Child Safety Forward
A Reflection Guide to Shape Provider Conversations about Infant Sleep

Celebrating a first birthday is a milestone that every family should experience. While we do not yet live in a world where all infants survive their first year of life, we can do better.[1] It takes a community to help families achieve safe sleep.

The Safe to Sleep campaign is a collaborative effort launched in 1994 to spread safe sleep messages to all caregivers and communities. Safe to Sleep was successful in reducing infant mortality but reached a plateau. More importantly, not all communities benefited from a reduction in infant mortality.[2] We continue to see disparities in communities of color in the number of infant deaths in sleep environments that reflect impacts of poverty, lack of access to prenatal and well-childcare, education regarding safe sleep, and other sleep practices. Although there are many promising interventions working to address these differential outcomes, there is much more that we need to understand to address the underlying causes of these inequities.[3, 4]

Child Safety Forward, an initiative designed to develop new solutions to address serious injuries and fatalities from abuse and neglect, explored a new question with its demonstration sites and technical assistance team:

> *Why, despite clear guidelines, do we continue to see sleep related deaths?*

Through deep relationship building with caregivers and experts, rich data collection, and shared sense-making of data with communities, we found the answer to this question is two-fold. First, is that sleep, while a universally shared practice, is also uniquely cultural and personal. Since we do not see parenting as a collective responsibility, we miss opportunities to build partnerships and support that can lead to different decisions. Second, we have not learned to recognize structural racism in systems working with caregivers and redesign them to support child and family well-being that is just, dignified, and anti-racist.

This guide is set up to offer providers a tool based on Child Safety Forward learning to help think through how bias shows up at the individual, relational, and institutional level and helps re-design our work with community so that we stand a far greater chance of finding solutions in partnership with them around the universal goal of child safety.

Safe Sleep is A Collective Responsibility

Child Safety Forward initiatives prioritized conversations and listening to community to better understand how together we can shape environments for children that support health and well-being. In these conversations, caregivers made it clear that they make daily choices that are different from safe sleep guidelines for a variety of reasons including having a different definition of "safety" where

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[1] According to the Center for Disease Control and Prevention, in 2020, 27% of the nearly 3500 unexpected deaths in infants under age 1 occurred in a sleep environment. This same data suggests that deaths that occur in the sleep environment are higher among infants who are Non-Hispanic American Indian/Alaska Native, Non-Hispanic Black, and in Non-Hispanic Native Hawaiian/Other Pacific Islander infants.

[2] Daniel P. Hall Riggins and Verleaner Lane, *A Public Health Approach to Implementing AAP's New Guidelines on Safe Sleep*. (Social Current, August 2022).

[3] Rebecca F. Carlin, Fern R. Hauck, and Rachel Y. Moon, *Increasing Disparities in Sudden Unexpected Infant Deaths Reflect Societal Failures*. (Pediatrics 141(4), 2023).

[4] Rachel Y. Moon, Rebecca F. Carlin and Ivan Hand, *Sleep-Related Infant Deaths; Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment*. (Pediatrics 150(1), 2022).

sleeping in a bed with your child is the safest place they can be. We also learned that isolation of parenting from supportive structures adds to all the other burdens overloading parents, making it hard to provide the best kinds of care and support.[5]

While caregivers in communities talked a lot about the impact and role of stress in their sleep choices, we heard about other factors that can influence sleep practices including conflicting messaging coming from older generations who are respected for their wisdom and beliefs about the importance of skin-to-skin bonding and family beds. We also heard loud and clear that families and communities do not trust public agencies and that child safety messaging appears punitive and reactive.

Gaining this knowledge through conversation and relationship with communities was critical for Child Safety Forward demonstration sites. Because Child Safety Forward was most interested in transforming a reactive, punitive approach to working families to a more supportive, collaborative approach to child and family well-being, this dialogue opened a window of local Child Safety Forward agencies to partner with communities in finding safe sleep solutions.

Role of Structural Racism in Safe Sleep

Safe sleep is not just a personal choice or one of cultural preference. We know there is increased risk connected to infant mortality in nations where racial and ethnic disparities are highest.[6] This is evidence that suggests it is more than just individual caregiver sleep preference but that there are critical structural issues that need to be addressed.

Sleep-related deaths "have notable and persistent racial and ethnic disparities, reflecting broader racial and ethnic societal inequities."
American Academic of Pediatrics, 2022

Our systems, especially those that work with children and families, are designed to work in ways that reflect white, western expertise, preferences, and norms.

This is structural racism, and it shows up in our agency policies, practices, and messaging. Racism is an experience that not all families have, but when it is present, it makes it harder to provide the supports that children need to grow and thrive. Since systems are designed by people, people have the power to change them.

The good news is, in Child Safety Forward, we learned to do some things that can address structural racism and reduce this factor and its influence on sleep safety.

A few of the ideas we learned are simple if we are open to change. For example, once we started building genuine relationships with communities and asking them to help us make sense of child safety data, the shared goal to get kids a safe night sleep came right to the top. Caregivers were not ignoring safety issues; they just didn't have the data to understand the importance of safe sleep practices.

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[5] Framing for how to talk about parental overload to help promote child and family well-being solutions is captured in a the brief *Reframing Childhood Adversity: Promoting Upstream Approaches.* (Frameworks Institute, February 2021).

[6] Rebecca A. Shipstone, Jeanine Young, Lauren Kearney and John M.D. Thompson, *Applying a social exclusion framework to explore the relationship between sudden unexpected deaths in infancy (SUDI) and social vulnerability*. (Front Public Health 8, October 2020).

Communities had almost never been made aware of or asked about their own and why it looks the way it does. In fact, systems where structural racism is the operating norm, often double-down on programming and solutions generated by research that are designed without impacted communities at the table.

Deep equity is the work towards love, dignity, and justice that requires addressing multiple structural, institutional, interpersonal, and individual causes of inequity (both historic and current), and recognizes the social construction of identity, power, and privilege over time. - Change Elemental

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As a result of learning in Child Safety Forward, we chose to lean into the idea of deep equity; recognizing that while ultimately we strive for equitable outcomes, we cannot undue the impacts of racism until we adopt a new set practice. Deep equity in practice to Child Safety Forward means continuously working on us, our relationships, and the structures and systems until providers and caregivers are working together as parents to promote child wellbeing.

Solutions to address the impact of racism do not need to be big and bold. In fact, we found many ways in Child Safety Forward to show up in community as a proactive partner around our shared goal.

Collectively we learned to:

- Acknowledge that relationships with community and sector partners really matter in driving change.

- Move beyond addressing disparities to eliminating conditions that we would not want any person to experience.

- Show up as and respond to individuals as whole people—hearts, minds, and behaviors.

- Recognize the systemic, structural, institutional, interpersonal, and individual/internal causes that create an imbalance of power and work with caregivers to identify and test new ways to address these causes.

- Accept that not all decisions need to stem from expert knowledge.

- Elevate the strengths and assets of individuals and communities to build protective factors that secure stability and well-being.

Because we were able to approach Child Safety Forward as an opportunity to build relationships and deepen our conversations with community beyond the traditional scope of practice, we were able to broaden our thinking and offer a more holistic set of solutions.

The Conversation Guide section is set up to offer providers prompts based on the Child Safety Forward learnings. It will help providers think through how bias shows up at the individual, relational, and institutional level and help re-design our work with community so that we stand a far greater chance of finding solutions in partnership with them around the universal goal of child safety.

Conversation Guide

As individuals who work to support caregivers, we can tap into research and our own experiences of caregiving to identify safe sleep challenges and offer solutions that are already known, but there is no guarantee that these solutions will work for everyone. The reality is that many providers do not have a full understanding of the experiences that impact safe sleep in communities where harms from racism are greatest.

Conversation for Fostering an Equitable Personal Stance on Safe Sleep

To approach communities and systems deeply impacted by racism with new solutions or ideas, you may first need to have time with yourself to reflect and unlearn all that you have witnessed and internalized. Because we work in systems, sometimes there may be a disconnect between our personal beliefs and our professional practices. People working to create child and family wellbeing systems need to become mentally and emotionally open to engaging in new and meaningful ways from another point of view.

These questions below may help you begin that process and create a new understanding of communities that experience racism and why your safe sleep message may not resonate:

- What is my stance as a professional on sleep practices? Am I open and receptive to others' viewpoints? Have I explored the role culture plays regarding sleep? What are the cultural habits I carry from my own stance in society?

- How am I learning about safe sleep? Am I giving the full credibility to what is gained from hearing from communities and caregivers as I am to statistics and research?

- When I approach conversations, is it important to me to be right? Or can I be satisfied with learning more? Can I take a truly nonjudgmental approach when talking about sleep safety?

- Can I approach each conversation renewed? Do I have ways to "un-numb" and take care of myself after difficult conversations, and sometimes, sad outcomes?

- Do I really know and understand what racism is, what it looks like, and what harms are created or am I just reacting to the politics and discourse around me? Have I listened to people tell their own stories of racism and anti-racism?

- When I see repeated injustice because of structural racism or when my power creates barriers to authentic relationships, do I act?

Conversation for Fostering Equitable Trusting Relationships

Developing an equitable stance for yourself is critical to being able to approach caregivers in communities that experience racism every day. Racism is designed to give power to some and to take it from others. If we want to be heard when we engage caregivers around safe sleep environments, we need to embrace the idea that there is something we can learn from them.

These internal conversation questions can help you reflect on how you show up to a conversation with a caregiver where you share the same goal for a child's well-being and safety:

- How good am I at listening? Do I listen deeply and with compassion?

- Do I understand the power I have in this interaction because of who I am?

- Am I trustworthy? Do I welcome each caregiver's "full self" in the conversation? How do I show it?

- Am I reaching beyond mothers? Am I talking about safe sleep to fathers too? Grandparents and other caregivers?

- Do I ask about their hopes, dreams, and goals? Am I maximizing my time with them to really hear what the caregiver is sharing with me?

- How am I building genuine relationships that foster trust? Am I expanding my network into the communities where I work?

- What else can I do to change, enhance, or strengthen my relationships with caregivers?

Conversation for Fostering Equitable Safe Sleep Systems

Our systems and institutions tend to reinforce predominant ways of thinking. Agency rules tend to be shaped by bias and norms that reflect a narrow understanding of culture and experience. As a result, providers are often placed in opposition to caregivers when it comes to sleep safety. A solution where caregivers and providers are working together to ensure child safety will require deep examination of internal cultures, processes, systems, structures, norms, habits, programs, communications, human and financial capital, approaches to partnering and external work from a justice perspective.

While we may feel that changes to the system are outside of our individual control, we must elevate within the **system** the importance of identifying solutions that correct for inequities:

- What practices do we engage in that support continuous learning and sharing about parent cultures and safety? What data are we looking at to form our guidelines and standards of care? How are we sharing this research?

- Is there enough diversity within our systems and our leadership to learn from? Collaborate with? How do I engage and collaborate with colleagues from communities who do not hold power in the system? How do I support representation in my system and in leadership? How do I support their leadership?

- What mechanisms do we have in place to innovate and adapt based on what we learn? How are we structured to ensure proactive feedback loops with our communities and partners? What holds us accountable to this feedback?

- How do we identify areas where the system can intervene to address injustices that sit at the root cause of child safety and build protective factors that secure stability and well-being? How do we share this knowledge? How do we engage partners in and across sectors to address them?

- What policies and practices do we have to engage caregivers in decision-making and developing mutual understanding of the research and data that speaks to the complex dynamics of safe sleep?

- What approaches do we use that specifically support families and build protective factors (e.g., caring relationships, social connections, concrete supports)?

Community Conversation: Equitable Safe Sleep Messaging

The focus of this discussion guide is about the internal and system level conversations that need to happen to truly address inequities and understand the cultural patterns that influence sleep practices, individuals, and systems function in community. This means that these reflections ultimately must lead to a changed way of communicating with caregivers about sleep environments.

> *What would safe sleep messaging look like if caregivers and providers were partners in meeting sleep needs?*

The Child Safety Forward demonstration sites heard clearly from Black communities that messages from the health and child welfare systems are not trustworthy. This means that any successful safe sleep messaging would be rooted in the history, culture, and experiences of the community and its people, and is rooted in an anti-racist lens and framework.

Because practitioners and agencies are not always seen as sources of help, those engaging in safe sleep conversations and presenting guidelines need to keep this question in mind, especially when it relies on key social determinants: *Why should I buy into, use, embrace* your *safe sleep principles and practices?*

The Child Safety Forward technical assistance team had the opportunity to speak with and reflect on insights shared by Mr. Keith D. Bostick, M.S.W, who serves as the President of Black Administrators in Child Welfare (BACW), Deputy Director in Broward County, Florida Human Services Department, and CEO of KDB Enterprise. The following captures from that conversation a variety of "keep in mind" statements and suggestions for developing safe sleep messaging in collaboration with community.

The following suggestions for conversations about safe sleep in and with the community are based on notes from Bostick. These guidelines can help you and your colleagues build more trustworthy safe sleep messaging:

- ❑ Keep social determinants of health and other conditions in which people are living in mind.

- ❑ Know the product you are selling. "Why would people buy, use, trust, and embrace safe sleep principles and practices from systems and institutions who've had a history of harming or failing them?"

- ❑ Decide who can best deliver the safe sleep message: Perhaps a community member, a fellow caregiver, maybe even someone who lost or nearly lost a child during sleep. Identify community champions you can partner with to help.

- ❑ Look at language. Is there a different way to describe safe sleep? Are different messages needed for different caregivers?

- ❑ Actively and intentionally include, incorporate, and plan for/with fathers and/or other kin.

- ❑ Ask the community to share their thoughts, opinions, strategies, and skills related to safe sleep practices. Be open to hearing and learning about their beliefs and customs.

- ❑ Validate and respect the wisdom of elders. Involve them in problem-solving. Invite them to share their advice on some of the best ways of getting children to sleep safely. (Be prepared that their skills and practices may not be or meet industry best practices. Take a nonjudgmental approach.)

- ❑ Ask caregivers about needed concrete and economic support, making community-based referrals that will be supportive and not punitive. Work with caregivers to identify protective factors and help them name and use their strengths.

- ❑ Be aware, as you approach the effort, that the work can open the pores of communities that have been traumatized. It might make sense to enlist mental health resources in your support networks.

Additional suggestions include:

- ❑ Consider bringing community partners to this conversation, such as businesses, restaurant owners, nail shops, barbershops, churches, childcare centers, funeral homes, and others who see, know, and understand individuals in their communities. They can be effective and resourceful partners in this work, and most have never been asked to become involved.

- ❑ Consider the most effective ways to use technology to deliver the campaign's messages in the virtual world.

- ❑ Use Early Learning Centers and Child Care sites as locations where you can demonstrate safe sleep practices.

- ❑ Consider baby shower or birth celebration lists in stores as a means of furthering knowledge spread. Possibly partner with them to promote messaging and product selections for customers making purchases. Help store personnel understand the benefits of safe sleep practices.

- ❑ Think about incremental changes and sustainability as you work in vulnerable communities. Consider how this effort can continue beyond current funding, political agendas, and/or department and institutional directives?

Above all, keep in mind that bottom line – absolute RESPECT for the community, its people, and its history. You may only get one chance; so make it meaningful and lasting.

Learning Resources

Continuous learning is an important strategy in the protection of children and creating a strong child and family well-being system. Here are some of the resources we turned to in Child Safety Forward to reflect on and expand our thinking about the intersection of race, community, and sleep.

BLACK Wellness & Prosperity Center, *Our Babies Safe Sleep- Safe Sleep Tips for Parents and Caregivers*. https://www.youtube.com/watch?v=JKmm8jrcQnQ

Tracy Cassels, Evolutionary Parenting. *The gentle African way to your baby sleeping through the night.* https://evolutionaryparenting.com/guest-post-african-way-sttn/

Case Western Reserve, *Motivational Interview Resources*. https://case.edu/socialwork/centerforebp/practices/motivational-interviewing/motivational-interviewing-resources

Center for American Progress, *Eliminating racial disparities in maternal and infant mortality. A comprehensive policy blueprint.* (May 2019) https://www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/.

Change Elemental, *Systems Change & Deep Equity: Pathways toward sustainable impact, beyond "Eurkea!," unawareness & unwitting harm. An interview Sheryl Petty and Mark Leach*. (July 2020) https://changeelemental.org/resources/systems-change-and-deep-equity-monograph/.

Child Safety Forward: Parent Engagement Work Group. (Hartford Public Access TV, April 19 2022). https://vimeo.com/682066367/e133626f7e

Benjamin Danielson, *Confronting Racism in Pediatric Care*. (Health Affairs 41(11), 2022).

Diana Divecha, *How Cosleeping can help you and your baby*. (Feb 2020). https://greatergood.berkeley.edu/article/item/how_cosleeping_can_help_you_and_your_baby

Laura M Gaydos, Sara C Blake, Julie A Gasmararia, et al. *Revisiting safe sleep recommendations for African-American infants: why current counseling is insufficient*. (Maternal Child Health, 19(3), 2015).

James McKenna, *Bedsharing Deaths, Structural Racism, and Poverty – An Excerpt from Safe Infant Sleep*: *Expert Answers to Your Cosleeping Questions.* Platypus Media, 2020. Excerpt available on-line: https://community.thriveglobal.com/bedsharing-racism-and-poverty-excerpt.

National Center for Fatality Review and Prevention, *FIMR Strategic Storytelling Project.* (Accessed 2023) https://ncfrp.org/fimr/tools-for-fimr-teams/.

Primal 4K, *The Matrix with Regina Dyton* (July 8 2022) https://youtu.be/OdNDyJQ0FWc

Public Health Reaching Across Sectors, *Strategic Storytelling for Public Health Messagers*. (July 2020). https://www.phrases.org/wp-content/uploads/2020/07/Storytelling-Toolkit-Final_.pdf

Rebecca Shipstone, Jeanine Young, and Laura Kearney, *New Frameworks for Understanding Sudden Unexpected Deaths in Infancy (SUDI) in Socially Vulnerable Families*. (Journal of Pediatric Nursing 37, 2017).

Deborah Stiffler, Sherry Mukasa Matemachani, and Lisa Crane, *Considerations in Safe to Sleep® messaging: Learning from African-American mothers*. (J Spec Pediatr Nurs 25(1), 2019).

Julie Sweetland, *Talking about racism in child and family advocacy: Framing strategies*. (Frameworks, Jan 2023). https://www.frameworksinstitute.org/publication/talking-about-racism-in-child-and-family-advocacy/.

U.S. Department of Health and Human Services, *Protective Factors Conversation Guides*. (Accessed 2023). https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/conversation-guides/.

Joseph L Wright, Wendy S. Davis, Madeline M. Joseph, et al, *Eliminating Race-Based Medicine*. (Pediatrics 150(1), 2022).