

Can We Really Protect Some Unless We Promote All?

This morning, I attended a regular monthly meeting of people I think of as local community pillars and community monitors. Today, they engaged in a discussion of how our county could better protect newborn infants who have been exposed to illicit and/or toxic substances during pregnancy. Suggestions centered around taking action to shelter infants who have been put at risk by their mother's unhealthy behavior. Many very thoughtful models were presented and proposed to link the protection of newborns with engaging the family of origin in a system of positive family support services.

Local hospitals, apparently, can no longer count on the judicial system to move quickly to abate parental custody in order to shelter any infant from continued exposure to the dangers of parental care. In the past, documented evidence of fetal drug exposure was automatic grounds for separating a child from his or her parents in the name of child protection. Nowadays, it is harder to get legal consent to separate and shelter an infant born at risk. What's more, parents often refuse voluntary parenting support services offered by professionals or even by peer visitors who work for publicly funded service organizations. In response, today, our local group organized a committee to draft new guidelines for medical professionals in hospitals, courts and the Florida Department of Children and Families to identify and shelter babies who are born at risk for developing disabilities, chronic health problems or for following a path toward delinquency and criminal activity.

All well and good if we are willing to content ourselves with believing that family disruption is a primary prevention tool. Actually, such a conviction keeps us from exercising a far greater opportunity to prevent problems and promote children's development. Please understand - I sympathize with people and strategies that hope to protect children born into unfavorable conditions. At the same time, I feel a greater frustration for whatever keeps us from enacting programmatic responses that could deliver comprehensive solutions. I think there is a fundamental deficiency in our current approach to social and medical problem solving. These systems have been designed to try to guess as early as possible who is likely to fail and then offer them services to prevent an untoward outcome from becoming an inevitability. Such an approach is ultimately doomed to disappoint our expectations for two reasons – it is strategically flawed and it is morally weak.

Firstly, we can't know for certain how any infant will be affected by his or her early biological and social environment. No instrument has been developed that can accurately screen in or out at birth all infants who will later develop physical, emotional or behavioral problems. That is because the root causes of such disabilities come from any one or combination of many sources internal or external to the child. Growth and development of a fetus's brain and body can be promoted or compromised by the timing and concentration of exposure to everything from fever to famine, from pollution to depression, from the sniff of lead to the stress of loneliness, and from the weight of hopelessness to the lightness of love. Moreover, how any child responds to those internal and external forces varies greatly from individual to individual. Of equal importance, assessing the risk status of select groups of infants and parents will necessarily miss identifying the needs of individual members of large population groups who are not routinely screened. Do financial wealth and higher education protect people from the pathological forces of drug abuse, mental illness, social isolation, employment insecurity, chronic disease or bad luck? No indeed. Most developmentally

challenged children and adults were born with high Apgar scores, a measure of initial physical adaptation to the environment outside the uterus. And most newborns that are treated for medical risk develop into healthy children able to adapt to life challenges.

I am even more disappointed that our selective identification and support for infants exposes our moral temerity as policymakers, service professionals and citizens. By choosing to guess who is bound to fail, we are denying the fact that every child and family deserves support in order to succeed. I am not surprised when parents decline offers from home visiting programs or other service providers as they know that they have been selected because they are seen as unstable, incompetent, neglectful or dangerous. We can learn a better and ultimately far less costly approach to supporting the healthy development of infants from nations that routinely provide frequent universal home visitation, health care, child care and early education to all families throughout infancy and early childhood. Belgium, Denmark, France, Germany, Ireland, the Netherlands, Norway, Spain, Switzerland and Great Britain all offer variations of these services to all families – rich and poor – out of a collective sense of social responsibility for supporting parenting, family functioning and child health and development. In every case, services are provided as a matter of routine, often continuing for the first five years of a child's life. These universal services are components of more comprehensive national systems of health care and social services. Granted, the public investment is substantial (though modest in comparison to military spending by the United States). Substantial, also, are the returns to the general economy of European nations, with savings most evident over time to educational, health care and criminal justice systems.

I am not criticizing our present efforts to protect infants and young children from detrimental caregiving environments. I am, however, suggesting that our current thinking and strategies will limit the positive return on our investment. Members of Governor Crist's newly appointed Florida Children's Cabinet take special note as you develop a blueprint for securing a healthy and purposeful future for the citizens of this State. To help all children grow into capable and caring members of families and communities, we must believe that all infants and their parents need and deserve high quality, well organized, readily accessible and relationship-centered systems of care at least during the initial year of family adjustment. Thereafter, some families may need ongoing assistance while others may be able to mobilize their own resources. In the end, we must choose between seeing each person's prospects as half-empty or half-full. If we try to forecast human failure, we will inevitably make mistakes of judgment and omission, we will burden with stigma and distrust the very people we wish to promote and we will denigrate the healing potential of human attachments. If, instead, we decide to honor the possibility for personal growth, redemption, dignity and contribution within every parent and child, then we will design a system of care that raises and reflects the level of your, my and our humanity.