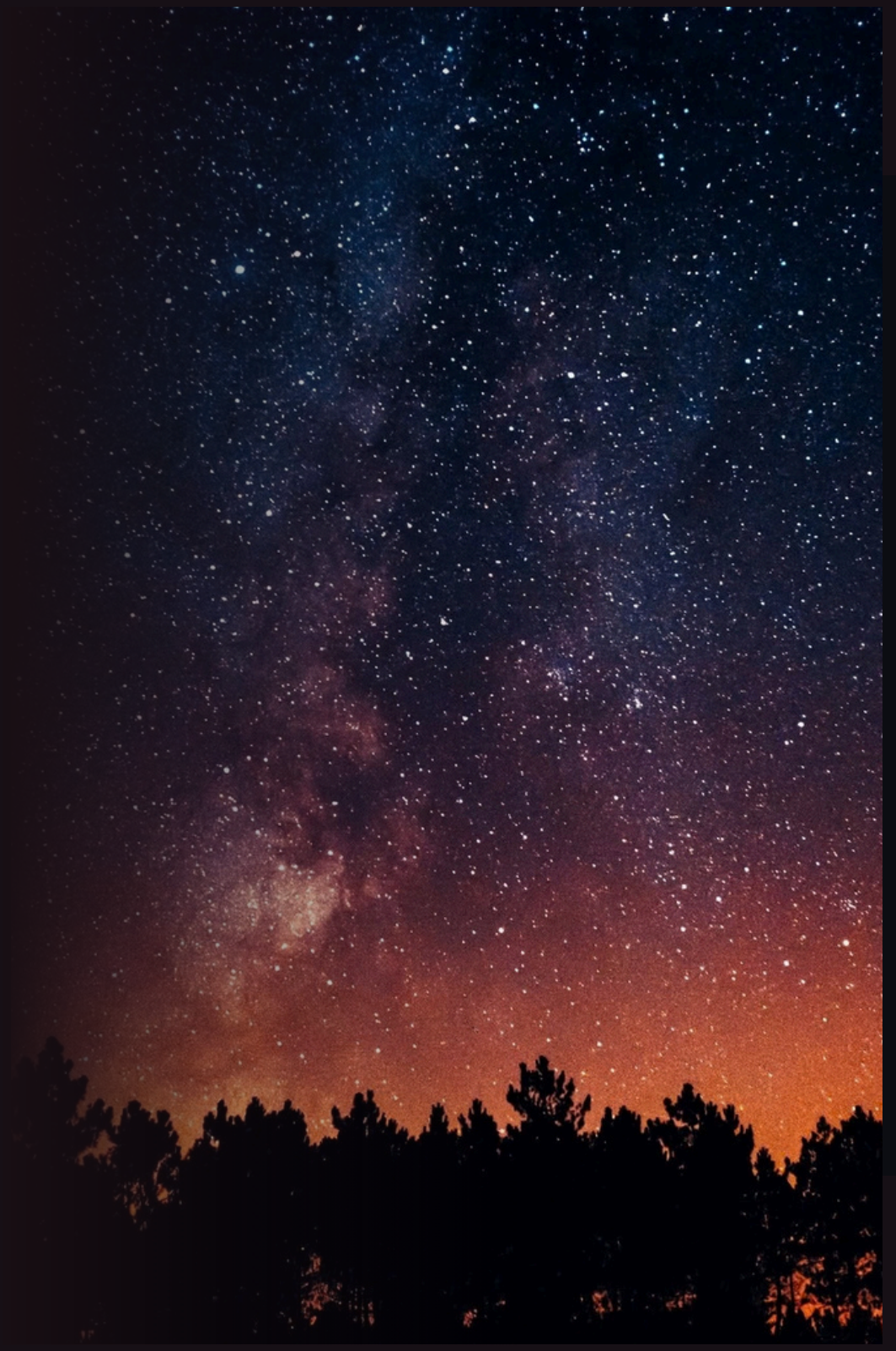
CSSP IDEAS INTO ACTION 2026

Our Responsibility to Do the Work

MARKITA BARIDEAUX, LCSW

Community-rooted care, ancestral knowing, and policy that answers to the families it serves.



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Why this exists

On September 23, 2026, the Center for the Study of Social Policy convened Ideas into Action: Shaping a Just Future for Families. The day moved through cash and caregiving, prevention outside the child welfare system, and the lives of immigrant children and families. I was asked to close it — not with another policy, but with the posture underneath the policy.

What follows is that keynote, as delivered, alongside the slides that carried it. I am sharing it because the argument does not belong to one afternoon. Our systems are caregivers. Families form relationships with them, and those relationships carry memory across generations. If that is true, then accountability cannot only run upward — to funders, boards, legislatures, audits. It has to run downward, to the families who keep us obedient to our purpose.

You will find the frame I work from here: the ghosts in the nursery that Selma Fraiberg named, the angels that Alicia Lieberman named, and the third voice I have spent these years listening for — she who whispers. You will also find what it looks like in practice at EMBRACE, and what I believe it asks of each of us, whatever seat we occupy.

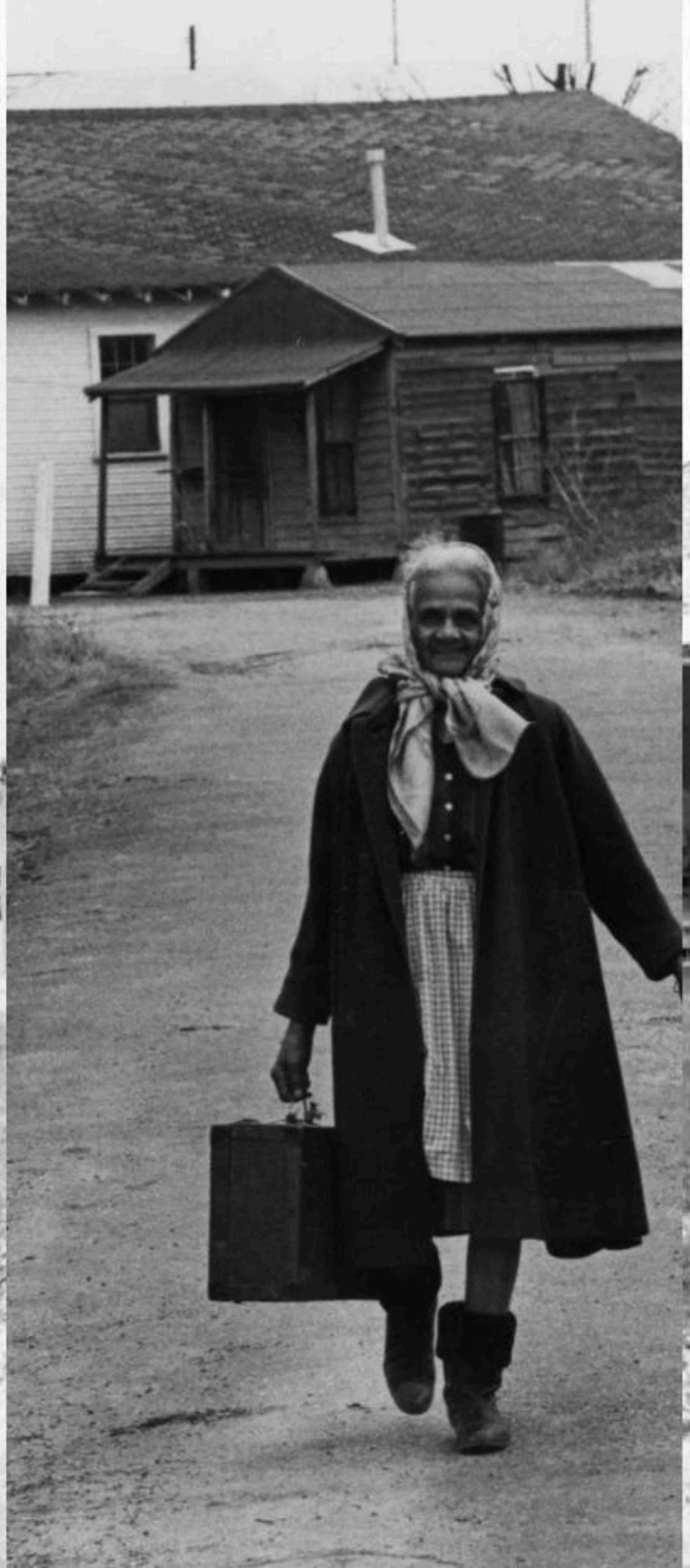
Read it in whatever order serves you. Take what is useful into your own work. And if something here recognizes itself in what you are already doing, I would like to hear from you.

Markita Barideaux, LCSW (she/her)

Director of Behavioral Health, EMBRACE: Perinatal Integrated Care


MOVEMENT I
Invocation







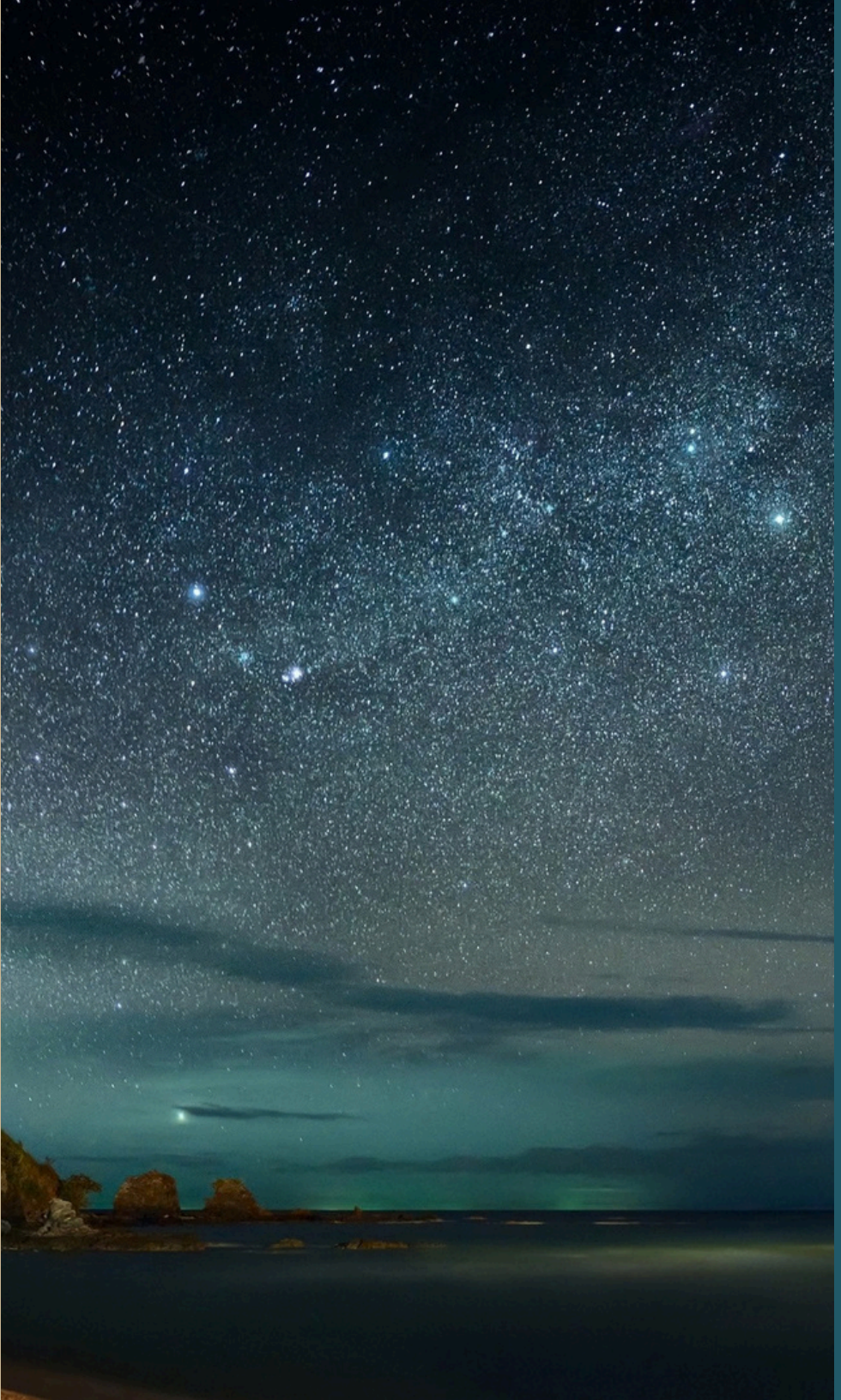
I. INVOCATION: THE BALCONY

I want to start by acknowledging that every one of us was carried here by somebody. The granny midwives who caught babies on kitchen tables when hospitals would not open their doors. The aunties who fed other people's children without being asked. The ones who made a way out of no way.



I. INVOCATION: THE BALCONY

In every public-facing conversation, I acknowledge my own legacy that I stand on. I share with you all the Brewington Women – My great-grandmother, her sisters and her mother – my Great, Great Grandmother – “Minnie.” They were a force to be reckoned with – clearly shown in this image of them dating back to the early 1900’s. My path crossed with 3 out of the 5 in this picture and that is a blessing and testimony in itself. They directly shaped and informed my rearing.



WE BEGIN

We honor the ones who carried us here.

The grandmothers. The granny midwives who caught babies on kitchen tables when the hospitals would not open their doors.

I. INVOCATION: THE BALCONY

So let’s take one breath together before we go on. One breath for everyone each of us holds.

A father lifts his infant to the night sky.

Elsie Street, San Francisco. Held high and held safe at the same time. The first secure base any of us knew.



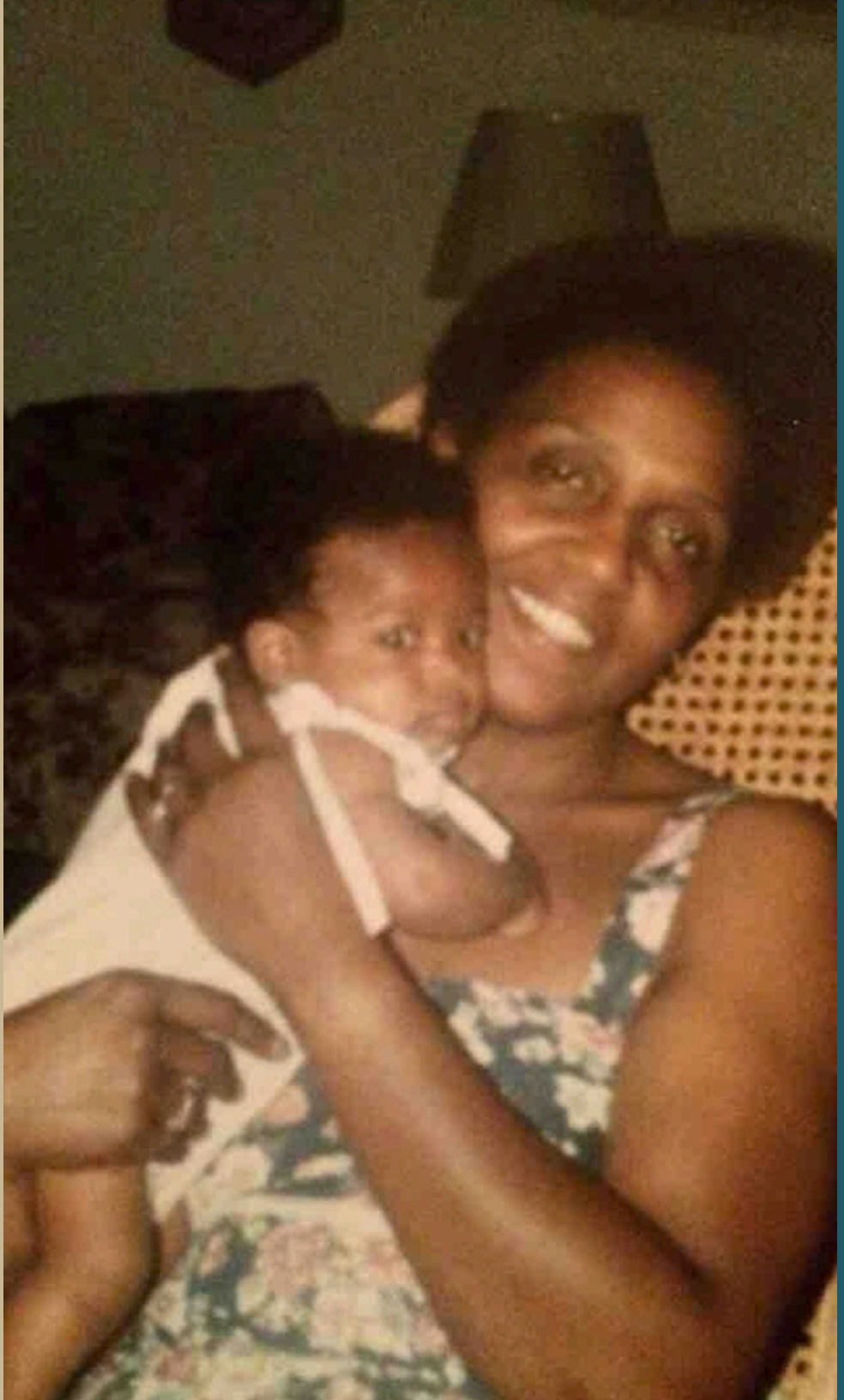
Now I want to begin with a balcony.

I am a San Francisco native, born in the early 80's when crack cocaine was emerging rapidly in urban Black communities. One was either a user, a dealer, or an observer. My father was a dealer – fast money for a kid roughing the streets on his own and emerging into parenthood. Ultimately, he paid the price and ended up being sentenced to 20 years as a result of the War on Drugs. My father knew his line of work and choices were risky, and one night, when I was just an infant, he carried me out onto his balcony, lifted me up toward the sky, and asked that the ancestors protect me, guide me, and look out for me no matter what became of him. Later in his recounting of this moment to me, he shared he took this from the movie "Roots"

I don't remember that night the way you remember a story. I remember it the way the body remembers. As a feeling of being loved, held high and held safe at the same time.

In the field of infant mental health, we have a name for what my father was doing. We call it a secure base. That's the person whose arms are steady enough that a child can look out at a very big world and not be afraid of it. She can reach, because she knows she will be caught.

But my father did not learn that from a textbook. He learned it from people who were held by people who were held, going back further than any of us can name. Being held is an inheritance. Not being held is also an inheritance.



THE QUESTION

What if a system could be a secure base?

Arms steady enough that a family can reach for what they need and know that they will be caught.

I. INVOCATION: THE BALCONY

What if a system could be a secure base?

That is the question I want to leave you with at the end of this long and rich day.

That is what I meant when I said it's our responsibility to do the work.


MOVEMENT II
Moment

II. WHAT WE HEARD TODAY

We have covered a great deal of ground together.

We began with Professor Muhammad and Leonard naming the moment we are in, and reminding us that what we face did not arrive by accident. It has roots. And roots have to be addressed where they are.

We heard about cash and caregiving: what becomes possible when the parents, the grandparents, and the aunties raising our youngest children have the resources they need to do it.

We heard about prevention: the supports that keep families whole, so the child welfare system is never the door a family has to walk through.

And we just heard from colleagues standing alongside immigrant children and families, carrying the weight of this moment with courage and with clarity.



TODAY'S THREAD

Does the system hold them, or drop them?

Cash and caregiving. Prevention outside child welfare. Immigrant families. Every one of them is a relational question.

Those were conversations about different policies. But underneath every one of them was the same question, and it is a relational question: When a family reaches toward a system, does the system hold them, or does it drop them? Is it protective or punitive? Does it leave an angel or ghost in the nursery?

I am not here to add one more policy to the list. I am here to talk about the posture underneath the policy. You can write a beautiful policy and carry it out in a way that a mother experiences it as one more door closing. And you can build something modest that a family experiences as the first time anyone ever asked them what they needed.

Every policy we pass is an inheritance. It is also a legacy and an opportunity for repair. We are writing it for people who are not yet born, who will never read it, and who will feel it in their bodies for the rest of their lives. That is not a metaphor. That is what the science of early development tells us, and it is what our grandmothers knew first.



MOVEMENT
III

Whisper

Who else is in the room.

So let me offer you what I have learned from babies, and from the people who came before me.

In attachment research, we know that no caregiver is perfectly attuned. Not one. Parents misread cues. They get tired. They are stretched thin by forces far larger than themselves, and rupture, the moment the connection breaks, is inevitable.

What predicts a secure child is not the absence of rupture. It is repair. It is the one who comes back and says, in whatever language the moment calls for: I see that I hurt you. I am here. Let us make this right.

Our systems are caregivers, too.

Our hospitals and clinics. Our schools and benefits offices. Our child welfare agencies. Our immigration systems. The laws written in our state capitols and in Washington. Every day, they hold families or they fail to hold them. And like every relationship, those relationships carry memory.



"When I think of mental healthcare, I think of no care."

A Black mother in San Francisco, in our own study. Not one bad appointment — a relationship that ruptured and was never repaired.

III. GHOSTS, ANGELS, AND SHE WHO WHISPERS

A few years ago, my colleagues and I published a study in which Black women in San Francisco spoke with us about perinatal mental health care. One of them said something I have never been able to put down. She said: “When I think of mental healthcare, I think of no care.”

No care. That is not a sentence about one bad appointment. That is a woman describing a relationship with a system that has ruptured again and again and has almost never come back to attempt repair.

Ghosts, Angels, and She Who Whispers

I

Ghosts

Whatwas done to us. The unhealed hurt that travels down a family line and into the waiting room.

II

Angels

Whatwasgiven to us. The grandmother, the prayer, the memory of being protected.

III

The Whisper

Whatwas carriedfor us. The ancestral voice that says: not this time.

In infant mental health, we have language for this. Selma Fraiberg taught us about the ghosts in the nursery: the old, unhealed hurts that visit a new family and shape how they parent. My mentor, Dr. Alicia Lieberman, taught us about the angels in the nursery: the memories of being loved and protected that travel forward just as faithfully.

Systems have ghosts, too. When a mother hesitates at the clinic door, her grandmother is standing there with her, remembering that she was not believed. When a father does not fill out the form, he is remembering what the last form was used for. When an immigrant family skips the well-baby visit, they are being warned by everything their people have already survived.

We call that low engagement. We write it into our reports as a barrier. In my world, we understand that these are protective responses to ruptures that were never repaired.

Families are not hard to reach. Our systems are hard to trust.

But there is a third voice in that nursery, and it is the one I have spent these last years listening for. I call her, “she who whispers.”

She is the ancestral voice. The one who arrives in a birthing room where nobody in the family line was ever safe, and says anyway, “not this time.” She is the great-grandmother a young mother never met, whose steadiness shows up in her hands. She is the reason a woman with every reason to run stays, and holds her baby, and does it differently.

Ghosts are what was done to us. Angels are what was given to us. And she who whispers is what was carried for us, across generations that had no right to survive and survived anyway.

WHO SHE IS

Ancestral knowing is knowledge.

The granny midwives practiced continuous labor support and postpartum companionship for generations before our evidence base gave it names.

OUR RESPONSIBILITY



I intentionally say this in a policy convening because our field has been slow to recognize that this is knowledge.

Ancestral knowing is knowledge.

The granny midwives of the American South practiced continuous labor support, community-based care, and postpartum companionship for generations before our evidence base caught up and gave those practices names and citations. They were legislated out of existence. And now we are spending public money to rediscover what they already knew.

That is what happens when we treat some knowledge as data and other knowledge as folklore. We break something that was working, and then we fund a study to find out why families are struggling.

So the frame I want to offer you is relational accountability. It means that those of us who design and run systems carry the same responsibility every elder before us carried: to be attuned, to be reliable, to honor what the people already know, and, when we cause harm, to repair it.

TO WHOM
PURPOSE
OBEDIENCE

Accountability means someone can tell you that you got it wrong.

Most systems answer upward — to funders, boards, legislatures, audits. Almost none answer downward, to the families who keep us obedient to our purpose.

OUR RESPONSIBILITY



But let me be precise about the word accountability, because our field uses it loosely. Accountability is not a feeling. It is not good intentions, and it is not a value posted on a website. **Accountability means someone else has the standing to tell you that you got it wrong, and you are obligated to change.** So the real question is never whether we are accountable. **The question is: to whom?**

Most of our systems are accountable upward. To funders. To boards. To legislatures. To audits. Very few are accountable downward, to the people whose lives are impacted by our work.

And I want to name why that matters spiritually, not only structurally. **The families we serve are the ones who keep us obedient to our purpose.** They are the ones who tell us when we have drifted, when a program has quietly started serving our convenience instead of their lives. Being accountable to them is not generosity we extend. It is the discipline that keeps us in right relationship with the calling that brought us here in the first place.



MOVEMENT IV

Evidence

When you actually try.

IV. EMBRACE: THE EVIDENCE AND THE ALTAR

Let me tell you what this looks like when you actually try to do it.

EMBRACE: Perinatal Integrated Care lives at UCSF, in San Francisco. I co-founded it alongside Dr. Andrea Jackson, our OB/GYN Department Chair, and Melinda Fowler, our Medical Director and a certified nurse-midwife. We built it with Black families in our city, in response to what they told us about pregnancy, birth, and care.

And I want to be clear about something: we did not start with a model. We started with listening. And most of what we built, we did not invent. We remembered it.



We did not invent it. We remembered it.

Group Prenatal Care: a circle, a midwife, a mental health clinician, a whole pregnancy. Women have sat in circles for as long as there have been pregnancies.

IV. EMBRACE: THE EVIDENCE AND THE ALTAR

Families told us they were tired of being rushed, unheard, and alone. So we instituted Group Prenatal Care. Instead of a fifteen-minute visit in an exam room, families meet in a circle across the whole pregnancy, with a midwife and a mental health clinician in the same room. They take their own vitals. They learn from one another. They become each other's village.

The circle is old technology. Women have sat in circles through pregnancy for as long as there have been pregnancies. What is new is that we finally let one into a university medical center, and then measured what happened.

Our accountability structure is active listening and encouraging feedback in real time with immediate change.

That is t**he first practice of relational accountability: ask before you design**, and then let the answer change you.

And the no has to hold.

Families decide what gets built, when it happens, who delivers it, and what counts as success. Input that cannot say no is not co-design.



IV. EMBRACE: THE EVIDENCE AND THE ALTAR

And let me be clear, because community input has become a phrase we can say without doing anything. Co-design means families name what they need in their own words and their own details, not our categories and not our checkboxes. It means they help decide what gets built, when it happens, who delivers it, and what will count as success. And it means they can tell us no, and the no holds.

Three Practices

I

Ask First

Familiesname what they need in their own words — and the answer changes what we build.

II

Repair

When a family says you hurt them, the institution does not defend itself. It gets to work.

III

Tend the Village

Doulas, meals, bone closing ceremonies, warm handoffs. Culture is not an add-on to care. Culture is care.

The second practice is repair.

Families in EMBRACE have shared their experiences in labor and delivery. Moments of not being believed, not being respected, at the most vulnerable hour of their lives. We could have filed those away as isolated incidents. Instead, their grievances moved our institution. They helped prompt UCSF's Black Birth Equity Taskforce, which worked toward respectful care in labor and delivery.

That is what repair looks like at the level of a system. Someone says, "You hurt me." And the institution does not get defensive. It gets to work. That is also, by the way, ancestral work: every generation is asked to repair something it did not start.

The third practice is tending the village.

No family thrives inside a system alone. So EMBRACE does not only offer appointments. We offer full spectrum doula support, postpartum meal delivery, pelvic floor therapy, perinatal massage, and lactation consultation. We hold bone closing ceremonies that honor the birthing person's body after birth, a practice rooted in traditions far older than any hospital. Every month, families gather for SisterWalks or at the Family Pregnancy Village. And we convene the SanctuWell Collective with community partners across San Francisco, so that when a family needs something we cannot offer, the handoff is always a warm one.

When we brought ritual into a medical setting, no one had to be taught it. Families were already doing this work outside our walls, quietly, on their own. All we did was stop asking them to leave it at the door. Culture is not an add-on to care. Culture is care.

And we have invested in the people who carry this: clinicians, doulas, and navigators who reflect the communities they serve, who are trained in infant and perinatal mental health, and who are supported well enough to stay. A secure base cannot be built by a workforce that is always turning over. Continuity is care, both in a clinic and in a lineage.



WHAT HAPPENS

Trust
is a health outcome.

140 families served · Healthy birth weight 96% · Full term 88—90% · Trust in providers +39% · Reports of discrimination –94%.

Here is what happens when you do this work in relationship. In one recent year, we served 140 families. Ninety-six percent of babies were born at a healthy birth weight. Nearly nine in ten were born full term. Families' trust in their providers rose by 39 percent. And reports of discrimination dropped by 94 percent.

I want you to hear those last two as health outcomes, because that is what they are.

Trust is a health outcome.

Freedom from discrimination is a health outcome.

When families feel held, they come back. When they come back, we catch what is happening early.

That is prevention, and it begins long before a baby is born.



MOVEMENT V

Charge

So what does this ask of you? This room holds policymakers, researchers, funders, providers, organizers, young people, and families. Every one of you is a caregiver of some system.

To the policymakers and those who advise them: Ask before you design. Not a comment period. Not a listening tour after the bill is already drafted. Bring families to the table while the problem is still being named, and pay them for their expertise, because it is expertise.

To the researchers and evaluators: Measure trust. Measure whether families felt respected. And widen what you will call evidence, so that what communities have practiced for generations counts as knowledge.

To the funders: Tend the village. Fund the community organizations, the doulas, the birthworkers, and the cultural healers families already trust. Fund them for the long haul, because relationships do not run on eighteen-month grant cycles.

To the providers and systems leaders: Build repair into your policies. When a policy causes harm, and some will, name it, own it, and fix it. Out loud. A system that can apologize and change is a system families can learn to trust.

Name the people who can tell you that you got it wrong.

And give them enough power that ignoring them costs you something. A system that answers only upward drifts from the people it was built for.



And to every one of us: choose who holds you. Name the people who are permitted to tell you that you have gotten it wrong, and give them enough power that ignoring these people will come at a cost. A system that answers only upward will always, in time, drift away from the people it was built for.

To the organizers and advocates: Keep bringing families into rooms like this one, and keep the rooms accountable once they are there. You are often the only bridge between a family's kitchen table and a legislator's desk.

And to the families and young people with us: You are not a stakeholder. You are the authority of your own life. Your voice is not the input. It is the blueprint.

There is one more thing, and it is the part we rarely say in professional settings. How we arrive matters. **A baby knows the difference between being handled and being held, and so does a mother sitting across from you in an office.** We cannot build a secure base for families out of people who are running on empty and disconnected from what grounds them. Do your own work. Know who you are accountable to. In my life, that list includes people who are no longer living and people not yet born.



NONE OF THIS IS SOFT

Relationship is the real policy work.

It decides whether a benefit is claimed, a referral followed, the truth told in an exam room. A policy families do not trust does not reach them.

OUR RESPONSIBILITY

V. THE CHARGE

None of this is soft. I want to say that plainly, because relational language sometimes gets heard as the nice part, the part we get to once the real policy work is done. Relationship is the real policy work. It decides whether a benefit is claimed, whether a referral is followed, whether a mother tells her provider what is actually happening at home. A policy that does not reach families through relationships they trust does not reach them at all.

We are weeks away from an election, and many of us are carrying real uncertainty about what comes next. But here is what I know from sitting with families through the hardest hours of their lives: uncertainty is exactly when a secure base matters most. Our people have done this before, in worse conditions, with fewer resources, and they held on to each other. Whatever happens in November, and in the years after, the responsibility is unchanged. **We hold families steady. We stay. We repair. We keep doing the work.**


MOVEMENT VI
Horizon

VI. BENEDICTION: THE HORIZON

I want to close where we began, on that balcony.

A baby born in this country today will turn eighteen in 2044. They will cast their first vote in a world we are building right now, in the policies we pass and the ones we fail to pass, in the systems we repair and the ones we leave broken.

Their mother may be pregnant with them at this very moment, listening to the news, wondering whether this world is ready to hold her child. Every panel we heard today was, in the end, about her.

She will not remember this summit. She will not know our names. But her body will remember whether she was held.



What will they hear?

A baby born today casts her first vote in 2044. She will not know our names, but her body will remember whether she was held.

VI. BENEDICTION: THE HORIZON

One day, we will be the ancestors. The whispering will be ours to do. We will be the voice that arrives in some room we will never see, in a life we will never meet, saying: hold on. Not this time. You are not by yourself.

So I will ask you: What will they hear?

I hope they hear that we let ourselves be held accountable by the very people we said we were serving, that we asked before we designed, that when we caused harm we came back, and that we trusted the people who had been keeping each other alive long before we arrived with our programs.

THE ASK

Hold them high enough to see the sky.

In our policies, our budgets, our institutions, and our care.



Markita Barideaux, LCSW

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VI. BENEDICTION: THE HORIZON

I hope they hear that we lifted them.

That when the world felt very large and very frightening, we held them high enough to see the sky, and steady enough that they were never afraid of falling.

That is our inheritance to leave.

That is our responsibility.

That is the work.

What this keynote draws on

"When I think of mental healthcare, I think of no care." Kemet, S., Yang, Y., Nseyo, O., Bell, F., Gordon, A. Y., Mays, M., Fowler, M., & Jackson, A. (2022). Maternal and Child Health Journal, 26(4), 778–787.

Ghosts in the nursery. Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Journal of the American Academy of Child Psychiatry, 14(3), 387–421.

Angels in the nursery. Lieberman, A. F., Padrón, E., Van Horn, P., & Harris, W. W. (2005). Infant Mental Health Journal, 26(6), 504–520.

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Outcomes cited. EMBRACE program data, describing families served in a recent program year and reported at the program level.

Photographs. Granny midwives of the American South; the Brewington women, early 1900s; and images from EMBRACE community gatherings.

EMBRACE: Perinatal Integrated Care

EMBRACE lives within the Department of Psychiatry and Behavioral Sciences at UCSF, in partnership with OB-GYN. It was built with Black families in San Francisco, in response to what they told us about pregnancy, birth, and care.

Group Prenatal Care. Perinatal mental health. Full spectrum doula support, postpartum meal delivery, pelvic floor therapy, perinatal massage, lactation consultation. Bone closing ceremonies. The monthly Family Pregnancy Village. And the SanctuWell Collective, convened with partners across the city so that no family is handed off cold.

If this keynote met something you are already carrying — in a clinic, an agency, a budget line, or a bill — I welcome the conversation.

Markita Barideaux, LCSW (she/her)

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