’s train orphans were primarily without financial and parental support. Up until 1875, U.S. law did not provide a way to interfere in cases of battered children. That changed when “Little Mary Ellen’s” story came to light. Mary Ellen, rumored to be the daughter of Mary Connolly’s ex-husband, was indentured to Connolly and her then-husband, Francis. The girl was beat, stabbed with scissors and tied to a bed. Neighbors eventually referred her to Etta Wheeler, a church worker who found that there were no laws that allowed concerned persons to rescue little Mary. There were laws, however, to protect animals, so Mrs. Wheeler turned to Henry Bergh of the New York Society for the Prevention of Cruelty to Animals (NYSPCA). “Under the premise that the child was a member of the animal kingdom, the SPCA obtained a writ of *habeas corpus* to remove Mary Ellen from her home” (DiNitto, 2003, p.341). A year after her case was heard by the New York Supreme Court, Mary Ellen was in a new home and the New York Society for the Prevention of Cruelty to Children (NYSPCC) was formed (DiNitto, 2003, p.341).

Early government response to child maltreatment in the U.S. was characterized by practical concerns about meeting the physical needs of children rather than concern about the negative effects of abuse on children’s development (Murray and Gesiriech, n.d.). Government intervention was deemed so exceptional that for many years, intervening in any but the most serious of cases was considered unacceptable. The U.S. Children’s Bureau was established in 1912 to provide research and information about state-managed child protective services, Congress produced legislation and policy to prevent as well as reduce child maltreatment. DiNitto (2003) cites the Great Depression and the stock market crash of 1929 as one of the most

challenging times in U.S. history with one of every four people unemployed and one of every six on welfare. The Great Depression changed the way Americans thought about public assistance, Aid to Dependent Children (AFDC) was born with passage of the Social Security Act of 1935 creating Title IV authorization of federal funding for state programs that provided aid to children living with a parent or relative (pp. 35-36). Also authorized in 1935, Title V of the Social Security Act is devoted to improving the health of all women, children, youth and families. It provided federal grants to states to establish child welfare services in rural communities for homeless, dependent, delinquent or neglected children and provided for training of child welfare workers (LaRaviere, 2002, p.1).

Between 1960 and 2000, Congress passed 24 amendments to the 1935 Social Security Act (Kollmann, 2000, pp. 1-33). These amendments provided the framework for an expanding federal role in alleviating poverty and suffering:

- Child welfare services were extended to foster care children and children living in urban settings.
- Eligibility standards required children to have resided in a home that received AFDC payments in the month before they were removed from their home. These standards also required a court determination that it was not in the best interest of the child to remain in the home with biological parents.
- The definition of child welfare services was expanded to include prevention programs, family preservation programs, support services, and child well-being services.
- Funding for child welfare services was primarily based on state matching of federal grants with state general funds (LaRaviere, 2002, p. 2).

These changes in funding structures shaped today's child welfare system, shifting policy agendas from state and county governments to and expanding the federal role.

Murray and Gesiriech (n.d.) cite two key ideological debates rising from the expansion of the federal government's influence. "The first is a debate about the rights of state and local governments, versus the responsibility of the federal government to ensure adequate protection

for all children. The second debate centers around the rights of parents versus the rights and needs of the child” (p.1).

In their 1973 landmark book *Beyond the Best Interests of the Child*, Goldstein, Freud, and Solnit state:

The child is singled out by law, as by custom, for special attention. The law distinguishes between adult and child in physical, psychological and societal terms. Adults are presumed to be responsible for themselves and capable of deciding what is in their own interests. Therefore, the law is by and large designed to safeguard their right to order their personal affairs free of government intrusion. Children, on the other hand, are presumed to be incomplete beings who are not fully competent to determine and safeguard their interests. They are seen as dependent and in need of direct, intimate, and continuous care by the adults who are personally committed to assume such responsibility. Thus, the state seeks to assure each child membership in a family with at least one such adult whom the law designates “parent” (p. 3).

In 1979, the same authors acknowledged that government intervention in the lives of families was so extreme, that it carried such serious results, that it should only be considered when the system can “justify overcoming the presumption in law that parents are free to determine what is ‘best’ for their children in accord with their own beliefs, preferences, and lifestyles” (p.3).

This concern about the role of government intervention balanced against parental rights led in part to the Child Abuse Prevention Treatment Act (CAPTA) enacted in 1974. CAPTA established procedural rules and regulations governing child maltreatment allegations, investigations and reports. Title II of this act authorized grants for community-based family resources and support services. Furthermore, it requires documented evidence that states have reporting and investigation systems for allegations of child abuse or neglect (LaRaviere, 2002, p.2).

LaRaviere (2002) describes the next transformation in federal foster care, adoption and child welfare policy as one that came with the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). The law set forth core procedural requirements and

safeguards focusing on chronic problems within the child welfare system. The author describes the requirements as follows:

- Administrative case reviews, case management planning and permanency hearings to ensure that children's educational, physical, and mental services needs were being met.
- Foster care placement reviews to monitor the safety and appropriateness of foster care placements.
- Judicial determinations that found "reasonable efforts" were made to either prevent placement of children in foster care or to assist parents in eliminating the conditions that led to child removal . . .
- Preventative and reunification services, when safe and appropriate to do so, provided to high-risk families to either prevent or alleviate the need for child removal.
- Federal adoption support payments for children in need of adoptive homes. (p.4)

Major reform to the welfare system occurred in the 1990s under the Clinton Administration.

Aid to Families with Dependent Children (AFDC) became Temporary Assistance for Needy Families (TANF) and a limit was placed on the number of months families could qualify for assistance (DiNitto, 2002, p. 32). The Family Preservation and Family Support Program was passed as part of the Omnibus Budget Reconciliation Act of 1993, providing for preventative family support to vulnerable children and families in their own homes as well as for community-based services. The intent was to address the growing number of children in the foster care system, a number related to the emergence of homelessness, increased incarceration rates, AIDS, and the crack cocaine drug epidemic of the 1980s and 1990s (DiNitto, 2002, p.5).

By 1997, after bitter debate, Congress passed compromises on "welfare reform" that resulted in a more conservative approach to public assistance (DiNitto, 2002, p. 32). The Adoption and Safe Families Act (ASFA, P.L. 108-89) was passed as a result of concerns that children and parents were not being reunified in a timely fashion. The words "foster care drift" had become a part of child welfare's vocabulary when the emphasis was put on reunification with birth families. Children removed from their homes often languished in the system since the

state was reluctant to sever parental rights. Over time, a swing toward keeping children in the home led to general concerns about social work practitioners requiring family preservation services in situations that may have placed children at risk of further harm. The changes inherent in ASFA were significant in that, while safety was paramount, workers were charged with “balancing the known harm” to children from the trauma of removal and potential for disrupted attachments with the harm of remaining connected to parents and family. The act:

- Modified “reasonable efforts” standards, by establishing various exceptions to the requirements and providing an illustrative list of conditions under which “reasonable efforts” are no longer required.
- Created time limited reunification services that reduced family reunification efforts from 18 months to 12 months.
- Facilitated the practice of concurrent planning that allows for the implementation of family reunification services while simultaneously placing the child in a pre-adoptive home or with an identified potential legal guardian.
- Created financial incentives to increase the number of children adopted out of the foster care system. (p. 6)
- Reauthorized the Family Preservation and Family Support Services Program (PSSF) and expanded it to include funding for time-limited family reunification services and adoption promotion and support (Murray and Gesiriech, n.d., p.5).

Beginning with the Civil Rights Movement of the 1960s, social welfare programs, influenced by case law, began to express concern about the number of Native American children being removed from their homes and being placed outside of Native American communities. The system’s response resulted in the Indian Child Welfare Act of 1978 (P.L. 95-608), under which tribal courts have a right to intervene in state court proceedings and guidelines were established for placement and reunification (Murray & Gesiriech, n.d., p. 3).

The Multi-Ethnic Placement Act (MEPA), enacted in 1994 (P.L. 103-382), prohibited states from delaying or denying adoption or foster care placements on the basis of race or ethnicity, although it did provide for “consideration” of race and ethnicity in placement decisions. Recruitment of foster and adoptive families to reflect the diversity of children needing

placement was required. MEPA was amended in 1996 by Public Law 104-188, the Inter-Ethnic Placement Provisions Act that repealed MEPA's routine consideration of race and ethnicity (Murray & Gesiriech, n.d., p. 5).

Other significant federal legislation throughout the 1990s and early into the first decade of this century included the Foster Care Independent Act of 1999 (P.S. 106-169, John H. Chafee Foster Care Independence Program), an act that provided for services for adolescents making the transition from foster care to self-sufficiency and for former foster youth up to age 21. Court reform was addressed in 2000 with passage of Strengthening Abuse and Neglect Courts Act of 2000 (SANCA, Public Law 106-314), the purpose of which was to reduce the backlog of abuse and neglect cases and to establish case-tracking and data-collection systems. (Murray and Gesiriech, n.d., p. 6).

In detailing the history of child welfare, one must consider that public law is enacted to address issues of importance to society. It is important in that light to understand the evolution in the definition of child maltreatment as it changed from Little Mary Ellen's plight in 1875 to the challenges faced by today's 18 or 19 year old veteran of the foster care system seeking a college education with independent living tuition waivers or from the one-size-fits-all orphan trains compared to our current move toward culturally responsive practice.

Today, most Americans believe that child maltreatment consists of both abuse and neglect. According to DiNitto (2002), "abuse occurs when severe harm is inflicted on a child such as broken bones or burns, but it can also be emotional or sexual. Neglect occurs when a parent or caretaker fails to provide a child with the essentials needed to live adequately, including proper schooling, social interaction with others, housing, food and clothing" (p 342). To understand the changes in child welfare practice theory that guide interventions in cases of

abuse and neglect, one must think back to Little Mary Ellen and her rescuers' attempts to save her from a terrible situation. Their purpose was to remove her from an untenable situation and to punish her parents accordingly.

Up until the 1960s, child protection was generally seen as a matter of rescuing children to protect them from what was seen as criminal behavior by their parents. Once child welfare and medical personnel began to recognize such conditions as battered child syndrome or the developmental harm that occurred with severe abuse, the states responded by passing mandated reporting laws that required medical, education and child welfare professionals to report suspected abuse in order to protect children. Further change occurred as parents came to be viewed as well-meaning adults capable of change in their interactions with children rather than as felons in need of punishment for bad deeds or as persons whose relationships with children needed to be severed. In the 1980s, the child welfare system shifted its emphasis to intensive in-home services to support parents as "good, loving people who, due to stress and other socioeconomic pressures, were in crisis" (Schneider and Crow, n.d., pp. 1-2). The maltreatment of their children was an unintentional side effect of that crisis. Eventually, though, the emphasis on keeping children at home gave way to the idea that a child's safety was the primary objective. Not all families' problems could be resolved in the home. Although support services continued to be offered to prevent placement or ensure timely reunification, new emphasis was placed on permanency, on identifying and establishing a family in which the child could grow up rather than languishing in out-of-home placement while parents addressed the family's problems (Schneider, n.d., p. 3)

This shift occurred as child welfare professionals began to acknowledge trauma to children resulting from out-of-home placement. Daly and Dowd (1992) documented the serious

psychological and emotional trauma to which children placed outside their homes are exposed. In many cases, the trauma of the initial removal is complicated by the common experience of multiple placements. Furthermore, when the emotional bonds between parent and child are complicated by the extreme side effects of substance abuse, poverty or family violence, children may experience rage, grief, sadness and despair to such an extent that they require extensive mental health services as well as skilled and knowledgeable intervention from both workers and resource (foster) parents (Daly & Dowd, 1992, pp. 488-489).

Whereas child welfare public policy through most of the 20th Century focused on the legal aspects of intervention by state and county governments, the Adoption and Safe Families Act (ASFA) of 1996 began to formulate policy guidelines around best practice and child well-being. According to a U.S. Department of Health and Human Services publication (2000). Acknowledging the benefits of community-based, team approaches to working with families, ASFA suggests that “good” child welfare practice is child-focused or focused on the three principles of safety, permanency and well-being of children. It is also family-centered, involving extended family members as well as fictive kin, those whose relationship with the family parallels those of blood relatives although no legal or formal relationship exists. These extended family resources are involved as partners in all phases of casework from engagement through assessment, service planning and implementation.

Furthermore, ASFA suggests that interventions and assessments focus on strengths and resources of children, families and communities rather than solely on needs and deficits. As a result, case plans will be individualized and will address the unique nature and experience of each family and child involved in the system. Such services would include cultural competency so that both family and worker understand the strengths inherent in culture and ethnicity and they

would be based on community-based partnership from a broad range of systems so that each family's change is supported in his/her own community after child welfare interventions end.

(Rethinking child welfare practice under the adoption and safe families act of 1997: a resource guide, p. 33).

Another important aspect of the Adoption and Safe Families Act was the establishment of measurable outcomes for service, several of which refer specifically to culturally-appropriate services to meet the needs of changing family demographics across the United States. ASFA asked:

What measures have been taken to obtain meaningful input and involvement of minority families, both consumers and citizens, at the state and community level in the design of policies, procedures and practices that guide the child welfare system?

How do individual, family and community-level assessments incorporate the needs of families from diverse cultural and linguistic backgrounds?

What specific strategies are in place to engage, assess, plan, implement, and evaluate services that will improve outcomes for minority children and families disproportionately represented in the system?

What formal training requirements are in place for staff (at all levels) to acquire effective knowledge of the ever-evolving dynamics of culture and social acculturation to effectively meet the needs of the diverse children and families the agency serves?

What are the strategies to identify, recruit, process, approve, and support qualified foster care and adoptive families from diverse cultural and linguistic backgrounds? (U. S. Department of Health and Human Services, 2000, p. 35).

While interest in culturally responsive practice was inspired by changing demographics, it also grew out of concern regarding the fact that children of color were over-represented in the system. According to Casey Family Programs (2003), "*disproportionality* of a racial or ethnic group in the child welfare (or any) system goes beyond *overrepresentation*, in which children of a particular group are present in the system at a greater percentage than they are in the overall

population” [emphasis in the original] (p. 1). In a study that looked at practice with the potential for increasing permanency and well-being for children of color in the out-of-home care system, Casey cited the following as being potentially useful in mitigating the harm done to minority children by out-of-home placement. These practices include family group conferencing as a placement and goal-setting tool, intensive reintegration services with biological families whenever possible, relative or kinship placements, or focusing on maintaining connections when relative placement is not possible. In addition, increasing the number of resource families that reflect the same racial or ethnic diversity of the children in the system helps reduce the time needed to achieve permanency according to Casey (p.3).

As evidence of the disproportionality of Hispanic children in the child welfare system in such states as Colorado, Iowa, Nebraska, Oklahoma, and in portions of Kansas grew (Casey, 2003, p. 2), dramatic shifts in demographics documented growing numbers of young Latino children entering the system, facts that drew both interest in and federal funding to the challenge of articulating best practice with Latino families.

As one begins to study the demographics of *Latinos* or *Hispanics*, the fact that the terms can be confusing will become readily apparent. As the 1980 U.S. Census was developed, government officials wanted to count an increasing number of Spanish speaking people in the country. However, the population did not have any identifying physical characteristics, could not be categorized as members of a single race, nor did they share a common religion. Needing a category other than *White*, *Black*, *Native American* or *Asian*, Census officials adopted the term *Hispanic*. However, the practice itself is confusing since the categories mentioned above refer to race, while the term *Hispanic* refers to culture or ethnicity.

The term *Hispanic* is defined as a “person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin” (Marin & Marin, 1991, p. 20 as quoted in Santiago-Rivera, Arrendondo, & Gallardo-Cooper, 2002, p. 21). It is generally agreed that *Hispanic* refers to a demographic group comprised of persons from 21 countries including Argentina, Bolivia, Chile, Columbia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Spain, United States, Uruguay, and Venezuela.

The term *Latino* refers to persons of Latin American origin living in the United States. Most frequently applied to immigrants from North and South American and their descendants, the term excludes many who speak a native language other than Spanish. There are some who use the terms *Hispanic* and *Latino* interchangeably, but specific groups have preferences about the terms they prefer to be used to describe them or their families and communities. While some do not consider the word *Hispanic* itself offensive, but merely see it as a bureaucratic term, others prefer to be addressed by their country of origin (e.g., Puerto Rican, Cuban or Mexican). For others, the words *Latino* or *Latina* carry a sense of political consciousness and a sense of ethnic pride (Santiago-Rivera, et. al., 2002, p. 21).

In *Operationalization of the Multicultural Counseling Competencies* (1996), the AMCD Professional Standards and Certification Committee points out that Hispanics/Latinos are:

similar to and a bit different from the other cultural groups. Generally speaking, they can point to both the North and South American continents for their roots. Central America, although not a continent, is the homeland of many who are classified as Hispanics. Racially, Hispanics are biracial by birth, representing the historical interrelationships of native people/Indians with Europeans and Africans. One slight difference might be noted for individuals from Spain who see themselves as White. The common denominator among Hispanics, regardless of nationality, is the Spanish language (Arrendondo et al., p.2).

Whatever term is appropriate for the community, the changing demographics have had and will continue to have significant impact on child welfare. The Committee for Hispanic children and Families, Inc. reported that “Latino children are now the second largest group of children in the nation and that the population is predicted to grow at unprecedented rates for the first half of the twenty-first century” (Suleiman, 2003, p. 3). The 2000 Census profiled one in eight people or 13% of the U.S. population of Hispanic origin with a total of 35.3 million Hispanics, a 58% increase from the 22.3 million Hispanics reported in the 1990 Census. Furthermore, Latino children are the second largest group of children in the nation and the fastest growing segment. Thirty-six percent of the Latino population is under 18 years old compared to 24% for non-Hispanic whites (Suleiman, 2003, p. 7).

The same report indicates that nearly one-third (32%) of Hispanic family households are comprised of five or more people compared to 12% of non-Hispanic white family households. Hispanics have the highest rate of two-parent households (68%) of any ethnic group, demonstrating the strength and importance of the family system for Latinos. Despite a strong cultural value for hard work, Latino men and women work at low-skilled, lower-than-average income jobs, most of which provide few benefits like health insurance. More than 30% of Latino children live in poverty, poverty linked to low educational attainment and to teen pregnancy, contributing to a generational cycle (Suleiman, 2003, pp.7-8).

National child maltreatment reports show a steadily increasing percentage of Latino children in the child welfare population, despite the fact that Latino children are under-reported according to the Federal Interagency Forum on Child and Family Statistics in America’s Children: Key National Indicators of Well-Being 2005 (2006, p. 3). Data show that Latino children make up at least 20% of the foster care population in Colorado and more than 50% in

New Mexico (Suleiman, 2003, p. 3). According to researchers (Suleiman, 2003 & Ortega, 2000), there is no clear explanation of differing out-of-home placement rates for white and non-white families. Over the past 25 years, rates for white families have remained consistent while those for both Latino and African American families have more than doubled despite policy demands for the least restrictive placement. An example of these policies would include a preference for in-home services versus removing children and placing them outside a child's school district, ethnic group and community. According to Suleiman, "from a developmental perspective, this has grave consequences for the psychosocial adjustment of Latino children" (pp. 9-10).

Partly due to the fact that 35% of Latino children are under the age of one when they enter foster care, there are significant developmental consequences in the psychological, emotional, physical and language areas. Suleiman feels that the child welfare system as a whole "lacks *personalismo* or attention to personal relationships, which are highly valued and critical in establishing successful social service practice with Latinos" (2003, p. 11). The current trend in child welfare toward child-centered and "culture-free" practice cannot meet the needs of the individual or the family by ignoring each family's unique cultural context according to Suleiman.

Data from the Casey Family Program (2003) indicate that children of color comprise 39 percent of the population, but 64 percent of the children in foster care. The U.S. Hispanic population grew from 14.6 million to 22.4 million between 1980 and 2000. Despite an unemployment rate drop to 4.2 percent and a decrease in the Latino poverty rate during that same period, the number of children in foster care nearly doubled from 302,000 to 556,000.

Latino children are almost twice as likely as Caucasian children to be in the child welfare system and their percentage doubled in the past decade. Of the Latino kids who enter the system, 40 percent go into foster care outside their homes, while only 28 percent of white kids do. A particularly disturbing statistic is that Latino children are more likely than any [other] group to be under one year of age when they enter the foster care system (p.2).

In her remarks to the Congressional Hispanic Caucus, Ruth Massinga of the Casey Foundation addressed not only overrepresentation of minorities in the child welfare system, but also the poor outcomes experienced by children in the system:

More than 87 percent of Hispanics do not have a college degree, and nearly half leave school by eighth grade. . . Moreover, at every level that we can measure, we find that children from Latino and African-American backgrounds are over represented in the child welfare systems . . . for reasons that seem to have more to do with cultural assumptions and inequalities in practice than rates of abuse and neglect (p. 2).

Robert Ortega (2000) writes that Latino professionals are concerned about their limited roles in decision-making regarding child welfare policies. He cites literature indicating that Latinos vary greatly in their use of child welfare services, but that they also wait longer for permanency placement while in out-of home care (p. 3). Such findings are contradictory to some of the strong family values help by Latino families. Consistent themes revolve around “commitment to family interaction, maintenance of values consistent with the theme of interdependence, and flexibility when handling familial and extra-familial stressors” (Mirande 1977; Szapocznik and Kurtines 1989; Williams 1990 cited in Ortega).

Despite many discouraging trends, emphasis on cultural competency has increased over the past decade. The Administration for Children & Families’ National Clearinghouse on Child Abuse and Neglect Information (2005) states that cultural competence exists when “services, policies, and agencies operate in ways that view the individual’s culture, race, and ethnicity as assets to be built upon” (2005). The Clearinghouse provides guidelines supporting the importance of culturally competent services acknowledging that an individual’s culture influences the kinds of services he or she may need as well as the environment, time and methods for service delivery and support. The guidelines emphasize the increased likelihood of

positive outcomes that result from services that address culture, class and ethnic backgrounds as well as ones that acknowledge the importance of respect, dignity, tolerance and self-determination. According to the Administration for Children and Families, “the issues of child abuse and neglect are not unique to any one culture or community. Being willing and able to understand the needs of the unique families seeking or needing services will improve both the families’ willingness to participate and the system’s capacity to provide effective services” (p.2).

In an article titled “Moving Toward Cultural Competence in the Child Welfare System,” Pierce and Pierce (1996) suggest that the effectiveness of child welfare services to and policies regarding children and families of color are limited by the absence of cross-cultural consideration (p.713). Examples of these limitations are seen in data documenting the overrepresentation of clients of color as well as the fact that poor and minority children are more likely to be labeled as abused than affluent children. In other words, what a particular culture might define as acceptable parenting practices may be seen as abuse by workers who lack cultural awareness. To identify successful strategies to address over-representation, or racial disproportionality, the U.S. Children’s Bureau funded a 2003 study by Chibnall, Dutch, Jones-Harden, Brown and Gourdine. Several themes emerged regarding the reasons for overrepresentation in the child welfare system:

- Poverty and poverty-related circumstances
- Need for services and lack of resources . . . poor families were more likely to be living in resource-poor communities, many of which were geographically isolated from other communities that might offer support and services.
- Visibility of impoverished and minority families to other systems . . . they are more likely to use public services, including public health care, and to receive public assistance, including TANF and Medicaid.
- Lack of resources available to minority families to negotiate the child welfare system
- Over-reporting of minority parents for child abuse and neglect
- Pressure from the media . . .increased media attention nationwide to extreme cases of abuse and neglect has left supervisors and workers alike feeling

vulnerable and under increased scrutiny from the agency administration and the community, . . .and as a result, . . .bring more children into care.

- Lack of experience with other cultures.
- Worker bias in defining abusive behavior (p. 2-4)

It would seem that in light of the fact that the U.S. has a long history of cultural and linguistic diversity and that nearly every family's culture has been influenced by a dominant, mainstream culture that has itself been influenced by the changing tides of cultural demographics, institutions that serve families would be automatically diverse in approach as well as perspective (Hepburn, 2004, p. 5). However, in a publication titled *Race Matters: An Embedded Inequities Lens for Child Welfare Practice*, The Annie E. Casey Foundation's Center for the Study of Social Policy suggests that many factors work to produce and maintain racial inequities in policies, institutional practices and in personal attitudes and perspectives (Center for the Study of Social Policy). The Center's recommendations for addressing imbedded inequities include the following:

- Recognize that concentrated poverty, racially segregated neighborhoods and popular cultural stereotypes can trigger negative presumptions that fuel inappropriate/intrusive access and scrutiny by child protection workers in ways that contribute to racial disproportionality in child welfare.
- Hold child welfare leadership accountable for racial equity as an outcome standard (so that ultimately the allocation of resources, benefits and burdens are not predictable by race) – beginning with substantiations for abuse/neglect and continuing through exit strategies.
- Review existing child welfare practices to ensure that seemingly race neutral policies do not reinforce or worsen inequities for families of color.
- Compile and track racial disparity data at all key decision points in order to set benchmarks, monitor progress and ensure racially equitable treatment and outcomes.
- Ensure that services and staff are culturally competent by including families as partners in team decision-making and providing culturally appropriate pre-service/in-service training and technical assistance for staff (Center for the Study of Social Policy).

While effective child welfare practice that is culturally responsive requires becoming aware of such factors as imbedded inequities on personal, agency and community levels, it is

also important to understand specific competencies that lead to culturally competent practice.

Two important documents guide that understanding. The first was produced by the American Psychological Association and the second is found in the National Association of Social Workers' Standards for Cultural Competence in Social Work Practice, prepared by that NASW National Committee on Racial and Ethnic Diversity and approved by the NASW Board of Directors June 23, 2001.

The American Psychological Association's Taskforce on the Delivery of Services to Ethnic Minority Populations was published in 1990 to provide a sociocultural framework through which psychological service providers might "consider diversity of values, interactional styles, and cultural expectations in a systematic fashion" (§ 2). Purporting a need for service providers "to consider diversity of values, interactional styles and cultural expectations in a systematic fashion," the Taskforce recommend abilities to:

1. recognize cultural diversity;
2. understand the role that culture and ethnicity/race play in the sociopsychological and economic development of ethnic and culturally diverse populations;
3. understand that socioeconomic and political factors significantly impact the psychosocial, political and economic development of ethnic and culturally diverse groups;
4. help clients to understand/maintain/resolve their own sociocultural identification; and understand the interaction of culture, gender, and sexual orientation on behavior and needs (Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations, 1990, § 3).

In 1988 APA's Board of Ethnic Minority Affairs (BEMA) established a Task Force on the Delivery of Services to Ethnic Minority Populations. The populations specifically addressed by the task force included American Indians/Alaska Natives, Asian Americans and Hispanics/Latinos. These APA Guidelines, listed in their entirety in the Appendix A, were adopted during the 98th Annual Convention in Boston, Massachusetts, in 1990.

A few years later, Multicultural Counseling Competencies were developed under the auspices of the Association for Multicultural Counseling and Development (AMCD) to guide interpersonal counseling interactions with attention to culture, ethnicity and race. In *Operationalization of the Multicultural Counseling Competencies* (1996), the AMCD Professional Standards and Certification Committee designed competencies based upon the Dimensions of Personal Identity Model (Arredondo and Glauner, 1992 cited in Arredondo, P. et.al. , 1996, p. 2). The model is based on a conceptualization of A, B, and C Dimensions of Personal Identity in order to understand that people are complex with different identity-based affiliations, memberships and sub-cultures. Dimension A lists characteristics that serve as a profile of all people. They include age, gender, culture, ethnicity, race and language – pre-determined factors over which we have little control when we are born (Arrendo et. al., 1996, p. 3). The C Dimension is emphasized next because it indicates that all individuals must be seen in a context rather than a vacuum. It relates to historical, political, sociocultural and economic contexts “indicating that events of a sociopolitical, global and environmental form have a way of impacting one’s personal culture and life experiences” (Arrendo et. al., 1996, p. 4). The B Dimension is considered last “because theoretically it may represent the ‘consequences’ of the A and C Dimensions” (Arrendo et al, 1996, p. 6). It relates to what happens to individuals in their lives as they are influenced by the A and B Dimensions. By basing their adopted competencies against a framework of these three dimensions, the authors emphasize the complexity and holism of individuals and they “suggest that in spite of the categories we may all fit into or that are assigned to us, the combinations of these affiliations is what makes everyone unique. Personal culture is comprised of these different dimensions of identity. By definition and in reality everyone is a ‘multicultural person’” (Arrendo et al., 1996, p. 7).

Santiago-Rivera, Arrendondo and Gallardo-Cooper (2002) developed specific competencies for understanding and working with Latino populations in *Counseling Latinos and la familia: A Practical Guide*. For example, the authors state that “culturally skilled counselors can understand the concepts of *personalismo*, *respeto*, *orgullo*, and *compadrazco* and their meaning for the Latino individual” (Santiago-Rivera, Arrendondo & Gallardo-Cooper, 2002, p. 35). The competencies were developed from work completed by Arrendondo and others (1996) under the title Operationalization of the Multicultural Counseling Competencies and are easily applied to child welfare contexts. Comprised of more than 30 elements arranged under the categories of awareness, knowledge, and skills, the standards begin with the belief that cultural self-awareness and sensitivity to one’s own cultural heritage is essential to understanding how one’s background and experiences influence attitudes, values and biases about client families and their customs as well as the interpersonal relationships between workers and family members. (p. 9)

Such self- awareness helps workers understand their own positive and negative reactions towards others different from themselves and they continue self-assessment so that they can work with Latino clients in nonjudgmental ways (p. 12). In addition to self-awareness, culturally responsive workers have an understanding of the demographics of client populations as well as have a wide variety of service responses with which to address Latino families’ problems. By using skills such as ethnographic interviewing in engaging with families, culturally responsive workers are able to explain the child welfare system to Latino families and to support change that allows for effective reintegration whenever possible (p. 55, p. 68). Cultural responsiveness must be based, according to this publication, on the ability to differentiate between that which is culturally driven and that which is idiosyncratic in Hispanic family life and decision-making (p. 130).

While interpersonal and social work practice skills are important, it is also necessary for culturally responsive workers to have knowledge of and respect for Latino clients' religious and spiritual beliefs, understanding that they affect family structure and function as well as their responses to crisis. Effective workers respect indigenous helping practices and help-giving networks and value bilingualism rather than view it as a limitation in family and social functioning.

Workers in culturally responsive organizations are able to identify those institutional barriers that exist as well as understand discrimination at social and community levels as they may affect Latino families. In addition, they are attentive to the language needs of those with Limited English Proficiency (LEP) and they take responsibility for knowing agency policies and resources for working with Latino families.

While such competencies have been well-received and are generally accepted as “best practice” with Latino families, a 2004 article in the *Journal of Mental Health Counseling* by C. H. Patterson titled “Do We Need Multicultural Counseling Competencies?” suggests that the competencies are “irreparably flawed” (p. 67). The irrelevance, according to the author, rests in Arredondo's and her fellow authors' assumptions that “we are all multicultural individuals” and that “everyone is a multicultural person” (Arredondo et al., 1996, p.3). This author suggests that all counseling is multicultural and that everyone lives in a multicultural society, but that there are not different counseling theories specific to particular groups in society. “the competent mental health counselor is one who provides an effective therapeutic relationship. . . regardless of the group to which the client belongs” (Patterson, 2004, pp. 67-68.).

Emphasizing that client similarities are more important than their differences, Patterson (2004) suggests that there are five basic qualities in a client-centered therapeutic system:

1. Respect for the client. This includes having trust in the client and assumes that the client is capable of taking responsibility for himself or herself . . .Moreover, he or she should be allowed to do so, as a right.
2. Genuineness. Counseling is a real relationship. . . The counselor is not an impersonal, cold, objective professional, but a real person.
3. Empathic understanding is more than a knowledge of the client based on knowledge of the groups to which he or she belongs. It requires that the counselor be able to use this knowledge as it applies and relates to the unique client, which involves entering into the client's world and seeing it as he or she does.
4. Communication of empathy, respect and genuineness to the clients.
5. Structuring is necessary whenever the client does not know what is involved in the therapeutic relationship . . . or holds misconceptions about the process (pp. 71-73).

It would seem, however, that the APA, Santiago-Rivera et. al. and Patterson competencies are similar in many areas. All three emphasize the importance of respecting clients, of genuineness and successful interpersonal relationships in counseling, in meaningful communication based on knowledge as well as self-awareness and on adequate explanation of the systems and processes in which the client families are involved.

A decade after the American Psychological Association's standards came into use, the National Association of Social Workers published its own set of standards for cultural competence in social work. Prepared by the NASW National Committee on Racial and Ethnic Diversity and approved by the NASW Board of Directors on June 23, 2001, the standards, printed in Appendix B, consist of ten elements including ethics and values, self-awareness, cross-cultural knowledge, cross-cultural skills, service delivery, empowerment and advocacy, diverse workforce, professional education, language diversity, and cross-cultural leadership.

The NASW document refers to the social work profession's emphasis on the person-in-environment as well as the fact that each person is part of the larger societal system and their immediate environment. Knowing that, social workers assessing families must include consideration of cultural factors that have meaning for families and those that reflect the culture of the world around those families. Furthermore, interventions require cultural sensitivity and

skill when addressing such things as “racial identity formation for people of color as well as for white people; the interrelationship among class, race, ethnicity and gender; working with low-income families; the importance of religion and spirituality . . .immigration, acculturation and assimilation stresses” (NASW, 2001, p.2). While many of the skills required of cultural competence parallel those of best social work practice, such social work requires a heightened awareness of the ways in which clients experience their individuality and the ways in which they deal with differences and similarities in the broader society.

The goals and standards adopted by NASW to support culturally competent practice address the following goals:

- to maintain and improve the quality of culturally competent services provided by social workers, and programs delivered by social service agencies
- to establish professional expectations so social workers can monitor and evaluate their culturally competent practice
- to provide a framework for social workers to assess culturally competent practice
- to inform consumers, governmental regulatory bodies, and others, such as insurance carriers, about the profession's standards for culturally competent practice
- to establish specific ethical guidelines for culturally competent social work practice in agency or private practice settings
- to provide documentation of professional expectations for agencies, peer review committees, state regulatory bodies, insurance carriers, and others (p. 6).

Under that umbrella, NASW includes ten competencies, the first of which establishes ethical behavioral standards including confidentiality, conflicts of interest, education, and advocacy. Second, the standards support on-going self-assessment so that workers will understand the impact of their own cultural values and beliefs on the work they do. In addition, they call for on-going development of knowledge and understanding about the families they serve, including history, traditions, and values and for development and practice of cross-cultural skills that reflect understanding of the role of culture in interventions. To do this, Standard 8 addresses professional education on an on-going basis. Standard 5 requires skill in

the use of community services and an ability to know when and where to make referrals. A sixth standard suggests that social workers have a role advocating for clients in regard to social policies and programs that affect diverse populations and a tenth supports leadership in that culturally competent social workers have a role in informing other professionals about diverse client groups. Standard 9 addresses language diversity. “Social workers shall seek to provide and advocate for the provision of information, referrals, and services in the language appropriate to the client, which may include the use of interpreters” (p. 12). While the NASW standards address cross-cultural practice in general, they are obviously applicable to effective practice with Latino families.

It may be that language is one of the most significant barriers to effective practice due to the fact that one of the most fundamental elements of a helping relationship revolves around engaging meaningfully with clients. Accomplishing that requires the use of communication and interviewing skills. However, acquiring skills in language is not comparable to training around a specific topic, so practitioners are required to understand their own limitations and strengths in the area of language as well as to develop skills that allow them to refer appropriately.

According to a report by the Committee for Hispanic Children and Families, Inc., the “politics of language, from the ‘English only’ lobby to ambivalence towards bilingual education, creates a climate where language-appropriate services are viewed as a luxury rather than a right” (Suleiman, 2002, p. 12). These politics are evident in child welfare, where studies show that the system generally neglects to accommodate the needs of Limited English Proficiency (LEP) families, a fact that puts Spanish-speaking Latino children at great risk. The Committee’s 2001 report *Building a Better Future for Latino Families* says the following:

Meaningful access to services for LEP individuals is guaranteed under Title VI of the Civil Rights Act, making language-appropriate services a matter of civil rights and not just cultural competency. The guidelines state that language barriers should not result in a delay, denial or difference in the quality of services. It also carries with it penalties for non-compliance enforceable by the Office of Civil Rights (OCR) (Suleiman, 2002, p.12).

Effective communication is key to good social work and to child welfare practice.

Engaging the family is impossible without it and without engagement, useful and accurate information about family dynamics will be unavailable for decision-making. Investigation and assessment of risk are critical in child welfare practice. While the use of translation services is adequate in lieu of services provided in the family's preferred language, translation requires skilled workers. In addition, confidentiality issues emerge when sensitive subjects are being discussed, a fact that can further complicate translation needs and requirements. (Suleiman, 2002, p. 12).

Another important element of Latino family life, given the transnational nature of many Latino families, is that of immigration. "According to a report from the Urban Institute, 1 out of 5 children under 18 in the United States is the child of an immigrant (including all immigrants, not only Latino). The percentage is much higher . . . 1 in 4 (23%) in Texas and New Mexico" (Fix & Zimmerman, 1999 as quoted in Suleiman, 2002, p. 14). There is a wide diversity in legal status and migration experiences among Latino groups. Many Latino immigrants maintain strong ties with family members in home countries and nuclear and extended family relationships often cross borders given relatively inexpensive options for phone, internet and face-to-face visits on a regular basis (Suleiman, 2002, p. 14).

Latino families also struggle with varying rates of acculturation or adaptation to U.S. mainstream culture and the differences in acculturation between family members can be a source of conflict, particularly intergenerationally (Suleiman, 2002, p. 16).

Finally, it is important to recognize some unintended consequences of Adoption and Safe Families Act (ASFA). With an emphasis on a 12-month time-line for safety and permanency for children, ASFA has failed to provide adequate resources for some families to improve the well being of their biological child in a timely fashion. Emphasis has shifted to adoption (permanency) rather than reunification within the 12 months provided for making a permanency decision (Suleiman, 2002, p. 17). The situation is further complicated by the complex realities of alcohol and substance abuse or of domestic violence encountered by many families in the child welfare system. For example, ASFA gives parents who may have been struggling with substance abuse for years, whose children's behaviors may be exacerbated by placement in a non-Spanish speaking home and school system, the same 12 months to "pull it all together" or to risk losing their children permanently. At the same time, substance abuse providers, acknowledging the link between child abuse and substance abuse, report that the path to recovery is rarely a simple one. Bilingual and bicultural programs are scarce, particularly in rural areas (Suleiman, 2002, p. 17).

Two other areas may be detrimental to Latino families in the child welfare system. The first is the lack of resources that allow families to fulfill court mandates within the timeframes given. The second lies with the limited efforts of the system to recruit and train Latino foster and adoptive families and the resulting numbers of Latino children placed in homes with families with different cultural and linguistic backgrounds. Recalling the statistics that indicated that

Latino children tend to be under the age of one when they enter the system, these facts are particularly troubling (Suleiman, 2002, pp. 18-19).

Best practice is occurring and research is supporting some guiding principles. The Committee for Hispanic Children and Families, Inc. produced a report resulting from a conference of Latino and child welfare leaders from across the country. Titled *Creating a Latino Child Welfare Agenda: A Strategic Framework for Change* (2002), the report recommends the following guiding principles as a framework for a comprehensive agenda to shape policy discussions and to guide practice.

First, recognition of the fact that family is the core organizing principle in Latino culture is paramount. Families are the cornerstone of Latino culture and parents need access to services necessary to effectively navigate a child welfare system that may refuse to acknowledge the importance of both blood relatives and fictive kin as family (Suleiman, 2002, p. 19).

Second, creating community infrastructures based on prevention will support families not only by preventing out of home placement, but also by strengthening and empowering Latino families. As child welfare services become more culturally responsive, they will incorporate a broader understanding of, and appreciation for, Latino values, expectations, language and culture. They will demonstrate understanding of the potential harm to child well-being to placements that are not culturally and linguistically sound. (Suleiman, 2002, p. 20).

Last, leadership from within Latino communities should be encouraged acknowledging that cultural responsiveness is largely a matter of community development and not just services. Rather than having community services agencies exist as “islands in the middle of communities” they should be seen as “anchors helping to create an infrastructure of support for the families in a neighborhood (Suleiman, 2002, p. 21).

Having come a long way since the day that Little Mary Ann was rescued from her abusive parents, today's child welfare workers strive to work with families in their homes and their communities to prevent placement or, in the event of out-of-home placement, to work with the family's system to ensure connection as well as safety and to do so in a way that allows the child to develop within the safety of a permanent home as quickly as possible. North Carolina's Department of Social Services' statewide training partnership defines "family-centered" as "an approach to child welfare social work in which the family is seen as the primary unit of attention" (Training Matters, 2002, p. 1). The hallmarks of family-centered practice include:

1. Safety of the child is the first concern.
2. Children have the right to their family.
3. The family is the fundamental resource for the nurturing of children.
4. Parents should be supported in their efforts to care for their children.
5. Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
6. A crisis is an opportunity for change.
7. Inappropriate intervention can do harm.
8. Families who seem hopeless can grow and change.
9. Family members are our partners.
10. It is our job to instill hope.

Effective practice with Latino families would seem, then, to meld nicely with the principles of family centered practice. By attending to the competencies suggested by Arrendondo, Santiago-Rivera and others, skilled and knowledgeable child welfare workers can accomplish positive outcomes for both children and families. Latino family values are based on the concept of *familismo*, a "preference for maintaining a close connection to family" (Santiago-Rivera, Arrendondo, and Gallardo-Cooper, 2002, p.43). The cultural trait of *personalismo*, valuing and building interpersonal relationships, is also important to Latino families. These

qualities are certainly consistent with the values of family-centered practice (Santiago-Rivera et.al., 2002, p. 44).

Throughout *Counseling Latinos and la familia*, the authors share a number of *dicho*, popular wisdom expressed in short phrases, sentences or rhymes that depict what could be considered Spanish proverbs. Because *dichos* are learned through language and used in daily communication, they are readily available to clients to a means of expressing an idea, a process or a coping strategy (Nava, 2000, p. 34). The following *dicho* illustrates a fundamental element essential to best practice in child welfare with Latino families:

La familia es el corazón y espíritu de la cultura Latina.
The family is the heart and soul of Latino culture.

References

- Annie E. Casey Foundation. (n.d.) *Race matters: An embedded inequities lens for child welfare practice*. Center for the Study of Social Policy.
- Arredondo, P., & Toporek, R., Brown, S., Jones, J., Locke, D.C., Sanchez, J., Stadler, H. (1996). *Operationalization of the multicultural counseling competencies*. Boston: Empowerment Workshops.
- Casey Family Programs. (2003, August 25). Practices that mitigate the effects of racial /ethnic disproportionality in the child welfare system. 1-28. Retrieved February 21, 2006, from http://www.casey.org/NR/rdonlyres/F2CF350A-1A46-4E02-80EA-3746F2A70F20/132/casey_mitigating_disproportionality.pdf
- Chibnall, S., Dutch, N.M., Jones-Harden, B., Brown, An., Gourdine, R., Smith, J., Boone, A, and Snyder, S. (2003) Children of color in the child welfare system: Perspectives from the child welfare community. Washington, D.C.: National Clearinghouse on Child Abuse and Neglect Information. Retrieved February 28, 2006, from <http://nccanch.acf.hhs.gov/pubs/otherpubs/children/children.pdf>
- Crosson-Tower, C. (2004). *Exploring child welfare: A practice perspective*. (3rd ed.). Boston: Pearson.
- CWLA. Child Welfare League of America. (1957). Definition of child welfare. Child Welfare League of America Papers. University of Minnesota: Social Welfare History Archives. Box 10, Folder 10. Retrieved March 15, 2006, from <http://darkwing.uoregon.edu/~adoption/archive/CwlaDCW.htm>
- Daly, D. and Dowd, T. (1992, Nov-Dec). Characteristics of effective, harm-free environments for children in out-of-home care. *Child Welfare*, 71(6), 487-96.
- DiNitto, D.M. (2003). *Social welfare: Politics and public policy*. (5th ed.). New York: Pearson Educ., Inc.
- Federal Interagency Forum on Child and Family Statistics. (2006). America's children: Key national indicators of well-being 2005. Washington, DC: National Center for Health Statistics. Retrieved April 13, 2006, from <http://www.childstats.gov/pubs.asp>
- Goldstein, J., Freud, A., & Solnit, A.J. (1979). *Before the best interests of the child*. New York: The Free Press.
- Goldstein, J. , Freud, A., & Solnit, A.J. (1973). *Beyond the best interests of the child*. New York: The Free Press.

- Hepburn, K.S. (2004). *Building culturally & linguistically competent services to support young children, their families, and school readiness*. Baltimore: The Annie E. Casey Foundation. Retrieved February 15, 2006, from <http://www.aecf.org/publications/data/cctoolkit.pdf>
- Hernandez, D.J. (1996). *Trends in the well being of America's children and youth*. Department of Health and Human Services. Retrieved April 14, 2006, from <http://obssr.od.nih.gov/Publications/ASASCHER.HTM>
- Kollmann, G. (2000). Social security: summary of major changes in the cash benefits program. *Social Security Online*. Washington DC: Social Security Administration. Retrieved April 14, 2006, from <http://www.ssa.gov/history/reports/crsleghist2.html>
- LaRaviere, M. (November 2002). *Summit background paper # 1: A brief history of federal child welfare legislation and policy (1935-2000)*. Committee on Education and the Workforce: U.S. House of Representatives. Retrieved March 2, 2006 from <http://www.cssp.org/uploadFiles/paper1.doc>
- Massinga, R. (2004, September 14). *Remarks to congressional Hispanic caucus*. Retrieved February 19, 2006, from <http://www.casey.org/Resources/InterviewsAndSpeeches/HispanicCaucus.htm>
- Murray, K.O., and Gesiriech, S. *A brief legislative history of the child welfare system*. Retrieved March 3, 2006 from <http://pewfostercare.org/research/docs/Legislative.pdf>
- National Adoption Information Clearinghouse. (2005, July). *How does the child welfare system work?* National Clearinghouse on Child Abuse and Neglect Information. Washington D.C. Retrieved February 15, 2006, from <http://nccanch.acf.hhs.gov/pubs/factsheets/cpswork.pdf>
- National Association of Social Workers. (2001). NASW standards for cultural competence in social work. *Specialty practice sections: Credentials*. NASW National Committee on Racial and Ethnic Diversity. Retrieved April 14, 2006, from http://www.socialworkers.org/sections/credentials/cultural_comp.asp
- National Clearinghouse on Child Abuse and Neglect Information. (n.d.) *Guiding principles of systems of care: Cultural competence*. Washington, D.C., Administration for Children and Families. U.S. Department of Health and Human Services. Retrieved on January 7, 2006, from <http://nccanch.acf.hhs.gov/profess/systems/learn/gp-cc.cfm>
- Nava, Y. (2000). *It's all in the frijoles: 100 famous latinos share real-life stories, time-tested dichos, favorite folktales, and inspiring words of wisdom*. New York: Simon & Schuster.
- Ortega, R.M. (2000, September). *Latinos and child well-being: Implications from child welfare*. Research Symposium on Child Well-Being conducted at University of Illinois, Urbana-

- Champaign. Retrieved January 15, 2006, from <http://www.igpa.uiuc.edu/events/pdf/LatinosChild-Well-being.pdf>
- Patterson, C.H. (January 2004). Do we need multicultural counseling competencies? *Journal of Mental Health Counseling*, 26,1. Retrieved March 15, 2006, from http://www.sageohasheville.com/pub_downloads/DO_WE_NEED_Multicultural_COUNSELING_COMPETENCIES.pdf
- Pierce, R.L., and Pierce, L.H. (1996). Moving toward cultural competence in the child welfare system. *Children and Youth Services Review* 18(8), 713-731.
- Santiago-Rivera, A.L., Arredondo, P., & Gallardo-Cooper, M. (2002). *Counseling latinos and la familia*. Thousand Oaks: Sage Publications.
- Schneider, D. and Crow, G.A. (n.d.) *Leadership in Child Protection*. American Foster Care Resources, Inc., Retrieved February 28, 2006, from <http://www.childreasures.org/evo.html>
- Suleiman, L.P., ed. (2004). *Creating a Latino child welfare agenda: A strategic framework for change*. New York: The Committee for Hispanic children & Families, Inc. (pp. 1-43). Retrieved December 18, 2005 from http://www.chcfinc.org/policy/Packard_report_for_chcf%20web7_15_03.pdf
- Task Force on the Delivery of Services to Ethnic Minority Populations. (1990). APA guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *APA OnLine*. Retrieved January 19, 2006 from <http://www.apa.org/pi/oema/guide.html>
- Training Matters. (2002, December) *The Family Centered Approach*. 4,1. North Carolina: DSS Children's Services Statewide Training Partnership. Retrieved March 15, 2006, from http://ssw.unc.edu/fcrp/tm/tm_vol4_no1/tm_vol4no1.htm
- U.S. Department of Health and Human Services. (2000) *Rethinking child welfare practice under the adoption and safe families act of 1997: a resource guide*. Washington, D.C.: U.S. Government Printing Office. Retrieved January 15, 2006, from <http://www.nysccc.org/linkfamily/Realities/ASFAGuide.pdf>

Appendix A

APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations

Guidelines

Preamble: The Guidelines represent general principles that are intended to be aspirational in nature and are designed to provide suggestions to psychologists in working with ethnic, linguistic, and culturally diverse populations.

1. Psychologists educate their clients to the processes of psychological intervention, such as goals and expectations; the scope and, where appropriate, legal limits of confidentiality; and the psychologists' orientations.
 - a. Whenever possible, psychologists provide information in writing along with oral explanations.
 - b. Whenever possible, the written information is provided in the language understandable to the client.
2. Psychologists are cognizant of relevant research and practice issues as related to the population being served.
 - a. Psychologists acknowledge that ethnicity and culture impacts on behavior and take those factors into account when working with various ethnic/racial groups.
 - b. Psychologists seek out educational and training experiences to enhance their understanding to address the needs of these populations more appropriately and effectively. These experiences include cultural, social, psychological, political, economic, and historical material specific to the particular ethnic group being served.

- c. Psychologists recognize the limits of their competencies and expertise.
Psychologists who do not possess knowledge and training about an ethnic group seek consultation with, and/or make referrals to, appropriate experts as necessary.
 - d. Psychologists consider the validity of a given instrument or procedure and interpret resulting data, keeping in mind the cultural and linguistic characteristics of the person being assessed. Psychologists are aware of the test's reference population and possible limitations of such instruments with other populations.
3. Psychologists recognize ethnicity and culture as significant parameters in understanding psychological processes.
 - a. Psychologists, regardless of ethnic/racial background, are aware of how their own cultural background/experiences, attitudes, values, and biases influence psychological processes. They make efforts to correct any prejudices and biases.
 - b. Psychologists' practice incorporates an understanding of the client's ethnic and cultural background. This includes the client's familiarity and comfort with the majority culture as well as ways in which the client's culture may add to or improve various aspects of the majority culture and/or of society at large.
 - c. Psychologists help clients increase their awareness of their own cultural values and norms, and they facilitate discovery of ways clients can apply this awareness to their own lives and to society at large.
 - d. Psychologists seek to help a client determine whether a 'problem' stems from racism or bias in others so that the client does not inappropriately personalize problems.

- e. Psychologists consider not only differential diagnostic issues but also cultural beliefs and values of the clients and his/her community in providing intervention.
4. Psychologists respect the roles of family members and community structures, hierarchies, values, and beliefs within the client's culture.
 - a. Psychologists identify resources in the family and the larger community.
 - b. Clarification of the role of the psychologist and the expectations of the client precede intervention. Psychologists seek to ensure that both the psychologist and client have a clear understanding of what services and roles are reasonable.
 5. Psychologists respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, since they affect worldview, psychosocial functioning, and expressions of distress.
 - a. Part of working in minority communities is to become familiar with indigenous beliefs and practices and to respect them.
 - b. Effective psychological intervention may be aided by consultation with and/or inclusion of religious/spiritual leaders/practitioners relevant to the client's cultural and belief systems.
 6. Psychologists interact in the language requested by the client and, if this is not feasible, make an appropriate referral.
 - a. Problems may arise when the linguistic skills of the psychologist do not match the language of the client. In such a case, psychologists refer the client to a mental health professional who is competent to interact in the language of the client. If this is not possible, psychologists offer the client a translator with cultural knowledge and an

- appropriate professional background. When no translator is available, then a trained paraprofessional from the client's culture is used as a translator/culture broker.
- b. If translation is necessary, psychologists do not retain the services of translators/paraprofessionals that may have a dual role with the client to avoid jeopardizing the validity of evaluation or the effectiveness of intervention.
 - c. Psychologists interpret and relate test data in terms understandable and relevant to the needs of those assessed.
7. Psychologists consider the impact of adverse social, environmental, and political factors in assessing problems and designing interventions.
- a. Types of intervention strategies to be used match to the client's level of need (e.g., Maslow's hierarchy of needs).
 - b. Psychologists work within the cultural setting to improve the welfare of all persons concerned, if there is a conflict between cultural values and human rights.
8. Psychologists attend to as well as work to eliminate biases, prejudices, and discriminatory practices.
- a. Psychologists acknowledge relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.
 - b. Psychologists are cognizant of sociopolitical contexts in conducting evaluations and providing interventions; they develop sensitivity to issues of oppression, sexism, elitism, and racism.
9. Psychologists working with culturally diverse populations should document culturally and sociopolitically relevant factors in the records.

- a. number of generations in the country
- b. number of years in the country
- c. fluency in English
- d. extent of family support (or disintegration of family)
- e. community resources
- f. level of education
- g. change in social status as a result of coming to this country (for immigrant or refugee)
- h. intimate relationship with people of different backgrounds
- i. level of stress related to acculturation

Appendix B

NASW Standards for Cultural Competence in Social Work Practice

Standard 1. Ethics and Values—Social workers shall function in accordance with the values, ethics, and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients.

Standard 2. Self-Awareness—Social workers shall develop an understanding of their own personal and cultural values and beliefs as a first step in appreciating the importance of multicultural identities in the lives of people.

Standard 3. Cross-Cultural Knowledge—Social workers shall have and continue to develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of major client groups served.

Standard 4. Cross-Cultural Skills—Social workers shall use appropriate methodological approaches, skills, and techniques that reflect the workers' understanding of the role of culture in the helping process.

Standard 5. Service Delivery—Social workers shall be knowledgeable about and skillful in the use of services available in the community and broader society and be able to make appropriate referrals for their diverse clients.

Standard 6. Empowerment and Advocacy—Social workers shall be aware of the effect of social policies and programs on diverse client populations, advocating for and with clients whenever appropriate.

Standard 7. Diverse Workforce—Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in social work programs and agencies.

Standard 8. Professional Education—Social workers shall advocate for and participate in educational and training programs that help advance cultural competence within the profession.

Standard 9. Language Diversity—Social workers shall seek to provide and advocate for the provision of information, referrals, and services in the language appropriate to the client, which may include the use of interpreters.

Standard 10. Cross-Cultural Leadership—Social workers shall be able to communicate information about diverse client groups to other professionals.