



THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK
WITH INFANTS, CHILDREN & FAMILIES

Cross-Sector Allies Together in the Struggle for Social Justice Diversity-Informed Tenets for Work with Infants, Children, and Families

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Abstract

The Diversity-Informed Infant Mental Health Tenets (St. John, Thomas, Noroña, and Irving Harris Foundation Professional Development Network Tenets Working Group, 2012) synthesized efforts to integrate principles of diversity, equity, and inclusion into the infant and early childhood mental health field. The Tenets were born of a recognition that social forces conspire to interfere with the capacity of some groups of children and families to thrive. The Tenets are a response to the persistent and urgent need to expand our professional capacity and deepen our work with families by increasing awareness and developing intentional action for individual, organizational, and systemic change. This article presents a revised and expanded edition of the Tenets. The authors introduce a new name—Diversity-Informed Tenets for Work with Infants, Children, and Families—and describe the productive struggles, deepened understandings, sustaining alliances, and critical insights that brought this edition into being.

There has long been consensus among infant and early childhood professionals that meeting diverse families' needs requires dedicated professional knowledge bases, skillsets, (Zeanah & Zeanah, 2009) and learning from practice. But something else is equally critical: cultivating self-awareness. For example, a well-meaning home visitor was dismayed to notice upon exiting the home of a family they (note that the authors of this article intend the use of pronouns to be inclusive of all gender identifications and gender expressions) visited for the first time that the shoes of each family member were lined up neatly outside the front door. In their eagerness to meet the family, the home visitor had crossed the threshold without registering this household convention and removing their own shoes. As they drove away, they wondered what additional missteps they may have made.

There are many socio-cultural conventions, such as leaving shoes at the door, which service providers must acknowledge and respect. Such a convention might be specific to family culture or might signal the family's tie to a broader socio-cultural circle—to the family's religion, ethnicity, tribe, socio-economic, or national cultural identifications, for example. Such considerations are also central to a child's emerging identity and sense of self. To be effective, any service a family receives must be assessed and understood through these layers of meaning so that they are valuable to the family in their context. It must begin with the professional's capacity to reflect on their experience of and with the family. Openness to others and awareness of one's self are indivisible.

There are other influences on people's experiences that can be hard to pinpoint but hazardous to ignore. These are the forces of oppression that impact everyone in diverse ways: the families who are the recipients of services or excluded from them, the subjects of research or writing and how they are studied or

described, the beneficiaries of policy and advocacy work that benefit some but not all individuals, families, and communities and the infant, children, and family professionals (also members of families) who are doing this work.

Racism is a prime example of a force of oppression that impacts everyone, though in radically distinct ways depending on how a person is positioned racially. As Solomon (2018) noted in a report regarding the gross disparities in mortality rates for Black mothers and infants in the United States, “research and data continue to show that racism is the evergreen toxin permeating all aspects of American society—and it is killing Black women and their babies.” DiAngelo (2018) explained that racism may impact some White people by their/our seeing themselves/ourselves as if race does not matter, and possible anger that they/we are connected to racism, are racist, and/or uphold and perpetrate racism (the authors of this article identify racially as Black, Latina, and White). White people often talk about race as if race only pertains to non-White people (Vargas, 2015), therefore implying that White is not a race and only non-White groups are racialized. Racism as a force of oppression plays out for others outside of the Black–White binary in American society as well. Native Americans, Asian Americans, Latino Americans, Arab Americans, and multiracial and biracial people are often ignored in this conversation.

Furthermore, there is an aspect of contemporary social stratification linked to racism and other systems of oppression, that is generally overlooked (Asad & Clair, 2016) and critically important to highlight. Immigrant children and families within the United States and other countries around the globe are facing overt racism and xenophobia by individuals and systems. In the United States, some immigrant families experience discrimination in their communities as assumptions are made about their documentation status

based on their phenotype and English proficiency (Córdova & Cervantes, 2010). The attention that anti-immigration policies create on deporting undocumented immigrants further fuels negative beliefs and stereotypes that immigrants contribute to greater social problems (Casas & Cabrera, 2011). Moreover, anti-immigration policies tend to racialize legal statuses consequently increasing ethnic discrimination, racial profiling, and prejudices which adversely affect the rights and welfare of some immigrant communities (Casas & Cabrera, 2011) more than others.

We are all affected by racism and xenophobia, as well as all other forces of oppression. The infant and early childhood mental health and related fields are dedicated in theory to supporting the development and well-being of not some, but of all infants, children, and families. In practice, many things mitigate against this, such that certain families and groups of families face barriers to accessing needed services. How can we overcome barriers to being fully inclusive? What guidelines might we follow in order to promote equity in and through our work? How do individuals expand self-awareness, and how do institutions and systems undo systemic oppression? These are the questions that originally spurred the collaborative articulation of the Diversity-Informed Tenets for Work with Infants, Children and Families (see Tenets).

ORIGIN OF THE TENETS

The Diversity-Informed Tenets for Work with Infants, Children & Families (Tenets) were developed by a Work Group of the Harris Professional Development Network in 2011 (see Tenets Working Group list). This group of infant mental health professionals from across the United States and Israel surveyed the literature and pooled their collective knowledge and experience in an effort to answer the questions above. The overarching concern was: *What can we all do to address the needs of all families and promote full inclusion*

and equity through our work? The process entailed intense personal reflection as well as professional exchange. They found that each member of the group had something to contribute from their own experience that shed light on specific barriers to inclusion and equity. These efforts were supported by the Irving Harris Foundation and its long-term commitment to working with the Harris Professional Development Network to strengthen diversity, equity, and inclusion in the infant and early childhood mental health field. What emerged from this process were the Tenets: a set of guiding principles that could be used as a navigational tool to ensure that while immersed in their day-to-day work these professionals were steering toward a more equitable, inclusive, and socially just world for all infants, children, and families.

Over the past 6 years, with support from the Irving Harris Foundation, the Tenets have been field tested and disseminated widely. Members of the Harris Professional Development Network brought the Tenets to their respective sites and have used them in a range of creative and intentional ways. Simultaneously, members of the Tenets Working Group began to facilitate workshops introducing the Tenets to individuals and organizations across the United States and internationally. As of this writing, workshops have been facilitated in Arizona, California, Colorado, Florida, Illinois, Massachusetts, Minnesota, Mississippi, New Mexico, New York, Texas, and Wisconsin. The Tenets have been shared at ZERO TO THREE conferences five times and at the World Association of Infant Mental Health conference twice to an audience of infant and early childhood practitioners from around the globe. In 2015, the Tenets were identified by a representative of the United States Department of Health and Human Services as a promising framework to counter implicit bias, and they were included in a national webinar series aimed at preventing expulsion and suspension in early childhood education. Many people have written about the Tenets in diverse spheres of practice (Dean,

LeMoine, & Mayoral, 2016; Ghosh Ippen, Noroña, & Thomas, 2012; Klawetter, & Frankel, 2018; Lieberman, & Bucio, 2018; Noroña, Velasco-Hodgson, Eiduson, & Flores, 2018; Osofsky, Wieder, Noroña, Lowell, & Ramsey Worthy, 2018; St. John, 2016; St. John & Nalo, 2016; St. John, Thomas, Noroña, 2012; Velasco-Hodgson, & Kaplan-Sanoff, 2014). The Tenets have also been translated into Spanish (Velasco-Hodgson & Noroña, 2012, 2018) and Hebrew (Shulman, 2016) and are disseminated in Chile. As interest in the Tenets has grown, the Irving Harris Foundation made a strategic decision to engage in a landscape and market analysis to inform our work and future direction. As part of that work, the Tenets Working Group learned the following from Tenets Workshop participants:

- 91% of our survey respondents rated the Tenets usefulness as an 8–10 on a 1–10 scale
- 90% of our survey respondents said their practice changed as a result of the Tenets Workshop
- 98% of our survey respondents said they were “likely” or “very likely” to refer peers to a Tenets Workshop

The resounding message was clear: the Tenets are valuable and much needed! Along with this message, important and challenging questions were raised which sent the Tenets Working Group (see Box 2) back to the drawing board to reflect, research, and revise.

QUESTIONS FROM THE FIELD

What follows is a discussion of the most consistent questions posed by the field, together with the Working Group’s responses.

Why the Exclusive Focus on Infants?

The Tenets were originally entitled the “Diversity-Informed Infant Mental Health Tenets.” The professionals who participated in Tenets Workshops represented many different disciplines and systems, and many served a broader age range of children than infants and toddlers and may not consider themselves infant mental health professionals. Their consistent question was, “Why are the Tenets restricted to infancy?” As professionals serving children and families of all ages, they assured Tenets Workshop Facilitators that the Tenets were equally relevant for work with all children and families and equally needed by the systems serving them.

Recent years have seen important advances in understanding the critical importance of holistic approaches to service delivery and collaboration across disciplinary lines. ZERO TO THREE published the *Cross-Sector Core Competencies for the Prenatal to Age 5 Field* in 2015, setting forth a universal set of competencies necessary for all service providers, supervisors, and managers. These competencies *strengthen professional competence on shared fundamental concepts and ...facilitate cross-sector partnerships and coordinated service delivery. [They] also provide a foundation for collaboration and professional development to deepen and support work within five sectors: (1) early care and education, (2) early identification and intervention, (3) mental health, (4) physical health, and (5) child welfare and social services* (Dean et al., 2016, p. 8).

“Cultural and linguistic responsiveness” is one of the core competencies identified. Providers across sectors need support in expanding their capacities in this regard, and the Tenets offer a pathway toward deepened practice across sectors. The new name for the Tenets reflects this inclusive, cross-sector spirit. The Tenets are for anyone who works with or on behalf of all infants, children, and families.

Why the Language of Oppression?

Diversity-informed practice acknowledges that language is a powerful force. Many people expressed feeling alienated by the use of terms such as “racism”, “homophobia,” “xenophobia,” and “systems of oppression.” They suggested that using such language is incendiary and divisive. However, we found time and again, that any term one person found provocative or unsavory was exactly the term that helped someone else in the workshop feel recognized and understood, based on their lived experience of oppression. People who have been directly injured by racism, for example, know that calling it by any other name compounds the problem. People representing marginalized or disenfranchised groups are likely to calculate how inclusive a particular setting is—how trustworthy and worthy of their full participation—based in part on whether the facts and costs of marginalization and disenfranchisement are frankly acknowledged or are obfuscated and ignored. So, censoring or discarding the “isms” would mean sending the message to many that their full participation was not welcome.

Reflecting on these important questions and conversations arising in Tenets workshops prompted the Tenets Working Group to clarify the frameworks of understanding that give rise to the language used. The primary organizing conceptual framework is intersectionality theory. The Tenets Working Group recognizes the intersections of multiple identities and the impact the “isms” have on everyone. Critical race theorist, Kimberly Crenshaw, introduced the intersectionality framework in a groundbreaking 1989 article that contested the tendency to pit race against gender in analyzing Black women’s issues and instead advanced an analytical methodology grounded in an understanding of the multi-axial nature of oppression. Crenshaw wrote, “because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black

women are subordinated” (p. 140). The Tenets are grounded in this vision of interconnected spheres of influence that cannot be fully understood in isolation.

The intersectionality framework was further elaborated by Black feminist, theorist and sociologist, Patricia Hill Collins (1991), who demonstrated how systems of oppression such as racism, classism, sexism, homophobia, able-ism, and xenophobia are interlocking such that “each system needs the others in order to function” (p. 222). Collins noted that this framework “opens up possibilities for a both/and conceptual stance, one in which all groups possess varying amounts of penalty and privilege in one historically created system” (p. 225). This framework has been used to explain health outcomes for underserved populations including racial and ethnic disenfranchised groups. It has increased evidence for the additive and/or multiplicative risk factors faced by individuals who occupy multiple devalued social categories (Asad & Clair, 2018) and as a consequence brought attention to the role of systems in perpetuating these social categories for certain groups in society, including children. Exploring the dynamic interplay of penalty and privilege is critical for understanding the experiences of both recipients of service and the service providers (Asad & Clair, 2018).

What is the Matter with Privilege?

Privilege is unearned power, status, and/or authority based on class, race, ethnicity, sexuality, ability, and nationality. Privilege gives you advantages, favors, or benefits over nongroup members. Privilege is a phenomenon that works on an individual basis, and it is embedded in our socio-cultural context and institutionally. Some workshop participants have found it destabilizing to consider that privilege is injurious and have found the statement related to Tenet #3 that “privilege constitutes injustice,” inflammatory. Experiences have ranged from shame and guilt regarding possessing advantages one didn’t ask for, to pride in

relation to accomplishments that were hard-earned such as wealth garnered by hard-working forebears. “How can it be unjust,” participants have wondered, “for a person to be born into a particular circumstance? What injustice can that person be said to have committed?”

Other groups of participants, by contrast, have challenged the Tenets Working Group around the choice in Tenet #3 to call for merely “acknowledging” privilege versus “combatting” discrimination. “Why not” this second group wondered, “combat privilege as well as discrimination?” Experiences articulated by this group include frustration and anger regarding how entrenched patterns of privilege tend to be. Examples participants have pointed to include the persistent wealth disparities, as well as experiences of physical safety versus violence that fall along race, ethnicity, gender, sexual orientation, ability/disability, and immigration status lines. If one person—based on their race, gender, sexual orientation, ability, and/or nationality—has the privileged experience of being able to walk in public at night without fear of violence, secure a loan to purchase property, or have access to quality health care while the next person—based on their race, gender, sexual orientation, disability, and/or nationality—can do neither of those things, is this state of affairs one to be “acknowledged” or “combated”?

The Tenets Working Group appreciated and struggled with this range of responses. Decisions regarding revisions were grounded in its experiences in and participants’ evaluation of workshops over the years. Changes were made to capture and expand the diversity of experience, rather than excluding constituencies. In the end, the language of the tagline for Tenet #3—“Work to acknowledge privilege and combat discrimination”—remained consistent with the first edition, but the attendant discussion was revised. The statement that “privilege constitutes injustice” remained, as this is an assertion core to the Tenets Working

Group's social analysis, but this sentence was added: "Diversity-informed practice means acknowledging privilege where we hold it, and using it strategically and responsibly." In keeping with Tenet #1, the Tenets Working Group advocates approaching the complex topic of privilege by beginning with self-awareness. From this awareness, a broad range of personal choices fan out under the heading of "using" privilege "strategically and responsibly." In some instances people will make personal decisions to divest themselves of privilege. In other instances they will choose to expose or critique it. In still other instances they will choose to deploy it toward chosen ends.

Leena Banerjee Brown (2007) described her changing experiences of penalty and privilege when she emigrated from India to the United States. She writes, "in my pre-immigration life, I had the experience of a social context in which privilege came for no good reason. In my post-immigration life, I have the experience of a social context where discrimination comes for no good reason" (p. 18). She went on to reflect that "Privilege and discrimination are made possible because of one another. Both are products of a paradigm and a mindset defined by hierarchy and exclusion, in which value is accorded to a few at the expense of many" (p. 19). The Tenets Working Group believes that as collective awareness regarding privilege expands, and comfort in identifying it and speaking about it across differences deepens, privilege will come to seem less veiled, inevitable, and immutable.

What is Meant by "Diversity?"

Diversity is used in the most inclusive sense possible, signaling race and ethnicity, as well as other identity markers, and referring to groups and individuals on both the "up and down sides of power" along all axes. Diversity-informed practice is a dynamic system of beliefs and values that strives for the highest levels of

diversity, inclusion, and equity. Diversity-informed practice recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations, and systems of care. Diversity-informed practice seeks the highest possible standard of equity, inclusivity, and justice in all spheres of practice: teaching and training, research and writing, public policy and advocacy, and direct service.

“Diversity” is thus not a term designating all non-White, nonstraight, non-able-bodied people as unspecified “others.” Rather, the Tenets Working Group uses the term diversity to include groups and individuals experiencing privilege as well as penalty in relation to various forces of oppression. In practice, diversity will mean different things in different geographical locations and historical moments, but from the perspective of the Tenets it considers which groups and individuals hold power and privilege in a particular time and place, and which do not. Diversity also strives for representation, visibility, and access/mobility across these groups as well as exchange among these groups.

Other Tenets Workshop constituents raised a concern about diversity: “Isn’t the term ‘diversity’ complicit with tokenism and with diverting attention from the deleterious impact of racism and of a racialized society?” This critique emerges from the fact that “diversity” is sometimes invoked by organizations and systems as a way of appearing to be inclusive, without actually changing the dynamics of power. For example, “diversity” quotas may be met by employing African American or Black, Asian American, Latino, Native American, and Pacific Islander staff in high-stress, low pay, and low status positions while maintaining White people in positions with power, status, and privilege. This important critique led the Tenets Working Group to articulate clearly what it means by diversity.

Race and ethnicity are highlighted in this article as well as in the Tenets themselves because of the central role race and racism have always played in American society and the ways in which it continues to be a significant factor in determining inequity in the United States (Hanks, Solomon, & Weller, 2018; Ladson-Billings & Tate, 1995). The Tenets highlight certain systems of oppression, including race and racism, not to the exclusion of others but in order to especially shine a light on those that have been historically, and are presently, endorsed and emboldened by dominant laws, policies, and customs. Workshop participants have sometimes queried why other identity markers such as age and/or religion are not named or highlighted in the Tenets. The Tenets are rooted in critical race theory, intersectionality, and other social theories, as the Tenets Working Group understands that injustice takes many forms. The Tenets are a living, dynamic set of guiding principles that cannot name all systems of oppression in a few words and phrases, but hopefully articulates an aspirational approach that can be inhabited and applied to expose and counter forces of oppression in diverse contexts.

How can Self-Awareness be Deepened and Expanded?

Tenet #1 is the grounding principle of which all of the other Tenets are built. Diversity, equity, and inclusion work begins with oneself. This work cannot be done well without increasing capacity for deepening self-awareness, reflexive capacity, mindfulness, and a reflective stance. Workshop participants have sometimes expressed frustration and pessimism about this, pointing, for example, to colleagues who may not evidence self-awareness nor appear to engage in reflection. “What good does my self-awareness do,” a participant might ask, “if my boss/client/co-worker is unaware?” Other people wonder how their own unconscious or implicit bias can be changed when it is by definition beyond awareness. Each person’s capacity

for reflection is plastic and evolves from intentionality, time, space, and practice. “Critical reflexivity is more than individual self-awareness. It also requires that we constantly evaluate ways in which we contribute to liberation and oppression” (Reyes Cruz & Sonn, 2011, p. 211). Engaging in intentional and critical self-reflection to expand one’s own self-awareness is beneficial even in situations where others may be resistant to change, as people are all connected and interconnected.

To engage in self-awareness, the Tenets Working Group asks diversity-informed practitioners to take a step back and think about what they are doing and why they are doing it. Are long-held beliefs about exclusion held by their families or communities being enacted? Self-reflection asks a person to practice present moment awareness and to understand how behaviors feel from the inside, not just how they look from the outside. Mindfulness is awakening to experiences by slowing down, acting with intention, and watching—including our feelings and bodily sensations. Practices that deepen mindfulness expand the ability to act with intention, to notice when actions are based on beliefs or stories told by generations past, and to watch physiological reactions. This ability also helps individuals realize how feelings and behaviors are important sources of information that can shape future behavior (Shahmoon-Shanok, 2006). The Tenets Working Group aligns with Rhonda Magee’s (2016, p. 5) vision of “engaging mindfully with the lived experience of racism [and other systems of oppression] within ourselves and in the lives of others”. Mindfulness and diversity-informed practice together elevate us to the highest forms of consciousness through vulnerability and authenticity to radically transform ourselves, our organizations and our systems of care.

The phenomenon of reflective functioning also helps on the quest for expanding self-awareness.

Reflective functioning is “the essential human capacity to understand behavior in light of underlying mental

states and intentions” (Slade, 2005, p. 269). It has been researched by attachment theorists (Fonagy, Steele, Steele, Moran, & Higgitt, 1991) with special attention to its implications for parental functioning, parent–child relationships, and child development. Dan Siegel coined the term “mindsight” to refer to “the capacity of the mind to create a representation of the mind of others, and of the self” (Siegel, 2001, p.78). We draw on these concepts in facilitation processes that support deepening attention to one’s own internal experiences and to interpersonal exchanges.

In his work on racial literacy and racial socialization, Howard Stevenson (2014) reiterated the central principle of self-knowledge and self-observation. Stevenson wrote, “Facing and embracing one’s racial stress reactions are essential steps toward developing healthy within- and cross-racial relationships” (p. 41). Stevenson argued that “racial blindness, avoidance, and hostility” are taught and learned patterns that can be un-learned with practice. Tenets Workshops offer opportunities for participants to practice the kind of self-observation described by Stevenson so that avoidance and hostility may be replaced by growth-promoting modes of engagement.

Although expanding and deepening self-reflection and awareness starts with the self, practitioners should not be expected to engage in this endeavor alone, without supports. There is an urgent need to promote institutional and systemic changes that would allow for the creation “...of spaces and opportunities for critical reflexivity to challenge our positions in power hierarchies” (Reyes Cruz & Sonn, 2011, p. 211) through the implementation of reflective practices, such as reflective supervision, and reflective leadership, and mindfulness. Such practices should be implemented from the top down and the bottom up in organizations and systems.

Reflective supervision offers a trusted space for providers to:

1. explore the impact of their own values, beliefs, and implicit biases;
2. analyze the role of contextual forces (racism, historical trauma, inequities) in their practice and relationships with families and colleagues; and,
3. address barriers to diversity-informed practice (Eggbeer, Mann, & Seibel, 2007; Heffron, Grunstein, & Tilmon, 2007; Noroña, Heffron, Grunstein, & Nalo, 2012).

What is it About Tenets Workshops that Promotes Learning, Supports Collaboration, and Deepens Awareness?

Facilitation is a collaborative, reflective, and relational process with the participants where the facilitators do not position themselves as unidirectional deliverers of content, or the holders of knowledge, expertise, or skill (Arao & Clemens, 2013). Over and over again in evaluations, Tenets Workshop participants report having previously undergone many diversity trainings and find that there is something uniquely transformative about Tenets Workshops. Tenets Workshops seek to:

- share and elicit content;
- attend to the group process and challenge ourselves by sitting with feelings of uneasiness and non-closure (Arao & Clemens, 2013);
- create a space where facilitators question familiar ground rules in facilitation that promote safe spaces but that are a reflection of privilege and dominance (Arao & Clemens, 2013);
- help participants deepen their awareness; and

- encourage participants to begin to access where they are and how they can use the Tenets to create individual, programmatic, organizational, and systems change.

Facilitators strive to create the conditions wherein individual participants register their own feelings and generate their own insights and ideas. Facilitators work to make links among participants so that everyone learns from one another, and thus pave the way for personal and group discoveries.

...We seek to cultivate brave spaces rather than safe spaces for group learning about a broad range of diversity and social issues. By revising our framework to emphasize the need for courage rather than the illusion of safety, we better position ourselves to accomplish our learning goals and more accurately reflect the nature of genuine dialogue regarding these challenging and controversial topics (Arao & Clemens, 2013, p. 141).

Tenets workshop facilitators embrace the idea articulated by Jeree Pawl and Maria St. John (1998) that “How you are is as important as what you do.” Therefore Tenets Workshop facilitators strive to embody the Tenets during workshops, and to undergo a real-time process of expanding their own self-awareness as a core component of this practice. This is deemed to be an important part of creating the conditions wherein workshop participants can, in turn, expand their own self-awareness.

The Tenets Working Group has also come to realize that *who* you are is as important as what you do. Thus, the Tenets Working Group has learned that it is critical to have at least two facilitators leading workshops because each facilitator is positioned differently along axes of difference and the group learning is based on expanding understanding of such differences. Facilitators are paired across various axes of difference in order to embody and demonstrate during workshops ways of being allies to one another. Finally, it is vital that workshops be facilitated by at least two people because the approach to learning promoted by the Tenets is based on self-reflection and relationship building. Facilitators bring their whole selves to each workshop and

practice self-reflection in vivo as part of facilitating. In order to do this safely and responsibly, it is necessary to have a partner who is able to monitor and comment on this highly personal process in a way that furthers the aims of the workshop. Moreover, one of the principles of reflective practice is that learning and personal growth happens in the context of trusting relationships (Shahmoon-Shanok, 2006). Therefore, having a trusted colleague or companion in the very special experience and journey that each workshop represents for the facilitators, not only increases the possibility of sustaining a reflective stance in the facilitators, but communicates to the participants' valuable messages such as:

1. you cannot do this work alone;
2. we navigate issues of privilege, inclusion, and the multiple aspects of diversity in our relationships as partners; and,
3. we are all supported by the parallel processes.

It is a bit like having a belay partner in rock climbing—someone who keeps an eye on the destination and uses their own weight to counterbalance and safeguard their partner's efforts, which sometimes entails risks.

Facilitation is also grounded in the conviction that it is ultimately the workshop participants who bring the wisdom and experience that constitutes the learning: the Tenets serve as a guiding framework for eliciting these contributions. This principle, which is consistent with the critical pedagogy movement inspired by Paulo Freire (1968), has been powerfully illustrated as Tenets Workshops have been conducted in far-ranging settings. In many instances, Tenets Workshop facilitators are initially largely ignorant of the local issues and challenges that workshop participants are immersed in addressing. It is the job of the facilitators to

collaborate with participants in creating an environment conducive to learning and reflection wherein real and pressing local issues may be wrestled with by each participant in keeping with their personal experience and sphere of practice.

NEXT STEPS

The Tenets raise awareness about inequities in a society and guide people along a path toward social justice. Over the last 8 years of developing, disseminating, and analyzing Tenets development and dissemination work, a key learning has been that the Tenets push all to deepen self-awareness and reflective capacity and help create intentional action for change. Going forward, the Tenets Working Group, with support from the Irving Harris Foundation, will continue to grow the Tenets Initiative by facilitating workshops and forging partnerships with complementary organizations and systems of care to broaden the dissemination of the Tenets.

Acknowledgment

It takes personal commitment, political will, and dedicated resource allocation to implement diversity, inclusion, and equity principles in programs, organizations, and systems of care working with and on behalf of infants, children, and families. The authors thank the other members of the Tenets Working Group for permitting us to give voice to our collaborative work. The Working Group is deeply grateful to the Irving Harris Foundation for its ongoing commitment to and support of the Tenets and to the Harris Professional Development Network and colleagues who have embraced the Tenets and put these aspirational principles into practice. Finally, many thanks to ZERO TO THREE for partnering with us in putting this material into the hands of all those positioned to put it to use.

Author Biographies

Kandace Thomas, MPP, is a senior program officer at the Irving Harris Foundation, where she leads the Foundation's efforts to build developmentally appropriate trauma-informed equitable systems of care for young children and their families. She manages grants and projects in infant and early childhood mental health and child trauma, domestic violence, and reproductive health and justice as well as a network of national and international grantees working in infant and early childhood mental health training and leadership development in the United States and Israel. A leader in the creation of the Diversity-Informed Tenets for Work With Infants, Children and Families, she integrates diversity-informed practice into social service fields and facilitates workshops and trainings to infuse diversity and inclusion and wellness practices into programs, organizations, and systems. Kandace is also a doctoral candidate in child development at Erikson Institute/Loyola University of Chicago where she researches parent strengths as buffers of intergenerational trauma within families.

Carmen Rosa Noroña, LCSW, MS Ed., CEIS, is from Ecuador where she trained and practiced as a clinical psychologist. For more than 25 years, Carmen Rosa has provided clinical services to young children and their families in a variety of settings including early intervention, home-based, and outpatient programs. She currently is the Child Trauma Clinical Services and Training Lead at Child Witness to Violence Project and is the associate director of the Boston Site Early Trauma Treatment Network at Boston Medical Center. She is a child-parent psychotherapy national trainer, a DC:0–5 faculty member, and one of the developers of the Harris Professional Development Network Diversity-Informed Tenets for Work with Infants Children and Families. Her practice and research interests are on the impact of trauma on attachment; the intersection of culture, immigration, and trauma; diversity-informed reflective supervision and consultation; and on the implementation and sustainability of evidence-based practices in real-world settings. She is a former co-chair of the Culture Consortium of the National Child Traumatic Stress Network and has adapted and translated materials for Spanish-speaking families affected by trauma. Carmen Rosa has also contributed to the literature in infant and early childhood mental health and diversity.

Maria Seymour St. John, PhD, MFT, is assistant clinical professor in the Department of Psychiatry at the University of California, San Francisco and co-director of training of the Infant-Parent Program (IPP) at Zuckerberg San Francisco General Hospital. Dr. St. John has published on subjects related to race, class, gender, and sexuality in infant mental health work in numerous books and journals. She developed the Parent-Child Relationship Competencies framework, and her book on the subject is forthcoming with ZERO TO THREE in 2019. Dr. St. John holds a private practice in Oakland, CA. (www.MariaSeymourStJohn.com).

DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES

Irving Harris Foundation Professional Development Network Tenets Working Group



THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK
WITH INFANTS, CHILDREN & FAMILIES

CENTRAL PRINCIPLE FOR DIVERSITY-INFORMED PRACTICE

1. Self-Awareness Leads to Better Services for Families:

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

STANCE TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE

2. Champion Children's Rights Globally: Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.

3. Work to Acknowledge Privilege and Combat Discrimination: Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it, and use it strategically and responsibly. We combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

4. Recognize and Respect Non-Dominant Bodies of Knowledge: Diversity-informed practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

5. Honor Diverse Family Structures: Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers including second mothers, fathers, kin and felt family, adoptive parents, foster parents, and early care and educational providers.

PRINCIPLES FOR DIVERSITY-INFORMED RESOURCE ALLOCATION

6. Understand That Language Can Hurt or Heal: Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

7. Support Families in Their Preferred Language: Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.

8. Allocate Resources to Systems Change: Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

9. Make Space and Open Pathways: Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

ADVOCACY TOWARDS DIVERSITY, INCLUSION, AND EQUITY IN INSTITUTIONS

10. Advance Policy That Supports All Families: Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

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Diversity is used in the most inclusive sense possible, signaling race and ethnicity, as well as other identity markers, and referring to groups and individuals on both the "up and down side of power" along all axes.

Diversity-informed practice is a dynamic system of beliefs and values that strives for the highest levels of diversity, inclusion and equity. Diversity-informed practice recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations and systems of care. Diversity-informed practice seeks the highest possible standard of equity, inclusivity and justice in all spheres of practice: teaching and training, research and writing, public policy and advocacy and direct service.

PRINCIPIOS INFORMADOS EN LA DIVERSIDAD PARA TRABAJAR CON BEBÉS, NIÑOS, NIÑAS Y FAMILIAS



THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK
WITH INFANTS, CHILDREN & FAMILIES

Grupo de Trabajo sobre Principios Informados en la Diversidad de la Red de Desarrollo Profesional de la Fundación Irving Harris

PRINCIPIO CENTRAL PARA LA PRÁCTICA INFORMADA EN LA DIVERSIDAD

1. La Constante Toma de Consciencia Sobre Sí Mismo (a), a Través de un Proceso Reflexivo, Conduce a Mejores Servicios para las Familias:

Trabajar con bebés, niños(as) y familias requiere que todas las personas, organizaciones y sistemas de atención reflexionemos sobre nuestra cultura, valores y creencias, y sobre el impacto que el racismo, clasismo, sexismo, capacitismo (discriminación hacia la discapacidad), homofobia, xenofobia y otros sistemas de opresión han tenido en nuestras vidas, de manera que proporcionemos servicios informados en la diversidad y en sintonía con la cultura de aquellos a quienes servimos.

POSTURA HACIA LOS BEBÉS, NIÑOS(AS) Y SUS FAMILIAS PARA UNA PRÁCTICA INFORMADA EN LA DIVERSIDAD

2. Defender los Derechos de los Niños(as) Globalmente: Los bebés y niños(as) son ciudadanos del mundo. Es responsabilidad de la comunidad global el apoyar a los padres/adultos responsables/cuidadores, a las familias y a las comunidades para que puedan acoger, proteger y cuidar de los niños(as).

3. Trabajar para Reconocer el Privilegio y Luchar Contra la Discriminación: Las políticas y prácticas discriminatorias que les hacen daño a los adultos, también dañan a los bebés y niño(as) bajo su cuidado. El privilegio constituye en sí una injusticia. La práctica informada en la diversidad significa reconocer nuestra posición de privilegio, en todos ámbitos donde nos otorga ventaja, y usarla de manera estratégica y responsable. También significa luchar contra el racismo, clasismo, sexismo, capacitismo (discriminación hacia la discapacidad), homofobia, xenofobia y otros sistemas de opresión presentes en nosotros mismos, nuestras prácticas y nuestro campo profesional.

4. Reconocer y Respetar los Campos No Dominantes de Conocimiento: Las prácticas informadas en la diversidad reconocen formas no dominantes del saber, áreas de conocimiento, fuentes de fortaleza, y métodos de sanación/curación dentro de familias y comunidades diversas.

5. Honrar las Estructuras Familiares Diversas: Las familias definen quiénes las componen y cómo están estructuradas; ninguna constelación u organización familiar en particular, es inherentemente óptima en comparación a otras. La práctica informada en la diversidad reconoce y se esfuerza por contrarrestar la tendencia histórica a idealizar (o en contraste, a culpabilizar) a las madres biológicas como figuras de cuidado primario. Esta tendencia pasa por alto las contribuciones cruciales en la crianza de los niños(as) de otros padres y cuidadores primarios; incluyendo otras figuras maternas, al padre, los padres sustitutos y adoptivos, parientes y familia

extendida, los educadores de niños(as) pequeños(as), además de otras personas.

PRINCIPIOS PARA LA ASIGNACIÓN DE RECURSOS INFORMADOS POR LA DIVERSIDAD

6. Comprender que el Lenguaje puede Ser Usado para Herir o Curar/Sanar: La práctica informada en la diversidad reconoce el poder del lenguaje para dividir o unir, denigrar o celebrar, herir o curar/sanar. Nos esforzamos por utilizar el lenguaje (incluido el lenguaje corporal, imágenes y otros modos de comunicación no verbal) de la manera más inclusiva posible para todos los bebés, niños(as), sus familias, adultos responsables/cuidadores y comunidades.

7. Apoyar a las Familias en Su Idioma de Preferencia: Las familias son ayudadas de manera más efectiva a fomentar el desarrollo y salud mental de los bebés y niños(as), cuando los servicios destinados para ellos(as) están disponibles en sus idiomas de preferencia.

8. Destinar Recursos para Cambiar los Sistemas: La diversidad e inclusión deben ser consideradas de manera proactiva al realizar cualquier trabajo con o para bebés, niños(as) y familias. Esta consideración requiere que se destinen recursos tales como: tiempo, dinero, prácticas adicionales/alternativas u otros apoyos y adaptaciones adicionales para este propósito; de lo contrario los sistemas de opresión pueden reproducirse inadvertidamente. Las personas, las organizaciones y los sistemas de atención necesitan oportunidades continuas de reflexión para identificar sesgos implícitos, eliminar barreras y trabajar para dismantelar las raíces de la disparidad y la inequidad.

9. Hacer Espacio y Abrir Caminos: La fuerza laboral al servicio de bebés niños(as) y familias, será más dinámica y eficaz cuando las personas y grupos histórica y actualmente marginados tengan acceso equitativo a una amplia gama de roles, disciplinas y modos de práctica e influencia.

ABOGAR POR LA DIVERSIDAD, INCLUSIÓN Y EQUIDAD EN LAS INSTITUCIONES

10. Promover una Política que Apoye a Todas las Familias: Los(as) profesionales, que están informados en la diversidad, consideran el impacto de las políticas y la legislación en todas las personas y fomentan una agenda justa y equitativa para y con las familias.

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El término diversidad se utiliza en el sentido más inclusivo posible, señalando raza y etnia, así como otros atributos de identidad y refiriéndose a grupos e individuos que se encuentran tanto en esferas altas como bajas de poder, en todos los ámbitos.

La práctica informada en la diversidad es un sistema dinámico de creencias y valores, que se esfuerza por alcanzar los más altos estándares de diversidad, inclusión y equidad. La práctica basada en la diversidad reconoce los sistemas de opresión históricos y contemporáneos que dan forma a las interacciones entre personas, organizaciones y sistemas de cuidado. La práctica informada en la diversidad busca los niveles más elevados posibles de equidad, inclusión y justicia en todos los ámbitos de la práctica: enseñanza y capacitación, investigación y escritura, política pública y abogacía, y servicio directo.

Esta es una versión actualizada de Los Principios de Salud Mental Infantil Informados en la Diversidad publicados en el 2012.

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References

- Arao, B., & Clemens, K. (2013). From safe spaces to brave spaces: A new way to frame dialogue around diversity and social justice. In L. Landreman, (Ed.), *The art of effective facilitation: Reflections from social justice educators* (pp. 135–150). Sterling, VA: Stylus Publishing.
- Asad, A. L., & Clair, M. (2018). Racialized legal status as a social determinant of health. *Social Science & Medicine*, *199*, 19–28.
- Brown, L. B. (2007). *Circles in the nursery: Practicing multicultural family therapy*. Washington, DC: ZERO TO THREE.
- Casas, J. M., & Cabrera, A. P. (2011). Latino/a immigration: Actions and outcomes based on perceptions and emotions or facts? *Hispanic Journal of Behavioral Sciences*, *33*(3), 283–303.
- Córdova Jr, D., & Cervantes, R. C. (2010). Intergroup and within-group perceived discrimination among US-born and foreign-born Latino youth. *Hispanic Journal of Behavioral Sciences*, *32*(2), 259–274.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, *1989*(1), 139–167.
- Dean, A., LeMoine, S., & Mayoral, M. (2016). *ZERO TO THREE Critical competencies for infant-toddler educators™*. Washington, DC: ZERO TO THREE.
- Department of Health and Human Services. (2015). *Webinar series on expulsion and suspension prevention*. Retrieved from https://www.acf.hhs.gov/sites/default/files/ecd/expulsion_prevention_webinar_3_program_quality_pro_dev_22515.pdf
- DiAngelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism*. Boston, MA: Beacon Press.
- Eggbeer, L., Mann, T., & Seibel, N. (2007). Reflective supervision: Past, present, and future. *ZERO TO THREE Journal*, *28*(2), 5–9.
- Fonagy, P., Steele, M, Steele, H., Moran, G., & Higgitt. A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, *12*(3), 201–218

Freire, P. (1968/2007). *Pedagogy of the oppressed*. New York, NY: Continuum.

Ghosh Ippen, C., Noroña, C. R., & Thomas, K. (2012). From Tenet to practice: Putting diversity-informed services into action. *ZERO TO THREE Journal*, 33(2), 23–28.

Hanks, A., Solomon, D., & Weller, C. (2018). *Systemic inequality: How America's structural racism helped create the black-white wealth gap*. Retrieved from Center for American Progress
<https://www.americanprogress.org/issues/race/reports/2018/02/21/447051/systematic-inequality>

Heffron, M. C., Grunstein, S., & Tilmon, S. (2007). Exploring diversity in supervision and practice. *ZERO TO THREE Journal*, 28(2), 34–38.

Hill Collins, P. (1991). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York, NY: Routledge.

Klawetter, S., & Frankel, K. (2018). Infant mental health: A lens for maternal and child mental health disparities. *Journal of Human Behavior in the Social Environment*, 28(5), 557–569. DOI: 10.1080/10911359.2018.1437495

Ladson-Billings, G., & Tate, W. F. (1995). Toward a critical race theory of education. *Teachers College Record*, 97(1) 47–68.

Lieberman, A. F., & Bucio, O. G. (2018). When migration separates children and parents: Searching for repair. *ZERO TO THREE Journal*, 39(1), 55–60.

Magee, R. (2016). Teaching mindfulness with mindfulness of race and other forms of diversity. In D. McCown, D. Reibel, & M. S. Micozzi (Eds.), *Resources for teaching mindfulness: An international handbook* (pp. 225–246). New York, NY: Springer International.

Noroña, C. R., Heffron, M. C., Grunstein, S., & Nalo, A. (2012). Broadening the scope: Next steps in reflective supervision training. *ZERO TO THREE Journal*, 33(2), 29–34.

Noroña, C. R., Velasco-Hodgson, M., Eiduson, R. Flores, L. E. (2018). Historical, sociopolitical, and mental health implications of forcible separations in young migrant Latin American children and their families. *ZERO TO THREE*, 39(1), 8–20.

Osofsky, J., Wieder, S., Noroña, C. R., Lowell, D., & Ramsey Worthy, D. (2018). Effective mental health interventions and treatments for young children with diverse needs. *ZERO TO THREE Journal*, 38(3), 32–44.

Pawl, J., & St. John, M. (1998). *How you are is as important as what you do in making a positive difference for infants, toddlers, and their families*. Washington, DC: ZERO TO THREE.

Reyes Cruz, M. R., & Sonn, C. C. (2011). (De) colonizing culture in community psychology: Reflections from critical social science. *American Journal of Community Psychology*, 47(1-2), 203–214.

Shahmoon-Shanok, R. (2006). Reflective supervision for an integrated model: What, why and how. In G. M. Foley & J. D. Hochman (Eds.), *Mental health in early intervention: Achieving unity of principles and practice* (pp. 343–379). San Francisco, CA: Josey Bass

Shulman, C. (2016). *Research and practice in infant and early childhood mental health*. Switzerland: Springer International.

Siegel, D. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, “mindsight,” and neural integration. *Infant Mental Health Journal*, 22(1-2), 67–94.

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment and Human Development*, 7(3), 269–281.

Solomon, D. (2018). *Racism: The evergreen toxin killing black mothers and infants*. Center for American Progress Issue Brief. Retrieved from <https://www.americanprogress.org/issues/race/reports/2018/04/18/449774/racism-evergreen-toxin-killing-black-mothers-infants>

St. John, M. S. (2016). The Parent–Child Relationship Competencies: How three infant-parent psychotherapists find paths into diverse infant–family landscapes. *ZERO TO THREE Journal*, 36(6), 37–44.

St. John, M. S., & Nalo, A. (2016). *The Diversity-Informed Infant Mental Health Tenets in California*. Retrieved from <http://cacenter-ecmh.org/wp/the-diversity-informed-infant-mental-health-tenets-in-california>

St. John, M. S., Thomas, K., & Noroña, C. R. (2012). Infant mental health professional development: Together in the struggle for social justice. *ZERO TO THREE Journal*, 33(2), 13–22.

Stevenson, H. (2014). *Promoting racial literacy in schools: Differences that make a difference*. New York, NY: Teacher’s College Press.

Thomas, K., Noroña, C. R., St. John, M. S., & the Irving Harris Foundation Professional Development Network Tenets Working Group. (2018). Retrieved from www.diversityinformedtenets.org

Vargas, J. A. (2015, July 22). *White people* [Video File]. Retrieved from https://www.youtube.com/watch?v=_zjj1PmJcRM

Velasco-Hodgson, M. C., & Kaplan-Sanoff, M. (2014). Mothering in a foreign land: Who holds the mother? *ZERO TO THREE Journal*, 34(6), 25–30.

Zeanah, C. H., & Zeanah, P. D. (2009). The scope of infant mental health. In C. Zeanah (Ed.), *Handbook of infant mental health*, 3rd ed. New York, NY: Guilford.

ZERO TO THREE. (2015). *Competencies for prenatal to age 5 (P-5) professionals*. Washington, DC, and Los Angeles, CA: ZERO TO THREE and First 5 LA.