At the same time, we're being continually presented with statistical and visual data (like those from body cams and individuals' cell phones) showing how men and women who are African American are disproportionately victims of police brutality—as well as in correctional facilities, medical facilities, and institutions, including child welfare. And each time we in child welfare are faced with this data (as in the case of the killing of George Floyd), it gives us the opportunity to reexamine ourselves on two recurring questions: How can we, as individuals and a profession, guard against the misguided removal and placement of children who are African American? And what can *we* do to check ourselves against the possible influence of personal, structural, or institutional bias?

I say "reexamine ourselves" because as many of us know, discussions on the question of unconscious bias in child welfare cases are nothing new. A debate on the root causes of racial disproportionality—the most hotly argued candidate being the notion of implicit bias—has been going on in the profession for about 20 years. What makes it such a challenging factor to navigate is how the nature of implicit bias is strikingly similar to the COVID-19 virus.

Just like the virus, unconscious bias

- is pervasive and "out there" among us, but invisible and hidden to the people who carry it—even those of us who look "normal."
- is easy to deny. We may deny it sincerely because we do not know or want to believe it's there.
- gets passed on silently from person to person—whether we know it or not, intend it or not.
- is no respecter of persons. People of every race, creed, ethnicity, age, profession, level of education, socioeconomic status, and so on are susceptible to being infected or infecting others.
- cannot easily be traced, diagnosed, or tracked to verify its existence or prevent its transmission.
- will takes a concerted, extended effort by every member of society to eradicate.
- can and does destroy people's lives.
- will escape our attention if we do not keep our eye on it.

So, given the parallels between COVID-19 and implicit bias, the question we face in child welfare is this:

> **If, as in the words of Dr. Amy Acton (Director of the Ohio Department of Health) "To prevent the spread of the virus, we must think and behave as if *everyone* is infected," does this also hold true where it comes to fighting against bias?**

If the answer is “yes,” does this suggest that promoting—even requiring—implicit bias training is because every caseworker or caregiver suffers from racism? No, not any more than promoting social distancing implies that every person is infected with COVID-19. But it does mean that to ensure we reach everyone in child welfare who carries some form of bias, racial or otherwise, and yet has the power to make life-changing decisions for families, we as a system must think and behave as if *everyone* in the field is infected with bias. And as a matter of fact, brain science tells us that we all *do* have biases—whether we know it or not, whether they conform to our explicit beliefs or not.

One more thing. There’s a caveat to comparing bias to COVID-19: the similarities between them go only so far. While we must *keep a distance from each other* to prevent the spread of the virus, we must *do just the opposite* to reduce our biases. It means *getting close enough* to know people as individuals and not just as categories.

What does all of this mean for OCWTP as a training system? It means proactively finding ways to address the threat of implicit bias in every training, regardless of topic. Obviously, we who are trainers can support this goal in a major way by revisiting our training content and considering the following:

1. Include in your training, as a simple statement of fact, that as human beings we all have biases. Be sure to do so without accusation or judgment and include yourself as an example if/when appropriate. At the same time, stress the importance of monitoring our biases and working to mitigate them so they do not negatively impact the lives of client children and families.
2. Be honest with yourself and identify the biases you are conscious of and be open to discovering your hidden biases as well. Encourage your trainees to do the same.
3. Be aware of the demographics of the areas in which you train, and your trainees serve. Check your biases for *any* of those populations and encourage your trainees to do the same.
4. Be aware of those populations in general where disproportionate removals and placements are common and widespread--including but not limited to children who are African American, Native American, LGBTQ, from economically challenged families, or those having a disability. Again, check yourself for biases and encourage your trainees to do the same.
5. Discuss during training which populations tied to your topic are commonly subject to the biases of child welfare workers, supervisors, or caregivers. (In a caregiver training on domestic violence, an example might be bias against parent victims of domestic violence who have not separated from their abusive partners.) Help your trainees think through the common stereotypes--and the potential

repercussions of making assessments and decisions according to those perceptions.

6. Actively work on mitigating your biases by practicing some evidence-informed recommendations for minimizing bias, as discussed in this linked article). Encourage your trainees to do the same.
7. Be an ally to call out racism and its injustice (just as Ohio's governor has)—and any other "ism" that threatens the dignity of another's identity. Be that ally, whether you are *inside* or *outside* the training space.

Finally, the above discussion in no way suggests that racism is more worthy a topic than bias against any other group of people. Rather, in light of the recent events in our country that show racism as an ongoing crisis in our society, and the disproportionate number of children who are black in child welfare, we hope that together we can take a hard look at what this crisis has to say to our profession at this moment in time.

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