

Heroes, villains and real humans: when caregivers make mistakes

By Amy C. Sousa

Like many, I enjoy tales of the hero's quest and the villain's defeat. Alas, life isn't a fairytale. Most days, my life feels important, but small. I go to work, where I lead a special education school and group homes for people with disabilities. I have neither slayed a dragon nor breathed fire. Yet, my leadership position makes me both a hero and villain to many.

When I announced the opening of a new group home, I was told that I saved an adult with disabilities from a life of languishing. When I authorized firing a staff member for taking an unannounced, four-minute bathroom break, allowing a student to elope, I also changed several lives. Perhaps, I have both slayed a dragon and breathed fire.

A local newspaper confirmed that suspicion. In August I received an email congratulating The Guild for Human Services on being named one of the Top 100 Women-Led Businesses in Massachusetts by the newspaper's magazine. The selection indicated that my organization contributed meaningfully to the economy through workplace and management diversity, innovative projects and a sizable operating budget.

Only weeks later, that same newspaper published an article on safety concerns at human services programs; my organization's worst moment was featured on the front page as evidence of the failure of state agencies serving people with autism. I had spoken with the reporter many times before the publication. When presented with information about the quality of such programs, the reporter said it wasn't the story they wanted to tell. Apparently, stories about the daily support needs of people with disabilities and caregivers don't sell newspapers.

Unsurprisingly, I received a sheepish call from the award chair indicating my agency's honor would be rescinded. It's hard to imagine how both stories can be true at the same time; can one of the "best women-led businesses" also make searing errors? The answer is yes, but not in an environment with all-or-nothing stakes.

When dealing with 550 employees, mistakes and, in rare instances, misdeeds occur. Yet, we empower people with complex needs to live in their communities, engage in meaningful social relationships, experience new opportunities and develop a quality of life that

reflects their values and interests. At our best, it is a place of inclusion and growth. Our greatness is in our goal, not personal heroism.

There are no canyons to jump, only a worker who smiles when combing a young adult's hair and says, "I'm so proud of you. You rinsed the shampoo by yourself. Good job." Another worker dodges a plate thrown at her by a group home resident and, rather than waging battle, she invites the plate-thrower for dinner.

Even still, heroic language makes its way into our work, sometimes in seemingly innocuous statements like, "You do God's work." At other times, caregivers are vilified for being self-interested, negligent or "not from here." Those insidious comments make their way into caregivers' lives. We make people feel bad about helping others, about being "ordinary" humans. And for those people with disabilities who receive services, the notion of "God's work" implies that only the strength of a deity could enable someone to have a genuine interest in their wellbeing.

The dichotomy does not allow for organizations to hire caring, competent people; provide needed resources and services; and develop structures that advance leadership of marginalized groups. The hero's journey does not allow for those same people and structures to make mistakes, with serious repercussions, and remain "good."

The day after the article was published, I called the reporter. "Well, I didn't hate it," I said. "I wish you had included some solutions to the challenges you raised." The reporter indicated that a future article would be written about the need for regulatory change. I asked, "You wrote a story about a series of people who ignored regulations and did harm. Why do you think new regulations would solve that problem?" The reporter responded that they hadn't thought of that. I inquired, "What other solutions did you find?" Silence. Apparently, that's another story the reporter didn't want to tell.

Perhaps, we are enamored with the hero's journey because that's the story being told. Real humans with integrity and flaws need real support and solutions. We need stories that represent us, not an image of us that sells.

Amy Sousa is the CEO of The Guild for Human Services.

Helping kids process tragedies happening across the globe

By Rebekah Roulier

The world is currently experiencing world-shifting, tragic events simultaneously: the war between Israel and Hamas, the war in Ukraine, gun violence and catastrophic weather events to name a few, all happening following years of contending with the pandemic. The mental health impacts, especially for those directly affected, can be lifelong.

Navigating the turbulent waters of the global landscape can be daunting for adults, and it becomes even more challenging when responsible for helping children and teens process them. Witnessing the suffering of others and answering children's questions about why such horrific events occur can feel overwhelming. These feelings are normal and show your empathy and compassion for others.

While we're all different, young children often boil down their anxieties to a simple yet profound question: "Am I safe?" Global disasters or conflicts might seem far away, but their impact can be felt close to home. Parents and caregivers must address these fears and reassure them of their safety to ensure their view of their world is hopeful.

Teenagers, on the other hand, grapple with larger existential worries: "How do I live in a world where bad things happen?" The challenge is to guide them through these complex emotions, allowing space for their queries and concerns and helping them to make sense of their place in the world. As they search for answers and look for opportunities for agency, caregivers can provide support and model healthy processing and regulation. It's okay if you don't know all of the answers, which can be disempowering. It's more important to empower the young person and teach them that their voice matters and that interacting in a kind and inclusive way toward others will make a difference in this world.

There are effective ways to bring up the conversation and open dialogue that can help young people get through difficult times. First, as a caregiver, focus on processing a tragedy yourself, reflecting on your own well-being and state of mind and engaging in activities you find calming and grounding. Consider yourself as the medium of communication and think about how you might be best prepared to discuss diffi-

cult topics.

When engaging with children aged 8 and younger, we recommend only discussing these kinds of traumatic events if a child asks about them. If possible, try to find a good time and place (in their room, on a walk or with other family members, for example), use simple language to describe the tragic events (such as "someone hurt people"), limit their exposure to media and social media as a way to shield their limited capacity to make sense of violence they see, suggest a few things you could do together as a positive distraction (e.g. arts and crafts, writing, unstructured play, other creative modes of expression) and remind them that you are there for them as their safe place, offering assurance in a way that is the norm in your family – a hug, a walk, a meal together, a movie, etc.

A different approach is required when engaging with older children and teenagers. As they often want agency, simply asking "How can I help?" is a great way to engage with them. Other approaches include brainstorming with them on ways that they can limit media and social media consumption; assisting with some action steps, as teens often feel empowered by learning about advocacy and can contribute through fundraisers or writing letters to decision-makers; naming for them that they may have feelings of guilt surrounding doing things they love or having fun, and acknowledging that it is OK to feel bad for others and enjoy life/take care of themselves; and continuing to check in showing them how to find "good news," offer to scroll their social media channels with them and teach them about evaluating sources.

In addition, remember that you are not alone. Whatever the issue is, others out in the world are going through it as well, so don't be afraid to lean on your community for support.

Should you have concerns about your child's thoughts and feelings, contact your pediatrician, mental health professional or school counselor. And adults/caregivers can call the 988 Suicide & Crisis Lifeline, where support from trained counselors is available 24/7.

Rebekah Roulier is the Managing Director of Doc Wayne Youth Services.

The Legislature should consider parameters for right-to-shelter law

By Danielle Ferrier

The state's family shelter system has doubled in size over the last year – capacity has been exceeded and for the first time in 40 years and families experiencing homelessness in Massachusetts are now being put on waiting lists for shelter. Gov. Maura Healey, her team and providers across the state are running a full-court press to design a solution as winter approaches. These are unprecedented times.

On November 9, Healey announced that the family shelter system in Massachusetts reached capacity at 7,500 families across the state, just three months after declaring a state of emergency and calling on the federal government to step in. The capacity "cap" has called into question the legiti-

macy of Massachusetts' right to shelter law, enacted in 1983 to guarantee shelter for families and expecting mothers to prevent children from sleeping on the streets or in unsafe, potentially fatal conditions. *Garcia v. the Department of Housing and Community Development* (DHCD, now known as the Executive Office of Healthy Living Communities), settled in 2023, ruling in favor of presumptive eligibility – meaning that a family experiencing homelessness is guaranteed placement into shelter prior to a screening process.

A concerning backdrop to the lack of shelter is that Massachusetts continues to be among the most expensive states in the country to live in. We also are experiencing one of the largest housing deficits in history, as some estimate the massive shortage of hous-

ing to be at over 100,000 homes.

The word has spread nationally and internationally that Massachusetts is the only right-to-shelter state in the country. Both unhoused local families and newly arrived families are in line for shelter. As providers, we've worked collaboratively with city, state and federal government entities to identify untapped areas to expand, prevent and divert families to ensure no child is sleeping outside this winter, noting that providers have limits and human services is a notoriously understaffed field with limited financial resources.

All policies have unintended consequences, and now we are seeing a perfect storm. The state's right-to-shelter law is directly colliding with federal immigration laws.

Coupled with the exponentially high cost (and shortage) of housing in the region, the state's family shelter system has been driven to its current breaking point.

Newly arriving families from warmer climates aren't prepared for harsh New England winters, and when they're turned away from a shelter or put on a waitlist with nowhere else to go, they will be forced to sleep on the streets, risking hypothermia and fatality for themselves and their babies and children.

With one of the highest income disparities in the country, leaving families without housing will only further disadvantage low-income families and put them even more at risk. Children are in danger.

This crisis is at a turning point for our state and must be met with empathy, shared

humanity, collaborative problem-solving and federal funding and support. I recommend that the Legislature considers creating reasonable policy boundaries and parameters for our right-to-shelter law, including defining eligibility. Pressure will be further alleviated once the federal government and Congress recognize this growing crisis and deliver a solution that supports legally, newly arriving families without relying on state statutes and budgets. Ultimately, until state and federal policy is amended, Commonwealth families experiencing homelessness bear the weight and risk.

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