



Promoting the Well-Being of Black, Native, Latinx, and Asian Youth Involved in Systems of Care

This document was supported by cooperative agreement number 2018-V3-GX-K014, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice, Office for Victims of Crime.

Promoting the Well-Being of Black, Native, Latinx, and Asian Youth Involved in Systems of Care

Abstract

This report examines the importance and multidimensional nature of well-being, in general, and the well-being of Black, Native, Latinx, and Asian youth involved in systems of care, in particular. These young people must navigate three significant challenges: typical developmental issues and stressors associated with child and adolescent development; various difficulties associated with their experiences before and during their systems involvement; and experiences of racism and inequitable treatment in their daily living and in their involvement with different systems. For

example, those who yield authority over Black, Native, Latinx, and Asian youth—including educators, social workers, law enforcement, probation officers, prosecutors, and judges—may have explicit or implicit racial or ethnic biases that result in distorted perceptions and unjust treatment of these

This is the first report in a five-part series about improving outcomes for youth involved in systems of care. The titles in the series are:

1. Promoting the Well-Being of Black, Native, Latinx, and Asian Youth Involved in Systems of Care
2. Protective Factors for Youth Involved in Systems of Care
3. Shifting the Perception and Treatment of Black, Native, and Latinx Youth in Systems of Care
4. The Systemic Neglect of Children, Youth, and Families of Color: Distinguishing Poverty Experienced by Families from Neglect
5. Breaking the Stigma and Changing the Narrative: Strategies for Supporting Expectant and Parenting Youth Involved in Systems of Care

young people. Evidence underscores the need to strategically focus on fostering the well-being of youth served in systems of care—child welfare, courts, education, social services, juvenile justice, victim services, and health services systems—to increase the likelihood of more positive outcomes. A well-being frame is described that provides strategies to improve practice and policy that address the physical, social, emotional, intellectual, behavioral, and economic domains of well-being, as well as environmental and societal factors that contribute to youth’s well-being. The well-being frame highlights the importance of employing diligent and consistent efforts at all levels of the social ecology—individual, interpersonal, community, and systemic—that will promote the equitable and just treatment of Black, Native, Latinx, and Asian youth across all systems of care.

NOTE: “Youth” is used throughout this report to refer to both children and adolescents

There is no consensus about a single definition of well-being, but there is broad agreement that well-being is not a static outcome in which an individual is problem-free and feels good all the time. Well-being is conceived here as a lifelong process of self-appraisal, based in one’s unique conditions and circumstances, that includes a combination of life satisfaction, frequent positive emotions, infrequent negative emotions, functioning well, and navigating life’s challenges in a healthy and effective way.¹ Well-being is a multidimensional phenomenon comprised of six interrelated domains, specifically:

- **Physical domain:** focuses on one’s physical growth, development, health, and fitness.

- **Social domain:** focuses on one's relationships, group identity, social support, community engagement, and sense of belonging, attachment, and place in society.
- **Emotional domain:** focuses on one's mental health and wellness, expression of emotions, coping skills, personal growth, and sense of sense of self, meaning, purpose, and mattering.
- **Intellectual domain:** focuses on one's cognitive growth, thought processes, problem-solving skills, knowledge, and sense of competence and mastery.
- **Behavioral domain:** focuses on one's ability to have some control over one's life, develop one's potential, and engage in actions that support proactive, productive functioning.
- **Economic domain:** focuses on one's current and future financial literacy, capability, and security.

Well-being is conceived here as a lifelong process of self-appraisal, based in one's unique conditions and circumstances, that includes a combination of life satisfaction, frequent positive emotions, infrequent negative emotions, functioning well, and navigating life's challenges in a healthy and effective way.

Well-Being and Youth

Well-being is a significant aspect of healthy youth development. It is associated with a positive self-concept, good academic functioning, social competence, effective coping skills, overall health, and increased opportunities and choices in life.² Individual characteristics and environmental and experiential factors play key roles in promoting or threatening youth's well-being, including *personal perceptions and attitudes* (e.g., body image; optimism); *personal status* (e.g., health; financial resources); *life events* (e.g., changes in family structure; education); *relationships* (e.g., peer influence; sense of connectedness); *stressors* (e.g., daily hassles; traumatic events); *productivity* (e.g., contributions to community; successes); and *the contexts and conditions in which youth live, learn, work, and play* (e.g., housing, safety, discrimination).

When working with youth, many researchers and practitioners stress the importance of a strengths-based approach that promotes well-being rather than a deficits-based approach.^{3,4,5} A deficits-based approach defines youth in terms of problems that need to be fixed by experts; obscures a recognition of their capacities, uniqueness, resilience, and strengths; undermines the youth's ability to transcend life challenges; negatively influences helping professionals' attitudes toward youth who receive services; and results in practices, programs, policies, and systems that are punitive, stigmatizing, and disempower youth.^{6,7,8,9}

A strengths-based approach looks beyond youth's stressors and trauma and identifies and maximizes their strengths as well as bolsters their protective networks.¹⁰ Youth's strengths are defined as "emotional and behavioral skills, competencies, and characteristics that create a sense of

personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic

A deficits-based approach defines youth in terms of problems that need to be fixed by experts

development".¹¹ Thus, identifying, supporting, and reinforcing youth's strengths is regarded as essential for their healthy development and well-being.

For some youth in the United States today, well-being may seem elusive as surveys show that many youth experience multiple stressors, frequent negative emotions, and are more stressed than older people.^{12,13} Reported sources of anxiety include: school, bullying, people who try to belittle them, a desire for more friends, school shootings, mass shootings, getting into a good college or deciding what to do after high school, financial concerns for their family, and deportation of families.¹⁴ The COVID-19 pandemic and resulting stay-at-home orders and social distancing created additional stressors for many young people. During 2020, the proportion of emergency department visits for various mental health issues among youth aged 12-17 increased 31 percent compared to the proportion of mental health related visits during 2019. From February 21 – March 20, 2021, the number of emergency department visits for suspected suicide attempts among youth aged 12-17 was 50.6 percent higher among females and 3.7 percent higher among males during the same period in 2019.¹⁵

Well-Being and Youth Involved in Systems of Care

Well-being may be more threatened for youth involved in systems of care, such as child welfare, courts, education, social services, juvenile justice, victim services, and health services systems. Threats to well-being are heightened for these youth due to their challenging experiences before and during their systems involvement (for example attending under-resourced, low-performing schools; multiple placements in resource homes; and involvement in interventions that fail to address youth's healing as well as their trauma histories^{16,17,18,19}). Fortunately, there is a growing body of evidence that underscores the need to strategically focus on fostering the well-being of youth served in these systems in order to increase the likelihood of positive outcomes. For example, research has shown the critical connection between trauma-informed practices that focus on well-being and improved placement stability in child welfare systems, as well as less recidivism in juvenile justice systems.²⁰

Black, Native, Latinx, and Asian Youth Involved in Systems of Care

Threats to well-being and the prospect of negative life options are further heightened for Black, Native, Latinx, and Asian youth involved in systems of care because these systems have actively discriminated against them—such as disproportionately separating them from their families—and as a result, have caused them great harm.²¹ Such treatment grows out of deeply rooted and pervasive racism within American society and is reflective of the historical legacy of dehumanizing Black, Native, Latinx, and Asian children, youth, and families that was sanctioned by federal policy

and practices intentionally designed to decimate families, communities, cultures, and identity.

Examples of Early Dehumanizing Federal Policy.

The Fugitive Slave Acts of 1793 and 1850 defined Black people as property. Consequently, Black mothers and fathers who were enslaved lived in constant fear that they or their children could be sold at the whim of slaveholders without any concern about the impact of breaking apart families or if they would be reunited.²² Beginning in the late 19th century and continuing into the 1960s, federal Indian policy was designed to “civilize” and assimilate Native peoples through various mechanisms, including targeting the break-up of Native families, communities, and social systems that served as healthy environments for child and family well-being.^{23,24}

While it is critically important to understand the legacy and negative effects of historical and contemporary systemic, institutional, and interpersonal racism, it is equally important to understand how Black, native and Latinx, and Asian families and communities have worked to counter the impact of generations of racism.

In the 1930s, families of Mexican descent—whether U.S. born, immigrant, documented, or undocumented—were torn apart by raids across the country that resulted in some family members’ forced relocation to Mexico. The massive deportation of approximately two million people, about 60 percent of whom were American citizens, was justified by President Herbert Hoover’s administration and others because men, women, and children of Mexican descent were viewed as being in jobs and using public assistance resources that should go to White Americans

affected by the Great Depression.²⁵ From 1942-1946, in reaction to the attack on Pearl Harbor, it was the policy of the federal government under President Franklin D. Roosevelt that children and adults of Japanese descent—including U.S. citizens—would be incarcerated in internment camps for the duration of World War II. The forced relocation of thousands of Japanese Americans was the height of the federal government's long history of racist treatment of Asian immigrants and their descendants that began in the late 1800s with restrictive immigration policies.²⁶

While it is critically important to understand the legacy and negative effects of historical and contemporary systemic, institutional, and interpersonal racism, it is equally important to understand how Black, Native, Latinx, and Asian families and communities have worked to counter the impact of generations of racism, such as acts of resistance and sociopolitical action. Activism has been proposed as a mechanism through which youth who witness or experience racism, cultural disruption, community destruction, or the fear of being deported can strengthen their individual and collective identity, support a positive sense of self, forge community bonds, promote well-being, and heal.^{27,28,29} More research is needed in this area.

Adultification Bias

Several studies have yielded data suggestive of adultification bias in education, child welfare, immigration, law enforcement, and juvenile justice systems.

Although children in many societies are viewed as a distinct developmental group characterized by innocence and in need for protection, studies have found these perceptions often are not ascribed to Black, Native, and Latinx youth; they are viewed as older and less innocent—and therefore

should be held more accountable for their actions—than their same age White peers.^{30,31} Authority figures' distorted perceptions of these youth as less child-like is called adultification bias.³² Several studies have yielded data suggestive of adultification bias in education, child welfare, immigration, law enforcement, and juvenile justice systems. For example:

- Although only 19% of female preschoolers were Black, they made up 53% of female preschoolers with one or more out-of-school suspensions. Similarly, Black boys make up 18% of the male preschool enrollment, but 41% of male preschool suspensions.^{33,34}
- Black and Latinx students experience disproportionate treatment and harm from School Resource Officers (SROs) and report that they feel less safe at schools with SROs.^{35,36}
- Black girls are three times more likely than their White peers to be removed from their homes and placed in state custody.³⁷
- From arrest to case disposition and sentencing, Black and Latinx girls face more punitive treatment than White girls in the juvenile justice system.^{38,39}

- Black and Latinx boys are more likely to be perceived by law enforcement and legal actors as older and more culpable for their actions than their White male peers. This places them at increased risk of contact with the juvenile justice system and police violence if accused of a crime.^{40,41,42}
- In the U. S. immigration system, unaccompanied Latinx children tend to be viewed and treated as adults as a way to deny their vulnerable status and legitimize the lack of legal protections in place for them.⁴³
- Native youth in state and federal juvenile justice systems are 50 percent more likely than White youth to receive harsher treatment such as pepper spray, restraint, and isolation.⁴⁴

These findings provide support for the assertion that decision makers who yield authority over Black, Native, and Latinx youth—such as educators, school resource officers, social workers, law enforcement, probation officers, prosecutors, and judges—may have conscious or unconscious racial, ethnic, or cultural biases that result in distorted perceptions and unjust treatment of these youth.⁴⁵

Impact of Racism

Black, Native, Latinx, and Asian youth who are involved in systems of care, as well as those who are not, must grapple with typical developmental issues and strive to achieve well-being in a context of racism that impinges on their day-to-day lives. Researchers refer to this as chronic environmental stress, defined as a constant background level of threat and heightened danger caused by racism that is engrained in the physical and social structure of the society. Chronic environmental stress has been found to negatively impact youth's sense of control over their lives, goal-

directed behavior, and optimism.⁴⁶ One study of the frequency and psychological impacts of racism experienced by Black youth found that participants averaged over five incidents of racism per day—either directly, online, or vicariously—which caused depressive symptoms.⁴⁷ Similarly, a study about racism experienced by Chinese American parents and their children during the pandemic found that nearly half of the youth reported being directly targeted by COVID-19 related racial harassment and discrimination online and/or in-person and 71 percent perceived health-related Sinophobia in America. These high levels of actual and perceived racism were associated with poorer mental health.⁴⁸

Other studies have found physical, emotional, and behavioral impacts from experiencing, witnessing, or being fearful of racism, including heightened stress which creates elevated blood pressure and a weakened immune system; diminished hope, motivation, self-confidence, and resilience; stereotype threat; and negative racial identity.⁴⁹ For example, experiencing daily discrimination was associated with Black, Latinx, and Asian youth’s nighttime sleep disturbances and more next-day daytime sleepiness and dysfunction.⁵⁰ Also, racial microaggressions—that is, intentional or unintentional verbal, behavioral, or environmental racial indignities—were found to be predictors of suicidal ideation among African American and Latinx youth, outside of the presence of depressive symptoms.⁵¹

Other studies have found physical, emotional, and behavioral impacts from experiencing, witnessing, or being fearful of racism, including heightened stress which creates elevated blood pressure and a weakened immune system; diminished hope, motivation, self-confidence, and resilience; stereotype threat; and negative racial identity.

The American Academy of Pediatrics issued a policy statement in 2019 in order to provide an evidence-based document focused on the multiple impacts of racism. It emphasized that failure to address racism will continue to undermine health equity, as well as the health status and overall well-being of all children, adolescents, emerging adults, and their families.⁵² Thus, intentional, systematic, and coordinated efforts are needed to address how policies, programs, and practices will impact individuals, families, communities, and the larger society to ensure the equitable and just treatment of Black, Native, Latinx, and Asian youth in systems of care.

Guidance for Promoting Well-Being with Youth Involved in Systems of Care

A summary of research- and practice-informed drivers that promote well-being, in general, and in Black, Native, Latinx, and Asian youth involved in systems of care, in particular is

provided below.^{53,54,55,56, 57,58,59,60,61,62,63,64,65,66,67} Drivers influence the process and direction—positive or negative—of growth or change. For example, the nature of peer relationships is a driver of social well-being for youth. Positive peer relationships provide a critical context for the development of autonomy, a healthy identity, and other growth-oriented outcomes. Conversely, negative, rejecting, or the lack of peer relationships can threaten well-being and play a role in problematic outcomes.⁶⁸

The identified drivers are organized by the six domains of well-being, as well as by environmental and societal drivers that contribute to well-being. The drivers are framed as guidance for practitioners who work with youth involved in various systems of care.

- Drivers in the physical, social, emotional, intellectual, behavioral, and economic domains of well-being are experiences and conditions related to individual youth and their interpersonal relationships.
- Environmental drivers focus on community and organizational conditions and circumstances that support youth’s well-being.
- Societal drivers focus on systemic factors that are necessary for the equitable and just treatment of and effective provision of interventions for Black, Native, Latinx, and Asian youth involved in systems of care.

This organizational frame underscores the importance of addressing all levels of the social ecology in order to promote well-being in Black, Native, Latinx, and Asian youth involved in systems of care.

This organizational frame underscores the importance of addressing all levels of the social ecology in order to promote well-being in Black, Native, Latinx, and Asian youth involved in systems of care.

Guidance for Promoting Well-Being with Black, Native, Latinx, and Asian Youth Involved in Systems of Care

Physical Domain of Well-Being: Focus on youth's physical growth, development, health, and fitness.

To promote physical well-being, practitioners should:

1. Assess youth's access to resources that address their physical needs
2. Provide electronic or printed information about:
 - a. developmental changes, expectations, and milestones
 - b. sexual and reproductive health
 - c. disease prevention
 - d. healthy and adequate nutrition
 - e. healthy sleep patterns
 - f. healthy body image
 - g. practicing good hygiene
 - h. engaging in physical activity/exercise given one's unique conditions and circumstances
 - i. maintaining a healthy lifestyle
3. Encourage youth to ask questions about growth, development, health, etc., and seek answers from legitimate sources
4. Encourage youth to share knowledge about traditional/cultural healing practices

Social Domain of Well-Being: Focus on youth’s relationships, group identity, social support, community engagement, and sense of belonging, attachment, and place in society.

To promote social well-being, practitioners should:

1. Assess youth’s access to resources that address their social needs
2. Connect youth—including those who leave foster care without legal permanence—to a nurturing, stable family or family-like environment
3. Encourage youth to identify and interact virtually or in-person with peers who have similar interests, concerns, or identities (e.g., cultural, sexual orientation, gender) and who they can provide or turn to for social or emotional support
4. Help youth to forge a consistent, predictable, trusting, and meaningful relationship with at least one caring adult
5. Help youth with unique concerns and needs (e.g., male and female expectant and parenting youth; LGBTQ youth) forge a consistent, predictable, trusting, and meaningful relationship with peers and adults who understand and support their unique concerns and needs
6. Talk with and listen to youth about differentiating between and recognizing healthy and unhealthy relationships
7. Talk with and listen to youth about their connectedness to their cultural/racial/ethnic group
8. Help youth to identify and forge close, trusting, meaningful, and sustainable relationships or affiliations with entities that give meaning to their life and promote a sense of belonging, reciprocal positive regard, and a belief that one matters—including organizations, communities, nature, and/or a higher power
9. Help youth to identify and engage in activities that enable them to feel that they and their peers are valued members of a community

10. Help youth to identify activities that will enable them to demonstrate a concern for and giving of oneself to other people, institutions, community, and/or society (e.g., activism)
11. Check-in with youth to determine if they are being treated fairly in their day-to-day living; work with youth to take appropriate action in cases of identified inequities

Emotional Domain of Well-Being: Focus on youth's mental health and wellness, expression of emotions, coping skills, personal growth, and sense of self, meaning, purpose, and mattering.

To promote emotional well-being, practitioners should:

1. Assess youth's access to resources that address their emotional needs
2. Provide youth with experiences that are strengths-based, trauma-informed, and focus on healing and well-being
3. Provide youth with experiences that will enable them to:
 - a. understand that they are more than their trauma and should not be defined by it
 - b. have stable ideas and positive feelings about themselves
 - c. have a sense of purpose, meaning, hope, and optimism about the future
 - d. regulate, manage, and express positive and negative emotions
 - e. manage stress and function well despite challenges and adversity
 - f. display character strengths (e.g., kindness, self-control, empathy, respect for elders)
 - g. find balance in day-to-day living
 - h. internalize clarity about and a positive regard for one's physical, racial/ethnic/cultural, gender, ability, economic, sexual orientation, and spiritual or religious identities
 - i. learn strategies (e.g., mindfulness) that will enable them to effectively manage stress, regulate their emotions, focus on the task at hand, and develop a positive outlook on life

4. Encourage youth to reflect on and talk about spirituality in their lives and how it helps to promote meaning, a positive purpose, and an optimistic future perspective
5. Listen to and talk with youth about their sense of racial/ethnic/cultural pride, the challenges they face, and strategies for effectively addressing the challenges
6. Identify, listen to, and talk with youth about reasons they are grateful
7. Listen to and talk with youth about self-compassion; that is, treating themselves kindly when things don't go well
8. Listen to and talk with youth about asking for help when they need it

Intellectual Domain of Well-Being: Focus on youth's cognitive growth, thought processes, problem-solving skills, knowledge, and sense of competence and mastery.

To promote intellectual well-being, practitioners should:

1. Assess youth's access to resources that address their intellectual needs
2. Connect youth to resources that will enable them to:
 - a. Acquire education and training that builds knowledge and skills and exposes them to a broad array of academic, technological, practical, creative, and civic activities and experiences
 - b. receive support for their unique learning needs
 - c. acquire skills for independent living
 - d. practice and expand on what they know and learn
 - e. identify and pursue interests, including hobbies and leisure
3. Encourage youth to learn about and share their family ancestry/genealogy and traditions
4. Encourage youth to learn about and share their cultural knowledge and traditions
5. Provide youth with experiences that will enable them to:

- a. use planning, problem-solving, and decision-making skills
 - b. develop a clear sense of right and wrong
 - c. develop realistic beliefs about and acceptance of their capabilities, strengths, and limitations
 - d. set realistic and achievable goals
 - e. believe that they are competent and able to perform the actions needed to achieve their goals
 - f. work to achieve their goals
 - g. feel competent at doing something that others appreciate or admire
6. Listen to and talk with youth about their reflections regarding their early and current developmental and experiential histories and identify growth-oriented lessons
 7. Listen to and talk with youth about their reflections on how their direct, indirect, or vicarious observations and experiences of racism impact their perceptions of self and attitudes towards and interactions with others

Behavioral Domain of Well-Being: Focus on youth's ability to have some control over their lives, develop their potential, and engage in actions that support proactive, productive functioning.

To promote behavioral well-being, practitioners should:

1. Assess youth's access to resources that address their behavioral needs
2. Listen to and talk with youth about being an agent in fostering their own well-being.
3. Provide youth with experiences that will enable them to:
 - a. envision near and distal future possibilities of what they would like to become and what they would not like to become
 - b. identify specific action plans to achieve desired selves and avoid undesired selves
 - c. exercise some control over their journey to adulthood
 - d. use effective communication skills, including expressing their unique insights, interests, desires, needs, and identity

4. Connect youth to resources that will enable them to:
 - a. engage in healthy risk-taking
 - b. acquire knowledge of and exercise their rights
 - c. seek help as needed
5. Listen to and talk with youth about:
 - a. making safe and constructive life choices
 - b. learning from their mistakes
 - c. approaching life's challenges with confidence
 - d. adapting to change
 - e. engaging in behaviors consistent with their sense of morality or spiritual values
 - f. respecting and honoring family and/or cultural traditions

Economic Domain of Well-Being: Focus on youth's current and future financial literacy, capability, and security.

To promote economic well-being, practitioners should:

1. Assess youth's access to resources that address their economic needs
2. Connect youth to resources that will enable them to:
 - a. have sufficient resources to consistently meet their basic needs and fund their consumption of essential goods and services
 - b. receive education and training that supports their acquisition of marketable skills and the foundation for desired work and career pathways
 - c. gain work experience and employment
 - d. earn a livable wage and build financial assets
 - e. enable them to develop financial literacy and skills

Environmental Drivers: Focus on the community and organizational contexts, conditions, and circumstances—including interactions with systems of care professionals—in which youth live, learn, work, and play that support their well-being.

To strengthen environmental drivers to support youth's well-being, practitioners should:

1. Assess youth's availability of and access to:
 - a. nutritious and affordable food
 - b. high quality, affordable, and respectful physical and mental healthcare services and resources
 - c. safe, stable, and predictable living conditions
 - d. safe, trustful, peaceful, healthy, and inclusive environments that minimize risk of exposure to toxic conditions, experiences, and people and that support physical and mental health and wellness, as well as positive, supportive relationships (e.g., recreation facilities; mentoring organizations)
 - e. high quality learning environments that are safe, engaging, intellectually challenging, culturally and linguistically responsive, and developmentally appropriate to meet their specialized learning needs
 - f. nature
 - g. experiences that will enable youth to explore and identify their interests
 - h. safe and affordable financial products and resources
 - i. healthy and safe material necessities and conditions
 - j. developmentally appropriate opportunities, activities, and experiences that promote community/civic engagement and volunteerism
 - k. systems of care experiences that are safe, developmentally appropriate, strengths-based, trauma-informed, and focused on healing and well-being
2. Address youth's identified needs
3. Understand how systemic and institutional racism operate throughout society and within systems of care, the impacts on Black, Native, Latinx, and Asian youth, and how their own practices should be guided by this understanding
4. Actively examine their own biases and how bias may be influencing their attitudes toward and treatment of Black, Native, Latinx, and Asian youth

5. Perceive and treat Black, Native, Latinx, and Asian youth in developmentally appropriate ways
6. Competently and respectfully work with Black, Native, Latinx, and Asian youth
7. Work to eliminate the barriers to well-being that Black, Native, Latinx, and Asian youth face
8. Understand adolescent brain development and provide services that are developmentally appropriate
9. Understand that youth are more than their trauma experiences and should not be defined by them
10. Encourage, have respect for, value, and elevate youth, parent, and community voice and choice
11. Appreciate youth's roles as emerging community leaders and create pathways and positions for youth advocacy, influence, shared decision-making, and power
12. Understand the importance of and work to achieve placement stability
13. Build authentic partnerships between youth, families, and systems of care professionals

Societal Drivers: Focus on systemic-level issues that impact youth—including ideology, laws, policies, and practices—that are necessary for the equitable and just treatment of and effective provision of services for Black, Native, Latinx, and Asian youth involved in systems of care.

To strengthen the societal domain to support youth's well-being, practitioners should:

1. Prioritize strengths-based, trauma-informed, healing, and well-being strategies throughout and across systems
2. Focus on building and strengthening youth protective factors and protective networks

3. Work to dismantle harmful macro-level ideology, values, norms, laws, policies and practices that are incompatible with well-being and contribute to youth's trauma (e.g., racism; criminalization of school behavior; youth tried as adults; placement instability)
4. Develop and implement institutional and systems policies, programs, and practices that identify, address, reduce, and ultimately prevent racial and ethnic inequitable treatment and outcomes
5. Develop and implement systems responses to Black, Native, Latinx, and Asian youth that are equitable, safe, culturally and linguistically responsive, strengths-based, trauma-informed, and focus on healing and well-being
6. Develop and implement systems responses that protect youth from threats of harassment, exploitation, physical and sexual violence, emotional abuse, and neglect
7. Develop and implement data collection systems that provide accurate information—disaggregated by race and ethnicity—which enable the meaningful measurement and evaluation of progress
8. Ensure systems are integrating communities of color into research, using data to look at the racial impact of systems' work in communities, and whether systems are making improvements and having positive impacts on communities of color
9. Use data and other evidence to counter the dominant racist and oppressive perspectives and narratives about Black, Native, Latinx, and Asian youth
10. Commit to an ideology of anti-racism and equity-driven decision-making at all levels of systems of care
11. Recruit and hire a diverse workforce at all levels of the system, including those with relevant lived experience
12. Recruit and hire a workforce that understands the role of race, racism, and bias and the ways in which these phenomena shape the youth they serve, as well as their own life experiences

13. Examine how systems of care can improve how they work together to improve outcomes for Black, Native, Latinx, and Asian youth
14. Provide and support opportunities for youth's voices in systems-level decision-making
15. Incorporate equity impact assessments or institutional analysis work to help uncover problematic assumptions that contribute to racial/ethnic disparities in policies, practices, and programs
16. Invest in community-based services, resources, and supports focused on healing and personal growth as an alternative to punitive measures
17. Require ongoing training, capacity building, and coaching on key topics such as adolescent brain development, trauma and healing, social determinants of health, racism, and the ways in which historical and contemporary racism and oppression shape the children, adolescents, and families they serve, as well as their own life experiences
18. Strengthen meaningful and effective interagency and cross-systems alignment and collaboration, in general, and particularly for youth with unique needs such as those involved in multiple systems of care, youth with disabilities, and victims of sex trafficking
19. Ensure the equitable distribution of resources and opportunities across racially, ethnically, and economically diverse communities

Conclusion

Researchers and practitioners tend to agree that well-being does not mean being problem-free. In addition to life satisfaction, frequent positive emotions, and infrequent negative emotions, well-being also includes navigating problems in a healthy and effective way. Black, Native, Latinx, and Asian youth who are involved in systems of care are faced with three significant challenges that can threaten their sense of well-being. They must navigate typical developmental issues and stressors associated with child and adolescent development; difficulties associated with their experiences before and during their systems involvement; and experiences of racism and inequitable treatment in their day-to-day living and in their involvement with systems of care. Practitioners can best serve these youths by providing them with experiences, resources, and strengths-based, healing-focused interactions that address the physical, social, emotional, intellectual, behavioral, and economic domains of well-being. It is essential that practitioners also address the community, organizational, and systemic conditions and circumstances that promote youth's well-being and the equitable treatment of and effective provision of services for Black, Native, Latinx, and Asian youth involved in systems of care.

End Notes

- ¹ Diener, E., Lucas, R. E., & Oishi, S. (2002). Subjective well-being: The science of happiness and life satisfaction. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 63-73). New York: Oxford University Press.
- ² Ruggeri, K., Garcia-Garzon, E., Maguire, Á., Matz, S., & Huppert, K. A. (2020, June). Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. *Health and Quality of Life Outcomes*, 18(192). <https://doi.org/10.1186/s12955-020-01423-y>
- ³ Blundo, R. (2001). Learning strengths-based practice: Challenging our personal and professional frames. *Families in Society: The Journal of Contemporary Human Services*, 82(3), 296-304.
- ⁴ Manthey, T. J., Knowles, B., Asher, D., & Wahab, S. (2011, Fall). Strengths-based practice and motivational interviewing. *Advances in Social Work*, 12(2), 126-151.
- ⁵ Saleebey, D. (2006). The strengths perspective: Possibilities and problems. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 279-303). Boston, MA: Pearson.
- ⁶ Centre for Child Well-Being. (2011, Fall). *Strengths-based versus deficit-based approaches*. www.mtroyal.ca/wcm/groups/public/documents/pdf/strengthsvsdeficitrb.pdf
- ⁷ Brun, C., & Rapp, R. C. (2001). Strengths-based case management: Individuals' perspectives on strengths and the case manager relationship. *Social Work*, 46(3), 278-288.
- ⁸ Grant, J. S., & Cadell, S. (2009). Power, pathological worldviews, and the strengths perspective in social work. *Families in Society: The Journal of Contemporary Social Services*, 90(4), 425-430. wlu.ca/cgi/viewcontent.cgi?article=1006&context=scwk_faculty
- ⁹ National Technical Assistance and Evaluation Center for Systems of Care. (2008). *An individualized, strengths-based approach in public child welfare driven systems of care*. www.childwelfare.gov/pubs/acloserlook/strengthsbased/strengthsbased.pdf
- ¹⁰ Taliaferro, L. A. & Borowsky, I. W. (2012, June). Beyond prevention: Promoting healthy youth development in primary care. *American Journal of Public Health*, 102(Suppl 3), S317-321.
- ¹¹ Epstein, M. H. (2004). *Behavioral and Emotional Rating Scale: A strength-based approach to assessment, Examiner's Manual 2nd ed.* Austin, TX: PRO-ED.
- ¹² Clark, H., et al. (2020, February). A future for the world's children? A WHO-UNICEF-Lancet Commission. *The Lancet*, 395(10224), 605-668. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2932540-1>
- ¹³ American Psychological Association. (2014). *Teen stress rivals that of adults*. [https://www.apa.org/monitor/2014/04/teen-stress#:~:text=The%20survey%20of%20adults%20and,levels%20\(5.8%20for%20teens%20vs.](https://www.apa.org/monitor/2014/04/teen-stress#:~:text=The%20survey%20of%20adults%20and,levels%20(5.8%20for%20teens%20vs.)
- ¹⁴ Dougherty, D., LeBlanc, N., Armstrong, P., Kanani, N. S., Wittenberg, R., & Cope, E. (2020). *Advancing teen flourishing: Moving policy upstream*. https://academyhealth.org/sites/default/files/advancingteenflourishing_may2020.pdf
- ¹⁵ Yard, E., Radhakrishnan, L., Ballesteros, M. F., et al. (2021, June 11). Emergency department visits for suspected suicide attempts among persons aged 12-25 years before and during the COVID-19 pandemic—United States, January 2019-May 2021. *Morbidity and Mortality Weekly Report*, 70, 1-7.
- ¹⁶ Langford, B. H., & Badeau, S. (2013, August). *A plan for investing in the social, emotional, and physical well-being of older youth in foster care: Connected by 25*. <http://www.ytfg.org/2013/01/connected-by-25-a-plan-for-investing-in-the-social-emotional-and-physical-well-being-of-older-youth-in-foster-care/>
- ¹⁷ National Academies of Sciences, Engineering, and Medicine. (2020). *The effects of incarceration and reentry on community health and well-being: Proceedings of a workshop*. Washington, DC: The National Academies Press. <https://www.nap.edu/catalog/25471/the-effects-of-incarceration-and-reentry-on-community-health-and-well-being>
- ¹⁸ Casey Family Programs. (2018, August). *What impacts placement stability?* https://casefamilypro.wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts.pdf
- ¹⁹ Ginwright, S. (2018, May 31). *The future of healing: Shifting from trauma informed care to healing centered engagement*. <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

-
- ²⁰ Langford, B. H., Badeau, S. H., & Legters, L. (2015, October). *Investing to improve the well-being of vulnerable youth and young adults: Recommendations for policy and practice*. Youth Transition Funders Group. <http://ytf.org/wp-content/uploads/2015/11/Investing-in-Well-Being-small.pdf>
- ²¹ Minoff, E. (2018, October). *Entangled roots: The role of race in policies that separate families*. Center for the Study of Social Policy. <https://cssp.org/wp-content/uploads/2018/11/CSSP-Entangled-Roots.pdf>.
- ²² Lockley, T. (2017). The forming and fracturing of families on a South Carolina rice plantation, 1812-1865. *The History of the Family*, 23(1), 1-15. https://www.researchgate.net/publication/313591449_The_forming_and_fracturing_of_families_on_a_South_Carolina_rice_plantation_1812-1865
- ²³ Simmons, D. E. (2014). *Improving the well-being of American-Indian and Alaska Native children and families through state-level efforts to improve Indian Child Welfare Act compliance*. Retrieved from National Indian Child Welfare Association: <http://childwelfareparc.org/wp-content/uploads/2014/10/Improving-the-Well-being-of-American-Indian-and-Alaska-Native-Children-and-Families.pdf>
- ²⁴ Minoff, E. (2018, October). *Entangled roots: The role of race in policies that separate families*. Center for the Study of Social Policy. <https://cssp.org/wp-content/uploads/2018/11/CSSP-Entangled-Roots.pdf>.
- ²⁵ Little, B. (2019, July 12). *The U.S. deported a million of its own citizens to Mexico during the Great Depression*. <https://www.history.com/news/great-depression-repatriation-drives-mexico-deportation>
- ²⁶ History.Com Editors. (2021, April). *Japanese internment camps*. <https://www.history.com/topics/world-war-ii/japanese-american-relocation>
- ²⁷ Anyiwo, N., Palmer, G., Garrett, J., Starck, J., & Hope, E. (2020). Racial & political resistance: An examination of the sociopolitical action of racially marginalized youth. *Current Opinion in Psychology*, 35, 86-91. https://www.researchgate.net/publication/340110466_Racial_Political_Resistance_An_Examination_of_the_Sociopolitical_Action_of_Racially_Marginalized_Youth
- ²⁸ Ginwright, S. (2018, May 31). *The future of healing: Shifting from trauma informed care to healing centered engagement*. <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- ²⁹ Ginwright, S. (2016). *Hope and healing in urban education: How Urban Activists and Teachers are Reclaiming Matters of the Heart*. New York, NY: Taylor and Francis
- ³⁰ Goff, P. A., Jackson, M. C., Allison, B., Di Leone, L., Culotta, C. M., DiTomasso, N. A. (2014, April). The essence of innocence: Consequences of dehumanizing children. *Journal of Personality and Social Psychology*, 106(4), 526-45.
- ³¹ National Juvenile Justice Network. (2017, September). Implicit bias: Why it matters for youth justice. <https://www.njjn.org/our-work/implicit-bias-snapshot>
- ³² Epstein, R., Blake, J. J., & Gonzalez, B. T. (2017). *Girlhood interrupted: The erasure of Black girls' childhood*. Georgetown Law Center on Poverty and Inequality.
- ³³ U. S. Department of Education, Office of Civil Rights. (2016). *2013-2014 Civil Rights Data Collection*. <https://www2.ed.gov/about/offices/list/ocr/docs/CRDC2013-14-first-look.pdf>
- ³⁴ Strauss, V. (2020, December 1). *Answer sheet: New federal data shows Black preschoolers still disciplined at far higher rates than Whites*. National Education Policy Center. <https://nepc.colorado.edu/blog/new-federal>
- ³⁵ Blad, E. & Harwin, A. (2017, January 24). Black students more likely to be arrested at school. *Education Week*. <https://www.edweek.org/leadership/black-students-more-likely-to-be-arrested-at-school/2017/01>
- ³⁶ Perumean-Chaney, S. E., & Sutton, L. M. (2013). *Students and perceived school safety: The impact of school security measures*. *American Journal of Criminal Justice*, 38, 570-588.
- ³⁷ Epstein, R., Blake, J. J., & Gonzalez, B. T. (2017). *Girlhood interrupted: The erasure of Black girls' childhood*. Georgetown Law Center on Poverty and Inequality.
- ³⁸ Rhor, M. (May 15, 2019). Pushed out and punished: One woman's story shows how systems are failing Black girls. *USA Today*.

-
- ³⁹ Hamilton-Jiang, S. L. (2019, Fall). Children of a lesser God: Reconceptualizing race in immigration law. *Northwestern Journal of Law and Social Policy*, 15(1), 38-81.
<https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=1194&context=njls>
- ⁴⁰ Goff, P. A., et al. (2014). The Essence of innocence: Consequences of dehumanizing Black children. *Journal of Personality and Social Psychology*, 106(4), 526-545.
- ⁴¹ Ocen, P. A. (2015). *(E)racing childhood: Examining the racialized construction of childhood & innocence in the treatment of sexually exploited minors*. UCLA Law Review.
- ⁴² Hamilton-Jiang, S. L. (2019, Fall). Children of a lesser God: Reconceptualizing race in immigration law. *Northwestern Journal of Law and Social Policy*, 15(1), 38-81.
<https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=1194&context=njls>
- ⁴³ Hamilton-Jiang, S. L. (2019, Fall). Children of a lesser God: Reconceptualizing race in immigration law. *Northwestern Journal of Law and Social Policy*, 15(1), 38-81.
<https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=1194&context=njls>
- ⁴⁴ Youth.Gov. (n.d.). *American Indian and Alaska Native (AI/AN) youth: Juvenile justice*.
<https://youth.gov/youth-topics/american-indian-alaska-native-youth/juvenile-justice>
- ⁴⁵ Henning, K. H. (2013, January). Criminalizing normal adolescent behavior in communities of color: The role of prosecutors in juvenile justice reform. *Cornell Law Review*, 98(2), 383-461.
<https://scholarship.law.cornell.edu/cgi/viewcontent.cgi?article=3262&context=clr>
- ⁴⁶ Tolan, P.H. et al. (2004). Building protection, support, and opportunity for inner-city children and youth and their families. In K. I. Maton, C. J. Shellenbach, B. J. Leadbeater, & A. L. Solarz (Eds.), *Investing in children, youth, families, and communities: Strengths-based research and policy* (pp. 193-211). Washington, DC: American Psychological Association
- ⁴⁷ English, D., Lambert, S. F., Tynes, B. M., Bowleg, L., Zea, M. C., & Howard, L. C. (2020). Daily multidimensional racial discrimination among Black U.S. American adolescents. *Journal of Applied Developmental Psychology*, 66, Article 101068.
- ⁴⁸ Cheah, C. S. L., Wang, C., Ren, H., Zong, X., Cho, H. S., & Xue, X. (2020, November). COVID-19 Racism and Mental Health in Chinese American Families. *Pediatrics*, 146(5), e2020021816.
<https://pediatrics.aappublications.org/content/146/5/e2020021816?versioned=true>
- ⁴⁹ Lewsley, J. (2020, July 28). What are the effects of racism on health and mental health? *Medical News Today*. <https://www.medicalnewstoday.com/articles/effects-of-racism>
- ⁵⁰ Yip, T., Cheon, Y.M., Wang, Y., Cham, H., Tryon, W., & El-Sheikh, M. (2020, May). Racial disparities in sleep: Associations with discrimination among ethnic/racial minority adolescents. *Child Development*, 91(3), 914-931.
- ⁵¹ Madubata, I., Spivey, L. A., Alvarez, G. M., Neblett, E. W., & Prinstein, M. J. (2019, September 13). Forms of racial/ethnic discrimination and suicidal ideation: A prospective examination of African American and Latinx youth. *Journal of Clinical Child and Adolescent Psychology*, 1-9.
<https://www.ncbi.nlm.nih.gov/pubmed/31517518>
- ⁵² Trent, M., Dooley, D. G., & Dougé, J. (2019, August). The impact of racism on child and adolescent health, *Pediatrics*, 144(2), <https://pediatrics.aappublications.org/content/144/2/e20191765>.
- ⁵³ Langford, B. H., & Badeau, S. (2013, August). *A plan for investing in the social, emotional, and physical well-being of older youth in foster care: Connected by 25*.
<http://www.ytfg.org/2013/01/connected-by-25-a-plan-for-investing-in-the-social-emotional-and-physical-well-being-of-older-youth-in-foster-care/>
- ⁵⁴ Harper Browne, C. (2014, July). *Youth Thrive: Advancing healthy adolescent development and well-being*. Washington, DC: Center for the Study of Social Policy. https://cssp.org/wp-content/uploads/2018/09/Youth-Thrive_Advancing-Healthy-Adolescent-Development-and-Well-Being.pdf
- ⁵⁵ Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, 83, 10-28.
<https://www.karger.com/Article/FullText/353263#>
- ⁵⁶ Ruggeri, K., Garcia-Garzon, E., Maguire, Á., Matz, S., & Huppert, K. A. (2020, June). Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. *Health and Quality of Life Outcomes*, 18(192). <https://doi.org/10.1186/s12955-020-01423-y>

-
- ⁵⁷ Huppert, F. A. (2009, July). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137-164. <https://iaap-journals.onlinelibrary.wiley.com/doi/full/10.1111/j.1758-0854.2009.01008.x>
- ⁵⁸ Whitlock, J. (2004, September). *Understanding youth development principles and practices*. ACT for Youth Upstate Center of Excellence. http://www.actforyouth.net/resources/rf/rf_understandyd_0904.pdf
- ⁵⁹ Ross, D. A., Hinton, R., Melles-Brewer, M., Engel, D., Zeck, W. Fagan, L., . . . Mohan, A. (2020). Adolescent well-being: A definition and conceptual framework. *Journal of Adolescent Health*, 67, 472-476. <https://www.jahonline.org/action/showPdf?pii=S1054-139X%2820%2930396-7>
- ⁶⁰ The Annie E. Casey Foundation. (2017). *The road to adulthood: Aligning child welfare practice with adolescent brain development*. <https://www.aecf.org/resources/the-road-to-adulthood/>
- ⁶¹ National Indian Child Welfare Association. (2019). *Cultural connectedness and Indigenous youth well-being fact sheet*. <https://www.nicwa.org/wp-content/uploads/2019/11/2019-10-30-Cultural-Connectedness-Fact-Sheet.pdf>
- ⁶² Rountree, J. & Smith, A. (2016). Strength-based well-being indicators for Indigenous children and families: A literature review of Indigenous communities' identified well-being indicators. *American Indian and Alaskan Native Mental Health Research*, 23(3), 206-20. <https://pubmed.ncbi.nlm.nih.gov/27383093/>
- ⁶³ Goodluck, C., & Willetto, A. A. A. (2009, October). *Seeing the protective rainbow: How families survive and thrive in the American Indian and Alaska Native community*. Retrieved from The Annie E. Casey Foundation: <https://www.aecf.org/resources/how-families-survive-and-thrive-in-the-american-indian-and-alaska-native-co/>
- ⁶⁴ Anyiwo, N., Palmer, G., Garrett, J., Starck, J., & Hope, E. (2020). Racial & political resistance: An examination of the sociopolitical action of racially marginalized youth. *Current Opinion in Psychology*, 35, 86-91. https://www.researchgate.net/publication/340110466_Racial_Political_Resistance_An_Examination_of_the_Sociopolitical_Action_of_Racially_Marginalized_Youth
- ⁶⁵ Human Impact Partners. (2017, February). *Juvenile injustice: Charging youth as adults is ineffective, biased, and harmful*. <https://humanimpact.org/hiprojects/juvenile-injustice-charging-youth-as-adults-is-ineffective-biased-and-harmful/>
- ⁶⁶ Casey Family Programs. (2018, August). *What impacts placement stability?* https://casefamilypro.wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts.pdf
- ⁶⁷ Ginwright, S. (2018, May 31). *The future of healing: Shifting from trauma informed care to healing centered engagement*. <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- ⁶⁸ Harper Browne, C. (2014, July). *Youth Thrive: Advancing healthy adolescent development and well-being*. Washington, DC: Center for the Study of Social Policy. https://cssp.org/wp-content/uploads/2018/09/Youth-Thrive_Advancing-Healthy-Adolescent-Development-and-Well-Being.pdf