



**Addressing Disproportionate Minority  
Challenges in the Child Welfare System through  
Cultural and Linguistic Responsiveness:  
An Annual Assessment of Opportunities and  
Barriers within Iowa**

*A Baseline Report to the Iowa Department of Human Services*

*by*

*Dr. Michele Devlin, Dr.P.H.*

*Professor and Director*

*Iowa Center on Health Disparities*

*and*

*Dr. Mark Grey, Ph.D.*

*Professor and Director*

*New Iowans Center*

*University of Northern Iowa*

**June 2012**



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## **INTRODUCTION**

### ***Context and Cultural Responsiveness***

One of the most important functions of state government is safeguarding the welfare of children. In Iowa, this responsibility rests with the Department of Human Services (DHS) through the provision of a state-wide child welfare system (CWS). Although the Iowa CWS is composed of a complex array of services and personnel, everything is done within context. In Iowa, the context is changing rapidly and in ways that this system cannot always anticipate. Global and national events may have local consequences. And, most importantly, issues that used to be secondary or tertiary considerations, such as the culture, religion, language, and ethnicity of clients, have now become primary. If the Iowa Department of Human Services is to successfully address issues of disproportionality and inequity in the CWS, the agency's policies and procedures must also change to reflect the rapidly changing social and cultural context within which it works. To this point, the following represents a current demographic profile of the state and discusses those factors that shape the service population from which the Iowa Department of Human Services receives its clients. Understanding this demographic profile on an annual basis is critical to planning for culturally responsive strategies that can meet the needs of a rapidly changing state, where the population of children is becoming more ethnically and economically diverse, and more likely to be urban than ever before.

## ***Demographic Profile of the New Iowa***

### ***A. Iowa's Very Slow Population Growth***

Iowa's total population grew by 4.1% between 2000 and 2010. Between now and 2040, the state's total population will grow by an annual average rate of only 0.48%. Between now and 2040, the state's total population is projected to grow by 12.84%. This means, in effect, that Iowa's population will only grow by about 400,000 people over the next 28 years.

### ***B. The Majority of Growth Will Continue in or around Urban Counties***

Between now and 2040, 48 of Iowa's 99 counties will grow in total population, but only 4 of these counties will grow with average annual growth rates over 1%: Dallas (2.04%), Johnson (1.56%), Warren (1.09%), and Polk (1.07%).

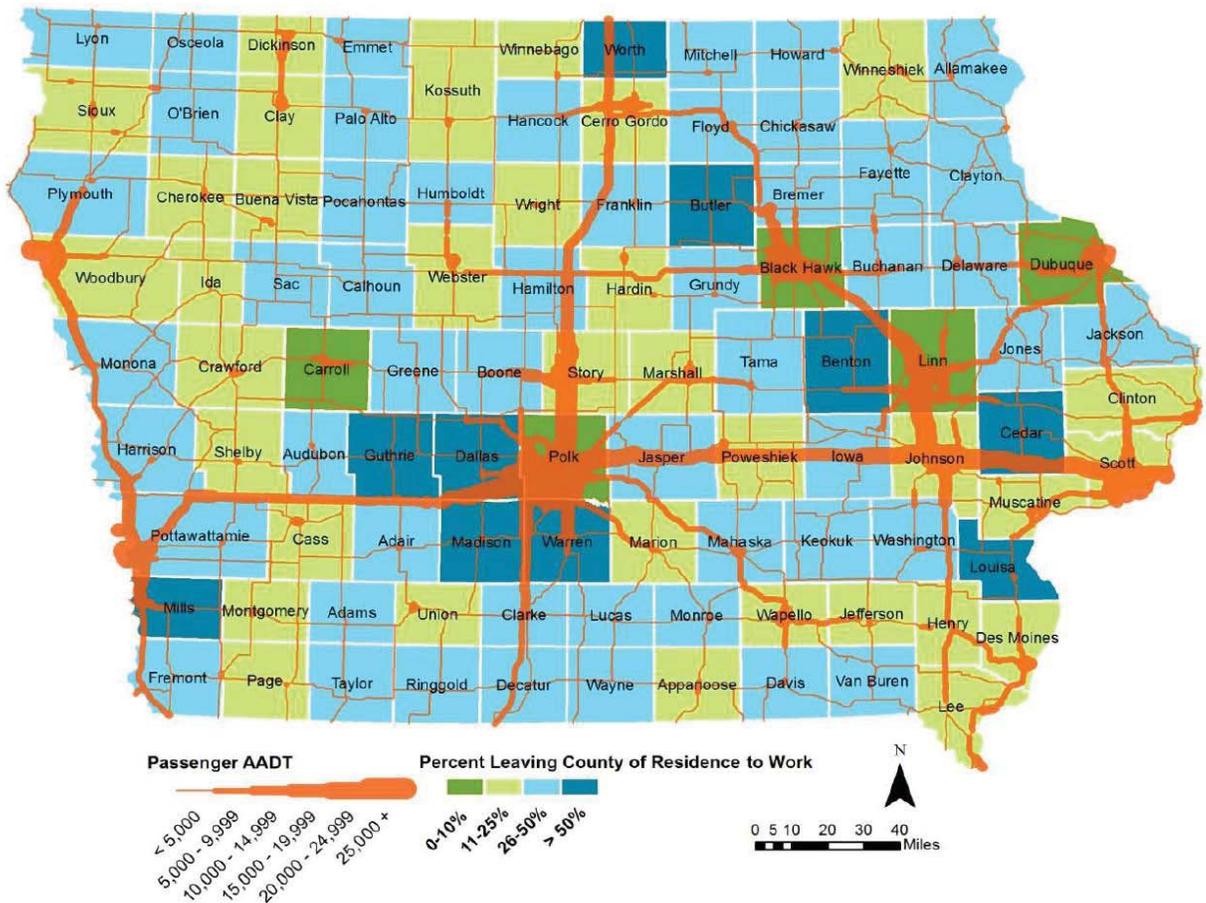
Two-thirds of Iowa's counties have lost total population since 1900 and even in the handful of counties that will see slight growth in the next decade or so, they will not experience sufficient population growth to equal or come close to levels found more than 100 years ago.

### ***C. Rural Areas are Losing Population and Urbanization is Occurring***

The loss of population in rural counties is offset by growth in metropolitan areas. With a couple of exceptions (like Sioux County), all counties experiencing total population growth are associated with metropolitan areas. Population densities in many parts of rural Iowa are now under 5 persons per square mile and in some parts of the state, the population density is less than 1 person per square mile.

Some models suggest that Iowa has now crossed that magic line where more than 50% of all Iowans now live in Metropolitan areas. It is worth noting, however, that by “metro” some of our colleagues include such communities as Fort Dodge, Mason City and Ottumwa. So, if we stick to larger metropolitan areas such as Des Moines, Cedar Rapids-Iowa City, Sioux City and The Quad Cities, the majority of Iowans continue to live in communities of less than 10,000 people. Nonetheless, the trend of urbanization in Iowa is inevitable. Map 1 below provides a visual description of Iowa’s urbanization patterns, as produced by the Iowa Department of Transportation.

**Map 1:  
Passenger Average Annual Daily Traffic and Percent of Workforce Leaving  
County of Residence to Work, 2009**



Most people assume that longer commutes are experienced in rural areas, but this is not the case. Indeed, the longest average commute times are experienced by people living in counties adjacent to larger cities. The average commute in Iowa is only 18.5 minutes, but for commuters from Madison County (Southwest of Des Moines), the average commute is 29 minutes. For those leaving Harrison County on their way to Council Bluffs-Omaha, the average commute is 27.2 minutes. Clearly future growth will occur in those counties served by major highways that allow quick drives into large cities.

#### ***D. Iowa's Predominately White Population is Aging Quickly***

In 2010 the median age for Iowa's total population was 38.1 years of age. For the white population, the median age was 39.9 years, which means, in effect, that one-half of all white Iowans are 40 years of age or older. The state's median age will continue to creep upwards to 40.1 years of age in 2020 and 42 years of age in 2030.

Some counties—like Pocahontas in Northwest Iowa—have median ages approaching 50. In 2010, only two counties (Story and Johnson) had median ages under 30 years of age.

Iowa currently ranks 5<sup>th</sup> in the United States in terms of the percentage of our total population age 65 or older (15%). In terms of the percentage of Iowans aged 85 or older (2.5%), the state ranks 3<sup>rd</sup> in the country.

***E. Aging is a Rural Phenomenon***

As noted, Iowa’s population is aging rapidly. With the shift of jobs and young people to urban areas, higher proportions of aging Iowans are found in rural areas. This is shown with a comparison of the five counties in Iowa with the highest and lowest percentages of residents aged 65 or older.

**Table 1:  
2010 Percentage of Population 65 or Older**

<b>Highest Percentage</b>	<b>Lowest Percentage</b>
Calhoun 23.7%	Johnson 8.6%
Monona 23.7%	Dallas 9.8%
Ringgold 23.6%	Story 10%
Audubon 23.2%	Polk 10.8%
Dickinson 22.3%	Woodbury 12.8%

The presence of Iowa State University and the University of Iowa in Story and Johnson Counties respectively accounts for only some of their lower percentages of residents aged 65 or older. Both of these counties are major job hubs and/or they produce large numbers of commuters with jobs in the Des Moines or Cedar Rapids areas (see Map 1).

Clearly, due to economic growth patterns, jobs and youth are no longer found in most of Iowa’s rural counties, but rather in the state’s growing metropolitan centers. Des Moines is now also experiencing rapid growth in its younger population in and surrounding the city’s downtown area. Des Moines is now “hip.” Rapid development of lofts in previously abandoned buildings and the growing presence of stores and restaurants that appeal to young professionals have made downtown Des Moines a

“magnet” city for young people, primarily whites. (Des Moines is also a magnet city for immigrants and refugees, but they gravitate towards neighborhoods on the edges of downtown, away from the younger white neighborhoods.)

### ***F. Rapid Growth in Iowa’s Racial Minorities***

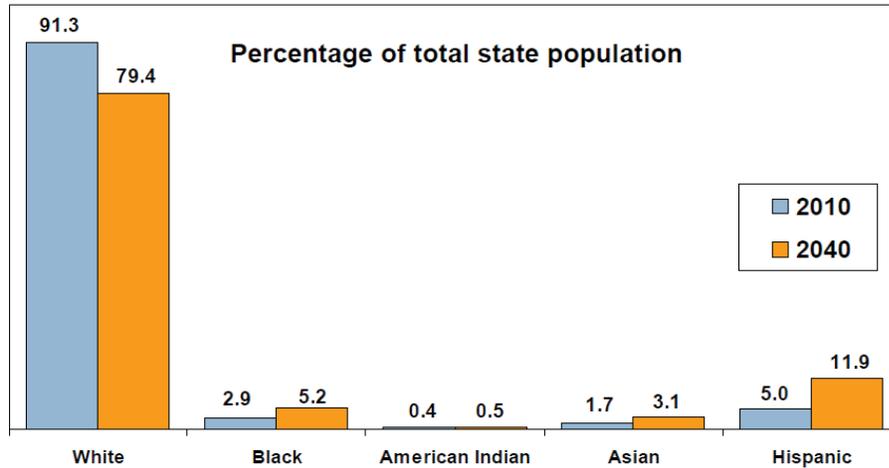
Today, Hispanics are by far the state’s largest non-white population with 151,544 residents in the 2010 Census. This tremendous growth in Iowa’s Hispanic population began in the 1990s and continued through the last decade or so. Between 1990 and 2010, this population grew by about 361%. This is quite a change from the state’s Hispanic population in 1990 which totaled only 32,822.

Hispanics have become and will very likely remain the state’s largest non-white population, but the state is experiencing rapid growth in its other minority populations. For instance, the Black/African American population grew by 44.5%; the Asian population grew by 44.9%; and Native Americans grew by 27% between 2000 and 2010 in the state.

Much of this growth in non-white populations is projected to continue. The Black/African American population is projected to grow to 141,360 in 2030 and 180,400 in 2040. The Native American/American Indian/Native Alaskan population should total about 15,600 in 2030 and 17,300 in 2040. The Asian and Pacific Islander population should total 86,850 in 2030 and 106,540 in 2040. The Hispanic population should continue to boom to 290,080 in 2030 and 415,890 in 2040. This will mean Hispanics will make up about 11-12% of the state’s total population in 2040.

## Iowa Population by Race and Ethnicity: 2010 and 2040

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State Data Center of Iowa [www.iowadatacenter.org](http://www.iowadatacenter.org)

Data Sources: U.S. Census Bureau, 2010 and Woods & Poole Economics, Inc., 2010

Hispanics will make up a growing percentage of some counties' total populations in the future. Some counties—all associated with meatpacking industry—will see Hispanics make up nearly one-half of their total populations in 2040. These counties will include Crawford (49.5%), Buena Vista (44.7%), Marshall (44.2%) and Louisa (41.5%). By 2040, Polk County, where the capital Des Moines resides, is projected to be 24.8% Hispanic. Woodbury County, with Sioux City leading the way, will be 34.2% Hispanic in 2040.

### *G. Micropopulations and the Growth of “Diversity within Diversity”*

Significant diversification is now being experienced within the larger minority populations of African Americans, Hispanics, Native Americans, and Asian Americans.

The growth in Iowa’s “non-white” or “minority” populations is noteworthy, but it is only part of the story. Within these larger racial categories—as defined by the Office of Management and Budget for the Census Bureau—tremendous diversification, or microplurality, is occurring.

The number of smaller, ethnically and linguistically distinct groups moving into Iowa is legion. The growing presence of these ethnically diverse residents is due largely to changes in hiring practices by large and small employers who are becoming less likely to hire Hispanics<sup>1</sup>, and more likely to hire other populations that may legally live and work in the United States. These groups include refugees (from Burma or Sudan, for example), citizens (mostly African Americans from Chicago or Native Americans from around the country), or those arriving from former American territories in the western Pacific like the Marshall Islands. Iowa has also become an important magnet state for immigrants, refugees, and those displaced from larger cities due to changes in housing policies and gentrification.

There are dozens and dozens of these smaller, ethnically and linguistically distinct populations now living in Iowa. For instance, Native Americans in the Sioux City area represent 29 tribes, while the Sudanese in Storm Lake speak 9 languages. Perhaps the best and quickest way to illustrate growth in this diversity is to share some recent information about languages spoken in Iowa schools. Students in Storm Lake High School speak 19 different languages. In Ames High School, there are 52 different languages. In Marshalltown schools, 32 languages are spoken. And, of course, the most diverse school district in Iowa is in Des Moines where students now speak more than 100

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<sup>1</sup> There has been a growing reluctance to hire Latino immigrants unless there is no doubt about the legitimacy of their immigration status. This has been the case since the 2008 Postville immigration raid with new tactics used by Immigration and Customs Enforcement to thoroughly audit employment records.

unique languages and dialects. Spanish, Chinese, Vietnamese, and Arabic are among the most commonly spoken languages in Iowa schools. Within Dubuque alone, Marshallese is the second most common language spoken for immigrant children.

### ***H. The Growing Relevance of Ethnicity***

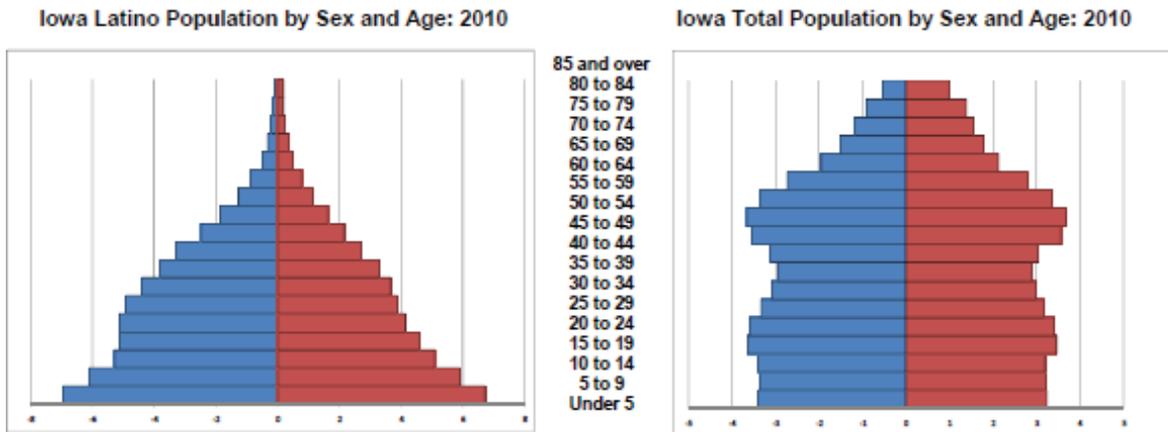
Iowa has become a new battleground in the struggle between the use of antiquated and increasingly irrelevant and arbitrary racial categories as promoted by the federal government and the U.S. Census, versus the reality of how human beings really identify themselves with ethnicity. Many people in and outside of higher education have no problem using the Census race categories (plus the ethnicity of Hispanic). For many of these people, inclusion in one of these categories is part of their identity and ethnicity. But the reality is that communities have become much more ethnically and linguistically diverse than government nomenclature often allows residents to express, much less understand. One concession by the U.S. Census Bureau was providing the opportunity (starting with the 2000 Census) for people to identify themselves as “two or more races.” It is worth remembering that last year, 51% of all babies born in the country were designated by their mothers/parents as other than white. And, last year, 1 in 7 marriages in the U.S. were defined by the couple as “mixed race” or “mixed ethnicity.” Today, the antiquated racial categories used by the U.S. Census, such as “black” cannot distinguish between an African American citizen whose family has lived in the United States for generations, compared to a new immigrant from the Sudan. Likewise, “white” cannot distinguish between a Bosnian refugee or an Amish farm family, although both groups live in Iowa. “Asian” does not adequately distinguish if a person is a Vietnamese refugee,

an Indian physician, or a Pakistani engineer in Iowa, and so on. Greater need clearly exists for the use of expanded ethnic, rather than just racial, categories.

### ***I. Iowa’s Minorities are Younger***

Not only do a growing number of U.S. and Iowa residents identify themselves in terms more subtle and less arbitrary than allowed by the Census race categories, these populations are significantly younger than the aging white population. They are—and will be—a growing share of Iowa’s child welfare service population. In Iowa alone, the median age among Blacks is 25.2 years. Among Hispanics the median age is 22.2 years. Among those of “two or more races” the median age is well less than 20.

**Chart 1: Latino Age Distribution and Iowa General Population Distribution**



With Latinos leading the way, a growing percentage of Iowa’s youth will be non-white minorities. As shown in Chart 1, the state’s Latino population is heavily young while the general population is “top heavy” with the predominately white baby boomers hitting retirement age.

## **METHODS**

As discussed in the previous demographic profile, Iowa's population is changing dramatically. In order to address the growing cultural and linguistic challenges facing the child welfare system, particularly those that can contribute to overrepresentation of minorities (disproportionality) within the system, the Iowa Department of Human Services entered into a five-year contractual arrangement with the University of Northern Iowa (UNI) in December 2011 to receive technical consulting, assessment, training, and external assistance on these topics. As nationally recognized specialists in cross-cultural issues, particularly those involving ethnic minorities, immigrants, and refugees, Professors Michele Devlin and Mark Grey at UNI were contracted as principal investigators for this project. Drs. Devlin and Grey have 60 years of professional experience between them in providing assistance to organizations serving an increasingly diverse population. This contract with UNI represents an effort by DHS to provide part-time, local assistance on disproportionality, ethnic disparities, and cultural responsiveness within the child welfare system. This effort is a follow-up to the large technical support grant provided by the Casey Family Foundation in Iowa over the past several years that highlighted the existence of disproportionality within the state's child welfare system, and helped organize teams of professionals and community members to begin addressing this issue in a systematic manner.

To that end, per the current contractual memorandum of understanding between DHS and UNI, Drs. Devlin and Grey were commissioned to conduct an assessment of cultural and linguistic issues affecting the state of Iowa and its DHS service areas that were potentially contributing to disproportionate minorities in the child welfare system.

This assessment included a.) a review of secondary data provided to Drs. Devlin and Grey by DHS on cultural responsiveness activities undertaken by teams within the CWS; b) child welfare secondary data trends, particularly those involving ethnic minority populations in Iowa, provided by DHS; and c) several dozen face-to-face meetings and in-depth conversations throughout the state with each of the DHS service area managers, as well as with key leadership team members, frontline staff, clients, community members, and DHS partners in order to gain contextual information on the relationship between disproportionality and cultural responsiveness issues. This assessment took place over approximately five months, and will be conducted annually for the next four-to-five years of the contract. The findings of this assessment are reported in the following pages of this document.

## **RESULTS**

### *Significant Expansion of Efforts to Improve Cultural Responsiveness*

Over the past several years, the Iowa Department of Human Services and a number of its professional and community partners have become more aware of issues related to cultural responsiveness, disparities, and disproportionality within the child welfare system. Indeed, DHS has ten communities within the state that are in different stages of working towards reducing disproportionality and improving cultural responsiveness. Polk and Woodbury Counties have been part of the Minority Youth and Family Initiative (MYFI) project since 2004, and eight new communities have recently joined the effort as part of the Breakthrough Series Collaborative (BSC) program initiated

by the Casey Family Foundation approximately three years ago. With BSC, MYFI, and other DHS service area activities, the Department of Human Services has made significant initial efforts in recent years to begin addressing the issue of overrepresentation of minorities in the child welfare system.

For example, the BSC and MYFI teams, enthusiastic groups of professionals and lay local residents committed to improving cultural responsiveness and reducing disparities, have initiated dozens of local interventions, with some of these strategies even being adopted statewide. (An appendix is included in this report with a more complete listing of some of the main accomplishments and strategies implemented by BCS and MYFI teams throughout Iowa.) A number of promising practices are occurring. For example, some service areas are using assessment tools, surveys, and scorecards to determine the level to which individual and organizational entities are responding to cultural diversity and disproportionality issues. Others have initiated culturally specific parenting programs, and conduct these activities in the field where they are accessible to community members. Some have actively engaged local African American, Native American, and other ethnic organizations as true partners in planning and addressing the needs of children in their communities. Pre-removal meetings and family support conferences that include extended family members and even “fictive kin” have also been well received and replicated in some other areas. As DHS estimates that 80% of founded cases are neglect, different responses are increasingly being used to provide an opportunity for parents to improve their caretaking skills and extended family members can become more involved in the supervision of children. Parent Partners, or parents that have gone through the child welfare system and regained their children, are increasingly

being used with much success as peer mentors to other mothers and fathers who have lost their children, and are often matched where possible by ethnicity. Data and statistics on ethnic and racial differences are increasingly tracked, managed, and analyzed in an attempt to recognize and address disproportionality.

Local service areas within the Department of Human Services and their management teams have also become significantly more aware of, and committed to, promoting cultural responsiveness and reducing disproportionality across their regions. Many have active partnerships with local ethnic communities, and have staff partly dedicated to monitoring and addressing disparity challenges. Others have put great effort into building collaborations with judges, courts, law enforcement, and other partners on these efforts, and are working towards shared definitions, joint protocols and procedures, and other measures. Some service areas have reduced their response time to family questions or calls, while others are actively conducting child safety trainings to newcomers or “DHS 101” sessions for community members. Areas with high immigrant populations are increasingly reaching out to these newcomers and trying to develop bicultural materials and minority resource guides. Trainings have become more common within DHS, and many staff are actively allowed or encouraged to attend special programs on diversity topics. Indeed, the Department of Human Services itself has now trained a dozen people as presenters of a day-long workshop entitled “Race: The Power of Illusion”, which will be presented monthly throughout the state to child welfare staff to help them begin to understand the concept of institutional bias. Through its contract with the University of Northern Iowa to sustain, on a smaller scale, some of the efforts first established by the large Casey Foundation grant, technical assistance on related diversity

issues is already being provided to the Department of Human Services, such as on working with new refugee populations in the state; understanding traditional child rearing practices within different cultures; and improving skill in working with interpreters. Special statewide forums are also scheduled to be presented biannually for child welfare staff on cultural responsiveness and disparity issues. The Department of Human Services itself is even funding mini-grants to community groups to help support local initiatives on cultural responsiveness.

### ***Opportunities for Additional Action***

After a review of BSC and MYFI efforts provided by DHS; meetings with numerous service area managers, leadership team members, line staff; and members of cultural communities in Iowa; and a review of trends and data on disproportionality in the state, the following issues have been identified as culturally or linguistically related barriers that remain to be addressed in order to help reduce disparities in the child welfare system:

- A commonly agreed-upon definition of “diversity” does not appear to exist among the Iowa Department of Human Services or its child welfare partners. While interventions sometimes focus on addressing the disproportionate ethnic diversity of its client population at various stages in the child welfare system, other efforts are sometimes attempted to address other diversity issues (socioeconomic class, gender, sexual orientation, religion, ability, etc.)

- The lack of a common definition of “diversity” sometimes results in interventions that are too broad to be meaningful from a racial or ethnic standpoint, and can make strategic planning or mission setting on this issue a challenge.
- Minimal understanding seems to exist on key definitions of terms associated with culture and disproportionality, such as the difference between “race” vs. “ethnicity.” The efforts that have been undertaken to reduce disparities and disproportionality too often appear to be guided by outdated “racial” categories as used by the United States Census Bureau, instead of more meaningful and nuanced “ethnic” categories. (For example, while both “African Americans” and “African refugees” from the Sudan would be considered “black” under Census and DHS racial categories, they are ethnically two significantly different populations that require different kinds of cultural responses by the child welfare system. Likewise, Marshallese and Burmese clients in Iowa are both counted as “Asians” under Census and DHS “racial” categories, but are very different “ethnic” populations requiring unique approaches and services by the child welfare system.) Disproportionality cannot truly begin to be addressed until basic definitions are understood and a shared vision of desired outcomes is achieved.
- Relatively little agreement exists on the definition of the “child welfare system” or its partners in Iowa. Inconsistent definitions of the child welfare system itself can lead to the limited ability of culturally responsive programs to define their target audience for interventions. For instance, interventions may be developed

that target just the Department of Human Services, and inadvertently leave out other key players in the system, such as the courts, law enforcements, schools, and others.

- Limited knowledge exists within the child welfare system about the level to which Iowa's demographics have changed dramatically by ethnicity and race over the past 15 years. Disproportionality interventions and cultural responsiveness efforts within DHS have historically focused primarily on addressing disparities affecting African American and Native American families in recent years. However, these efforts are no longer enough, as additional ethnic minority populations have now grown dramatically within the state in recent years or come into Iowa as immigrants. The level to which new ethnic minority groups are affected by disproportionality has not yet been systematically explored or analyzed, but could potentially be significant, and the CWS must be cognizant of the issue of "diversity within diversity" for all groups.
- Partners in the child welfare system in Iowa are poorly prepared to address the rapidly growing cultural and linguistic diversity within the state. The existence and growth of major populations of African Americans, Hispanics, Native Americans, and Asians, along with very significant influxes in micro-populations of immigrants and refugees from around the world, have created a demographically complex service population within Iowa. The CWS is poorly

prepared for this ethnographic reality, and too often reacts retroactively to the cultural needs of new populations, rather than prepares proactively for them.

- The child welfare system in Iowa is particularly unprepared to address the special cultural and linguistic needs of tens of thousands of new refugees that now live in Iowa, such as those that have come in recent years from Burma, Liberia, the Sudan, Somalia, Nepal, Bhutan, and other nations. With the influx of refugees is expected to continue dramatically in the state, little understanding generally exists within the child welfare system about their presence in Iowa, their unique legal status, their family and social structures, and their traditional childrearing practices and customs, even though a number of refugees have now been involved with law enforcement, the courts, and DHS on child safety and risk issues.
- DHS and child welfare staff are increasingly challenged by the linguistic complexity of cases, and the inability to communicate effectively with some clients and families. Although 150 languages are now spoken within the state, telephone interpretation services are not always available, and staff are often not trained how to work with interpreters. Live interpreters are often not available in essential languages such as Spanish, Vietnamese, or Arabic, and certainly not in many of the new rarer languages spoken in the state like Dinka, Pohnpeian, or Chin.

- The child welfare system needs greater education and technical assistance related to diverse populations in the state. Basic information, such as how the state is changing; effective strategies for working cross-culturally; differences in child rearing practices among cultures; utilizing interpreters; and working with low literacy populations could all be important topics for staff to understand, particularly from a skill building standpoint.
- Training within the child welfare system in Iowa that has been done on diversity topics and cultural responsiveness often emphasizes an emotional approach that encourages staff to be empathetic with clients, but does not go far enough in providing practical skills to improve staff-client interactions; strategies to review and modify DHS institutional policies; or ways to improve CWS structural barriers and biases in service provision. In other cases, educational programs “train DHS staff to the policy”, but not necessarily how to apply the policy in real-world settings.
- The child welfare system is increasingly dealing with populations of clients that are poorer, less educated, and less literate than ever before. Policies, protocols, and procedures, though, have become increasingly complex around the country to understand and navigate, and can be disproportionately complex. For instance, clients with low literacy often have difficulty completing complicated forms that are written at grade levels much higher than they can understand, while others can have difficulty articulating their concerns verbally to child welfare staff.

- Websites, brochures, and other methods of disseminating information in a written or indirect manner with clients is increasingly used, exactly at the time when these populations are most in need of face-to-face education, training, and hands-on assistance to help their families
- Political correctness can sometimes hamper meaningful and necessary conversations between DHS and rapidly growing communities of color; progressive strategies to address disproportionality may be met with concern and confusion over implementation; and DHS is often viewed negatively by ethnic minorities as an arbitrary adversary that can come in and take their children if the agency does not like how they are being raised.
- Data that are critical to analyzing and monitoring trends in disparities and disproportionality are not systematically collected. For instance, basic data such as the “race” of the alleged child victim of abuse or neglect is not always collected routinely, making subsequent monitoring of disproportionality problematic at later stages within the child welfare system.
- Additional demographic data that are essential to understanding disproportionality among clients within the child welfare system are also not routinely collected or monitored. This includes basic information such as language spoken at home; national origin; immigration status; ethnicity; and other such factors.

- Data on family members within the child welfare system at various key decision points can be extremely difficult to access. Data specialists are often necessary to access more meaningful statistics, particularly by race or ethnicity, and definitions of key terms are not uniformly understood or utilized around the state by partners or DHS service areas. Confidentiality concerns often hamper data sharing to the point of being a hindrance in policy making. Consistency in the collection of data is also not always present in the CWS from partner to partner.
- When accurate and meaningful data are accessed by the child welfare system, the statistics may not necessarily be utilized consistently to make culturally responsive modifications to policies, programs, and protocols. Data may be collected or reviewed, for instance, but policy and programming changes based on data trends may be much slower to occur.
- The demographic profile of professionals within the child welfare system in Iowa is increasingly not matching the rapidly changing population of clients being served. For example, frontline staff within the child welfare system, particularly in the Department of Human Services, is dominated by white Iowans who often come from very different cultural backgrounds than many of the increasingly large number of African American, Hispanic, Native American, Asian, and immigrant/refugee residents they are serving in the state. Cross-cultural challenges are more likely to occur in these employment and community settings.

- Likewise, generational and gender challenges are also occurring among the DHS staff and the clients they are now serving. There are significant generational differences between DHS staff, which tends to be older, and the DHS clients, which tend to be much younger. Many of the DHS staff members are also female, while many of the new immigrant populations in the state have higher percentages of males. Many of the newer refugee populations in Iowa are religiously conservative and culturally traditional. While it is often preferable to assign male staff to work with men and female staff to work with women when possible in these cultures, DHS likely does not have enough male workers to fill this need.
- Recruiting and retaining staff, particularly employees that come from the ethnic and cultural backgrounds of the clients, can be extremely difficult in Iowa. The state is under-resourced in many ways, and severely short of providers in many health, social service, and education fields, particularly if they are from certain ethnic minority heritages. Little outreach is done to recruit minorities from the schools or communities in which they live. Academic pipeline programs that target younger minorities for future careers in the social work field, loan repayment programs for working the underserved, and other progressive strategies are not necessarily utilized on a regular basis to recruit people of color into the child welfare system as staff.

- Systematic, regular reviews of relevant key policies and protocols in the DHS and child welfare system have not been conducted on a statewide, ongoing basis to determine their appropriateness or “fit” with the rapid growth in existing and new ethnic minority populations. For instance, from an equity standpoint, policies in organizations can be more relevant in addressing issues commonly seen within families that are from “low context” cultures, such as many whites, and are less responsive to those social patterns found more commonly among “high context” cultures such as African Americans, Latinos, and Asians. (Housing policies related to the number of people that can reside in a particular room are but one example of this around the country.) The mismatch of policies and protocols designed primarily for one type of population, such as “low context” families, can inadvertently favor one group over another and contribute to minority overrepresentation within the child welfare system.
- Relatively little organized, ongoing advocacy is conducted by the child welfare system to change federal and state laws that may restrict the ability of DHS and its partners to respond in a culturally appropriate manner with families. In some cases, disproportionality may be occurring because federal guidelines or rules limit the ability of local states like Iowa to have more discretion in the actions it pursues when working with families.
- Limited understanding seems to exist within the child welfare system about the well-documented differences in child rearing practices around the world, such as

those between Americans and many immigrants, as well as among the different ethnic populations within the United States. These differences in child rearing practices can be seen heavily even within Iowa's different cultural populations, particularly as they relate to issues such as family structure; the role of extended family, siblings, and fictive kin as caretakers; breastfeeding and weaning food norms; the mobility and fluidity of family members; family consensus and group decision making practices; cultural communication styles; polychronic vs. monochronic perspectives on time; child sleeping practices; traditional healing modalities; and many other issues. Limited understanding of the common differences among child rearing practices among different cultures can also contribute significantly to disproportionality through "safety vs. risk" cultural misinterpretations.

- Within some DHS service areas, staff members are well trained and supportive of cultural responsiveness within the child welfare system, but may face challenges in working together with other CWS partners to reduce disproportionality. For instance, in some communities, child welfare partners such as law enforcement, teachers, nurses, or the court system may prefer more aggressive reporting of suspected child abuse cases and prosecution of family members, or do not feel that it is their responsibility to be culturally responsive. Many of these partnerships can vary in quality from county to county and region to region, depending on the individual personalities of prosecutors, attorneys, judges, police chiefs, teachers, DHS staff, and the like.

- DHS appears to primarily be involved in the child welfare system with communities of color when families experience legal difficulties, child abuse reports, and other problems. The opinions of many ethnic minority communities towards DHS can be cautious and reserved at best, and hostile and negative at worst. Indeed, DHS is usually perceived by many of these families as the agency that destroys their families instead of that which helps protect their children. With the growing ethnic diversity today in Iowa and the variety of childrearing practices seen among different cultures, DHS and the child welfare system should be involved in a greater level of education and proactive interaction with families, particularly new immigrants, about Iowan laws, expectations for child rearing, safety vs. risk, and other related topics to help avoid legal encounters. Not enough programming has been done on the preventive front-end, such as through conducting educational outreach sessions, particularly those on-site where clients live, work, study, worship, play, shop, or otherwise gather, in order to improve relationships and perceptions between DHS and ethnic minority communities.
- As relatively new efforts in the state, BSC and MYFI teams have developed dozens of interventions at the local level, although not all have yet been systematically analyzed, evaluated, or disseminated. Few venues occur for project successes to be shared, and consensus does not yet exist at the state level as to which strategies are most meaningful or effective. Coordination of the activities to assure quality, scope, and impact, as well as avoid duplication or fill

in service gaps, has not yet occurred at the state level. Some individuals or units within the child welfare system also seem to feel that they “do not have to do diversity”, because designing and implementing culturally responsive strategies is the responsibility of BSC or MYFI teams in their communities.

## **CONCLUSION**

### **Discussion**

Cultural competency and responsiveness within institutions exists along a continuum, and is not a discrete achievement that can be checked off in a day. It is also not an outcome that can be accomplished simply by implementing one or two isolated strategies. Reducing disproportionality and improving cultural awareness is a process, not an event. It requires time, funding, commitment, support from upper management, buy-in from field staff, deep partnerships with the community; and coordinated strategies that are sustained over the long-term and integrated into the institution’s operating structure at all levels. Organizations that do not understand, value, or practice cultural responsiveness will often find that they experience disproportionality in their services through inappropriate individual encounters between staff and clients; utilization of outdated policies and protocols that no longer fit the reality of the populations they were meant to serve; and the presence of disjointed sectors of systems that too often work against each other than with each other to benefit families. According to the National Council on Cultural Competence (2009), in order to truly be culturally responsive and effective, an organization:

- *Should have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;*
- *Have the capacity to value diversity, conduct self assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve; and*
- *Incorporate the above in all aspects of policy making, administration, practice, service delivery, and systematically involve consumers, key stakeholders, and communities.*

Cross (1989) developed a model for organizations to use in defining their current level of cultural responsiveness and monitoring it over time for trends, improvements, and set-backs. This classic framework has six levels of individual and/or organizational cultural competence, ranging from least effective to most effective. These levels are a) cultural destructiveness; b) cultural incapacity; c) cultural blindness; d) cultural pre-competence; e) cultural competency; and f) cultural proficiency. (This framework by Cross can be cross-walked with other models for cultural competence within organizations and individuals, such as that used by the Accreditation Council of Graduate Medical Education (ACGME) in Appendix 2, which discusses the attitudes, skills, and knowledge present at each of these levels.)

Based on Cross' model for understanding levels of cultural competency along a continuum, the Iowa Department of Human Services as an organization today is most

likely at the level of “cultural pre-competency.” The organization has clearly taken very significant efforts to analyze itself and begin to address the very real challenges of working within a new multicultural environment and reducing disproportionality through the efforts of the BSC, MYFI, and DHS service area teams. However, much remains left to be accomplished from a cultural and linguistic standpoint to help reduce disparities and disproportionality.

### **Recommendations for Statewide Culturally Responsive Standards**

As discussed in this report, Iowa’s population is expected to continue to expand and change dramatically in its ethnic composition well into future decades. The Iowa Department of Human Services and the broader child welfare system in the state will therefore continue to face the potential for disparities, disproportionality, and cross-cultural challenges as the state’s population evolves and becomes more culturally diverse. In order to address this changing demographic reality and work towards a greater level of cultural responsiveness, the Iowa Department of Human Services, as well as the child welfare system as a whole, will need to prepare proactively and recognize that there is a very real business case for becoming more responsive to the needs of a population that is becoming dramatically more diverse.

Following on the heels of the work conducted by the Casey Family Foundation financial support over the past several years in bringing attention to issues related to disproportionality and cultural responsive in Iowa’s child welfare system, the Department of Human Services has now established its first statewide steering committee to address ethnic diversity issues on a statewide basis and manage its Program Improvement Plan on

cultural responsiveness. Although still new, this “Cultural Equity Alliance” brings together key leaders and partners from professional and community backgrounds with expertise in child welfare issues. The steering committee is charged with making recommendation for setting statewide goals, developing and prioritizing strategies, and evaluating outcomes related to cultural responsiveness and disproportionality issues in the child welfare system in Iowa. The steering committee will be reviewing this report, as well as other data and documents that will help them achieve these deliverables and apply these recommendations in the field.

At a minimum, the child welfare system in Iowa should adopt a set of culturally and linguistically appropriate service standards similar to those used today by some other organizations in the health care and social services field to help guide their efforts in reducing disparities and disproportionality. These standards, as well as the field projects and strategies which ultimately fall under the umbrella of these standards, require several elements to be successful. The strategies and standards should be sustained over time through a strong commitment by management. Changes in disproportionality and reductions in disparities can take months, and even years to achieve, and results do not typically occur overnight in institutional systems and bureaucracies. Strategies are also usually most effective when they are multi-pronged and part of a coordinated campaign of efforts, and not just free standing, short-term efforts. Culturally responsive strategies and programs also require buy-in from field staff and meaningful, real partnerships with community members to ultimately be successful. These strategies also need resources, financial support, and budget lines to operate, as well as a team of people to support them

that view equity as a human right and cultural responsiveness as an investment in families, not a burden.

To be most effective, the principles of equity and cultural responsiveness should be coordinated throughout the system, applied at the field level on a daily basis through programs and projects, and undertaken with community partners from multiple ethnic populations. Therefore, based upon the models for culturally and linguistically appropriate service standards utilized by a number of health, medical, and social service agencies around the country and promoted by the federal Office of Minority Health (OMH; National Standards on Culturally and Linguistically Appropriate Services, 2007), the following is a set of overarching standards that should be adopted by the child welfare system in Iowa as a starting point in promoting cultural responsiveness and reducing service disparities when meeting the needs of all families in the state.

***Standard 1***

*The child welfare system strives to provide effective, understandable, and respectful services in a culturally appropriate manner for families, with special emphasis on preventive education and community outreach on child welfare and safety issues.*

***Standard 2***

*The child welfare system strives to develop participatory, collaborative, and meaningful partnerships with cultural communities in the state, and utilize formal and informal mechanisms to facilitate family and client involvement in designing, implementing, and evaluating culturally responsive services.*

***Standard 3***

*The child welfare system strives to implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.*

***Standard 4***

*The child welfare system strives to ensure that staff at all levels and across all disciplines receive ongoing education, training, and technical assistance in providing culturally and linguistically appropriate services to families.*

**Standard 5**

*The child welfare system strives to offer and provide language assistance services, including bilingual staff and interpreter services, to each family with limited English proficiency at all points of contact, in a timely manner during all hours of operation.*

**Standard 6**

*The child welfare system strives to assure the competence of language assistance provided to limited English proficient clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, except on request by the client.*

**Standard 7**

*The child welfare system strives to develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, management accountability, and oversight mechanisms to provide culturally and linguistically appropriate services that help reduce disproportionality and disparities.*

**Standard 8**

*The child welfare system strives to conduct initial and ongoing organizational self-assessments of cultural responsiveness activities, and integrate these measures into their internal audits, performance improvement programs, family assessments, and outcomes-based evaluations.*

**Standard 9**

*The child welfare system strives to undertake regular reviews of its policies, protocols, forms, assessments, regulations, and other measures to assure their cultural relevance and minimize bias that can lead to disproportionality.*

**Standard 10**

*The child welfare system strives to reduce silos between its various sectors, partners, and organizations, while developing strong regional collaborations and joint initiatives that promote equity.*

**Standard 11**

*The child welfare system strives to ensure that data on the client's race, ethnicity, spoken/written languages, and related factors be collected in all records from the assessment stage on up, integrated into the organization's management information systems, and periodically updated and monitored for disparities and disproportionality.*

***Standard 12***

*The child welfare system strives to maintain a current demographic, cultural, and epidemiological profile of the communities it serves, and conduct ongoing needs assessments to accurately plan for and implement services that respond proactively to the cultural and linguistic characteristics of service areas.*

***Standard 13***

*The child welfare system strives to ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints, particularly those that can lead to disproportionality.*

***Standard 14***

*The child welfare system strives to serve as subject matter experts and agents of change that advocate for state and federal changes in policies, laws, and regulations that disproportionately affect families from a cultural or linguistic perspective.*

***Standard 15***

*The child welfare system strives to regularly make available to the public information about progress in implementing these culturally and linguistically appropriate service standards and provide public notice in communities about the availability of this information.*

## ***REFERENCES***

Accreditation Council of Graduate Medical Education. National Standards for Culturally Competent Care.

Cross T., Bazron B., Dennis K., and Isaacs M. Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volumes I, II, and III. March, 1989.

Iowa Department of Transportation.

State Data Center of Iowa.

United States Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services. 2007.

United States Census Bureau.

**APPENDIX 1:  
SELF-REPORTED SUMMARIES OF RECENT ACTIVITIES  
UNDERTAKEN BY IOWA BSC AND MYFI SITES RELATED TO  
CULTURAL RESPONSIVENESS**

## **Black Hawk County**

**A Voice in Court:** The Black Hawk County Team hopes to educate court-appointed attorneys on the advocacy role they play for parents of color. They accomplish this by having the Juvenile Judge ask parent's attorneys key questions related to how they prepared their client for the court hearing. "Attorney \_\_\_\_\_, did you receive the Report to the Court dated \_\_\_\_\_? **Have you provided a copy to your client? Have you reviewed the recommendations with your client? When did you receive the last report?** Do you have any objection to the admission of the report?" Judge Lekar reports "The three questions in bold are the ones that I added to this basic colloquy about admission of the report. It is amazing how these simple questions have changed the entire atmosphere around the admission and contents and preparation of the reports."

**Family Support Conference:** This PDSA strives to empower the family to influence how removals of their children transpire, including where their children are placed. The Family Support Conference is facilitated by a DHS Supervisor and is attended by the family and potential caregivers as well as a community representative and the DHS assessment and/or treatment worker. During the Conference critical information is shared with the identified caregiver so a smoother transition can take place and a family interaction visitation plan is developed. Following the Family Support Conference parents and teens are surveyed by a DHS staff member and the parent and/or youth partner.

**Community Connections:** Community Connections is about connecting African-American parents to culturally specific parent education. It provides parents with the opportunity to benefit from culturally-specific community services and supports the DHS worker in accepting responsibility for connecting the parent to culturally-specific community services. It started with one DHS worker referring one African-American parent to a culturally-specific parent education class at the Hub. A community partner attended class with the parent. The parent partner contacted the family after the class to get their feedback on the experience. The community partner keeps DHS informed about the parent's continued attendance.

## **Dallas County**

**What Can We Do to Earn Your Trust:** In the past Dallas County made decisions in a small internal vacuum. Now they seek out key individuals to help them understand what the community is thinking and feeling about what they are doing to help them. Dallas County has learned that they need to train front desk employees better to handle these unique requests knowing the language barrier and the concerns around trust. They also need more staff to understand basic Spanish.

**Case Planning and Review Specific to Latino Needs:** This PDSA creates a regular monthly review of Latino cases that can have safe case closure with little financial and community resources and supports. A multi-disciplinary team with community representatives reviews cases where families are in need of basic care items that, if provided, would allow the case to be safely closed. The Team has learned to limit their time to the top three or four priority cases as it took longer to review the cases than initially expected. The Team is working to ensure they have a fund that is flexible enough to provide funds to those that are not or cannot be funded through other sources. Dallas County feels this is ready to become a regular practice and will be a focus for the extended team meetings every month or every other month for one to two hours.

**Key Document Translations Into Spanish:** The goal of Key Document Translations into Spanish is that the family will know and understand the concerns, provide feedback to DHS and community partners, and be better equipped to answer questions and talk openly at the court hearings. By having assessments and case plans translated into Spanish for the whole family, the family no longer has to rely on a relative or child to translate the information for the parents or caregiver. Families are more engaged in the process and better understand what steps must be taken to ensure their children are safe. Dallas County is continuing to translate assessments and case plans and is exploring translation of other key documents to ensure Latino families have as much key information in Spanish as possible.

### **Des Moines County**

**Parent Partners:** Families of color involved with DHS identify a lack of support in Burlington and surrounding areas. The goal of this PDSA, initially called “Mentoring Moms”, was for parents involved with DHS to expand their support system by association with a peer (alumnus). It was expected that parent(s) supported in such a way would participate more actively and in a more positive manner in case planning and related activities in achieving identified goals through reduced barriers. Recognizing the need and benefit of Parent Partner program for the area, (and having attention and need for the program raised again to the Board by our attempted PDSA "Mentoring Moms"), the local Decat Boards have decided to put out for RFP a Parent Partner program in the area. Following the tentative timeline, services would start around March 1<sup>st</sup> 2011. Outcomes in the RFP include reporting on demographics (including race) of parents involved in the program.

**Checklist of Support/I'm Not an Unknown:** This PDSA involves social workers using a checklist to explore who families consider to be important in their lives (family and non-family) in order to identify possible areas of support and potential referrals. The checklist also includes questions about race, ethnicity, heritage, holidays, and traditions. By including this on the Checklist where families then sign off that they completed this with their worker and agree to the information it holds, families then have the authority over how they are reported about in case documentation. The checklist is used within five days of the Department's investigation. If the child comes into care the checklist is shared

with the Judge in conjunction with the case plan. Judge Kruse reports, "It gives a starting point for making inquiries without having to start from scratch". DHS and service providers shared that the checklist increases communication at the onset of the case. A majority of survey respondents (youth and parents) who remembered completing the checklist said it was helpful to them.

**Parent Planners:** At Family Team Meetings parents are given a resource calendar to facilitate keeping track of various appointments. The calendar includes a place for documenting important phone numbers, lists of local resources, and culturally important dates. Providers and workers are able to see the family's weekly commitments of appointments, family time, etc. so as to not overwhelm the family with too much to do. Families have expressed benefit from the calendar and 100% attendance at activities related to their plan.

**Youth Calendars "In the Loop":** This PDSA supports children and youth in becoming active participants in their cases by letting them know exactly when visits, concerts, appointments, court dates, etc are taking place. Calendars of artwork by current and former foster care youth are provided to children/youth at the first FTM. Feedback from the youth and parents indicate that the youth use the calendar to mark visits, phone calls, etc. with birth parents. "It's nice to see when I get to see Mom next" and "I keep track of every time I talk on the phone [to her]".

**Judge's Engagement:** DHS and the court often impose requirements on the family that may or may not be feasible. "Judge's Engagement" identifies barriers to progress and helps identify solutions, resources, and/or supports to reduce those barriers. The Judge asks the family a question similar to "If this is ordered, how will this get done" If barriers exist, the Judge explores if there is a provider, family member, or DHS worker who can assist with the solution. Judge Dean reports, "Essentially the PDSA has caused me to look much more carefully at DHS's recommendations at the time of the hearing so that we all leave each hearing with a plan for how each will be accomplished. Additionally, the hearings do take approx 10-15 minutes longer. This dialogue also allowed families to express more during the hearing." Judge Kruse states that parents appear receptive to the questions and communication appeared open. " A selling point would be fewer contentions later on about expectations, since no reasonable person could claim that they didn't know what they were. This would cut down on hearing length potentially. The point has been made again and again that the more one does up front the less one has to do later on. "

**Resource Guide:** A local version of the African American Resource Guide was created to increase access to culturally relevant resources. This list of local resources was compiled with the support of the local NAACP and the Iowa Accountability Program. This guide will be distributed through incorporation into the next edition of the IAP Resource Guide and integration into the "Parent Planners" PDSA.

## Dubuque County

**The Earlier, The Better! Caseworker:** This PDSA is about partnering with parents to determine what the family's strengths and needs are and to build trust between the family and DHS. The caseworker does this by talking with the family about their strengths and needs and helping connect the family to resources, supports, and services to meet those needs. To build trust the caseworker explains, in concrete terms, how DHS works and what DHS is doing to improve policies and practices. The case worker also has an explicit discussion about the consequences of the family failing to address safety concerns and works with the family to develop a concrete safety plan.

**The Earlier, The Better! Attorney:** The Court Partner (attorney) asks the family "What do you and your family need for your children to remain in your home? The Court Partner then communicates the family's needs to the case manager who helps the family find, use, and/or produce what is needed. The Court Partner and case worker maintain ongoing contact to work in partnership with each other and the family. Families' feedback about the PDSA is obtained through surveys.

**Legal Ease:** This PDSA strives to increase adequate representation which will provide the Judge with the necessary information to make important judicial decisions. Judge Straka will ask and record: 1. Question directed to attorney: Did you review the report with your client? 2. Question directed to parent(s): What did you understand about the discussion with your attorney? 3. Do you disagree ask attorney/ client, and is that accurate?

**Better Placements:** "Better Placements" seeks to develop working partnerships with African American youth during placements. The case worker mails the following questions to youth ahead of time to review and respond to:

1. What do you want to know about this new situation/ home?
2. What do you want them to know about you?
3. What would help you feel comfortable, safe, or okay in this new situation?
4. Who/ what is important to you?
5. How do identify yourself racially and culturally?

After Caseworker sends the questions to youth via mail, the youth and Caseworker will review questions and concerns at a later date in person.

**At Ease:** Parents will be more likely to engage in services with the support of a Community Partner. The Community Partner will talk parents during a removal or when there is potential for a removal. The Community Partner will explain her role in the process, that she is outside of DHS and wants to provide resources, and to answer any questions and clarify expectations. The Community Partner will also ask, how can I support you and your family?

**Fast Break:** This PDSA provides children with a visit with their parents within 24 hours of removal. By providing interactions within 24 hours DHS and families demonstrate reunification as the goal and increase trust between DHS and families.

## **Johnson County**

**Youth Mentorship:** The Youth Mentorship PDSA is being tested for effectiveness at keeping the family out of the court system/reducing or shortening out of home placement. The Youth Representative will act as a mentor for the child in the family with the goal of the child remaining in his/her home and the family staying out of the court system. The Youth Representative and child will meet monthly at an Elevate meeting.

**Reunification to Home from Foster Care and Community Liaison Prevention Out of Home Placement:** The interaction between the community liaison and the DHS involved family facilitates reunification by engaging the birth parents and children with positive community resources and programming and increasing their knowledge of the DHS child welfare system. The community liaison meets with families regularly throughout the month. Families have indicated that they feel more supported and more comfortable working with the community liaison. They also feel more confident in their ability to work with DHS and navigate the system. Johnson County learned that an individual separate from DHS has a better chance of creating rapport and establishing a relationship to support families in achieving successful outcomes with the child welfare system.

**Response Time from DHS C.L. vs. Families:** The goal of this PDSA is to reduce the amount of time as well as the number of times it takes for a DHS worker to respond to families trying to reach DHS workers by phone. Johnson County was able to engage social workers in this PDSA so that their efforts were taken into account. They have had increasing success responding to families in a timely manner. When the relationship is positive between workers and families there is less stress and the families can move forward with closing their case and the children can return home.

**Breaking Ramifications While Building Positive Reunifications:** There is a very delicate situation in Johnson County because the community has a negative view of the court system in Johnson County. Court Partners are extremely busy but they are motivated to establish a better working relationship with the community. During the post court meeting with families, the judge will encourage them to get involved in mentoring and parent partner programs.

## **Linn County**

**Expediting Reunification/Preventing Removal Frequent FTMs:** Families will have FTM's every other month with staffings in between to emphasize engagement, communication and coordination in order to move forward and progress with addressing needs that brought them to DHS attention. There will be improved collaboration across systems, improving family engagement, and cultivating a community-based support team for these families. Linn County is assessing all of the FTM surveys that families have turned in and the Birth Parent Representative is following up to ask what worked or didn't work about the more frequent FTMs, how it helped, what needs to be changed or tweaked.

**Expediting Reunification Key Support Systems/Parent Partner- Family Advocate:**

At the time a referral is made to either the community partner or at the FTM families are matched with a parent partner and/or family advocate to assist them with navigating through the system and progressing with their case. Having a guiding person that understands and/or has been through the system makes it easier for the case to progress. The parent partner/family advocate helps identify what basic needs are for the family and help connects them to those resources. They meet as needed, to build open and honest relationship with "the system". The Birth Parent Representative called families to ask what would have made the PDSA better and if they have recommended changes that can be applied to other families. Families recommended the parent partner- family advocate use different wording- less acronyms and that they engage at a different point in the case progression (at point of assessment).

**Promoting Parent Engagement (Voluntary Cases):** This PDSA increases engagement and trust with parents by focusing in on key areas of strengthening child safety and how case planning will support this. Social work case managers will ask 3 key questions of parent during monthly face-to-face visits: 1) What do you need to know that will help you feel comfortable that your child is safe? 2) Do you know what you need to do to keep your child safe? 3) Do you have a list of what you need to do (ie- refrigerator list)? Linn county is examining parental feedback to these questions.

**Safety Plan- Reunification within 10 Days (At Removal Hearing):** This PDSA strives to increase the number of speedy reunifications for African-American families. If a removal is imminent a safety plan will be developed by the DHS worker, family advocate, parent partner and/or service provider in conjunction with the caregiver by the time of the removal hearing. The reasons why the removal occurred will be addressed and safety steps will be implemented that can presented at the removal hearing. The judge will review this plan and make a decision about whether there are appropriate and necessary safeguards in place so that the child(ren) can be returned on the day of the removal hearing.

**Cultural Spiritual Exploration to Enhance Engagement:** Facilitators will discuss their own perceptions of cultural/traditional/spiritual definitions in order to understand what kind of questions will get the needed information from families at the preparation or at the FTM. Linn County plans to utilize the Race-Power of an Illusion video again to further process this. Once FTM Facilitators are ready, within the Family Team Meeting they will ask the family questions re: cultural, spiritual, traditional practices that they identify as important for others to know and respond to in order to individualize visitation/ interaction settings, resources or supports that may best meet their needs to further engagement and progression through the DHS case to address needs that brought them to DHS attention.

**Monthly Collaborative Home Visits:** Service provider will assist with building rapport between the DHS worker and the family when needed by attending monthly meetings with DHS worker and family. Service providers have better rapport with family, seeing them approximately 3 times/week...this helps improve engagement and relationship with DHS worker. Linn County has found families to be more open and receptive to DHS, services and supports being offered. They have been more open to and available for drop in services with provider and responded positively to the partnering of DHS and provider at a home visit.

**DHS Collaboration with African American Resource Committee:** AAFPRC, the African American Family Preservation and Resource Committee, is a multi-disciplinary committee in Linn County. Linn County DHS social workers on the BSC Core Team refer cases, in prevention and reunification phases, to the AAFPRC for their review and consultation. The AAFPRC helps to provide culturally sensitive resources, services, recommendations, and engagement for families. Providers are introduced to culturally aware practices and approaches which build better relationships between providers and families. AAFPRC members as mentors/supports to encourage family engagement.

**DHS Collaboration with AAFPRC- Attending FTMs:** AAFPRC coordinator and other AAFPRC members have attended FTMs and provided input, feedback, and asked questions in order to assist the family team. The families gained direct access to the AAFPRC which can assist them in reaching goals of permanency and stability by helping them understand the service systems in which they are involved and utilize additional resources. Linn County is working on this PDSA to determine how to utilize more committee members, what standardized assessment tool is needed at FTMs, and what feedback loop is needed to be able to report back to the larger committee.

**Catalyzing Change through the Use of the Benchcard:** This PDSA involves the Judge engaging the family and their supports in conversation by asking questions that are fact specific to those children/that family. The Court is able to learn what services are in place, what work still needs to be accomplished, who needs to take responsibility to see that case plan expectations are completed and develops a direct relationship with the family.

**Overview of the African American Family Preservation and Resource Committee:** This PDSA seeks to enhance the Court's knowledge of a valuable community resource, the African-American Family Preservation and Resource Committee (AAFPRC). The Judge met with the AAFPRC Coordinator and learned how they partner with African American families to reduce disproportionality and disparate outcomes. Now the Judge talks with families about the AAFPRC and explains how the AAFPRC can help them to achieve family reunification and ensure the safety of their children in their home.

**Visit within 24 Hours of Removal:** There was a removal in the target area and DHS provided an interaction between the mother and children within 24 hours. Prior to the removal DHS attempted to locate family members to take the children into their home, but was unsuccessful. The mother was present during this process. When a foster home

was found, the foster mother was able to meet the mother directly so that a positive relationship could start from the beginning. The DHS worker that removed the children also formed a team around her that was able to help out with getting necessary paperwork completed and making a referral for a family team meeting. There is still a need to discuss the process with the birth mother and foster mother to see what their thoughts are on the process.

### **Webster County**

**Diversion through Improved Initial Engagement:** All African American referrals to the local emergency services are asked if the Community Partner may be contacted and brought in to discuss various options that might assist them further. The Community Partner assists families with locating and engaging community, informal, and family supports and assistance. The Community Partner acts as a "liaison" between the family and DHS in cases when DHS might be able to provide some assistance, assisting the family through hesitancy related to DHS and facilitating smoother, more effective contacts between the family and DHS staff.

**A Voice in Court:** "A Voice in Court" supports parents in becoming empowered to express themselves through their attorney advocate, or directly if they so choose, regarding their feelings, needs, how they function as a family, and cultural priorities. This provides the Juvenile Court Judge necessary and helpful information in which to make important judicial decisions about their family. Court-appointed attorneys become better equipped to represent their client's needs and wishes effectively. Webster County utilized the survey developed in Black Hawk County, to interview African American parents who are participants in Juvenile Court hearings. 1. Counsel, have you received the report? 2. When did you receive a copy of the report? 3. Have you reviewed the report with your client? 4. Have you provided a copy of the report to your client? If no, why not? 5. Do you object to the admission of the report?

### **Woodbury County**

**Pre-Removal Conference:** Woodbury County, with significant input from the Birth Parent Representative, developed a packet for use at a Pre-Removal Conference. The Pre-Removal Conference takes place when CPS notifies the social worker (on our core team) who will involve the family BEFORE the removal to determine the best way for the transition to occur. The senior leader approves with the CPS supervisor. Parents who received the packet/experienced the Pre-Removal Conference are contacted and asked Did you find the packet helpful? How was it helpful? Is there other information that you need or would find helpful? Do you know who to contact if you have questions? For Family Interaction cases, in addition to the above, we will ask: Do you feel the family interaction plan is keeping you close with your child? How? If not, why not?

**Judge and Youth Conversations:** Our goal is that youth (over 12) involved in the juvenile court will experience engaging and respectful treatment with purposeful attention and inclusion. By having the Judge ask youth questions towards the end of their court hearings youth will understand what is happening in court and will become empowered and feel they have control to make good decisions.

**Cultural Plans for Children of Color:** Having courageous conversations up front with families we will understand their needs better and develop plans that match services and strategies better, as well as ultimately create more culturally responsive approaches. The Cultural Support Plan guides conversations with families, youth, and placements by asking questions about language, race, ethnicity, family history, traditions, sibling contact, and other key aspects of youth/families lives.

**Sioux City and Des Moines MYFI Sites** (*excerpted from the most recent September 2011 MYFI Fourth Quarter Progress Report, UIOWA, Brad Richardson*)

These two MYFI sites are continuing to track rate data using a racial equity scorecard. They have also had success in gathering the information needed in order to update the Woodbury County scorecard and populate a Polk County scorecard on out-of-home placement for the two demonstration sites. These data were useful in planning the workshop for the Disproportionate Minorities Conference in September. In Polk County and Woodbury County, annual interviews were completed with families identified as the MYFI target population who have recent experience with DHS child welfare services and who agreed to be interviewed.

Technical assistance with the Woodbury County DMC and MYFI event coordinated with the Sioux City Community School District was also a significant activity during the last quarter. Organizing and holding the statewide DMC Conference represented another significant activity undertaken by the DMC Resource Center during this quarter.

“The Great Hurt” presentation was held in Sioux City. Local organizations sponsored this look at the Indian School experience. It is intended to give the audience a better understanding of the historical trauma suffered by Native Americans by letting them hear the written words of both Indians and non-Indians who lived during the boarding school period.

A learning session was also conducted on understanding the MYFI Scorecard for Woodbury County, and technical assistance has been provided to engage Parent Partners across the child welfare system. The BSC measures package continues to be an important tool for BSC teams as is the data update for the race equity scorecards will be important going forward as will the report for each county providing quantitative data and qualitative data from families who have been involved with the Department.

The Community Initiative for Native Children and Families (CINCF)/MYFI meetings continue to be important collaborative events that the Resource Center attends. The Four Directions Center and the Community Initiative for Native Children is key to the success of MYFI and the disproportionality reduction work. Four Directions continues to hold parenting classes and has expressed interest in evaluation of the results. MYFI has also been selected for review as an evidence-based practice through a national evidence-based practice review.

**APPENDIX 2:  
CROSS-WALK OF CULTURAL COMPETENCE CONTINUUM  
(ACGME VS. CROSS MODELS) AND CHARACTERISTICS OF  
EACH LEVEL**

<p style="text-align: center;"><b>LEVEL OF CULTURAL COMPETENCE</b> <i>(ACGME Model)</i></p>	<p style="text-align: center;"><b>LEVEL OF CULTURAL COMPETENCE</b> <i>(CROSS Model)</i></p>	<p style="text-align: center;"><b>CHARACTERISTICS OF EACH LEVEL</b> <i>(adapted from ACGME for the child welfare system)</i></p>
<p><b>LEVEL 1:</b> <i>Hostile to the influence of culture in the workplace</i></p>	<p style="text-align: center;"><b>CULTURAL DESTRUCTIVENESS OR CULTURAL INCAPACITY</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Know little about how culture and national origin influences the way people understand and respond to situations in the CWS.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Does not ask about cultural information on clients.</li> <li>• Does not consider influences of culture or national origin in assessing client situations.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Indifferent to, threatened by, or defensive about cultural differences.</li> </ul>

<p><b>LEVEL 2:</b> <i>Minimal responsiveness to culture in the workplace</i></p>	<p><b>CULTURAL BLINDNESS</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• May not recognize when cultural issues are contributing to a situation.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• May feel frustration and does not know to seek appropriate cultural assistance with issue.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Not indifferent to, threatened by, or defensive of cultural differences, but minimizes cultural influences, viewing them as not central to the CWS.</li> </ul>
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<p><b>LEVEL 3:</b> <i>Beginning to recognize and accept role of culture in the workplace</i></p>	<p><b>CULTURAL PRECOMPETENCE</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• At a basic level, can define culture and list some factors that influence work/client interactions.</li> <li>• Can describe some cultural beliefs, values, and behaviors of workers/clients.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Inquires about some beliefs, practices, and values for clients.</li> <li>• Considers some cultural information in assessing workplace situations and responses.</li> <li>• Beginning to learn how to work with interpreters.</li> <li>• Beginning to apply general cultural information without stereotyping</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Beginning to respect different cultural values and behaviors.</li> <li>• Basic level of awareness of socio-cultural factors on families and relationships.</li> <li>• Beginning to appreciate the heterogeneity that exists within and across all cultural groups, and is aware of own cultural beliefs and practices.</li> </ul>
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<p><b>LEVEL 4:</b>  <i>Incorporate cultural awareness into daily practices of the workplace</i></p>	<p><b>CULTURAL COMPETENCE</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Critique conflicting situations where your and your co-workers' values are different.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Form an advisory alliance with members of different cultural communities</li> <li>• Successfully negotiate cross-cultural problem solving approaches as appropriate.</li> <li>• Have trained interpreters available.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Empathize with cross-cultural dilemmas, choices, and decisions in the CWS.</li> <li>• Accept responsibility to understand the cultural dimensions of the CWS.</li> <li>• Recognize own personal biases and reactions to persons from different minority, ethnic, and socio-cultural backgrounds, and know how to deal effectively with cross-cultural encounters.</li> </ul>
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<p><b>LEVEL 5:</b> <i>Cultural responsiveness integrated into all areas of professional life</i></p>	<p><b>CULTURAL PROFICIENCY</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Can analyze how institutional and cultural power structures can influence disproportionality and cultural responsiveness.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Advocate for change in organizations and the CWS to address cultural responsiveness issues.</li> <li>• Integrate other cultural viewpoints into own persona.</li> <li>• Actively utilize family members, community gatekeepers, and other local resources to improve the CWS.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Value a multicultural society.</li> <li>• Value a multicultural CWS that responds to various cultures with equity.</li> </ul>
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**APPENDIX 3:  
BIOGRAPHIES OF EXTERNAL CULTURAL CONSULTANTS**

## **MICHELE DEVLIN, DR.P.H.**

Dr. Michele Devlin is Professor of Public Health at the University of Northern Iowa, and Director of the Iowa Center on Health Disparities, a model organization established by the National Institutes of Health to improve health equity for underserved populations through training, research, and outreach on tolerance and diversity issues. She is the recipient of the One Iowa Award, Richard Remington Award, the Governor's Award, the Iowa Civil Rights Award, and other local, state, and national honors for outstanding teaching, scholarship, and service in the health and human rights field. Dr. Devlin completed her master's and doctorate degrees in international public health at the University of California at Los Angeles. Dr. Devlin's primary areas of specialty include refugee, minority, and immigrant care, as well as cultural competency and health communication with underserved populations. She has published multiple scientific reports and books, including "*Health Matters: A Guide to Working with Diverse and Underserved Populations*" and "*Postville USA: Surviving Diversity in Small-Town America.*" In addition to her academic expertise, Dr. Devlin has more than 30 years of field experience conducting public health programs domestically and internationally with vulnerable populations, and is also an International Disaster Relief volunteer with the American Red Cross. She is also founder of the award-winning "Global Health Corps," a model service-learning program that has trained more than 500 students in conducting culturally appropriate public health programs with over 40,000 diverse and underserved clients around the world. Dr. Devlin has extensive travel experience, and has worked, visited, or studied in 50 nations around the world.

## **MARK A. GREY, PH.D.**

Mark A. Grey, Ph.D. is Professor of Anthropology at the University of Northern Iowa. He is also Director of the Iowa Center for Immigrant Leadership and Integration. The Iowa Center is an award-winning program that provides consultation, training, and publications to Iowa communities, churches, organizations, and employers as they deal with the unique challenges and opportunities associated with influxes of immigrant and refugee newcomers. Dr. Grey is also Associate Director of the Iowa Center on Health Disparities. Dr. Grey received his Ph.D. in Applied Anthropology at the University of Colorado-Boulder. He has published extensively in academic journals on immigration in the Midwest including recent articles in *Human Organization* and *Religion and Education*. He has also published extensively for non-academic audiences. His handbooks include *Welcoming New Iowans: A Guide for Citizens and Communities* and *Welcoming New Iowans: A Guide for Managers and Supervisors*. With Dr. Michele Devlin and Aaron Goldsmith, Grey recently published *Postville USA: Surviving Diversity in Small-Town America* (GemmaMedia) and with Dr. Michele Devlin *Health Matters: A Pocket Guide for Working with Diverse Cultures and Underserved Populations* (Intercultural Press). Dr. Grey has won numerous awards for his activities, including the One Iowa Award, Iowa Friends of Civil Rights Award, Iowa Council for International Understanding Vision Award, the University of Northern Iowa Distinguished Service Award, and the Iowa Regents Award for Faculty Excellence.