



Bay Area Funders Network on Childhood Adversity Summary of Survey Findings

December 2017

The purpose of the Bay Area Funders Network on Childhood Adversity survey was to:

1. **Confirm interest** in a funder learning network focused on trauma and toxic stress
2. Understand **priority areas of interest** for the network
3. Gather a directional understanding of **priorities, scope, and scale** of Bay Area funder activity around trauma and toxic stress

Executive Summary: Interest in Funder Network

1. There is strong interest in a trauma-related funders network, building on the work of existing funder connections to include private funders
2. Funders see value in a network that can share learnings and best practices, identify opportunities for collaboration, and address the most challenging questions facing the field of childhood trauma and resilience
3. While funders vary greatly in their experience in the field, giving levels, and approaches to funding, those who expressed interest in a funders network are interested in common topics and questions

Executive Summary: Funder Priorities and Scope

Top questions amongst the group

1. Who is the most effective agent of change to address childhood adversity?
2. What is the state of best practice in preventing, screening, and treating the effects of toxic stress?
3. How are key actors in the field measuring effectiveness of their approaches?
4. To what extent should we focus on primary prevention, vs. secondary prevention / treatment?

Top topics of interest

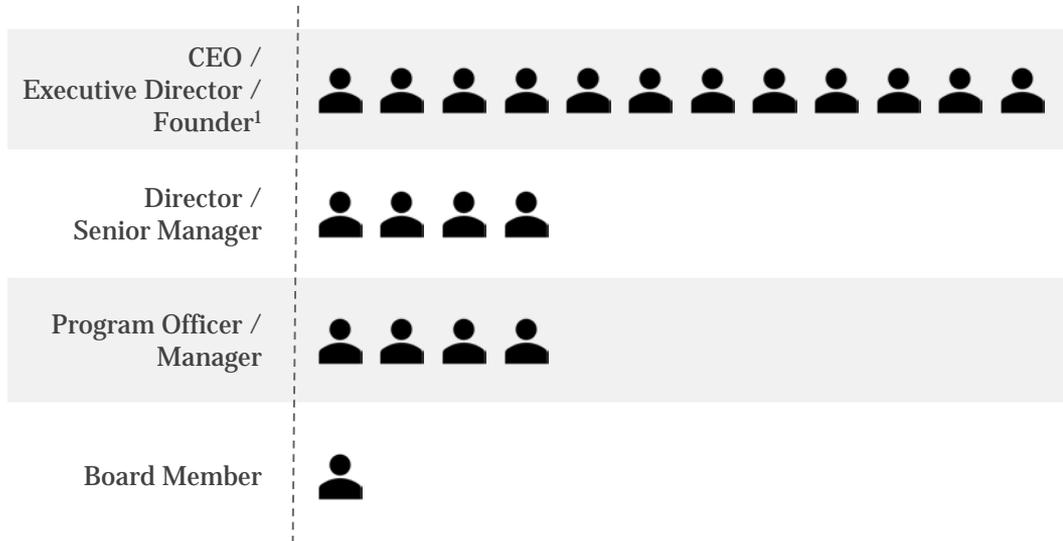
1. Building trauma-informed systems
2. ACEs prevention
3. ACEs and public policy
4. ACEs and health (pediatrics, maternal, adult)

Activities with very high interest

1. Relationship building
2. Identifying possible collaborations and joint funding
3. Sharing learnings and best practices

The survey was fully completed by 22 unique (individual) respondents in high-level strategic roles¹

Respondents by Job Title(s)



Organizations

- First 5
- Genentech
- Kaiser Permanente
- Lisa and John Pritzker Family Fund
- Lucile Packard Foundation for Children's Health
- Mimi and Peter Haas Fund
- San Francisco General Hospital Fund
- Tara Health Foundation
- The George Sarlo Foundation
- Zellerbach Family Foundation

1. Note: 2 respondents started, but did not complete the survey; 2. All Founders / Co-Founders also serve as CEO, Executive Director, or President currently

Potential members cover all counties of the Bay Area with high overlap in San Francisco, Alameda, and Contra Costa Counties

Half of respondents also give to trauma-related causes at a state, national, and/or global-level

Trauma-Related Giving by County

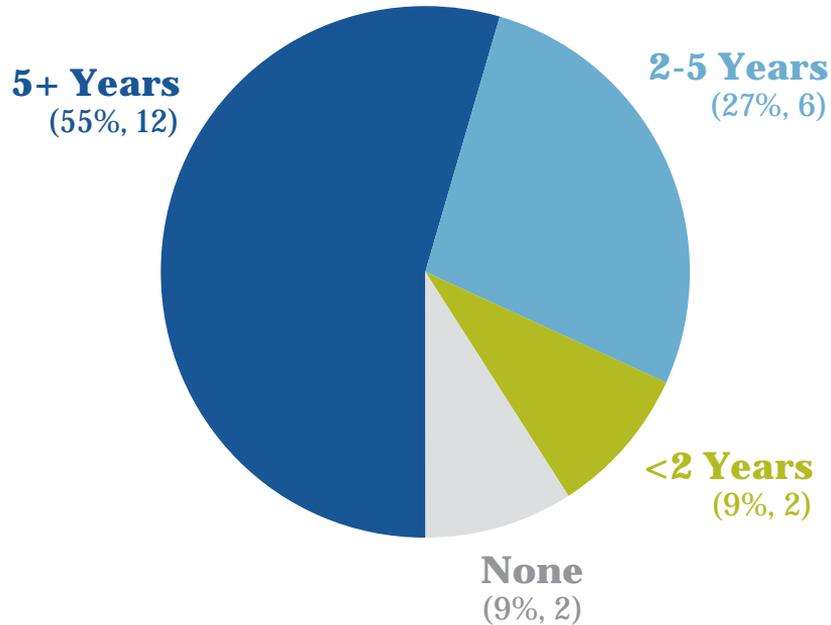
County	# of donors
San Francisco	9
Alameda	6
Contra Costa	5
San Mateo	4
Sonoma	4
Marin	3
Napa	3
Santa Clara	3
Solano	3
Santa Cruz	1
General Bay	1
None	1

State-wide donors: 5
National donors: 6
Global donors: 3



Over half the group has 5+ years in trauma related giving; differences across maturity groups are minimal

Maturity of Trauma-Related Giving
(%, # of respondents)



Maturity of funding does not vary significantly by...

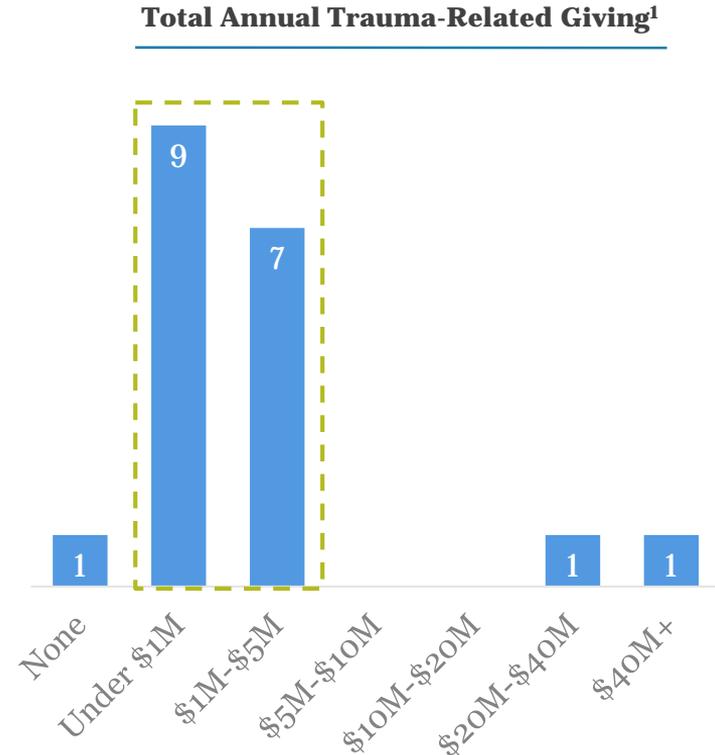
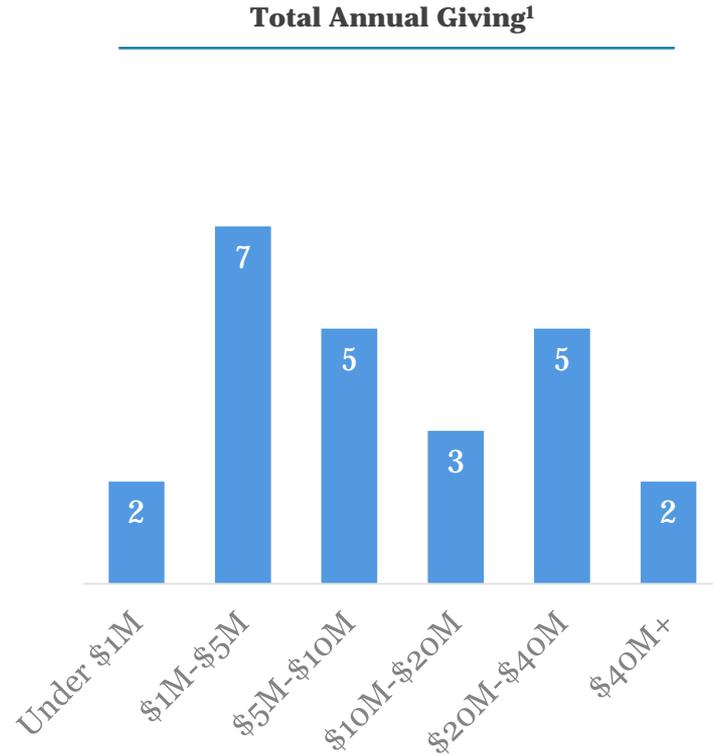
- Geographic scope
- Total annual giving
- Total trauma-related giving
- Interest in funder network
- Activities of interest
- Topics of interest
- Priority questions about childhood trauma

Maturity of funding only varies significantly by...

- Trauma-related giving towards adults (24+):
 - <2 years: 0 out of 2 respondents (**0%**)
 - 2-5 years: 4 out of 6 respondents (**67%**)
 - 5+ years: 1 out of 12 respondents (**8%**)

Early funders (those giving 2-5 years) are more likely to focus their giving on adult populations

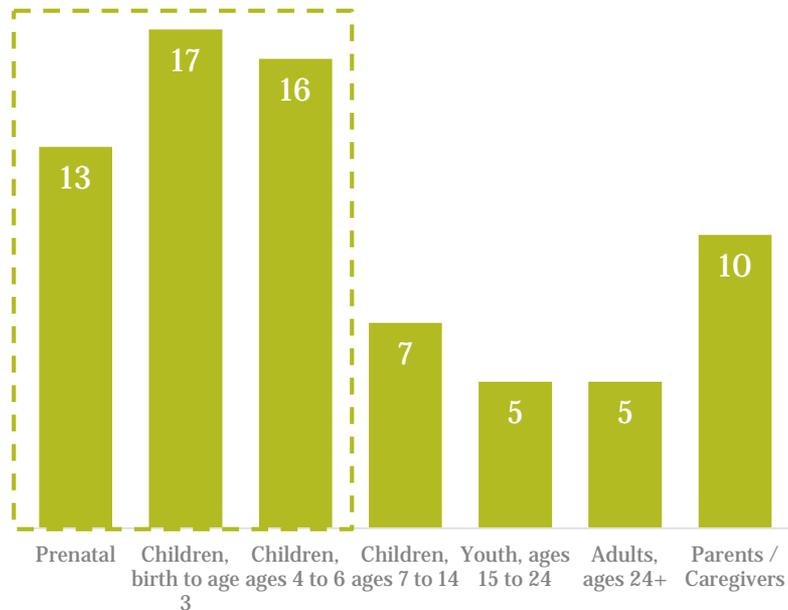
Respondents come from a variety of funding capacities; most give under \$5 million annually to trauma-related programs



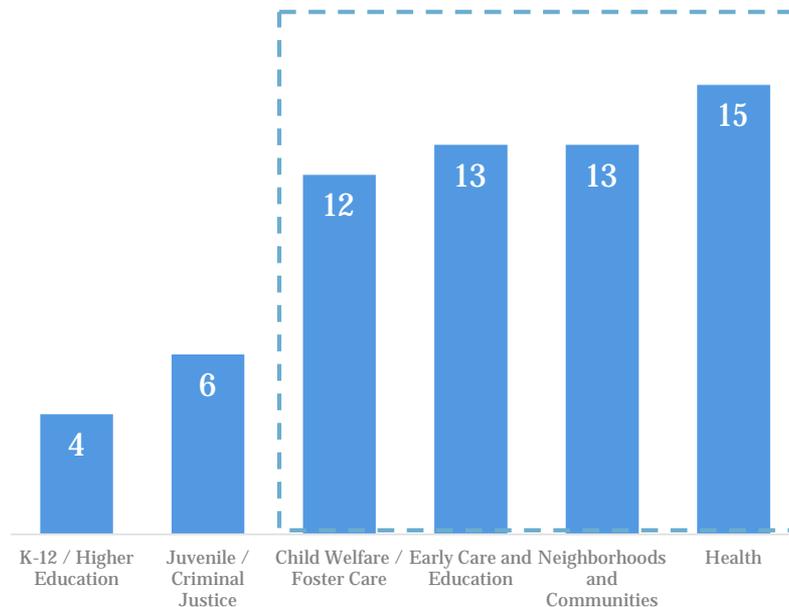
1. Three respondents stated that their annual trauma-related giving is “hard to quantify” and two respondents did not answer question

Respondents most often focus their trauma-related giving on children under 6, though sectoral focus of giving is fairly broad

Age focus in trauma-related giving¹

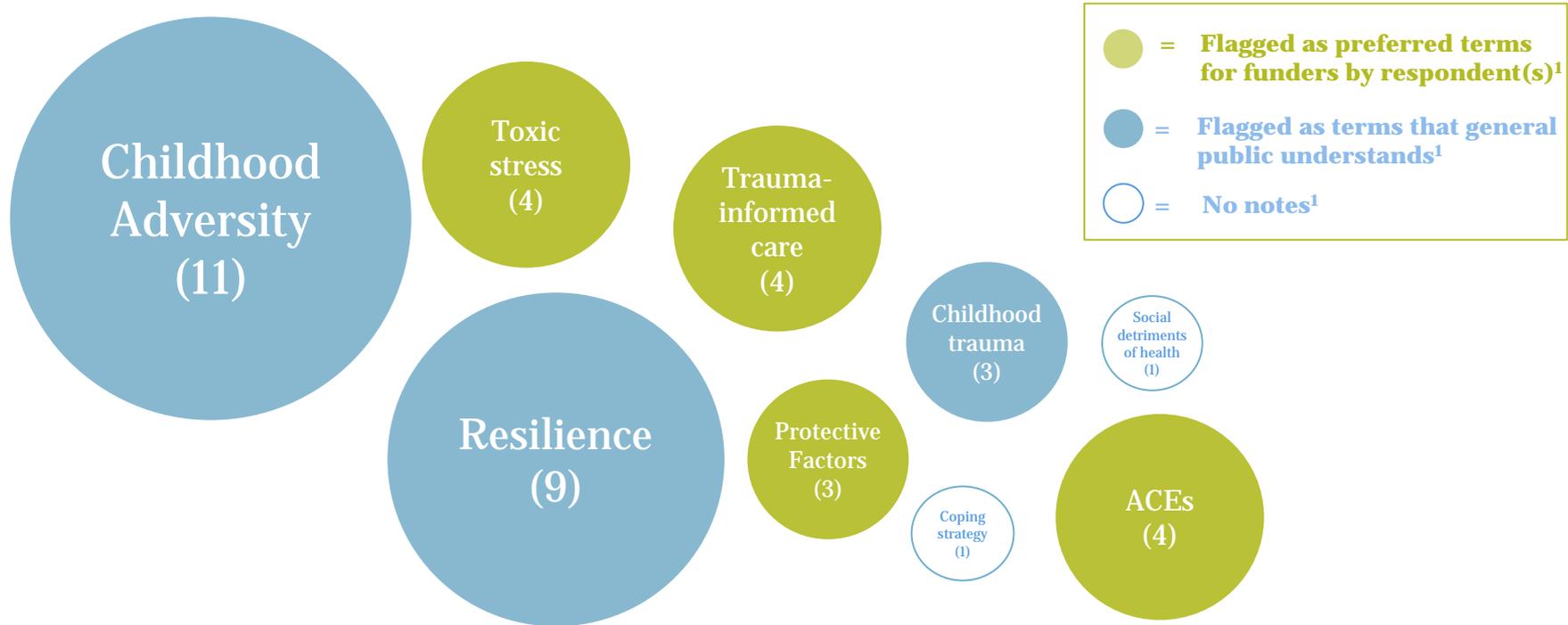


Sector focus in trauma-related giving¹



1. Respondents could list multiple age groups and sectors

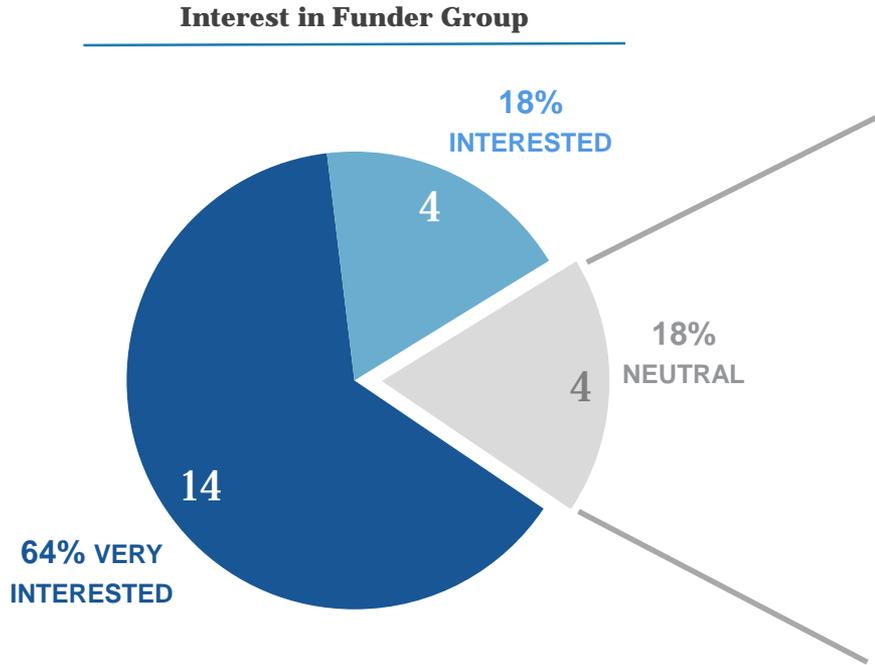
Childhood adversity and resilience are common preferred terms for funders and are seen as accessible and understandable language for the general public



*larger circles indicate higher frequency of the term being reported as “preferred”

1. Results came from open-response question about preferred terms; high frequency of respondents flagging the audience of terms was coincidental / unprompted

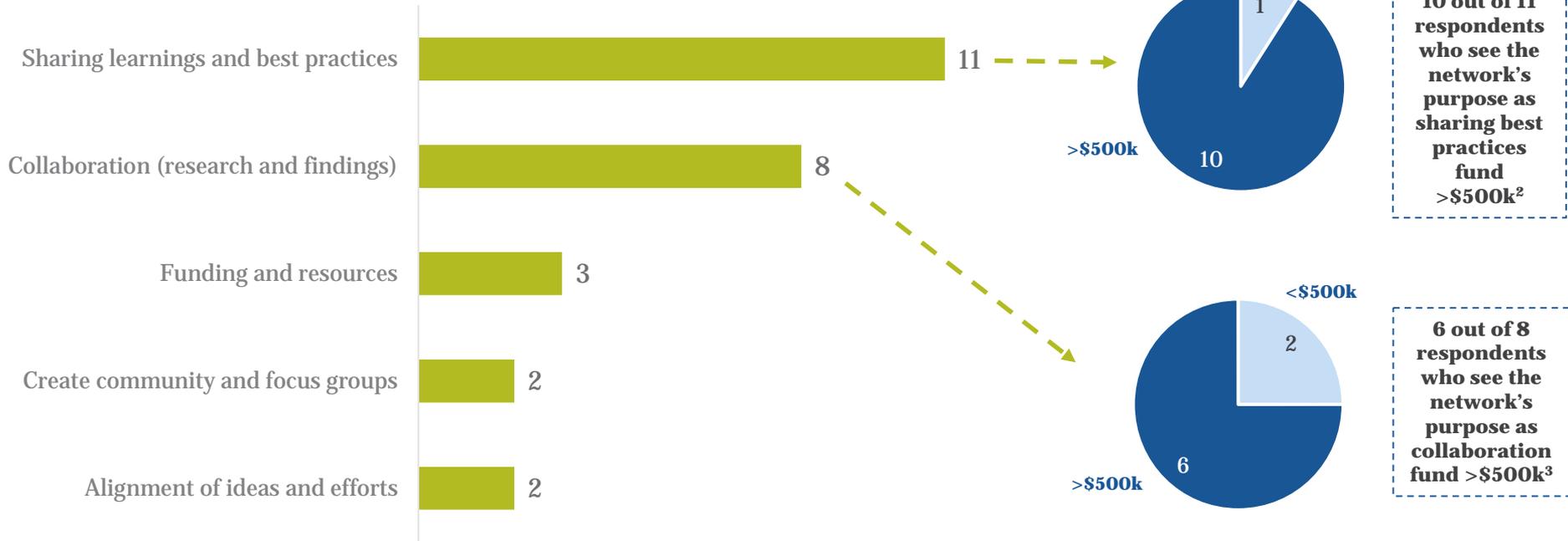
Interest in a Funders Network is high amongst respondents



Those who do not express interest in the group cite unique reasoning, including time management, discontinuing work in childhood adversity, and confusion around the group's focus

Potential members believe that the funding network can play a role in sharing best practices and creating opportunities for collaboration¹

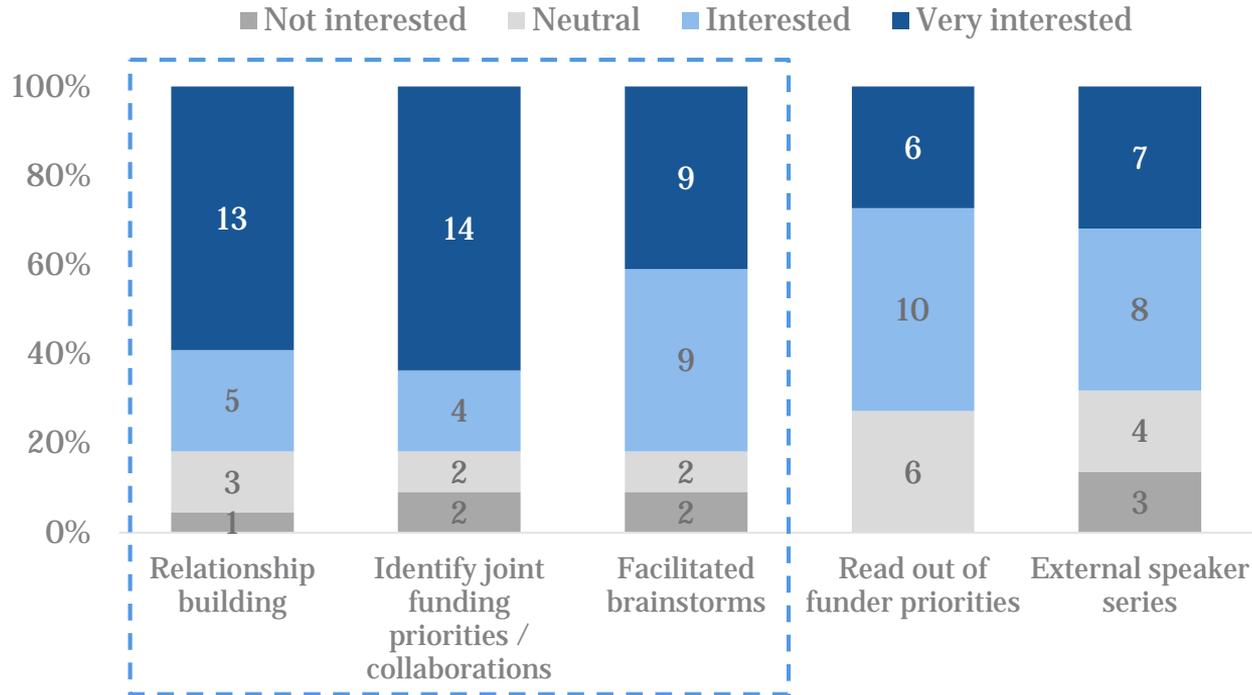
Themes in responses to how the funding network may help address challenges or advance goals in addressing trauma broadly¹



1. Common themes from open-response question where 15 respondents listed one or more themes; 2. No other significant differences were found based on annual trauma-giving or annual giving; 3. Finding not statistically significant

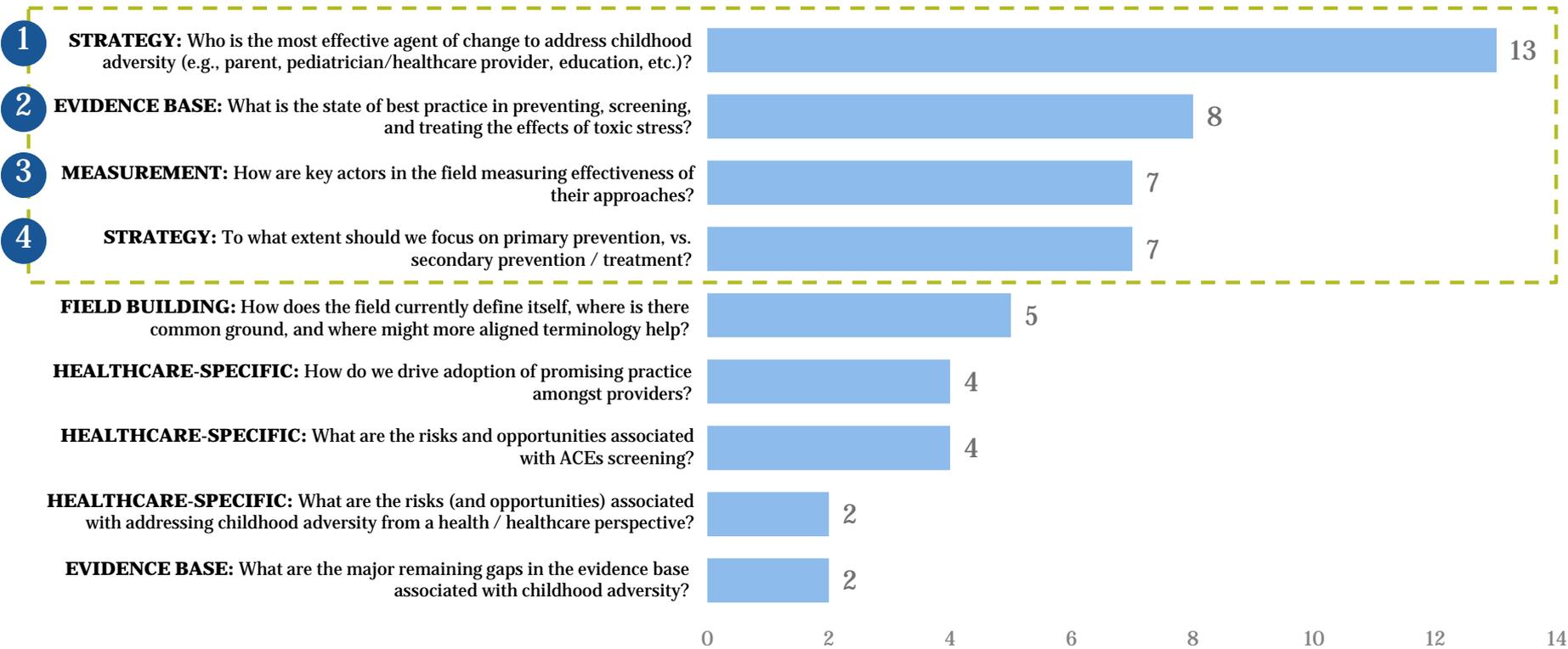
The group values activities that focus on the people, strategic funding, and ideas *within* the network

Interest in Activities for Funding Network

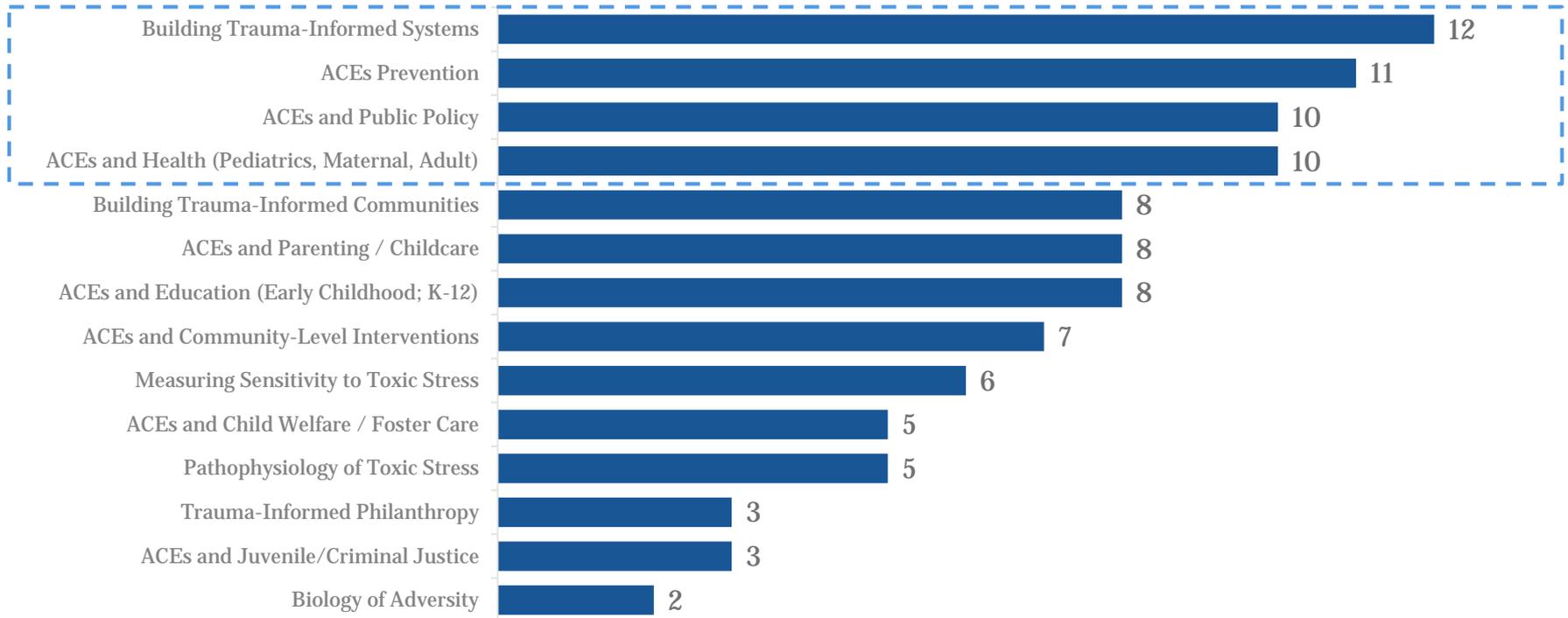


“I wouldn't want to participate if the network is focused on basic content about toxic stress, but if it's about funding strategies (how to leverage with other sources, how to get the most impact community wide, etc.) then I would be very interested.”

Within trauma-related giving, many respondents are grappling with questions and challenges around strategic priorities, best practices, and measurement



The group expressed interest in many topics for the funding network though four topics in particular stand out for most respondents



Appendix

Anecdotes: expressing interest and reservations about the network

Reservations typically focus on time commitment, relevance to existing work, and strategic focus of the network

- Very interested. Only reason 4 instead of 5 is **concerns about time commitment** related to participation in another regional initiative.
- Interested if it also **would be relevant to me in [my] County**. Really like the idea of it and also would encourage focus on equity and systems change.
- **Coordination of funding is very important** so we are not all funding the same areas programmatically and geographically. We need to understand where foundations are giving and how to leverage and coordinate our giving. We are interested in creating systems of care for young children and need to look across the systems.
- **I wouldn't want to participate if the network is focused on basic content** about toxic stress, but if it's about funding strategies (how to leverage with other sources, how to get the most impact community wide, etc.) then I would be very interested.
- In many ways, [my organization] in each county **are already convening a funder-learning network** in the Bay Area, as the Executive Directors AND staff are in constant communication and have multiple peer-learning networks. We would be **interested in exploring how this might be expanded** to include private funders who are beginning to explore deeper work in this field.
- Of all the areas relating to early childhood development, **this is the one that is the hardest to operationalize in a systematic, evidence-based way** across all agencies that serve children. **Creating opportunities with like-minded funders** and supporters to consider strategies and approaches can only be beneficial in the long run.
- We would be interested in joining depending on the group's purpose and **frequency of meeting schedule**.

Anecdotes: challenges and questions

1. What role does technology and disruptive innovation play?
2. Supporting data sharing approaches/strategies/data systems seems to be a huge challenge in this field due to confidentiality and I didn't see that mentioned anywhere (might have missed it)
3. We are interested in hearing what concerns funders may have about being more overtly aligned with First 5 efforts, so that we can address them with you!
4. How can this learning network involve cross systems work e.g. health, early learning and family support?
5. How do we engage large systems in this conversation?
6. How to look at this issue through a racial and systemic lens rather than focusing on the individual child; how to change systems and culture to first do no harm; recognizing that those working with traumatized kids are also experiencing trauma
7. How do we positively influence development of an effective, efficient and family friendly system of care that leverages parent-strengths?
8. How to tackle equity in a systems change manner
9. How can we influence the policy discussion to emphasize the need to focus on ACEs prevention as an opportunity to improve community health and resilience and our local economies?
10. How to look at this issue through a racial and systemic lens rather than focusing on the individual child; how to change systems and culture to first do no harm; recognizing that those working with traumatized kids are also experiencing trauma
11. How to equip front-line educators and child care providers with skills necessary to implement trauma-informed best practices
12. When can we start?

Anecdotes: value of the group and ideas around childhood adversity

- There is no one magic bullet to addressing childhood adversity and toxic stress. There are many factors that contribute to this crisis for young children and families; we must work together. If we don't take preventative measures to address things early, we will see the costs to those human lives and to society.
- The need to focus on prevention, early childhood supports that can mitigate some of the toxic stress, stronger support for families including economic development opportunities.
- I am participating in a conference on Social Determinants of Health and Democracy. This suggests that there are larger social factors that perhaps need to be addressed if we are to make progress on children's health and well-being.
- [when defining key terms] This is hard: in our field we say "social-emotional development", which is a mouthful and meaningless to the lay person; or "early mental health", which is stigmatizing to many parents. I don't think we have hit on a term that expresses exactly what we are about in this area. "Childhood adversity" may be the best of those listed above.