



Institute for Family & Child Well-Being

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Toward a Healing Vision for Child Welfare Practice

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Greetings, and thank you for reading this latest issue of our ongoing analysis and commentary publication, *Perspectives on Our Work*.

Several weeks ago I traveled home to Detroit for a few days. A close family member was having surgery to remove a tumor found on a kidney. On the morning of the surgery I hung around the house for a few hours to join a conference call for work, and then prepared to go over to the hospital for the remainder of the day.

As I started to get ready I began to think about my relative, who I was told by phone had just begun the actual surgical procedure. As I continued to get ready I couldn't help but visualize what must have been going on in the operating room, and the nuances of the actual procedure. As one might assume, I was certainly reflective and prayerful in those moments, clear about the potential risk of any surgery that attempts to remove a portion of an internal organ. The more I thought about the procedure and the process, the more my thoughts

drifted to thinking about the surgical team (the surgeon as well as the other people in the room working to ensure a successful outcome). I had an image in my head of concentration, clarity of focus and teamwork.

As I started to drive over to the hospital I started to think more and more about the fact that, as I was very much focused on the seriousness of what was happening with a family member, everyone around (naturally) continued to go about their normal routine. As I continued, I wondered how many of those people driving next to me, or perhaps walking nearby, might have also

been worried about a family member's health or some other family crisis that may have been playing out for them. I wondered how many people around me were actually in the midst of what could be life or death experiences involving a loved one, or even themselves.

In those moments I found myself reflecting on how many people likely go through very serious and frequently life-changing experiences every single day. Many individuals are also actively helping others through a given experience. To some extent this might speak to a tendency among some people to take life itself for granted. But even more so I believe this dynamic speaks to how self-centered our society is... how so many people spend each day driving next to one another, walking by one another, and even working

with people without truly "seeing" them. We spend so much of our lives in the presence of other people without giving a second thought to the "life" that is playing out just behind that thin veil we see.

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It reinforced for me the clear sense of how precious life is. As an extension, it also reinforced for me a guiding life "ethic" if you will... always be "mindful" and "present" whenever you greet and interact with others – even strangers. You never know what others are dealing with as you see them on the street, pass them on the highway, or even interact with them at work. Every smile and act of kindness can make a difference.

Now let me connect this to the point of this essay. There are some professions that, by their nature, seem to require a deeper sense of humanity and a deep ap-

preciation for the seriousness – and complexity – of human life in all of its dimensions (e.g. physical, spiritual, mental, social, etc.). I thought about this in a more conscious way as my relative was in surgery. Doctors, surgeons in particular for the purpose of this analysis, have to be very mindful and present because of the seriousness and delicate nature of their work. While I know my relative's surgery was more routine than some others, I can't help but assume that even that surgeon remained keenly aware of how serious his role was.

I'm smart enough to know that surgeons are not all the same, but my vision of the serious nature of a surgeon's work is largely informed by my understanding of one exemplar's career in particular. I believe an examination of how this exemplar approaches his work has the potential to help us reflect critically on the way we think about our work in child welfare, and all professions that touch the lives of families for that matter.

An Exemplar in the Medical Healing Tradition

I'm not sure about all of you, but when I think about the work of a surgeon, especially the delicate nature of some surgeries, I typically think of Dr. Benjamin Carson. Dr. Carson is the world renowned African American neurosurgeon at Johns Hopkins University, and from none other than... you guessed it... Detroit, Michigan. He is widely recognized for his role in successfully performing numerous challenging surgeries, most notably the multiple successful surgical separations of twins attached at the head. I've read some of his writings and am very impressed with the sense of humility, dedication, and confidence he projects with respect to his work.

In his writing as well as in presentations I have heard him deliver, Dr. Carson speaks of how serious he takes his work on the one hand, but also his sense of clarity that he is a vessel through which the Creator and a universal healing energy are able to transform the lives of patients (read *The Big Picture*; as well as *Gifted Hands*). I remember Dr. Carson describing his routine in preparing for his most challenging surgeries. According to his description he spends his earliest time reading the medical charts of his patients so he can be as familiar as possible with what has already been documented about the patient's history and

medical circumstances. As an extension of this process he also meets with the doctors and other medical personnel most familiar with the patient's medical history and circumstances.

Knowing that the written record only describes so much, he describes spending a great deal of time actually meeting with and getting to know the patients, the patients' family and those extended family members closest to the patients. In meeting with patients and their family members, he is particularly interested in verifying what he has read in the patients' charts on one hand, but also learning what the charts most often do not describe... the patients' own perspectives on their health and present medical circumstances, any fears and/or anxiety related to the impending surgery, as well as their hopes, goals and plans for life post-surgery.

As much as he tries to gather information that will help him during his preparation and the actual surgery, he is also trying to counsel the patients and family members through the process. This includes helping the family members understand what is about to happen, the possible risks involved, and also helping to reassure them that he and the entire surgical team will take their time and do everything possible to ensure a successful outcome. If appropriate given the religious and spiritual beliefs of the patient and family members, he also joins them in prayer. After taking the time to get to know the family and gather as much information as possible, Dr. Carson meets with the entire surgical team (sometimes up to fifty or sixty people) and walks through every aspect of the surgery. He then spends the remainder of his time reflecting on the patient's case and visualizing the surgical procedure from start to finish – including all of the “what ifs” – with the most successful possible outcome in his mind.

In the operating room Dr. Carson and the surgical team have soothing classical and/or other inspirational music playing in the background for the duration of the surgery. They set up and arrange all of the medical equipment and supplies so that everything is most conducive to the technical requirements of the surgery, as well as for the comfort of the patient and the surgical team. Many of these particularly complex surgeries can last upwards of twenty-four hours or more, taxing the physical and mental stamina of the entire surgical team. They frequently divide the surgical

procedure into phases or stages, with all of the surgical team members present and prepared for any unexpected complications. When individuals involved on the surgical team are not actively participating in a particular stage of the operation, they are usually in a nearby room watching the procedure via closed circuit television. Communication is critical during these operations, as a successful outcome in this kind of effort depends on the ability of the entire team to work well together from start to finish.

What also strikes me about Dr. Carson's description is his insistence that much of his success during the most challenging surgeries is guided by a higher spiritual force. In many of his surgeries he can only see a limited section of the actual brain, nervous system and circulatory system as he is operating. In his description of the surgical separation of a set of twins from Zambia, Dr. Carson describes his sense of being a vessel through which the Creator could accomplish what "only He could do."

During this long and exhausting surgery, there was a particularly challenging part of the surgery that was put on hold until the end. Earlier during the surgery the team encountered an area with blood vessels so entangled that it looked like what Dr. Carson referred to as a "huge tangled serving of spaghetti." These veins were critical as they connected both of the boys' brains. As Dr. Carson continues to describe, this knot of blood vessels and the surrounding area were under so much pressure "they threatened a massive hemorrhage at the slightest mistake with even the tiniest of veins." Dr. Carson, among others on the surgical team, was exhausted by the time they completed all of the other critical stages of the surgery. By now, this final major task "looked even more imposing and hopeless than it had seemed when we had still been relatively fresh early that morning."

At the nineteen hour mark, Dr. Carson consulted with the surgical team about whether to continue with this last delicate stage of the surgery or postpone it until the team was able to recover and restore their energy. It was the unanimous opinion of the team that they should continue, fearful that if they didn't the boys might not make it through this period of partial separation. With that assessment, Dr. Carson realized they didn't have much of a choice. As he walked down the hall back to the operating room he concluded that "whatever will happen will happen." He

prayed during that walk that God would take over the surgery and simply use him "to accomplish what only God could do." Dr. Carson reflects: "Despite the exhaustion that had almost paralyzed me a short time earlier, I now sensed an incredible steadiness in my hands. I felt a strange calm, an almost detached awareness - as if I were merely watching my hands move and someone else had actually taken over the surgery." (p.40, *The Big picture*)

By the end of the surgery the boys were already showing signs of neurological functioning. Despite the huge challenges and sheer exhaustion, the surgery was a tremendous success. Reflecting on this and other experiences Dr. Carson recounted that it was very common for him to talk with parents and family members of children he operated on, and that they frequently share with him how much they prayed throughout the procedure for a successful outcome. He also shares with them his own experience praying before, as well as throughout, the procedure.

Healing and the Human Services

In a general sense, one could argue that the work of individuals involved in the human services is not all that different than the nature of the contribution of these surgeons and their surgical teams. Certainly the tools of our trade are very different, but the substance of our work is intended to serve a similar purpose... we seek to support children, families and communities in ways that improve their ability to live healthy and productive lives.

Let's take a closer look at the work of child welfare systems. The mission statement of many child welfare systems usually includes a reference to promoting the well-being of families, as well as ensuring that all children have the opportunity to grow up in safe and "permanent" families. While we don't frequently talk about our work in such terms, so much of our work is really about supporting the "healing" and development of families and family systems, especially when a family's challenges are perceived to pose a threat to the well-being of children. In this context, healing does not presuppose that families are *sick* or otherwise *broken*. Rather, "healing" refers to the process of supporting families in an attempt to make families healthier and stronger, and thus improving their capacity to care for their children. Our work can rightly be

viewed as healing work.

Let me be clearer here. That's what our work *could* and *should* be about. Unfortunately, however, this is not typically the lens through which child welfare practice is viewed or performed. Too often the work of child welfare systems has become the legally mandated intervention by bureaucratic systems in an effort to "save" children from real or potential maltreatment. As a natural outgrowth of this mission, child welfare systems are frequently charged with identifying children in potentially harmful situations, removing them from such situations, and placing them in what are assumed to be more safe and stable living environments. The child welfare system then assumes the responsibility of gathering evidence to justify its intervention, and developing criteria that must be met in order for a child to be reunified with her or his family of origin. Child welfare officials typically refer families to any support services and resources they know are available and believe may be effective given what they know about a particular family and their "needs." As much as this approach might be guided by "good intentions," it is not the same as what I envision as "healing" work.

A Healing Vision for Child Welfare

Can you imagine what a child welfare system could be like if we actually approached it with the same care, dedication and humility described by Dr. Ben Carson? What would child welfare look like if direct service child welfare professionals actually saw and approached their roles as that of *healing agents* and not as "case-carrying" and "case-managing" social workers? What if people in my line of work (improving systems) saw our role as helping to prepare and support human service professionals to be more effective in their critically important role as healing agents?

A Prepared Workforce

Imagine a workforce that was expected to be intimately familiar with the historical underpinnings of a given community's present day social, spiritual, political, and economic dynamics. Imagine a workforce that was familiar with this history as it related to both the geographic community, as well as the racial and ethnic composition of the community. Imagine a workforce that was also intimately familiar with the historical

context of the various human service systems and their presence in as well as interaction with various geographic as well as racial / ethnic communities. By human service systems I am referring to the public *and* private sectors of these various systems. Imagine a workforce that was familiar with and understood the interconnectedness of all of these dynamics, and was able to view a family's challenges – including the historical and multi-generational antecedents of these challenges – in this broader context.

Furthermore, imagine a public child welfare agency whose doors are open to the community-at-large. Such an agency would welcome and actively seek out the participation of community members, civic leaders, youth and families with prior child welfare system involvement, members of the faith community and representatives from community based organizations in the agency's ongoing system improvement, policy reform and continuous quality improvement efforts. In doing so, agencies would be assured of moving forward in ways that are consistent with a community's vision for optimal child and family well-being.

Of course the above community engagement approach would assume that communities are organized and actively engaged in executing an agenda for the continued growth and development of healthy families and children. If the broader community is not organized in such a way, the public child welfare agency can proactively develop community partnerships and coalitions that would in turn begin to develop this neighborhood and community safety net and well-being agenda. Such deliberate efforts should be very mindful of engaging the indigenous community organizers, community leaders and community based organizations, assuming that they are most familiar with the historical and present day trends and dynamics in a given community.

Minimum Intrusion & Family Connections

Imagine a child welfare profession that uniformly respected the principle of minimum intrusion. Such a field would seek to intervene in a family's affairs only when it was clearly demonstrated that children were at risk of being maltreated. Even in such cases, child welfare professionals would do everything possible to support these families while leaving the children at home with their families. The first line of response to these families would naturally be the indigenous and

other community organizations that make up the neighborhood safety net. Children would only be removed from their parents when it could be demonstrated that they had been or were truly at imminent risk of being harmed. Even in these extreme circumstances social workers would do everything possible to place these children with extended family members as opposed to strangers (except of course under those extreme circumstances where this would jeopardize their safety).

Even in extreme circumstances, when a child must be removed from her/his parents, a healing profession would recognize its responsibility to engage families as long as necessary to help them through the traumatic experience of having a child removed. In some cases this means beginning a genuine effort to support reunification; in other cases it might mean counseling families through the legal process of having their parental rights terminated.

I would argue, however, that a profession truly committed to healing and honoring natural family relationships would abandon the standard child welfare approach (and I would argue archaic notion) of "termination of parental rights." There are other ways to recognize changes in "legal" parenting relationships and responsibilities without deliberately disconnecting a child from her or his natural parents and extended family members. In this case the nation's legal system would also have to recognize its role in supporting individual and family healing dynamics. I feel strongly about this because it's not only the child-parent relationship that is affected by the removal of children from their homes of origin. Other individuals affected by these decisions include the child's relatives and the family's extended family support network, not to mention any additional friends of the young child. You can think of these, as author and poet Jaiya John articulates, as "rippling effects" that touch people in varying ways depending on their closeness to the child and immediate family members.

Initial Contact

Now let's imagine what an agency's initial contact with a family might look like. Imagine the group of professionals responsible for the child welfare agency's initial contact with families being genuinely considered family resource professionals and not "child protective services" workers. That title itself is

very presumptive and speaks volumes to a family about the agency's assumptions about them upon initial contact.

After receiving a report that a family might be struggling, imagine these family resource workers being able to take the time needed to truly understand the dynamics playing out with a given family... talking with the numerous individuals that could best inform them of a family's assets and strengths, challenges (including the full historical context and contributing factors) and desires for their own future. Imagine the social workers having the time, as well as the engagement skills, necessary to really begin to develop and nurture a meaningful and trusting relationship with a family.

Working as a Team In Support of Families

When further engagement with a family is necessary, imagine a collective of professionals and other individuals close to a given family forming a well-functioning team that provides the assistance, support, encouragement and guidance a family needs. This team would include specialists that have the resources needed to respond effectively to the educational needs of a child *and family members*, the substance abuse treatment and/or other mental health needs of a child *and family members*, any basic material needs of a child *and family members* (including housing), any child care and supervision needs of the family, as well as any of the other needs identified by the team of professionals and family members. This would ideally be a team guided by the family (includes extended family) and supported by the professionals connected with the various human service systems. Their approach would be holistic.

This team would not only meet during the case planning process and/or to make critical decisions regarding the family and children's future. Each member of the team would also be responsible for supporting the family and children in very clearly defined roles, all helping to ensure a successful outcome for the children and the larger family. More significantly, the entire family and extended family support network would play a critical role in informing the larger team of a family's strengths, challenges, available natural supports and resources, as well as aspirations. Through this kind of process human service professionals are able to take the necessary time to

actually “see” and engage more effectively with the families they are working with.

Work Environment

Imagine the physical facilities designed to support the work of the various human services. Imagine families being able to meet with social workers and other human service professionals in settings that are warm and inviting for children and families. This would include the setup of the office, the furniture, the lighting and color schemes as well as special attention given to the space where families are initially greeted. Imagine professional settings with artwork and other forms of cultural expression that celebrate the diverse background of its workforce as well as the families that are served by a given office. Imagine images of children and families decorating the walls of the human service buildings, a reminder to the workforce of why they do their work. Imagine signs and other inspirational quotes and words of encouragement for both staff as well as families. The physical dimensions of the workplace should acknowledge, celebrate and affirm the humanity and value of the families and the professionals doing the work.

Imagine social workers having office space that facilitates thoughtful and reflective practice, as well as access to space for relaxing, unwinding and decompressing after handling some of the more stressful dynamics presented by some families and children. Imagine social workers having access to state of the art technology that facilitates information sharing about families as well as about the various support services and resources available to assist families.

Social Worker Training / Professional Development

Imagine a standard social work training process that – as the norm – familiarizes aspiring social workers with the various spiritual and healing traditions of the communities they serve (and others around the world for that matter), and helps social workers learn how to tap into these various traditions in ways that are appropriate to enhance their ability to work with diverse groups of children and families. Imagine a social work field that normalizes the expectation that some social workers will be more or less effective in engaging some children and families. Within such a workforce supervisors will have the ability and flexibility to match workers up with families based on

what they know of the workers’ strengths and the particularities of a given family’s strengths, challenges and/or other dynamics.

Advocacy & Cross-Systems Leadership

In such a system the roles of social workers and social worker supervisors would not just be to make sure the agency’s legal interests are protected, or even to ensure minimal or “reasonable efforts” are made to match families up with the resources available to support them. Social workers, their supervisors, as well as senior level child welfare administrators that acknowledge a “healing function” of their role would advocate relentlessly on behalf of the families they are working with. They would be unrelenting advocates for the support services, financial resources, or other forms of support and services they know would be beneficial to the families they work with. It would be unacceptable to such workers and administrators to see families struggle and be torn apart largely because of the lack of available support services and resources that would otherwise help to resolve some of the major challenges facing individuals and families.

In many instances this new advocacy role on behalf of families will require child welfare professionals and leaders to actively engage professionals and leaders in other human service and related systems (e.g. substance abuse, mental health, housing, public assistance, education, etc.) to make the resources available that families genuinely need in order to be healthier and well. When resources that have been shown to be necessary are not made available (and in a timely manner), child welfare agency leaders must actively engage executive level government officials to make these resources available. Through its community partnerships, these same child welfare officials can help to generate and apply additional external pressure on public officials to make resources available for families.

Policy and Legal Implications

Judges and legal representatives would also play an increasingly important role in ensuring that families receive the supports and resources that would be most helpful, and within timeframes that are most appropriate. Also with respect to timelines, judges would exercise the flexibility allowed to assist families in completing substance abuse treatment programs and/or other

efforts that are designed to support their healing and develop their capacity to care for their children.

Policy makers must also realize their role in supporting the continued healing and development of families and children. They have direct responsibility for making and/or amending specific laws and regulations that guide the allocation of support services and other resources that currently are or would be helpful to families. They also have the ability to guide child welfare agencies in their execution of practices and strategies that have proven effective in healing families and producing optimal outcomes for children and families. Examples of such strategies and practices might include the identification and engagement of fathers and paternal relatives; effective engagement of families in the case planning and decision making process; use of data to track outcomes for families and children; developing performance improvement requirements for organizations working with children and families of specific racial / ethnic groups; among others.).

A Sense of Urgency and Purpose

What if we all committed ourselves to not only doing our jobs well (although in most cases that's probably a good thing), but to transforming the way people think about struggling families and their children. Moreover, what if we started with the next person we interact with; be it a family involved with the child welfare system, a coworker or even a neighbor. Everyone has a role to play and every day is critical for our children waiting in foster care.

Among the Akan people of Ghana in West Africa, there is an Adinkra symbol that speaks to the potential for human change and transformation. *Sesa Wo Suban* literally means "Change or transform my character," and is frequently used to refer to life transformation.

One of our goals, if approaching this work through a healing lens, is to help create the conditions in which healing and self/family-transformation is most likely to occur. But our assumption is that given the right circumstances and the appropriate amount of time, all parents, families and children can.

This is Doable!

In presenting the above ideas and possibilities I am not assuming that some of these practices, strategies, and organizational management efforts don't exist in part or even in totality in some places. Even in the time that I have been working in child welfare I have seen some unique and innovative approaches to child welfare practice. What I am arguing for is an approach to child welfare and human services in this country where these things are no longer seen as unique and innovative, but rather the norm and the standard by which we measure effective child welfare system functioning.

I would argue that in order to get there as a field, we have to appreciate our role, not as bureaucratic servants or child saving professionals, but as *healing agents* in service of families and communities. We have to recognize that our work in many ways is just as influential as that of other professions in either supporting or harming the likelihood of families becoming healthier and stronger.

We are certainly not there yet as a field, but we can definitely get there. And we can do so in our lifetime!

The author of this essay, Oronde A. Miller, is the founder and executive director of The Institute for Family and Child Well-Being. Please share any comments and reflections via email at omiller@ifcwb.org.

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