



FRIENDS National Advisory Network

Cycle 2 Data

1. The economic environment will continue to deteriorate, affecting family income and assets, market and social stability, funding for public programs, and contributions to charitable causes. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?	
1.	What I think most people don't realize is that poor people are very resilient and adaptable. They know how to make do with less and even less, if needed. This is not to say that they don't need social services, but they realize that times are tough and there needs to be other strategies implemented to help families achieve goals and strengthen communities. Meaning, that social service organizations need to work more in shared leadership with families to come up with creative options that, can be used together. Parents can be trained to act as, for example, counselors, as a sort of volunteer/requirement to be eligible for certain services, sort of a barter system thus, helping parents to become leaders in communities and saving valuable dollars in salaries of otherwise paid employees. Thinking along these lines can effectively help to aid in leveraging community and social systems to strengthen the preventions of CAN over the next ten years.
2.	With the decline in the economy, we will need to rely more heavily on services available to the general public, such as schools and libraries. Education about the responsibilities and expectations of parenting, the dire consequences of early stress and trauma on brain development and long-term health problems, prevention of abuse and neglect, especially in middle and high school, can help prepare the next generation of adults. Similarly public libraries can incorporate respect for diversity and the value of family cohesion into their programs and reach out to neighborhoods that may not access library services. Churches and faith-based institutions are also good avenues to reach many people and can strengthen what they already do to educate and support families.
3.	Effective service integration strategies to maximize resources and system capacity.
4.	Quite possibly folks may become more tolerant or sensitive to issues related to child abuse and neglect because the circumstances (fallout) that have resulted from the critical economic conditions in our society have notably crossed socio-economic, political, cultural, etc boundary lines. Therefore, I believe people will become more understanding of how families can end up in situations of which they never considered or imagined for themselves. This vulnerability and sensitivity to this reality could be leveraged to garner support for more services, including opportunities for volunteers.
5.	The advent of Differential Response Systems in child welfare agencies has provided sufficient evidence to encourage an expansion of this approach. My professional belief is that what is now a 2-track CPS system in numerous states and jurisdictions should be "grown" into a 4-pathway system and that the first pathway should be a formal connection between the child welfare agency and prevention/early intervention systems and supports. Families that come to the attention of the child welfare agency, that do not meet the statutory threshold for a screened in report of alleged maltreatment should be routinely referred to community based agencies and supports to assist vulnerable families - on a voluntary basis - so their challenges do not escalate, ultimately rising to the level in which their report would be accepted by CPS.
6.	These events and trends could serve as an impetus for the development and implementation of



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	<p>more community-based initiatives that coordinate and pool limited resources (from a variety of entities) to provide needed supports for children and families. Here, collaboration between municipal/county governments (with the support of state agencies), community stakeholders, social action committees/councils, local non-profits, private/corporate sponsors, volunteer agencies, etc. could assist with the development of cost-efficient and cost-effective support services. In the community where I work, I have been asked by the municipal government to sit on a special committee sanctioned to develop a strategy to address family and community needs given the recession and dwindling resources for services for all families. This special committee includes researches and child welfare advocates like myself, politicians, leaders of faith-based organizations, client advocates, economic leaders, charity representatives, non-profit directors, etc. Although those at risk of maltreatment are not a specific target population of this initiative, the outcomes (still to be determined) will focus on the goal of developing a community response to a deteriorated economic environment that will minimize stress encountered by families (a goal of primary prevention) and maximize opportunity for economic growth--all through innovative collaborations.</p>
7.	<p>If there are truly fewer resources, which seems likely now, it will be even more important for multiple systems to work together to provide a range of supports for parents and children. This is most evident today in the early care and education field and is becoming more common in public health, including maternal and child health. These systems have an investment in working with the prevention field to help strengthen their own work with families. Ultimately, it would be valuable if all systems could work from a common vision for the end result of their work with families and children. This would require work to develop a common vision and social norms that support attainment of that vision as well as the steps necessary for reaching it.</p>
8.	<p>Quite possibly folks may become more tolerant or sensitive to issues related to child abuse and neglect because the circumstances (fallout) that have resulted from the critical economic conditions in our society have notably crossed socio-economic, political, cultural, etc boundary lines. Therefore, I believe people will become more understanding of how families can end up in situations of which they never considered or imagined for themselves.</p>
9.	<p>The only hope with the cut backs that I see that agencies are going to have to depend more upon informal services for parents hopefully they will start putting more energy into building communities. I do not see many agencies doing this. Another possibility is that they start using more parents in the community like parent support groups and parents as mentors for parents and helping young parents make connections in the community. Maybe even help the neighbors understand that if they help young parents they will not have a problem with their children with their children when they are older.</p>
10.	<p>Hopefully, this situation will drive agencies to the table in a new spirit of cooperation and interesting in finding ways to share resources. I also would love to see advocacy groups for various programs and interests work with their membership to find ways to do more with less --</p>



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	to sustain program quality and outcomes with 5% fewer dollars. While that may sound counter-intuitive, folks have got to let go of the expectation that they can get more public investment without someone else getting less. There needs to be a sense of shared sacrifice here.
11.	What has gone down will eventually go back up. The ship will right itself and better days will come. Misery loves company! Now is the time to link with other people and develop mutually advantageous relationships that will be beneficial when the economy recovers. Now is the time to develop program models and do research. Now is the time to think freely. Now is the time to prepare for better times.
12.	By promoting the cost effectiveness of prevention programs when compared to the cost of intervention and treatment programs. Also by encouraging and utilizing Faith Based and community organizations to support and run parenting support groups, parent mentoring programs and positive child/family social norms.
13.	Perhaps there will be more openness in public discussion and government for innovations in financing, flexible approaches to responding to needs, eliminating expensive treatment options in lieu of cheaper prevention measures (for example, closing/shrinking youth detention facilities and making portion of savings available for community based interventions). Perhaps also a stronger leadership and policy role of the Federal government as state budgets get more strapped.
14.	I think leveraged is too strong a word, and possibly incorrect. I believe that we have significant simple data in the form of the ACEs studies, and I think we should take whatever steps are needed to get the results of these studies into the hands of the policy makers at the state and national level.
15.	The severe economic impact on public funding for family support, along with the increased needs of families, I believe will force local communities into considering new creative options for meeting needs that they haven't considered before. These may not necessarily be needs for child abuse/neglect prevention, but may be for basic needs like food and shelter, or emergency assistance for families in need, or other kinds of support. But for whatever reason, if there are new solutions being formed at the local community level I think that could present opportunities for family support efforts to tag on. I do think it will be more grassroots and less centralized than the funding and programming we've seen in the past.
16.	This demand for effective programs could best be leveraged by four sets of actions: 1. evidence that prevention pays, with adequate information systems built into every program to document effectiveness, rather than only doing this for R&D programs. 2. cost analysis of cost data collected at a level of detail that is much deeper than most programs are able to achieve today. 3. willingness to address redirection of existing funds rather than token-level projects, aiming at Medicaid, IVE, and other major institutionalized funding streams rather than small, categorical pilot projects that expire after a few years. We have to admit, as the literature makes clear, that most parent education is merely well-intentioned, with too little dosage to have a serious impact



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	<p>in removing the needle on child maltreatment. 4. The costs of maltreatment should be borne by some of the causes of maltreatment, notably alcohol taxes that adopt the principle that misuse of the product is also the responsibility of the manufacturers and distributors as well as the consumers.</p>
17.	<p>1) As revenues become more scarce for state and federal budgets, a more aggressive focus will be placed on "how can we avoid costs". Prevention strategies, though time consuming, are in fact more cost effective. We should be prepared to explain that, and advise how we sequence "cost savings" over an extended period of time, i.e., we know that about 34% of all maltreatment occurs with a child 3 and under...how do we focus strategies on that age group and see results that save money well within the typical term of elected officials. 2) At the same time, how can we use social media to provide information to millennials so that maltreatment is stopped before it ever happens.</p>
18.	<p>One real possibility is that the economic downturn will create a new need for interdependency that will reduce the isolation that is a key contributor to family stress. This could both be in the form of families doubling up, an increased reliance on extended family structure and friendship networks for resources, or even the more active use of social networks to share information about resources, jobs, etc.</p>
19.	<p>Connecting the dots for people to help them understand the ways in which these trends affect families, family support, and parenting. More public awareness of these connections can build support for investment, despite the times. It always seems the unemployed on TV are single men and women. No one is talking about families in a realistic way in the media.</p>
20.	<p>CBCAPs need to re-focus and commit to core mission which is the prevention of child abuse and neglect through the engagement of community. We need to have a body of work and efforts that respond to the complex nature of the underpinnings of child abuse and neglect. Paramount among these issues is persistent poverty and systemic racism, resulting in disproportionality and disparities across all systems. Title II CBCAP statute currently supports family and community support, early intervention, intervention and deep end services. The legislation and its enactment has wedded us to Child Welfare/Child Protection which is a system that has been designed to ensure child safety, and permanency. Our statute and program instructions have not kept up with current knowledge regarding best practice to keep children with their families and within their communities, or to fulfill child welfare's mandate to focus on child well-being. Only when we make a commitment to prevent child abuse, and invest in family and community support will we be able to demonstrate outcomes and leverage resources. There will be a need to focus on building of infrastructure for long term change rather than a stop gap focus on meeting immediate needs. We need to stop investing in deep end services, and expect the future to change. We need to re-design and re-position our systems to achieve better outcomes. Recreating and forging of partnerships/shared leadership across the spectrum from feds, state, community partners, and parents. Demonstrate the ability to better use and leverage resources</p>



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<p>2. The demographic makeup of the US will continue to change and contribute to growing economic and social disparities. An aging population, increasing diversity, immigration, access to technology, and urbanization will shape family and community experiences in the future. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?</p>	
1.	Technology needs to be utilized so that there is access to families through webcams, internet, texting and any other new technology to help aging people to not have to travel so much and they can keep in touch with doctors by webcam/texting. technology can also be utilized this way to each language and act also as interpreters for diverse populations. For instance, a person can speak in English and the voice can automatically be interpreted in whatever language that person speaks. This could also save money used for social services where there are language barriers. It can go a long way in the prevention of CAN
2.	With more people in retirement, volunteer programs can be developed or expanded for using retirees as mentors on an individual basis and for reaching neighborhoods through programs. They can help professionals develop materials that support volunteers and mentors, and the materials can be made available online in English and other languages, particularly Spanish, to reach immigrant populations.
3.	Understanding that diversity of family structures--particularly the number of elderly caretakers for young children. Continuing to ensure that resources are designed to reach those who need them most--includes language and cultural diversity, localized and community-level access.
4.	I believe the Child Abuse and Prevention Act will assist in the prevention of child abuse particularly with the expansion initiatives to increase racial and ethnic diversity in the health care professions. Not only does it strengthen cultural competency training for health providers but it will also increase the number of culturally diverse providers. In some cultures this makes a huge difference in a patient's willingness to seek help or report abuse. Unreported abuse is one of the biggest prevention obstacles. It is my belief that this expansion initiative will make a huge difference.
5.	We need to adopt a stance of increased humility in our stance as the professional experts. Rapid change poses challenges and opportunities across the entire child welfare spectrum and is not limited to the prevention of CA/N. If we could initiate a practice of identifying, involving, and if successful, institutionalizing the routine use of "cultural guides", we may be able to minimize the



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	<p>distance - both figurative and literal - between those who we want to reach and ourselves. Our understanding of the people and situation is likely to be enhanced as is the families capability/willingness to partner with us.</p>
6.	<p>My response to the previous questions has relevance to this question, insofar as I think these trends provide a good opportunity for promoting the development of more responsive community centers that reinforce collaboration and cooperation in an effort to deal with common problems experienced by diverse populations within select communities. Although changes with technology and the increasing popularity of electronic social networks has redefined the means and mechanisms by which a generation defines communication, these technologies can be an efficient means of bringing people together to address the issue of child abuse prevention and to disseminate information regarding supports in the community that parents can use to deal with stresses or seek help in dealing with parenting issues. An aging population is a large and potentially useful pool of volunteers that can assist community-based care and other child welfare agencies with primary and secondary prevention activities. I know of some agencies that have used retired individuals/volunteers as "family friends," leading workshops, providing respite care, aiding with supervised visitations (all with the appropriate training and certification). Allowing our aged population to remain active in the communities they live and utilize developed skills (if they were past professional helpers) is a win-win for everyone.</p>
7.	<p>A good beginning would be embracing diversity and recognizing the general strengths of various cultural heritages, as well as the challenges faced by recent immigrants to this country related to culture shock and isolation. Recognizing that families are multi-generation even if they live in different places is important for supporting those internal family structures that can help or harm family functioning. Recognizing grandparenting as a stage of life development and increasing knowledge and skills about being a supportive grandparent whose role can have a positive impact on the rest of the family would be valuable. Use of popular culture to help portray a variety of strong families would be helpful. Ensuring that urban and rural areas have safe and free gathering spaces, indoors and outdoors, for parents and children can be a huge benefit. It will be critical that parents, and possibly grandparents, are helped to access technology and to be technologically literate if they wish to be. This will reduce the likelihood that generation gaps grow larger based on access, or not, to technology.</p>
8.	<p>One option is to develop community centers that serve all the neighborhood needs with several agencies housed inside of it. With state of the art computer systems it might be easier to translate forms and documents and get more resources from around the country to local outlets. Housing the community action programs with elderly services and transitional assistance, housing office, unemployment office, social security, health clinic, parenting support services, mental health services, early intervention services and maybe even house the head start</p>



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	<p>programs all at one place making sure all resources are completely accessible for everyone (young and old) within the community the community should not be bigger than walking distance to the community center. The community center could be run with volunteers and paid members of the community.</p>
9.	<p>Yes, we are aging but the aged are healthier than ever. So we may be able to craft more inter-generational efforts in which we engage senior citizens in assisting children in their own community by volunteering in child serving organizations, mentoring young parents, offering to assist their neighbors who have young children. Also, city planners are thinking of new ways to resize and redesign urban centers to make them more people friendly (for example, the design efforts underway in Detroit). Immigration poses some challenges but on the other hand the growth of this population raises its visibility and creates new opportunities for self-organization among this group.</p>
10.	<p>Respect and appreciate the aging population for all of their insights and contributions. They are a valuable asset and, collectively, may partially make up for economic downturns through volunteer contributions. The older generations can be at the forefront in linking with our children through schools, sports, arts, and places of worship. Advances and access to technology is instrumental to learning. Urbanization expands first-hand knowledge of diverse people's standards, principles, morals, conscience, philosophy and rules of conduct. Having knowledge of all of the aforementioned allows everyone to choose better paths for themselves toward ending the cycle of abuse.</p>
11.	<p>Prevention programs need to take on a multi cultural approach which personalizes the information for families and the communities in which they live. Have the information come to the families from sources that are closer to them like family doctors, their child's teacher, a local place of worship, and relatives through targeted prevention messages and programs.</p>
12.	<p>Possibility of multigenerational leadership/mentoring within nonprofit organizations, availability of part time consultants/experts, diversification of the existing child welfare workforce, data on/about children easier to access, child outcomes and progress easier to track with better technology and data automation, more information and referral and tracking services available by web/phone. Perhaps even more online, light touch case management to larger numbers of families using technology.</p>
13.	<p>Again, not sure leverage is the correct word. As more families come under increasing strain of multiple jobs, tight budgets (which we know cause family problems if you talk with the marriage counseling community)</p>
14.	<p>With each change in demographic trends come challenges and positives, so capitalizing on those positives is where leverage will be found. For example, technology and immigration often go hand in hand, many big tech companies that can't find sufficient talent domestically work to bring talented immigrants. Those immigrants are well-paid in technology fields, and could be</p>



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	resources for private philanthropy to support family support programs for low-income immigrant communities. Although often from different countries and communities, there may be opportunities based on the shared experience of immigration.
15.	While culturally competent programs are critical to serving a diverse population effectively, of even greater importance is creating a climate in which good parenting is recognized as a community asset and not taken for granted. That requires media spotlights on both good and bad parenting, and the development of norms that hold parents accountable for their investments in their children’s futures. Parental leave policies, time off for parents to participate in their children’s school and community activities, and parent (and grandparent) mentors who are paid for helping other parents are some ways of doing this. Community organizations should be encouraged to monitor maltreatment in their own communities and track annually what progress is being made.
16.	1) On-going use of social media can provide information and issue awareness to a greater portion of the population in a more effective manner. 2) How can we use aging population groups in general to mentor and assist in their communities on a pro bono or volunteer basis to provide neighborhood options to parents and families.....whether it be job coaching, informed parenting tips, and/or respite to weary parents.
17.	These trends are disparate and need to be discussed separately: <ul style="list-style-type: none"> • Aging population--while the population is aging it is also staying healthier considerably longer. There is an untapped potential in integrating older adults in productive ways as part of the network of supports in community. • Increasing diversity--as America moves closer toward a majority minority status, especially in key pivotal states, the political power of minorities will increase hopefully counterbalancing the tendency toward scapegoating that exists in the current political landscape. • Access to technology--answered below. • Urbanization--Urbanization moves people into closer proximity with each other. Ideally this proximity would strengthen social networks and make it easier to provide services, and increase employment possibilities. For this to be true, however the urban environment has to be shaped in ways that will support true engagement with the surrounding community.
18.	We have aimed to make the case for investing in children as the number of workers to support retirees is shrinking. It does not seem to be a prominent point in current media discussions. The diversity and immigration issues seem to fuel negative sentiment, which is furthered by various conservative movements and officials.
19.	We need to focus on messaging on our core values/ principles and create a coalition across demographics focused on the common good. We need to focus and direct our work which is supporting/strengthening families and communities to raise their children. Focusing will increase



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our ability to highlight and articulate our successes. We need to articulate our interpretation of facts to debunk myths. We need to hold the line in our conversations on that which is non-negotiable. We need to implement strength based policies and practices that support and build healthy families and communities and build protective factors and address and reduce risk factors. We need to be strategic about creating a common language with our allies. We need to stop hoping for a silver bullet and describe the complexity of our work and the matrix of our solutions.

3. Technology to support information access, entertainment, and social networking will continue to improve and expand. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?

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| 1. | see above, except more along those lines. |
| 2. | <ul style="list-style-type: none"> - So many people use You Tube. Short (like 2 or 3 minute videos) that deal with coping with abuse and neglect and/or preventing it could reach a large population and could be used in many ways by a variety of organizations to promote prevention. - Standards for TV programming could help. How about showing positive experiences, and putting negative experiences in context and showing that they are not acceptable. - Same goes for video games. If kids and adults are immersed in war, violence and aggression for their entertainment, how can we expect them to understand peace, cooperation, trust, respect... Can't we use technology to some advantage? Maybe we need a watchdog agency (or maybe one already exists) that informs the public and stigmatizes violent games, the way that the Center for Science in the Public Interest (CSPI) has done for nutrition and food labeling. |
| 3. | Using technology to supplement outreach as an access improvement strategy. Text messaging, social networking sites and other ways could be explored. |
| 4. | We are already experiencing the benefits of technology with the alliance between Facebook and the Amber Alert system. Since this partnership has yield great success, I fully expect this trend to continue and other programs (perhaps child abuse registries) to come on board as well. |
| 5. | This is not an area of expertise for me.... |
| 6. | I made a comment on this issue in response to the last question when I stated "although changes with technology and the increasing popularity of electronic social networks has redefined the means and mechanisms by which a generation defines communication, these technologies can |



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	<p>be an efficient means of bringing people together to address the issue of child abuse prevention and to disseminate information regarding supports in the community that parents can use to deal with stresses or seek help in dealing with parenting issues." This medium, if used correctly can be a resource for reducing the stigma some parents may feel in seeking assistance due to environmental or familial-based stress. Information dissemination (provided it is knowledge-based) coupled with public service announcements and links to networks of public and private (for- and non-profit agencies) agencies that provide a plethora of supports for children and families would be an asset for families and communities. Although I have seen some databases and directories on select municipal and state agency websites, they are not always user-friendly and limited in scope. Perhaps some sponsorship or partnership with web browser companies (e.g. goggle, microsoft-bing, etc.) to develop a better or more universal database of public and accredited (non-profit) community resources to help individuals and families dealing with "problems in living" would do a lot to remove stigma in seeking help but also be a more resourceful tool promoting community services. We need a MapQuest for community supports.</p>
7.	<p>Perhaps a move to share child development and parenting information through a diverse range of media - including that which is web- based and thus accessible to parents whenever they need or want it. There are opportunities for peer to peer parent listserves, bulletin boards and 'discussions' with experts. Some groups now, such as the La Leche League, do this effectively as I understand. The beginnings of using Facebook and other social networking tools to come together around the mission of specific organizations through the cause-related work is a good beginning as well. Messages need to be universal, non-stigmatizing and inviting as all of this will be voluntary. Access should be easy without the need for passwords or other things that create barriers. The MA Children's Trust Funds' One Tough Job website is an excellent example - www.onetoughjob.org. Pushing storylines in television, movies, books, etc. that speak to these issues would be valuable and then publicizing and promoting those that do so is important.</p>
8.	<p>We are already experiencing the benefits of technology with the alliance between Facebook and the Amber Alert system. The inception of this partnership has yield great success, I fully expect this trend to continue and other programs (perhaps child abuse registries) will form collaborative partnerships as well.</p>
9.	<p>I really feel social networks could be really helpful to parents to connect parents with one another giving access to events, advice, child development, discipline, and resources out on the web so anyone can access it. I would like to point out that information is ok to transmit over the web but personal change takes place only through personal support of a person. Having popular figures talk about the difficulties of raising children could be really helpful in normalizing and opening up the dialogue about taking care of children. If we had a campaign to value all the hard work child care providers and parents do in bringing up our future generation, maybe people would start to value that work more. Having agency personal stop looking at parents as the problem but treating the family as a whole and encouraging families to set goals and work toward a better environment to raise children.</p>
10.	<p>I think we can get much smarter about using technology to reinforce positive parenting (the U.S.</p>



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	Health Department - text for your baby program) as well as assisting folks in keeping medical and social service programs. Effort we are looking at here in Chicago is called "Sparkplug Health" which provides access to a health care provider for teen parents via the internet.
11.	Broad technology connects us - Parents with counselors, counselors with teachers, peer to peer, supervisors with counselors, child to child, private to public. Technological devices supply easily accessible and never-ending sources for children, parents, teachers, counselors to teach each other and to learn from each other.
12.	Have apps for computers, game systems, phones and pads that promote positive parenting and non-violence. Develop interactive programs that are fun and viral messages that people want to share with others.
13.	Case managers can have access to more information on children and families in real time, access to historical data, tapping into family's natural social networks for support, maintaining good monitoring and support of parents. More data available (including social network data) to mine and use in decision making, identify people resources and support for families...online (video/computer/Skype/telephone) participation of social supports in case conferences/decision meetings.
14.	I think we ought to redouble our efforts to connect families and millennials with organizations that connect them to direct activities as volunteers helping families and children -- Habitat, Boys/Girls Clubs and Big Sisters/brothers and Mentor programs, classroom volunteering. My greatest concern is that the proportions of the problem seem so great as to generate a feeling of helplessness, which can only be mitigated by "helping" and understanding that through that helping, the individual can make a difference.
15.	Using technology to communicate about just-in-time opportunities. For example, right now university communities use technology (email, text, iphone) to communicate important and urgent messages to community members. While founded around issues of safety (and very effective at that), this type of just-in-time messaging could also be used to communicate about community events and trainings, as well as program availability.
16.	The time wasted by both parents and children in frivolous and anti-social pursuits, as such as video games glorifying war, sex, and theft should be documented annually as a negative indicator of community well-being. Some cities are considering posting DUIs on community Facebook sites; PUIs--parenting under the influence--should also be spotlighted.
17.	Mentioned already in the previous answers.
18.	<p>I think the use of technology has not been sufficiently explored in our field. There are a couple of basic ways I think we need to think about this:</p> <ul style="list-style-type: none"> • Changing CAN is partially about changing cultural and social values about what it means to parent effectively. Social media provides an important vehicle to infuse new cultural values that support more engaged and less punitive parenting. • Social isolation is an important phenomena within the context of abuse and neglect. We need to understand how to leverage new media--especially the new push toward



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3. Technology to support information access, entertainment, and social networking will continue to improve and expand. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?

	<p>interactivity so that isolated families can get help. The danger is that media can actually be more isolating because people use it</p> <ul style="list-style-type: none"> • The other cultural value it is important to change is about reaching out to families under stress. Could there be a way to leverage the new media as a tool for folks to reach out. In some ways Facebook and other tools may be a less daunting way of reaching out to an individual on is concerned about than a direct conversation. • Finally I think that we will find ways to use technology better to link services, share information, and prevent families from falling through the cracks.
19.	<p>The opportunity to use technology and close the digital divide seems like an important one. If people are specifically using social networking to promote parenting skills and strengthen families, I am not aware of it. (It seems very possible that I would not know about this even if it is going on.) The prevention opportunities seem large; however, the negative force of too much screen time for parents and children needs to be offset.</p>
20.	<p>Knowing who we are and what we do and have to offer and the fact that we are working together to support children families and communities is the first necessity in communication. Gathering allies around common principles, creating shared leadership, activating new voices, demonstrating sharing successes--careful messaging can create a groundswell of support. We need to be focused and intentional and prepared to work for long-term change, not blow with the prevailing winds. Also we need to understand the cornerstone of our work is relational, and relationship building. The best work we do is when we create meaningful relationships with each other, and technology is not a substitute for relationships. We need to invest in staffing, community and cultural liaisons, navigators and aides to create meaningful relationships should never be lost. We need to stratify our levels of messaging to specific audiences. Investment in technology should not come at the expense of investing in people.</p>

4. Younger generations of parents will reflect the values and interests of their peer groups (e.g., Gen X, Gen Y, Millennials). Global interests, technological savvy, instant communications, and an emerging sense of community will shape the experience of families in the future. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?

1.	<p>I think it will make it a lot easier to stay in touch and give families instant access to help lines, and other services they may need to help in the prevention of child abuse and neglect. I think younger generations will pay more attention to the fact that children need to be nurtured and raised in safe, happy environments IF we get the message to them in time and emerging technologies will help to accomplish this.</p>
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<p>4. Younger generations of parents will reflect the values and interests of their peer groups (e.g., Gen X, Gen Y, Millennials). Global interests, technological savvy, instant communications, and an emerging sense of community will shape the experience of families in the future. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?</p>	
2.	<p>These younger generations will be able to find community and support online where people can sometimes be more candid talking about their problems and concerns since they are not inhibited as they might be face-to-face. They have the opportunity to seek out like-minded people from around the world and are not constrained to seeking information or help from within their physical community. Similarly, they are able to communicate with their own friends and people they trust who may not live close by.</p>
3.	<p>See above.</p>
4.	<p>One current trend that has made a huge difference is the propensity for people to video tape or record another person's actions (with or without their knowledge) and instantly upload it to YouTube, which in many cases becomes a viral. One of the greatest benefits is this allows people to report problems and still remain anonymous, thus increasing the chance of people doing so, and for children to get the help they desperately need. I believe there will still be bystanders, but the likelihood of at least one person reporting the abuse is greatly increased. I also think we it would be beneficial for us to find a way to leverage the power of peer influence. I am not sure how we could do it, but I think it would be a very important step in a successful prevention strategy.</p>
5.	<p>I believe that we should develop and formalize avenues for inclusion (representation), involvement, and contributions of these younger generations of parents. Since these younger individuals and their peer groups will be the leaders of tomorrow, one component could be the use of leadership transition/succession planning methodology. Succession plans prepare the organizations to stay on course during unexpected executive changes. It may be worth looking at...</p>
6.	<p>I am not so sure I know how to answer this question apart from the suggestions given to other questions. Although I know the means and mechanisms by which information is shared has changed, I am unsure of whether such has had a major impact upon our values and beliefs regarding what constitutes a community. Although critics have argued that advances in social media have limited the magnitude and intensity of direct physical contact with others (needed to advance social connections and a sense of community), others have argued it has aided in the refinement and purpose of such interactions. I think there are positive aspects and trends in values of younger generations that emphasize connections with others and the recognition of commonalities across cultures and nations well celebrating diversity. If we are going to have any impact on strengthening systems of care and prevention initiatives, we need to be part of these communities and recruit this younger generation of parents as agents of change. Regardless, I think there are others that are better qualified to offer more meaningful insights in response to this question.</p>
7.	<p>Communities of common interest rather than geography offer lots of possibilities. Even Facebook has been a resource for many to share parenting experiences, post family photos and</p>



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<p>4. Younger generations of parents will reflect the values and interests of their peer groups (e.g., Gen X, Gen Y, Millennials). Global interests, technological savvy, instant communications, and an emerging sense of community will shape the experience of families in the future. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?</p>	
	<p>create shared experiences with friends and family members who may live across the country. The need for instant access is only likely to grow and needs to be available for families. However, these high tech resources can ideally lead to 'high touch' resources in the physical community for families looking to come together in cafes, support groups, classes, play groups, purchasing coops, etc. Formal systems can invest in supporting and facilitating the ongoing functioning of some of these resources where needed and can partner with community members to help ensure the formal resources are responsive to immediate interests and relevant to the needs of the new parents coming along.</p>
8.	<p>I think we it would be beneficial for us to find a way to leverage the power of peer influence. I am not sure at this time how we might accomplish this, but I think it could be a very important step in a successful prevention strategy. Also one trend with instant communication that has made a huge difference is the propensity for people to video tape or record another person's actions (with or without their knowledge) and upload it to You Tube, which is then viewed by hundreds of thousands of people. One of the greatest benefits is this allows people to report problems and still remain anonymous, thus increasing the chance of people doing so, and for children to give the help they desperately need. I believe there will still be bystanders, but the likelihood that at least one person will report the abuse is greatly increased by using this type of technology.</p>
9.	<p>Do you need a break games activities entertainment for children might be a new marketing strategy for educational toys or tactics to keep children busy or engaged in a positive way with parents? Marketing normal expectations of children to parents so they start to engage their children in helping around the house. The free ride for children is over. They could become integral parts to a family as they were at the turn of the twentieth century</p>
10.	<p>Youth have a renewed commitment to volunteer service and community investment. The younger generation strikes me as far less self-possessed than the previous group. They say your definition of social commitment and social responsibility is framed in middle school and today's young adults (early 20's) were in middle school on September 11th. I think the importance of being socially connected for them is very real and they are seeking out ways to be connected be it Facebook or small groups.</p>
11.	<p>Respect and listen to the younger generation of parents. Involve parents in meaningful way to develop programs that impact their children and themselves.</p>
12.	<p>Find a way to promote positive parenting, healthy families and child care through TV and movies.</p>
13.	<p>Reinforce access to information and resources, use of social networks to solve problems, use of social media to find like-minded and similarly challenged others and organize for advocacy.</p>
14.	<p>See previous comment. My personal experience is that we can get Millennials to raise their hands to help us in efforts aimed at getting the message across that "Every Child is Yours" and "it takes a village...", but unless we connect them with established efforts that engage them in direct contact activity (not fundraising and golf outings, but working with kids) we will lose this</p>



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	opportunity. That's what we are trying to do here.
15.	I heard an excerpt from a TED speaker recently on NPR who talked about how the problem-solving skills used in some specific gaming she was involved with were the same innovative skills we need to bring to solving the big problems of the planet. This made me think as a parent a little differently about gaming - if in fact participants are exhibiting problem-solving skills, is there a way we could harness that to strengthen the prevention of child abuse/neglect?
16.	See response to #5.
17.	1) We should use non-traditional professionals to assist.....e.g., instead of "community parks", we should encourage city planners to develop "neighborhood parks". 2) A greater use of satellite offices for government services should be implemented in conjunction with community based organization that become more support venues for parents to reduce social alienation. 3) Educational curricula at all levels should be re-evaluated for relevance to families.
18.	What people are constructing are different kinds of communities that are not necessarily communities of place, but rather communities of interest. The question is how does one weave parenting into those communities so that these do not become something that compete with the needs and time commitments of parenting, but places that provide the support for parenting within the context of participation in a community of shared interests.
19.	It does not seem that research is helping us to understand these younger generations. How are we harnessing the power of young professionals, rather than harnessing them with old ways of conducting research and traditional questions?
20.	Developing a sense of local and global community is possible. Embracing the concept that change is the status quo--yet there are beliefs that are non-negotiable for children, families and communities. Embracing the concept that less can be sufficient for all if we develop a collective, inclusive, responsible spirit of mutuality, reciprocity and support. The younger generations are looking for equity, authenticity and meaning. The concepts of building on family strengths and well-being resonate. We need to demonstrate that we are willing and able to invest in there and their children's future. We need to become reliable, trustworthy elders in this conversation.

5. The Federal Affordable Care Act will provide more families with reliable, affordable, and accessible physical and mental health care. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?	
1.	Social services should align themselves with agencies that provide these services and implement programs that have been effective to those affected with mental /physical health issues as



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	families are showing progress in mental/physical health care
2.	The availability of affordable health care will mean that more people, in particular those who have not been accessing care, will have opportunities to develop a medical home and seek health care and confidential counseling. If it is really affordable and accessible, more people will develop better health habits and a mindset of seeking care to prevent sickness.
3.	Policy change that institutes stronger linkages between child welfare and health care systems, e.g. inter-agency MOU's, coordinated access and care policies, ensuring that families are treated as units--e.g., screening new mothers for maternal depression while providing well-baby care and EPSDT services.
4.	Certainly one of the most important benefits of the Federal Affordable Care Act is that many people who could not previously afford medical and mental health services can now get the help that they so desperately need. Most importantly, so, that the cycle does not continue with the next generation. However, the fact that 68 percent of medically underserved communities across the nation are in rural areas is worth noting. There has been a great deal of efforts in the child care community to expand services in rural communities, which will include training and technical assistance. So, perhaps collaborative opportunities should be explored/leveraged to broaden the outreach of service expansion.
5.	Without knowledge of the Act's specific provisions, perhaps changes made to Medicaid under the Deficit Reduction Act of 2005, that may have specifically impact the child health component - - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program - -can be "undone". EPSDT should be available to all children, whether or not Medicaid-eligible. The role of health care professionals in identifying family vulnerabilities/risks of maltreatment as well as possible maltreatment will be expanded. The prevention community will need to increase their efforts in educating this population.
6.	Please see my response to question five. These are wonderful developments; however, utilization of such services needs to be maximized by making information regarding these provisions readily available and linking parents and families to these services within the community in which they reside. These provisions coupled with the development of a MapQuest of community supports and qualifying physical and mental health services can potentially go a long way in strengthening prevention initiatives/activities.
7.	It is important to continue to frame the prevention of child maltreatment as a public health issue. It needs to be a highlight of the National Prevention Council's annual report on prevention in this country. It isn't as prominent now as I believe it needs to be. The need remains for physicians to be trained and skilled in noting the family and community context for their patients and raising pertinent issues as they seem to fit. With child maltreatment identified as a public health issue and with the ACES research, advocates need to continue a strong push to increase public health investments in strengthening families.
8.	One important benefit of the Affordable Care Act is the expansion of initiatives to strengthen



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	<p>cultural competency training. In many families, people are not comfortable with confiding in those who are outside of their culture. These provisions will provide an opportunity for more people to establish trust and develop a genuine rapport with their caregivers leading to the desired outcome - a willingness to seek help and receive support services. The Affordable Care Act will also make it possible for more people to receive the mental health services that they so desperately need. Particularly, so that the cycle does not continue with the next generation.</p>
9.	<p>If a professional recommends a parent to take a parenting course or go to a parenting support group or participate in a family support program, health care insurers will have to provide a certain amount of money per year for families to use for these activities. Hopefully more parents will be reaching out for help with for their children and getting better more efficient services I also hope that more parent partners will be available for parents to consult with and rely on</p>
10.	<p>I think its strongest impact might be in terms of improving access to preventive care and move folks to accept more personal responsibility for their health outcomes.</p>
11.	<p>Physical and mental health are bound together, if not inseparable. The Home Visiting provisions in this Act say it all! The purpose of The Affordable Care Act is: 1) To strengthen and improve the programs and activities carried out under this title [42 U.S.C. 701 et seq.]; 2) To improve coordination of services for at risk communities; and 3) To identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. Sec. 511(a) The Affordable Care Act contains the following wording: ...the Secretary shall make grants to eligible entities to enable the entities to deliver services under early childhood home visitation programs to eligible families in order to promote improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development outcomes, school readiness, and the socioeconomic status of such families, and reductions in child abuse, neglect, and injuries. Sec. 511(c)(1)</p>
12.	<p>Parents will have to be taught how to effectively use and participate in these programs. The stigma around utilizing some of these programs will need to be reduced or eliminated. Once families are finally utilizing these programs make sure the staff and workers within the programs are trained on and delivering the same prevention messages. Make sure the staff/workers have access to high quality training, education and tools related to child abuse prevention.</p>
13.	<p>IF health care system also pays attention to the at risk families likely to fall through the cracks in any new system (even a universal one)...more outreach and educ and support to health care "first responders" on family stress and risk issues. More consistent health care management and true managed care, portable health records.</p>
14.	<p>Take an ACEs example that's pretty clear -- for example, the connection between having a parent in prison and future health (emotional and physical) and get people asking the question, how are we connecting the services we exist to these children today.</p>
15.	<p>The Commonwealth Fund did research years ago about how to use primary healthcare providers to target more family support (parenting may have been their term) to new families. If more families have access to healthcare, then the healthcare system may be a great place to target</p>



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	<p>families with additional information. I am an RN and have worked in community health for most of my career, these systems are overwhelmed and won't take readily to having another thing handed to them. However, I think building on the good work of the Commonwealth Fund might provide some insights into how to do this in a non-obtrusive manner. Using non-MD staff will be key. Nurses already do family support in many programs and may be a natural connection with the healthcare system for such an effort.</p>
16.	<p>The parents who most need these expanded services may be least likely to enroll, unless intensive outreach is launched to target these families. Substance abuse and mental health co-occur in ways that affect child maltreatment, but the mental health system is not a reliable provider of drug and alcohol treatment as it is currently organized and funded; this will need to be changed by major reorganization and links to primary care providers. Coverage under Medicaid for prenatal screening is perhaps the most powerful lever for preventing child maltreatment, since more than half of all births in most states are now funded by Medicaid.</p>
17.	<p>1) Increase the expansion of home visitation services; 2) Use the advisory council venue made up of federal cabinet members to highlight not only medical prevention strategies but mental health, social and emotional ones as well, including healthy child development strategies.</p>
18.	<p>The act also has important provisions around medical home. One important aspect is that there will be a whole set of vulnerable families who will now have access to someone with some ability to see the arc of a child's development over time (even if the medical provider is not constant medical records should be able to track a child's development). This provides yet another opportunity to partner with the medical profession to support them in their role. They can act as sentinels to observe and respond to early signs of abuse and neglect within a family and to connect families under stress to resources.</p>
19.	<p>The states in the Assuring Better Child Health and Development (ABCD) groups have been piloting ways to make better connections. Their lessons learned should help. As more children have medical homes/health homes, the opportunity to strengthen prevention is there. It also does not seem that the field is uniformly connected to the home visiting program.</p>
20.	<p>Affordable health care will decrease some of the risk factors associated with child abuse and neglect. CBCAP needs to strengthen our relationship with health and public health that is inclusive of home visiting, we also need to work with chemical dependency, mental health and other co-occurring morbidities. We need to look at malnutrition as a health issue. CSSP and the Alliance have created an addendum to the National Prevention, Health Promotion and Public Health Council. The 2010 status report prioritizes the following: prevention and wellness, focus on preventing the leading cause of death, and the facts that underlie these causes, prioritize high-impact interventions, promote high value preventive care practices, promote health equity, promote alignment between the public and private sectors, ensure accountability and establish a cohesive federal response. CSSP and the Alliance have sought support to include the following "Working together to improve the health and quality of life for individual, families, and communities by moving the nation from a focus on sickness and disease to one based on individual, family and community strengths, healthy development, wellness and prevention.</p>



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5. The Federal Affordable Care Act will provide more families with reliable, affordable, and accessible physical and mental health care. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?	
	Recommended Goals' Create community environments that make the healthy choice the easy and affordable choice, and give families the opportunities they need to promote their children's optimal development. Implement effective prevention practices that promote healthy children, families and adults. Build protective factors and address risk factors across the life span

6. Coordination, collaboration, and partnerships are integrating streams of funding and service delivery as well as interdisciplinary research and practice for public and private, formal and informal institutions. Based on your professional experience and research, how might this trend be leveraged in community and social systems to strengthen the prevention of child abuse and neglect over the next ten years?	
1.	if social service organizations stop competing! They have to remember that they are fighting the same battle: to strengthen families and communities. As an outsider being inside, I see so much competition that it appears that some groups forget that everyone wants the same end. Safe, stable nurtured families and communities. Until organizations remember that they are working for the same end, then things will remain the same and families and communities will suffer
2.	Such partnering will lead to more relevant research that addresses social problems, revamped higher education curricula, joint professional development among professionals on research-based practices, and more coordination among social and health service agencies. Families would not need to navigate the maze of services available; they could have a coordinated family care plan and more consistency in their interactions with practitioners.
3.	Building strong public-private partnerships; relationships between local communities and foundations are key--local efforts may be leveraged for statewide policy and programmatic change. Ensuring evidence-base practice is enriched by continuous input from the research community.
4.	One thing that I believe will be a huge asset is the home visitation programs across the nation. Studies have shown that home visitation programs help to reduce child abuse and neglect by as much as 80 percent. A number of federal programs across agencies are investing in and supporting quality home visitation programs, which will greatly enhance the opportunity to strengthen families, and for children to develop in healthier environments.
5.	At this time, I think the "prevention community" has done a STELLAR job in its coordination, collaboration and partnerships. There is a growing desire to reform child welfare financing by having a more dedicated source of support to prevent abuse and neglect and to support practices that can assist families before removing a child becomes the only option in addition to helping children already in care. I believe we need to join together to work toward comprehensive reform of the funding streams that limit our service innovations and delivery systems. Foci should include, but not be limited to (1) elimination of the archaic eligibility link to



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	AFDC that limits federal support for children in foster care and kinship care; (2) Expansion of the flexibility in federal funding to address prevention of abuse and neglect; and (3) Expansion of the flexibility in federal funding to important interventions and practices that can help families and children including Differential and Alternate Response and the use of Family Group Decision Making (FGDM).
6.	Please see my response to question three and five for thoughts that apply to this question. Collaborative and inter-disciplinary initiatives between public, private, formal, and informal institutions and community stakeholders are essential to developing any sustained and effective prevention initiative. Child abuse prevention must be seen in the broader context of promoting the well being of children and families; as an investment in the family (the basic building block of all societies). Such initiatives reduce the stigma of seeking and receiving help and enhance community connections and collaborations to address problems and stresses encountered (at some time) by all families.
7.	It is important that research that is primarily distributed to one field of practitioners be shared across fields as it relates to child maltreatment prevention. To move to a goal of child well-being and family strengths can help provide a common language and a more common goal so that the relevance of various bodies of work is more obvious across fields. An important ingredient in this work is the partnering with parents to gather their wisdom and expertise based on their own experiences and ideas about how these trends can best be leveraged. Through the partnerships and open, honest discussions, new leverage points are likely to be identified.
8.	I believe that all partners in the service delivery of the family cycle should be providing educational resources for prevention. The more we are talking about prevention and providing educational resources, the more awareness to the child abuse issue, which will help to remove the stigma. And, the more people are aware of a problem, the more likely people are to report it, which increases the chances of finding solutions.
9.	More work needs to be done with Parent leadership. Parents who lead in their community make good leaders in their homes. Children can see parents developing more skills and better feelings inside the home when a parent leads others in their community. Children like to have pride in their families. A parent who is a leader can develop protective factors sooner and better than a parent with no connections in the community.
10.	See Q 3 above
11.	Strength will be in our numbers. Now is the time to build those partnerships at the Federal, State and Community levels.
12.	Coordination, collaboration and partnerships are a great way to solidify a single message or approach to preventing child abuse. It is also helpful in reaching more parents, and building a support system that can wrap the family in services.
13.	(Are streams of funding really integrated yet? Anywhere?) Change focus from streams/silos of funding and funding agencies to FOCUS ON CHILD OUTCOMES and get multiple agencies and



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	organizations to focus on the SAME CHILD OUTCOMES...more to more collective/collaborative accountability to OUTCOMES and not simply process/services/outputs.
14.	Again, we have to get child abuse prevention programs to agree that there are many established volunteer programs out there that could engage young people in direct activity, but these are not activities normally associated with the prevention movement. I think we have to re-characterize the role of the prevention entities as aggregators of relevant services that, by their very nature, emphasize the ethical treatment of children. I also think we have to acknowledge that research that, for example, reveals the degree to which food marketing is contributing to health crises like childhood obesity, is within the general real of child abuse prevention, and we have to begin to target such marketing practices as being inconsistent with social norms that would not tolerate the unethical treatment of children, writ large, as child abuse.
15.	Unfortunately we usually think of this trend as a negative - the funding for child abuse/neglect prevention is so small that when "integrated" with other streams we fear it will be swallowed up. I think the opportunities are around messaging and ensuring that child abuse/neglect prevention is held out even in an integrated system as a distinct goal/objective.
16.	Unless federal agencies make a much more serious effort to achieve funding integration, services integration will not happen, based on evidence of more than 45 years of such efforts. Federal agencies still devote much more time and energy to protecting relatively small funding streams rather than working to achieve integrated funding across agency lines and in redirection of institutionalized funding. The federal interagency bodies that address child maltreatment do not address these issues in depth and have not succeeded in integrating major funding streams in any appreciable way.
17.	The advisory council established in the act should have a focus on their work to integrated inter-departmental policy, establishment of service funding mechanisms that follows the family and more effective communication and information sharing among the various "systems" that support families.
18.	Ideally we as a field are moving toward fewer programs that are targeted solely at CAN prevention and more toward the integration of activities that either build protective factors or reduce risk factors into the existing environments where children and families already turn for support. I think one interesting question is whether we can find ways to infuse resources into informal support networks in ways that don't fundamentally co-opt them.
19.	The CAPTA legislation gave us a handle that is being poorly used. The early childhood systems initiatives provided opportunities that may be slipping away as states and communities cut back. New partnerships emerged that must be sustained in these times and strengthened as we move ahead.
20.	CBCAPs need to find their work and their voice. The key component in collaboration is to understand who you are and what you bring to the table. We need to focus our work on family and community health, risk reduction, and the prevention of child abuse. Once we know who we



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are and what our work is, then we can become partners that work in collaboration. Currently our work across the country is an amalgamation of programming and services. We do not have a governing agency or advisory body that prescribes, licenses or regulates our work. Every state is able to dedicate CBCAP dollars and resources towards what they and their administration see fit. We do not have a body of work that has much evidenced based nor evidenced informed practice. Hence we attach ourselves to other people’s agendas, or our work falls under others' purview and is judged by their standards. Our outcomes and agenda belong to others. Our statute and accompanying CBCAP Program Instructions are so broad and inclusive, that our work becomes amorphous. We need to define our core principles and non-negotiables in order to be effective partners, and in order to recommend changes to systems that promote better outcomes. We need to commit to the following which will enable us to work upstream and demonstrate that a focus on wellness and prevention creates better and less costly outcomes. We need to align ourselves with those that want to work outside the box in ways that are inclusive and equitable. We need to work with partners at the federal state, local level and in shared leadership with parents. Create community environments that make the healthy choice the easy and affordable choice, and give families the opportunities they need to promote their children’s optimal development. Implement effective prevention practices that promote healthy children, families and adults. Build protective factors and address risk factors across the life span and to make the changes within our communities and social systems

7. Attitudes and perceptions perpetuate the conditions for child abuse and neglect. Parents are stigmatized for seeking help; traditional expectations for children and their needs persist; racism and classism divide communities; outmoded assumptions and corruption result in low-quality services and delivery methods; culture of independence and family autonomy; partisan politics distort the public discourse; deficit-based models predominate practice. What are community and societal levers that might shift public opinions about child abuse and neglect?

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| 1. | real, dedicated leaders aiding the systems and real and dedicated social workers being able to accomplish the work they set out to do. Communities have to get out and vote and we have to realize that we take care of ourselves, we take care of each other and we take care of this place-called Earth. Sounds hokey, but worth it if it works. |
| 2. | Promoting public investment in preventing child abuse and neglect as a preventive strategy to support families and interrupt intergenerational cycles of poor outcomes rather than a remedial, retroactive intervention that represents a social agenda and low return on public dollars. |
| 3. | I would reiterate my answer in question 3. |



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<p>7. Attitudes and perceptions perpetuate the conditions for child abuse and neglect. Parents are stigmatized for seeking help; traditional expectations for children and their needs persist; racism and classism divide communities; outmoded assumptions and corruption result in low-quality services and delivery methods; culture of independence and family autonomy; partisan politics distort the public discourse; deficit-based models predominate practice. What are community and societal levers that might shift public opinions about child abuse and neglect?</p>	
4.	<p>Over the course of the last 4 decades, in order to get the attention of the public and the officials who leverage the public purse, we have depicted many adverse situations as catastrophes. Thus, ultimately, we have done ourselves a disservice. Many families that we work with 'just' need a helping hand due to a particular situation that has left them vulnerable. I would focus on on the following 4 items: MESSAGE: Responsibility of ALL OF US MESSAGE: Normalize the problem [We all have troubles, big and small; some difficulties get out of control and beyond our ability to resolve.] APPROACH: Involve EVERYONE....really everyone! APPROACH: Identify the COMMONALITIES ACROSS VIEWPOINTS AND STRATEGIES so divisions are less salient if not irrelevant</p>
5.	<p>See responses to question 3, 5, and 8 on the previous page. A community-based response is needed where community stakeholders and support resources work together to package services and supports in a way that promotes the well-being of all children and families.</p>
6.	<p>Understanding that ALL families need support and normalizing that it's okay to ask for help and/or to offer help; removing stigmas and creating a norm of reaching out to families on the assumption that given the time and circumstances anyone might need help and support; supporting parents in building and sustaining quality adult relationships with friends and family members; recognizing that all political persuasions have a vested interest in ensuring families are strong and children grow to reach their potential. It's important to remove the belief, if folks are still holding it, that child abuse is an isolated issue that only happens to other people. We have to keep saying that anyone can mistreat a child and that most of us are committed not to do so. An increased public awareness of the protective factors that reduce the risk of maltreatment as well as known risk factors can be a powerful way to help families assess themselves and take steps to be stronger. It's almost like having a way to monitor your balance of risk and protective factors could be approached in a similar fashion to monitoring other health indicators, such as blood pressure. We are used to thinking about risk factors and taking steps to reduce them in a number of health related issues and this approach might hold promise for preventing child maltreatment prevention as well.</p>
7.	<p>I believe that due to the recent economic problems we have experienced in our society that has crossed all socio-economic, racial, geographical, etc boundaries, many perceptions about child abuse and neglect will be viewed differently. Many parents from all sides of the aisle now find themselves in stressor situations that they never imagined. As a result, I believe people are more likely to become more sensitive to the plight of parents who are in conditions that are associated with child abuse and neglect.</p>
8.	<p>Focusing on the development and growth of children. They are our future. There is a way nurture children so they will be the adults we all wish for. Every bright, well adjusted, positive, confident child will grow up to be a productive taxable contributor to our country. Business must join in the</p>



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<p>7. Attitudes and perceptions perpetuate the conditions for child abuse and neglect. Parents are stigmatized for seeking help; traditional expectations for children and their needs persist; racism and classism divide communities; outmoded assumptions and corruption result in low-quality services and delivery methods; culture of independence and family autonomy; partisan politics distort the public discourse; deficit-based models predominate practice. What are community and societal levers that might shift public opinions about child abuse and neglect?</p>	
	<p>raising of children. Not as a policy maker but as an enabler. Well fed, housed, educated, and cared for children are the only way our country will be able to continue economic growth. Economic health goes hand in hand with child well being. The only way to make sure our children are well taken care of is to make sure their parents have the economic means and emotional support to raise them and access to the services in their community for their children. Children have to become a priority and their parents as caretakers. There are economic possibilities to appeal to parents to make sure your child grows up to be the adult you want and the country needs a productive individual. There has been enough research to say what is beneficial to children and what is not. It is time to cash in.</p>
9.	<p>I think we need to do a better job of documenting the outcomes/impacts of these conditions on child well-being AND demonstrate how addressing them early can have a measurable impact on a child's developmental trajectory. Also, I do think young people are more tolerant today and less troubled by the differences among themselves. Things that trouble their parents may be less of an issue for them allowing them to forge new relationships with a more diversified peer group.</p>
10.	<p>There will always be racism and classism that divides communities; outmoded assumptions and corruption; as well as partisan politics that distort the public discourse. The awareness of those conditions allow some light to shine on them. I think some of the best levers will be reframing child abuse and neglect. We need to have an overall acceptance of those who ask for help - perhaps by involving personal experiences of high profile parents such as Brooke Shields and adult children such as Jerry Reid, Billy Currington and Jimmy Wayne. Also, I believe Differential Response efforts will eventually change society's perception of child abuse and neglect.</p>
11.	<p>Media. All forms. Having a campaign like the red ribbon/breast cancer campaign that puts the issue on the table and keeps it there. A campaign that helps everyone to see their role and responsibility.</p>
12.	<p>Negative: Continuing prejudice about the poor's ability to care for their children, Racism and xenophobia Positive: Diversity and exposure to multiple cultures, people, etc are inevitable and growing in all places. Clear examples of communities coming together to help ALL children would help groups/communities get over the challenge of thinking nothing is possible</p>
13.	<p>You have to triage much of America's adult population and focus on the millennials.</p>
14.	<p>Building the communal and moral mindset where it does not exist simply may not be possible. The fact is that our communities are bound together, that we are only as strong as the weakest among us, that our fates our tied together. But having worked in this business for over 20 years, I have come to the conclusion that political will will take cultivating political leaders and political entrepreneurs who understand these realities. Trying to change minds of those who are opposed I don't think is a fruitful venture.</p>
15.	<p>See response to #5.</p>



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16.	1) Greater emphasis on dissemination of the ACEs study and other studies that result in similar evidence. 2) Effective messaging that makes "seeking help" by parents both acceptable and non-stigmatizing and a societal norm 3) Elimination of what researchers call the "family bubble"; an attitude that a parent is the only authority over a child, which in turn encourages a "hands off" approach by others willing to help in various situations.
17.	Public perceptions of CAN are driven largely by sensational cases of horrific abuse. The field has been partially complicit in this. We need to create a better understanding of the full range of issues that the field is dealing with. Including the depressed mom who doesn't have the energy or the motivation to clean the house, or get food.
18.	The prevention messages and biases are clearly "STOPPERS" when it comes to this conversation among the public. I confess that even in my professional role, this information does not come to me readily. It might be valuable to start reaching out to the next circle of professionals concerned with early childhood and then tackle concentric circles in an ecological model.
19.	Creating shared leadership with parents and communities. As federal and state dollars continue to diminish it is imperative that we support and nurture parents and community based organizations. Message-bearing, and community supports need to be of and for the parents within each community. We need to use our data to de-bunk myths and be careful and consistent in the messages that we create and disseminate. We need to support dollars and long term systemic efforts healthy families, healthy communities and risk reduction.

<p>8. Isolation magnifies stress for families and parents and sets the conditions for child abuse and neglect to emerge and to continue. What neighborhood, community, or social strategies might engage families in healthy social networks?</p>	
1.	Support groups, family nights in recreation centers, church bowling nights for teens/elderly, etc. Parent leadership, again is the key in utilizing parent leaders to get out in communities to rally around isolated others and get them involved and into action to create a solid strong, committed close knit community , a lot of stress can be alleviate when parents feel empowered and get out of themselves to help others.
2.	Utilizing technology as a resource, e.g. text messaging and social networking websites to connect families.
3.	As I mentioned earlier, home visitation programs are increasing nationwide. The availability of these programs will help to combat isolation and may even be used to engage families in their communities, parent support groups and social networks.



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8. Isolation magnifies stress for families and parents and sets the conditions for child abuse and neglect to emerge and to continue. What neighborhood, community, or social strategies might engage families in healthy social networks?	
4.	Models include: Circle of Security; Family Connections (described); Healthy Families/Healthy Start; Families and Centers Empowered Together Family Connections is a community-based model developed and implemented by the University of Maryland, Baltimore Center for Families. Program components are designed to reduce risks and increase protective factors such as coping strategies, positive social and family relationships, and ability to access resources. The model targets both caregivers and children and addresses behavioral and mental health issues, family conflict, social isolation, and economic needs. Services include mutually developed goals and strategies, identifying and accessing resources and supports, skills building, crisis intervention, and support in developing more positive parent-child and interpersonal interactions. Families and Centers Empowered Together (FACET) is a family support model that was developed and implemented by the Delaware Office of Prevention and Early Intervention. It seeks to minimize social isolation by supporting the involvement of parents whose children are enrolled in child care centers in high-risk neighborhoods. Centers support a Parent Council that promotes parent participation in decisions about center programs. Onsite services provided for parents include educational and support groups, activities that build skills and promote family relationships, and funds to support activities.
5.	This is a good question. In some of the agencies I have worked with (that are developing and experimenting with systems of care models that promote inter-agency collaboration) efforts at outreach by child welfare agencies were less successful than those made by their child's school (via an after school program at the school or community center/Boys and Girls Club, etc.) or church/religious entity they identified with. For cases involved with or referred to child welfare agencies currently or in the past, a case review team could work to identify those supports or other entities within the community for which outreach will be received. Here the minimization of stigma is important in promoting engagement with parents.
6.	Religious institutions; community cafes; planning to provide safe, accessible space for families to gather; mutual support groups; family resource centers, community events around holidays, etc.
7.	One thing that I believe will be a huge asset is the home visitation programs. Participation will enhance the opportunity to build rapport with families, establish trust and in turn families may be more likely to reach out and accept help. Such as parenting classes, well-parenting groups, counseling services, etc. Home visitation programs are increasing across the nation. I believe the availability of these programs will help to combat isolation by helping families engage in their communities and participate in parent support groups.
8.	Home visiting can give all parents a good start but the real step is when that isolated person starts to meet their peers. In possibly baby groups or parent support groups. These offer an opportunity to connect with others. Outside of the groups very aware health care workers who can recognize the signs of stress, poverty, overwhelmed parents, drug or alcohol addiction, any parent who might need a help should be referred to a resource and then checked on to find out if they did get the help they needed. If health care workers would know who they are passing off this parent to then they could follow up on the child. Many parents are very mobile but if practitioners also have to connect across agencies and spheres not as many parents will slip through the cracks. That is one reason for the establishment of all encompassing community



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8. Isolation magnifies stress for families and parents and sets the conditions for child abuse and neglect to emerge and to continue. What neighborhood, community, or social strategies might engage families in healthy social networks?	
	centers not only as a place to go to get services but also a place to have a job.
9.	Technology may well reduce isolation as noted above. And to the extent we can recast the urban environment by changing the physical landscape of inner cities, we can create more human connections among folks.
10.	There needs to be a concerted effort made by schools, places of worship, park districts, art associations, music associations to value parents and plan programming for parents and their children. Parent support groups need to be seen as a possible means of building a social network.
11.	Support groups, calling circles, and mentoring programs that grow out of community and social programs that already exist, like faith based, schools, civic clubs, etc.
12.	Work and participation in productive work and economic mainstream (which can bring with it additional stress). OPPORTUNITIES and ability to share, contribute, offer/give help, volunteer-- not simply receive services or support from others. Opportunity to organize and self-organize among peers and neighbors to advocate for and effect change.
13.	See above
14.	Engaging families in bettering their neighborhoods, helping them find ways to contribute to helping their neighbors. Empowering disadvantaged families to have a say in their communities.
15.	Community-wide strategies such as the Harlem Zone are needed, but demand a level of federal, state, and local collaboration that is very difficult to achieve.
16.	1) As stated previously, "neighborhood parks". 2) More ministries by FBO to help families which are under stress 3) More family friendly employment policies that a) do not increase employer costs, but b) are more conducive to more parental involvement to overcome a child's daily stresses.
17.	Societally we need to invest more in creating the scaffolding that encourage healthy social networks to develop in community. This may be in urban design--how we create the space for interaction, in creating microfunding for self-organizing social groups, or in thinking how we use social networking technology to create communities not only in virtual space but also in physical space. We also need to create a set of new social messages that value reaching out and engagement--I think that many of our cultural messages discourage this.
18.	The idea of family resource centers was coopted in many areas during the era of welfare reform. How can a 21st century model be developed, piloted, and replicated?
19.	The creation and promotion of shared leadership. As a colleague said, we need to let go of the steering wheel. Our current systems are stuck and reactive. We need to reformulate how we allocate resources, how and with whom we problem solve. We need to work with parents, families and communities from a strength based approach. The Alliance and CSSP have asked National Prevention and Public Health Promotion to move to a focus on disease to a focus on individual, family and community strengths, healthy development wellness and prevention. We need to focus our work on building protective factors and address risk factors across the life course.



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9. Insufficient infrastructure (e.g., accessible and qualified systems of care, housing, and transportation) contribute to instability for children and their families. What neighborhood, community, or social strategies might either strengthen the infrastructure or compensate to support stable lifestyles?	
1.	I've always had the idea to rehab abandoned houses for families and use the unemployable who are dedicated to improving their lives to help rehab these homes and live in them and become stakeholders in their communities. Transportation can be used in the same way. Grants for mechanics can be given to train unemployable persons interested in improving their lives so they can fix cars and earn them so they can have transportation., Other services can be put in place to help with getting driving privileges and driving licenses, etc.
2.	Identifying comprehensive outcomes for families that are linked to cross-sector indicators--which in turn are mapped to these various service systems, will drive the development of an integrated infrastructure.
3.	Respite Child Care is an option that military offers to the families of their deployed service men and women or to families with children or parents with special needs. Respite Child Care provides short term breaks that relieve stress, restore energy, and promote balance stability. I believe this system of care should be expanded outside the military, especially to single parents, and families with child with special needs. It could make a substantial difference in child abuse prevention.
4.	HOUSING: Family Unification Program (FUP) is a housing program for families and aging-out youth in the child welfare system. At minimum, FUP provides Section 8 vouchers to child welfare families. FUP is a local level collaboration between Housing Authorities and Child Welfare Agencies and is designed to strengthen and stabilize families and assist aging out youth reach independence. Benefits of FUP: For Public Housing Authorities: increases ability to serve clientele, more Section 8 vouchers, administrative fees. For Child Welfare Agencies: expands access to housing solutions for families, caseworkers. For families: affordable housing, stability, reunification, exit from the child welfare system. For the community: it is the preferred and most cost-effective alternative to foster care for homeless families. In order to establish a Family Unification Program, a specific number of Section 8 vouchers can be dedicated to FUP, set as a local preference and the local entity applies to HUD for FUP vouchers.
5.	Please see responses earlier regarding suggestions for the development of more responsive community centers in neighborhoods.
6.	The old models of community organizing were effective for engaging citizens in improving the infrastructure of their communities and would be valuable now. Public education campaigns that calmly provide discourse on the importance of taxing ourselves for our common good could be important. This is also a place where agreement on a common vision would be important.
7.	If an attitude of responsibility for the health and stability of community members could be more of a concern in the systems of care we might make some headway in breaking the silos. If the goal of all agencies was the stability of a particular family each individual agency be addressing that goal together. If social workers worked as they did in the beginning of their inception and not as mental health counselors there would be more connections made across spheres. It is well known that some families are great at getting supports and some are not. Some families are known by many in the community and no one particular agency is getting at the real problem which lies in either the inability to achieve financial stability and/or address an addiction. No one involved can help out. They are just involved with the child.



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9. Insufficient infrastructure (e.g., accessible and qualified systems of care, housing, and transportation) contribute to instability for children and their families. What neighborhood, community, or social strategies might either strengthen the infrastructure or compensate to support stable lifestyles?	
8.	School reform and the concept of the Harlem Children's Zone and similar efforts designed to improve the context in which programs operate -- strengthen infrastructure, implement consistent assessment protocols or all new parents, extent offers of universal assistance to the youngest children, etc. all begin to create an more normative expectation that children are a community's collective responsibility and all elements of the community need to deliver their responsibilities with quality.
9.	Make home ownership more accessible to low income families and view the opportunity as a partnership between the community and the family. Make subsidized housing safe for families. Promote Habitat for Humanity and seek community and private foundation assistance for support.
10.	Money and jobs.
11.	Social networks capable of bridging gaps in information and access...but social networks cannot (and should not have to) fill in all the broken aspects of public and service systems. Urban planning and housing and workforce policies that are FAMILY STRENGTHENING and focused on positive child outcomes.
12.	I am not sure that we should accept that there is insufficient infrastructure until, at least, we have fully deployed the infrastructure that exists and until we have educated policy makers on the evidence regarding adverse childhood experiences and the consequences to all of us.
13.	These require a political solution.
14.	See prior answer.
15.	1) The first strategy should be to train an adequate numbers of professionals who can address the myriad of stresses on a family. 2) That training should be based on current trends that modify educational curricula as needed. 3) Then there should be a rearrangement of resource allocations so mental health professionals and others can meet with families when the families need the service, not when it is available....the fiscal impact of this could be offset by the SIGNIFICANT waste of time and money that professionals and families have to go through to get services.
16.	I am not really an expert on such community level strategies.
17.	In addition to the need to re-design systems, invest in shared leadership, we need to collectively challenge our regulatory legislation. For example in the foreclosure crisis, it would have been a simple procedure to re-structure mortgages and prevent foreclosure. This did not occur, and it created undo hardship for millions. We need to insure that regulations and systems work for families, and do not create undo hardship or barriers. We consistently ask families to stabilize themselves when in fact it's the systems that create barriers for families and communities to be self-sufficient. We need to appropriately place the onus of responsibly to those who are charged with creating the change. The Spectrum of Prevention by Larry Cohen is a wonderful tool that aptly describes methods of creating cohesive and coordinated change and supports infrastructure.



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10. Consider these additional conditions that increase the risk of child abuse and neglect that were mentioned by NAN members. Based on your professional experience and research, how influential and how prevalent do you think each one of them is? (Others not included above (please specify))	
1.	racism, caste systems, redlining, putting children on "tracks" in schools
2.	I think the item should read "Lack of knowledge and skills of parents"
3.	I found the 3-point scale limiting...there is a need for more distinction to be made between/among these items. A category of "moderately" would have been useful.
4.	responses are bit mixed as many of these vary based on neighborhoods, socio-economic issues and other factors
5.	I wanted to make the point that the Last two items on this list. The influence of these two items depends upon other influences present in the families
6.	The most severe conditions on this list, with the exception of single parenting, is far from normative. Folks that are involved in serious substance abuse, DV, mental health challenges are at very high risk of mistreating their children. Fortunately, these problems exist but are limited in scope. The other major potential impact on CAN is the low marriage rate among those with a High School education but not a college graduate -- the out of marriage birth rate among these folks is over 40%, a major increase since the 1980s.
7.	Poverty, Education, Employment, Unchurched, Quality Childcare Onsite
8.	Again, many of these causal relationships have been documented by Ferlitti, et al.
9.	For many of these items I would have picked something between somewhat and not at all
10.	these indices are stratified and are more prevalent in those communities with high rates of poverty. Abuse and neglect occur in all communities. We need to address Rober Anda's Adverse Childhood Experience study, and use that for guidance.

11. Consider the following conditions that NAN members identified as decreasing the risk of child abuse and neglect. Based on your professional experience and research how powerful and how practical do you think each one of them is? (Others not included above (please specify))	
1.	involvement of those in social service positions to really get to know what families deal with day-to-day and how they would help themselves if given an opportunity is priceless.
2.	The presence of HOPE/ The ability to instill hope
3.	Engagement and use of media in forms could be very powerful, depending on the form of media, could be very or somewhat practical
4.	For many of these items I would have picked something between somewhat and not at all
5.	We know what we study, and what we evaluate and what we direct dollars to, and call that evidence.



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12. What do you believe to be three key competencies (skills and/or knowledge) that will prepare people and institutions to support the prevention of child abuse and neglect in the midst of the future you imagine?	
1.	more parent leadership involvement more shared leadership involvement policy implementation
2.	- Knowledge that toxic stress/abuse actually cause changes in the brain architecture with long-term psychological and health consequences. - Early bonding of parents with infants - Changes in political and social attitudes toward supporting people in n
3.	1. Knowledge of evidence-based practice; 2. Framing the issue as asset-based rather than deficit-driven; 3. Access to comprehensive data (linking child welfare data to health, mental health, housing, etc.)
4.	Educational resources, therapeutic services and family support, along with the cultural awareness component.
5.	Prepare PEOPLE? All People? 1. How to identify families at risk of child maltreatment and/or families in which children are being maltreated? 2. How to talk about this issue, regularly, so that it is easy to understand and easy to act upon? 3. How to engage those in need of help to get it, with the solid belief that this "help" will indeed, do so?
6.	An understanding of the value of collaboration and power of community organization. An understanding of systems theory and the role that environmental stress has upon all families. Knowledge of existing resources within the community and the benefits that promoting child and family well-being has upon child abuse prevention and improving the quality of life for all within the community.
7.	1. Willingness and ability to share the work and expertise related to prevention with the broader community. 2. Ability to frame the issues and the responses in universal ways that encourage everyone to get involved 3. Acceptance of the fact that none of us hold all the expertise and that we must work across systems and with parents as partners if we are to make genuine and lasting progress
8.	Cultural awareness and sensitivity training, mental health professionals, and ability to access family support services and resources.
9.	The skill of assessing parents strengths and what stresses they are experiencing and helping them move through the process of change. Which may take some convincing and strengthening their own self esteem and helping them find the resources they need and helping them see the choices they have?
10.	Open to learning new things Accepting differences in approach to accomplishing common goals Humility that you (or your program) is not a singular solution to a problem but rather only part of the solution
11.	Know how to stay physically and mentally healthy. Know yourself. Know how to navigate the system in which you work.
12.	We are all responsible for every child. Positive parenting skills. What are they and how do you do them. How do you help a child, a parent and/or yourself.
13.	Collaboration and ability to work in and with networks of organizations Self-evaluation, managing to data, using data to manage Intentional and skilled in active parent engagement and participation in planning and implementation of services



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12. What do you believe to be three key competencies (skills and/or knowledge) that will prepare people and institutions to support the prevention of child abuse and neglect in the midst of the future you imagine?	
14.	Knowledge of the facts (ACEs) Introducing parenting skills to children in the schools, beginning in the second or third grade and running through high school Giving handraising Millennials direct and immediate opportunities to work with individual children
15.	1. Knowledge of the importance of early childhood social/emotional development to later outcomes 2. Individual skills to enhance child social/emotional development for everyone who comes into contact with children 3. Institutional capacity to implement and continuously improve effective programming.
16.	A bias toward documenting effectiveness and costs The willingness to redirect resources away from the least effective and toward the most effective programs and policies A willingness to call the question when agencies are collaborating in superficial ways that do not change the lives of children and families.
17.	1) Parental balance in their own life 2) Concepts of "organizational development" that can be used to improve existing systems of services 3) Concepts that address "return on investments"
18.	<ul style="list-style-type: none"> • Empathy--the ability to imagine themselves as the families they are serving • Clearer understanding of the context within which child abuse and neglect occur--what are the risk and protective factors for families • Agency--a clear belief that there are concrete things they can do to address abuse and neglect
19.	1. more core knowledge across professions about child development 2. more core knowledge across professions about evidence-based prevention 3. more skills among those working in the field to make connections, build collaboration
20.	Building a strength based infrastructure that supports children, families and communities. Working in shared partnership Collective reduction of community risk factors.

13. What other patterns did you see in the Cycle 1 data or what other observations would you like to share?	
1.	lack of knowledge of what is really needed/where to go and how to get there
2.	All of the conditions are so very interrelated: parent wellness, family of origin, economic certainly, social supports, community norms, availability of services.
3.	I think your review and identification of patterns was thorough.
4.	We were all fairly pessimistic in identifying what we are seeing now. These questions help us think about possibilities. It would be so valuable if we could agree on a common vision and on the possibilities for what it might look like in our country for families and children. Then, we could look realistically at how to move in that direction. The use of Edward de Bono's Six Hat Thinking Theory could be a valuable asset to this discussion and help us move forward.
5.	The general disconnect between what parents actually need and the services they receive I also see the way each agency is only looking through their own sphere and often times they do not have the ability to help the family get what they really need. Then they just turn a blind eye to the problems feeling just as helpless as the family. No one is guiding families through the myriad



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13. What other patterns did you see in the Cycle 1 data or what other observations would you like to share?	
	of agencies. Should there be a myriad of agencies?
6.	Can't think of anything
7.	Already identified - Mostly negatives and few positives. Probably how most of us are feeling right now.
8.	People were quick to point out the negatives. Positives were harder to find.
9.	Ability to manage one's own accountability in a shared and collaborative way with other people and organizations--common, shared accountability to the SAME outcomes for the SAME children
10.	no comments
11.	None
12.	I thought that the patterns were helpful and insightful

14. What aspects of the recent CAPTA (Child Abuse Prevention and Treatment Act) reauthorization will have the greatest influence on prevention of child abuse and neglect in the future? What will that influence be, and how might it be leveraged to improve prevention efforts?	
1.	parents having more leadership/shared leadership roles
2.	Referral to Part C Early Intervention will help get more family and services at a younger age. The philosophy and success of providing services in the natural environment can be adopted by other home visiting programs. Early interventionists and social workers can work more closely together on behalf of families.
3.	Increased family involvement in planning and placement decisions; enhancements to state data systems and agency data collection protocols.
4.	Additional funding always helps. So the grants to States for prevention and treatment programs will be a huge asset. As well as the investigation of child abuse and neglect cases and the prosecution of guilty offenders, for which States also received grants.
5.	Although I am a #1 fan of CAPTA, I believe it commands little interest as there is little money appropriated to carry out the provisions. That said, I believe that the additions on differential response, domestic violence, and the link between animal cruelty and child maltreatment will have the greatest impacts.
6.	I always focus on Title II as the prevention aspect of CAPTA and I believe the establishment and funding of the CBCAP state lead agencies and the work they do is the most critical factor. The importance of having CAPTA address parent leadership and partnerships continues to be important. These funds and the leadership lead agencies bring to this issue in their states is very important. Supporting their functioning and helping them remain strong during this time of state economic challenges is, I believe, one of the biggest charges to our field. There is a strong risk that the funds and expertise that support community based resources for families will be pulled into treatment systems or lost all together.
7.	The Grants to States for child abuse and neglect prevention and treatment programs.
8.	The potential for someone to help a family right from the start. If help is offered in a positive way and parents are shown how to reach out for help and when they need to start to reach out. The importance of helping parents know that it is OK to reach out. And encourage them to seek



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14. What aspects of the recent CAPTA (Child Abuse Prevention and Treatment Act) reauthorization will have the greatest influence on prevention of child abuse and neglect in the future? What will that influence be, and how might it be leveraged to improve prevention efforts?	
	support.
9.	You know, I have not reviewed it carefully so I cannot comment.
10.	Differential Response. Home Visiting. Better identifying those with disabilities.
11.	More support for home visiting programs.
12.	no comments
13.	Inclusion of alcohol and greater emphasis on tracking referrals--if DHHS takes these seriously.
14.	We have to come to a shared vision for our country on the importance of children, as well as a general understanding that a strong nation is built upon strong families. There is NO national plan for healthy child development and the recent enactment of the health care act does not address child maltreatment.
15.	I do not think CAPTA provisions linking child abuse prevention and treatment programs to Part C Early Intervention programs have been well implemented. Most fall short of the vision of Dr. Shonkoff and the lessons learned in the MASS research model. I fear a similar problem will arise with the new home visiting program. Even those Part C and home visiting are intended to serve families at risk, they do not seem to reach many families in greatest need. This is a serious system failure and should be addressed by program and agency leadership.
16.	The majority of CAPTA references children and families that have entered and/or have been reported to Child Welfare, or have been researched by the Child Welfare system, or reside within Child Welfare programs. Title II CBCAP, is the part of the legislation that addresses the prevention of child abuse and neglect. It is the purview of our work to ensure that children and families do not enter nor are referred to Child Protection. I would like to see a condensation of future Title II CBCAP legislation that focuses on promotion of healthy children, families, and communities. I would like to see condensed language that promotes linkages with public private and community based agencies that will work to build protective factors and reduce risk factors. Rather than identifying an exhaustive list of programs and services, and specific populations with whom to work and to which to direct funding, I would like a focus on infra-structure development, community inclusion and using the Strengthening Families approach. I would also like to see an increase in the request for Title II CBCAP allocation. This is one of the only pieces of legislation directed to prevent child abuse and neglect through community based infrastructure development, program and services. I would like to see sufficient dollars and resources directed to focus on individual, family and community strengths healthy development, wellness and prevention of familial and community risk factors.