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Dads and Child Safety

Erik Vecere has been with the National Fatherhood Initiative (NFI) for the past sixteen years and has served as the Vice President for the last nine years. Since the time he first got involved with NFI to present day, he has seen the role of fathers evolve and deteriorate at the same time. Erik said, "Fathers have never been more involved, more maternal in their interaction with their children." At the same time, he has observed that due to "divorce, incarceration and geography those dads affected by these circumstances are really out of the picture." Of all the statistics that Erik mentioned, the one that jumped to the forefront in my mind is that 58% of dads surveyed randomly across the United States feel that they could be replaced in their children's life. One program that NFI feels could help turn that statistic around for the dads who are incarcerated, is the InsideOut Dad program.

InsideOut Dad connects inmate fathers to their families, helping to improve behavior while still incarcerated and to break the cycle of recidivism by developing pro-fathering attitudes, knowledge, and skills, along with strategies to prepare fathers for release. Incarcerated fathers get the tools they need to become more involved, responsible, and committed in the lives of their children -- providing increased motivation for them to get out and stay out. The annual cost of incarceration per inmate is \$25,000-\$40,000 depending on the state. However, the cost for materials for a prison or jail to take



one incarcerated father through the InsideOut Dad program is as little as \$60 per father.

I have been trained to facilitate the InsideOut curriculum and more than a few chapters of the materials deal with "Keeping your Child Safe." As a single father of a 6 year old child, the chapters dealing with safety were eye-opening to say the least. I realized as Erik said, "there are many fathers who don't know what they don't know." Having been an uncle a few times over, thinking about the safety of my nieces and nephews, I now realize it was superficial, and not a subject that is really thought about by men who are uncles, role models and those who are involved with toddlers/children on a random basis. I have spoken with the fathers I associate with and none of us thought of the things our child's pediatricians, teachers and mothers brought to our awareness. Each in some way has told us dads to develop a check-list that is always easily accessible. To have an Amber Alert kind of checklist. As Erik said, "be
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Visit the PAC on the FRIENDS website at www.friendsnrc.org

Supporting Communities Through Darkness to Light

A little more than 35 years ago I began teaching. The students I served were in a special education self-contained classroom and most were from high-risk families. It was heartbreaking to see the abuse some of these students endured. Many days I felt inadequate about knowing how to help. Often, after school was dismissed, I would "borrow" a ball from the school and head to one of the local trailer parks where some of my students lived... that was my personal child abuse prevention plan.

"Child sexual abuse is likely the most prevalent health problem children face with the most serious array of consequences."

~Darkness to Light

Child sexual abuse can happen to children of any race, religion, or economic class and not just to what are often described as high-risk families. It is important for all parents and staff within youth-serving organizations to be trained in how to prevent child sexual abuse. Today child sexual abuse affects one out of every ten children before their 18th birthday.¹

Some 35 years later I am now the mother of four, a former foster parent, biological parent, adoptive parent, and grandmother of six and counting. I wanted a better plan than simply playing with at-risk children. That is why I began facilitating Darkness to Light's Stewards of Children training. This two-hour evidence-based program raises awareness and educates adults how to prevent, recognize, and react responsibly to child sexual abuse.

Please join me in ending child sexual abuse by hosting a Stewards of Children training in

your community. You can locate a facilitator near you via the Darkness to Light's website www.D2L.org. Empower yourself and others in your community to take action against child sexual abuse! Just imagine how our children will thrive in a world free of abuse.

"It is easier to build strong children than to repair broken men."

~Frederick Douglass 1855

Submitted by Patrice Mugg

¹Darkness to Light www.d2l.org

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Dads and Child Safety

prepared" for the unthinkable circumstance. If an emergency should arise, make sure you can answer some key questions. Do you know your child's blood type? Are there marks on the child's body that would assist with identification? Having a checklist that's prepared with the child's mother makes it a lot easier for dads. Erik has spoken with dads who have done this and their overall confidence in knowing that they are taking their child's safety seriously has given the men a new kind of confidence.

Another subject that was broached in my conversation with Erik, that I am guilty of, is buying toys and games that are not age-appropriate for my child. Erik has spoken with dads over the years and this is a universal concern. As men we want to buy toys that make us happy, but our children may not be ready physically or emotionally for the toy. The more we spoke the more I realized that I am truly guilty of not taking my son's age into consideration and felt a little disappointed when my son didn't show the kind of enthusiasm I felt he should. It's important to recognize that some



electronic games can really be detrimental to your child's development. Fathers sometimes measure their child's growth against other children they know, and that is not the best way to measure development.

When we got around to discussing how programs have changed the way they interact with dads and being able to assist dads with developing safety programs for their kids, there is still an uphill battle to be fought. There are way too many times that dads are looked upon as a throw-in, and that programs and organizations must use a different approach to help dads address safety and their children.

Erik said that there are many outlets on the Web that fathers and programs can go to.

The fatherhood.org website is a great starting place along with the following links:

[13 Apps to Keep Your Family Safe, Secure, and Smart](#)

[A Father Cannot Afford to Be Careless with His Children](#)

*Submitted by Anthony Queen
FRIENDS PAC Member
Single Dad of Six Year Old Son*



Safe Baby Courts Use Collaborative Approach to Ensure Child Safety

The Tennessee Department of Children's Services has taken a multi-pronged approach to combat the impact of opioids and substance abuse on children and families. These efforts include opportunities to strengthen partnerships with communities and providers, improve staff training particularly focused on addiction and recovery, and revise child welfare policies and practices to reflect a collaborative and specialized approach to ensuring child safety. Due to an increase in opioid use in the eastern portion of the state and the complexity of the drug issues related to the extreme vulnerability of an infant, a targeted intervention was created. Specialized drug teams were implemented in three (3) areas of the state to investigate allegations involving a drug exposed child when there were concerns for the parent's ability to care for an infant due to their drug use. Frontline child protection workers are not always familiar with the many aspects of addiction, recovery, relapse and timeframes associated with treatment needs for this population. In order to change practice and develop a different approach for this issue, training opportunities were developed to better educate frontline staff on addiction and to partner with substance abuse treatment providers, and other experts in the field of addiction. The first drug team was created in March 2017 and two (2) additional teams subsequently created in February 2018. In July 2017, legislation was



To learn more about the Safe Baby Courts in Tennessee and Zero to Three's Safe Baby Court Teams™ approach [click here.](#)

passed for the implementation of Safe Baby Courts (SBC), which is a practice model focusing on children ages zero to three with an emphasis on infant mental health, trauma recognition through Adverse Childhood Experiences (ACES), and increasing community resources and involvement to support families. The goals outlined for this practice include the reduction of children entering custody, reduction of time to permanency and the reduction of repeat involvement with child welfare. With the full support and collaboration of the Administrative Office of the Courts (AOC) and the Department of Mental Health and Substance Abuse, the Department of Children's Services has established seven (7) SBC's throughout TN with a focus on parents impacted by substance abuse, particularly involving opioids in many of the cases. Tennessee is the first state to implement this approach focusing on prevention to keep

children out of state's custody and shorten stays for those that must enter into foster care temporarily. It is anticipated that increased efforts and collaboration with community partners and the juvenile courts, will enable families to find permanency for these infants sooner and decrease the likelihood of future involvement with a child welfare agency.

Tennessee is also incorporating the Plans of Safe Care into policy and practice as an opportunity to identify and provide services to families impacted by substance abuse with young children. It is the Department's intent to align practice and policy with the specialized approaches, such as the Safe Baby Courts and specialized drug teams, to better protect and provide long term permanency for this very vulnerable population of children.

*Submitted by Rebecca Bevans, TN
Office of Child Safety*



Speaking Honestly About Safe Sleeping

In the U.S., there is a growing trend of parents bed-sharing with their infants. This practice has grown from about [6 percent](#) of parents in 1993 to [24 percent](#) in 2015. The concern is that [bed-sharing substantially raises a baby's risk of SIDS and other sleep-related deaths like asphyxiation and suffocation](#). In their latest statement on infant sleep, the American Academy of Pediatrics recognized that many parents are not following the recommendation to not bed-share because they either inadvertently fall asleep with their baby or simply choose to bed-share.

When counseled about safe sleep, many parents are not honest with their healthcare providers because they do not want to be lectured or judged about bed-sharing. In addition, providers are often at a loss about how to take a risk reduction approach regarding bed-sharing. There is a need to have a more nuanced discussion about safe sleep beyond simply reciting that infants should sleep Alone, on their Backs, and in a Crib (ABC). In order to reduce the large number of deaths associated with it, we need to know how we can help parents who are bed-sharing.

The Accidental Bed-Sharer

Some parents know the risks of bed-sharing, but find themselves accidentally falling asleep with their baby due to sheer exhaustion. While continuing to encourage parents to do their best to adhere to having their infant sleep in a separate sleep space, providers can share the following tips to enhance safety:

- Ask another adult to put your baby back in their crib if

- they see that you have fallen asleep with them
- If caring for your baby at night, set yourself an alarm in the event that you fall asleep
- Remove pillows and bulky bedding in case you fall asleep while caring for your baby
- Do not move to a couch or armchair to care for your infant at night
- Do not drink, smoke, or use any drugs that cause drowsiness
- To make it easier to care for your infant at night, have their crib near your bed, but do not have them in your bed

The Intentional Bed-Sharer

Despite the risks, some parents are set on bed-sharing. To be clear, there is no 100% safe way to bed-share, but there are ways to counsel parents to make it safer. Parents can be advised to:

- Place baby on their back for every sleep
- Never sleep with the baby on an armchair, couch, sofa,

- waterbed, or air mattress
- Remove soft items and bulky items from the sleep area
- Use only light sleep clothing on the baby
- Do not cover the baby with adult bedding
- Move the bed away from walls so that the baby cannot become trapped between bed and the wall
- Place the mattress low to or on the floor
- Do not allow other children or pets in the bed
- Do not drink, smoke, or use any drugs that cause drowsiness

All parents need support to help their infant sleep more safely and this can only happen when parents and providers have honest and respectful conversations about infant sleep. The goal is to reduce the risk of sleep deaths in babies, many of which are entirely preventable.

Submitted by Megan Canady, Research Associate, UNC Center for Maternal and Infant Health



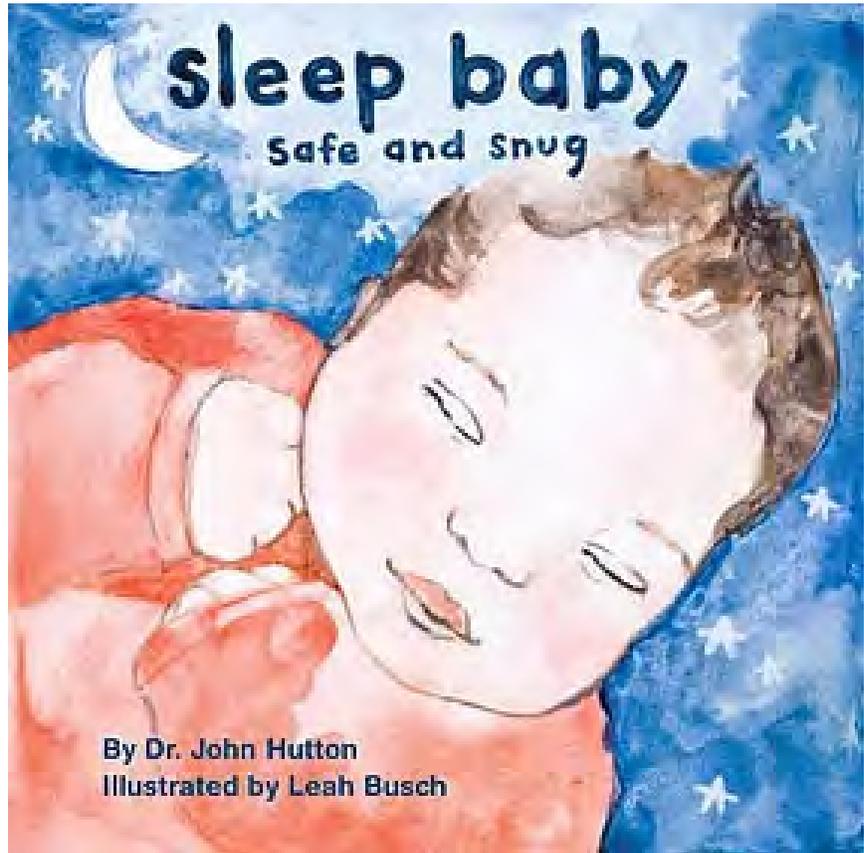
Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://www.nichd.nih.gov/sids>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.



Sleep Baby, Safe and Snug Books: Safe Sleeping Information for Rhode Island Families

Between 2012 – 2016 there were a total of 36 infant sleep-related deaths in Rhode Island.¹ In response to these preventable infant deaths, the Rhode Island Department of Health (RIDOH) developed a Safe Sleep Program. The program was implemented and directed by an Interagency Safe Sleep Workgroup comprised of members from RIDOH; the Department of Children, Youth and Families (DCYF); the Office of the Child Advocate; and the Parent Support Network of Rhode Island. The mission of the Safe Sleep Program is to decrease sleep-related infant mortality by promoting safe sleep education and supporting safe sleep practices among Rhode Island families with children under one year of age. While the program takes into account all Rhode Island families and infants, there is a predominant focus on families who's social and environmental determinants of health make their infants particularly susceptible to sleep-related dangers due to complex and interrelated risks and vulnerabilities.

The Workgroup's 2018 Safe Sleep Workplan includes statewide evidence-based training for DCYF, Family Home Visiting, Early Intervention, Early Head Start, WIC, and first responders. Work is underway to align safe sleep policies at the state's five birthing hospitals and to provide standardized patient education tools in multiple languages. A key strategy in this effort was the 2018 purchase and distribution of 10,000 *Sleep Baby, Safe and Snug* board books. Funded by DCYF and distributed by RIDOH's Safe Sleep Program to the state's five birthing hospitals, *Sleep Baby, Safe and Snug* books have become an integral part of each



hospital's discharge packet for families who have just had a baby. With an easy-to-read narrative, these books provide safe sleep education, demonstrate a safe sleep environment through diverse portrayals of babies and families, and promote early literacy. Feedback from hospital staff and families has been positive. "Hospital staff review the book with families before they go home," said Margo Katz who coordinates RIDOH's Safe Sleep Program. "Nurses report that the book helps to reinforce the

important message of safe infant sleep, and that families love getting the gift of a book before they go home."

Additional information about the *Sleep Baby, Safe and Snug* books can be found at www.charlieskids.org

Submitted by Kim Sande, Rhode Island CBCAP State Lead

¹*Reducing Infant Sleep-Related Deaths In Rhode Island, Rhode Island Children's Cabinet 7-31-17*

February is
National
Parent Leadership Month!



Spotlight on the States

Ohio The Ohio Children's Trust Fund (OCTF) has partnered with the Ohio Chapter of the American Academy of Pediatrics (AAP) to provide training to pediatricians and other members of the medical community. The training will build on injury prevention and safety topics addressed through previous partnerships with the OCTF and Ohio AAP. Topics covered in the training will include safe sleep, neonatal

alcohol syndrome, firearm safety, and guiding families who express concern about fussy infants. The training was developed by pediatricians and will be provided regionally throughout the first six months of 2019. A webinar of the training will also be developed and available on Ohio AAP's website. Pediatricians who attend the training are eligible for Continuing Medical Education credits.



FRIENDS Parent Advisory Council members (from l to r, front row): Lauren Mausbach, Bruce Bynum, Raven Sigure (from l to r, back row) Anthony Queen, Sam Bowman Fuhrman, Beth Stodghill, Jessica Diel, Fatima Gonzalez-Galindo and Sam Blue (not pictured; Jill Gentry and Dena Hillman).

About the PAC

FRIENDS has established a Parent Advisory Council to provide useful overall program direction and guidance to the activities of the National Center. Committee members share their experience and expertise in child abuse prevention and family strengthening through their active participation in FRIENDS workgroups and the annual Grantee's meeting, development/review of FRIENDS written materials, and by providing resource center staff with consultation and advice.

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Words of Gratitude to the 2019 FRIENDS' Parent Advisory Council Alumni

FRIENDS would like to acknowledge and thank the following Parent Advisory Council (PAC) members who are moving on to new roles and opportunities. Sam Fuhrmann, Jill Gentry and Sam Blue will be joining the ranks of the FRIENDS' PAC alumni. These individuals have worked tirelessly to promote the prevention of child abuse and neglect.

Sam Fuhrmann has been a PAC member since the PAC's inception. She has served as a PAC meeting facilitator, assisted in the development of FRIENDS' tools and resources and most recently supported new PAC members as a mentor.

Jill Gentry has been a PAC member since 2011. During her tenure, she served on FRIENDS' National Advisory Council, has taken the minutes for monthly PAC meetings and has participated in several workgroups.

Sam Blue has been involved with the PAC since 2014. He has been a part of the PAC Parent & Practitioner Newsletter committee, worked with his CBCAP State Lead Agency to develop a podcast and has been effective in supporting fathers on their personal leadership journey at the local, state and national levels. Each of these three PAC members has played a vital role in informing the work of FRIENDS and CBCAP and we wish them the best as they continue to lead in their own communities!

Thank You!

