EXECUTIVE SUMMARY

UNDERSTANDING THE NEW HAMPSHIRE BIRTH THROUGH FIVE SYSTEM: A NEEDS ASSESSMENT
INTRODUCTION TO THE NEEDS ASSESSMENT

This Executive Summary outlines the Needs Assessment published in 2020 by the RAND Corporation, the University of New Hampshire, the New Hampshire Department of Health and Human Services and the New Hampshire Department of Education.

In December 2018, the state of New Hampshire received a federal grant to conduct this Needs Assessment and develop a strategic plan around the state’s Birth through Five (B-5) system.

The Needs Assessment involved several different kinds of research, including surveys, interviews and focus groups. Researchers from the University of New Hampshire and the RAND Corporation spoke with many individuals across the state who have knowledge of the B-5 system, including state and local leaders, parents and educators. They also reviewed research that had already been done about the system.
INTRODUCTION TO THE NEEDS ASSESSMENT

This Executive Summary outlines the Needs Assessment published in 2020 by the RAND Corporation, the University of New Hampshire, the New Hampshire Department of Health and Human Services and the New Hampshire Department of Education.

THE GOAL OF THE NEEDS ASSESSMENT WAS TO UNDERSTAND AND DOCUMENT:

- What the B–5 system consists of in New Hampshire
- What families know about the system and how they use it
- How well the system works when children transition to kindergarten and further schooling
- How B–5 services are coordinated across providers
- The current state of the B–5 workforce (early childhood teachers, assistants and directors)
- Concerns and opportunities with B–5 infrastructure, such as facilities, data systems, system governance and funding
INTRODUCTION TO THE NEEDS ASSESSMENT

This Executive Summary outlines the Needs Assessment published in 2020 by the RAND Corporation, the University of New Hampshire, the New Hampshire Department of Health and Human Services and the New Hampshire Department of Education.

This needs assessment is critical because young children in New Hampshire face risks, even though they are better off than their counterparts in other states.

Recent research shows that a substantial percentage of children in the state lack access to basic necessities, such as healthy food and secure housing.

Many are exposed to stressors like violence and addiction (Annie E. Casey Foundation, 2019). B-5 services like early childhood education, developmental screening and home visiting can make a difference. The first step is understanding the state of these services.
RESEARCH CONDUCTED

Significant research was conducted in order to inform the Needs Assessment.

Researchers worked with state agencies, as well as other public and private partners, to define key terms for this project. For example, it was important to define the B-5 system itself, rural versus nonrural, etc.

Then, researchers used both qualitative and quantitative data to answer questions about the B-5 system. Existing data, including previous reports and American Community Survey (ACS) data, was incorporated.

### Stakeholder Engagement Methods

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*NOTE: MEMBERS OF THE B-5 WORKFORCE ARE TEACHERS, PROGRAM LEADERS, ETC
WHAT IS THE BIRTH THROUGH FIVE (B-5) SYSTEM IN NEW HAMPSHIRE?

According to ACS data, New Hampshire has 79,000 children ages 0-5. They all have access to the B-5 system, which is a large set of services.

The B-5 system consists of a constellation of programs that includes, but goes far beyond, early childhood care and education. Programs that provide support for children with disabilities or developmental delays, health care, behavioral health care, the child protection system, employment support programs and economic assistance programs all fall under the B-5 system.

These programs support young children and their families, and are funded at the federal level, state level or a combination thereof. For example, Head Start, a federally-funded early childhood education program, falls within the B-5 system. But so too does the Healthy Homes and Lead Poisoning Prevention Program, which serves children with elevated blood lead levels.

Almost all B-5 programs in New Hampshire are administered by the New Hampshire Department of Health and Human Services (NHDHHS) or the New Hampshire Department of Education (NHDOE). The Council for Thriving Children serves to formalize governance of the early childhood care and education system in the state.
FAMILIES’ KNOWLEDGE OF THE B-5 SYSTEM

Access to timely and relevant information about B-5 services is critical. Research has already shown that there are gaps in knowledge and a need to improve communication with families. The Needs Assessment used interviews, focus groups and the family survey to find out what families know and how that varies across the state.

First, families are most likely to know about large, federally-funded programs, including Early Head Start, Head Start and WIC. SNAP and subsidized housing were also well-known. All of these programs are means-tested (family income must be below a certain level in order to qualify). Among programs that are available to everyone, developmental screening, well-child visits and oral care are best-known. Early intervention and preschool special education were also relatively well-recognized. Several important programs were not well-recognized, including the Child Care Scholarship, home visiting programs and parent education programs. Overall, knowledge of most programs was slightly higher in rural areas. And programs that target low-income children are better-known among low-income families.

Families rely on their social networks and the Internet to find out about program options. Most commonly, they cited friends, Facebook and social media, and Google searches as their top choices for learning about programs. More “official” sources such as the New Hampshire state-run website and 211 New Hampshire were far less popular. Many parents noted that finding program information is difficult; websites don’t always work well on cellphones, program staff do not return phone calls, etc. Parents and local leaders want one central repository of information, such as an improved 211.
The Needs Assessment looked at two main elements of families’ experience with the B-5 system: access and quality.

Access is critical. 70% of children aged B–5 in New Hampshire have all parents working, so they need childcare. Child Care Awareness of America estimates that New Hampshire needs an additional 22,000 slots to meet demand. The price of childcare relative to family income is high in comparison to other states; the NHDHHS Child Care Scholarship can help but availability is limited.

Half of the parents surveyed for the needs assessment reported recent difficulty finding the early child care program they wanted, and one quarter said they do not have good program options where they live. Additionally, one quarter need care during hours outside of the traditional 9–5, including evenings and weekends. Twenty percent of parents said that in the past year, they quit or couldn’t participate in a job or educational activity because of lack of child care.

Among means-tested programs, WIC and SNAP are the most commonly used, especially among low-income families. Among programs that are universally available, families are most likely to take advantage of well child visits, oral health care, developmental screenings and child care in a center.
There are many reasons why families may not choose to access a B-5 service, including thinking they won’t qualify (for programs such as SNAP) or thinking they aren’t essential for their child (for developmental screenings and well-child visits). But they also face serious barriers to accessing services. In focus groups, families talked about challenges with finding child care providers who have available slots, are open at the right times and can accommodate children with special needs. Concerns are similar with medical providers, including shortages, service costs, navigating insurance companies and finding transportation. These problems are even more pronounced for families of children who are disabled or have complex medical needs; families with a legal guardian; and parents who are coping with their own mental health issues. Additionally, families reported that navigating social safety net (ie, means-tested) programs was especially difficult, and seemed designed to deny benefits rather than provide them.

Families who participated in focus groups were clear on what they looked for in a “quality” service. Attributes included a positive relationship and smooth communication with staff, easy access and availability (both in terms of services offered and scheduling), consistent staff, individualized care and clean, safe facilities. Yet state and local leaders are concerned that the need for care often takes precedence over quality. Communication between providers and parents is a particular place for improvement.
Historically, the B-5 and K-12 systems are separate, but the transition from early childhood education to Kindergarten is an important one.

Kindergarten is not mandatory in New Hampshire, but 92% of students enrolled in first grade the next year have done Kindergarten the year before. Almost all school districts that offer half-day Kindergarten also offer full-day. However, each district decides what Kindergarten “readiness” means and how it is measured.

A Kindergarten Entry Assessment (KEA) is a tool to learn what children know and what they’re able to do. According to the Kindergarten teacher survey conducted for the Needs Assessment, 60% of teachers use a KEA with their students. However, many different KEA tools are used across the state. Aside from the KEA, almost all Kindergarten teachers have general information about students before starting the school year, including Individualized Education Plans (IEPs), and about half have access to a family questionnaire. It’s much less common for teachers to have access to information or reports from a student’s early childhood education provider.
As parents make the transition to Kindergarten, they are most likely to be able to respond to a family survey (90%), and more than half are offered an information session from the school or district (70%). Sixty percent of parents had the opportunity to give their early childhood education provider permission to share information with their Kindergarten. These numbers hold true across urban and rural areas.

Information between early childhood programs and Kindergartens seems to work particularly well for low-income families. On the whole, the vast majority of parents report satisfaction with the transition to Kindergarten. Those whose children have special needs benefit from extra coordination and care in the process so that their children are accommodated appropriately.

Another key component of the transition is developmental screenings. These screenings allow providers to identify children with developmental delays, then connect them with further assessment and services. While medical providers interviewed feel the developmental screening system is well-coordinated, state and local leaders believe it can be better. Families and child care providers need more information about these screenings, and communication between families and medical providers must be clearer. Despite this, 80% of parents surveyed are aware of developmental screenings. Most who chose to have their child screened, and had an issue identified, were able to follow up for further support.
COORDINATING SYSTEMS AND SERVICES

Service coordination ensures that young children get the supports that they need. According to the families who participated in research for this needs assessment, services in New Hampshire are not well-coordinated, and this work falls to families themselves.

There are many barriers, including the fact that services use separate applications and data systems, programs are administered separately and there is no way for children aging out of a service to easily connect with the next provider. What may seem like a small barrier for one family is magnified for those that are particularly vulnerable, including those coping with mental health issues or substance abuse. Families also face gaps in services, often caused by long wait times, insurance problems, families moving and inconsistency of programming during summer months.

B-5 providers believe that they are an important part of the coordination process, but they often do little beyond referrals because they don’t have enough information about other providers. There are limits to sharing data and information due to privacy concerns. However, some providers have used case management or home visitation to coordinate.

In order to improve coordination, there is consensus among interviewees that services must be provided in a holistic way, agencies must collaborate with each other and providers must build relationships together to facilitate referrals.
A strong, well-prepared B-5 workforce is essential for quality services. The Needs Assessment looks specifically at early childhood education workers.

In New Hampshire, there are an estimated 6,000 child care workers, preschool teachers and preschool/child care directors. Little to no data has been collected about these workers state-wide.

Coös County surveyed early childhood education workers in 2017, finding that job satisfaction was high but pay, benefits and opportunities for advancement were low. In a 2018 national study conducted by the Center for the Study of Child Care Employment, New Hampshire’s workforce policies were rated as “stalled” in most areas, such as qualifications, work environments and compensation. The study found that many early childhood teachers in New Hampshire earn unlivable wages.

For the Needs Assessment, researchers surveyed B-5 program staff, and conducted interviews with program leaders. All agree that there is a shortage of staff and consistent turnover. Furthermore, there is not a strong pipeline of workers coming into the system. For staff, this leads to low wages, stress, burnout and turnover. It also limits center directors’ abilities to expand to meet demand. Shortages and turnover make it difficult to provide high-quality services. And while professional development is available, the cost and time to participate are barriers for teachers and assistant teachers.
Wages are low and benefits minimal for early childhood education workers. According to the Bureau of Labor Statistics (BLS), child care workers earned on average $24,000 a year in 2018. Those classified as preschool teachers earned $31,000. Workers who responded to the survey are most likely to receive paid time off, but employer-paid health insurance and retirement plans are rare. Thirty to thirty-five percent of teachers and teacher assistants are not confident they could weather a financial crisis.

Despite all of this, 75% of early childhood education teachers and 71% of teaching assistants are satisfied with their jobs. Yet they don’t expect to stay in their roles in the next two to four years. Program leaders are even more satisfied, likely due to higher wages and benefits, and are more likely to plan to stay in their roles.

In order to stabilize the system, workers believe that higher compensation, enhanced service coordination and increasing equitable access to services is necessary. Additionally, they believe workforce quality can be improved if wages and benefits are improved. Offering student loan forgiveness and similar benefits can help.
The infrastructure that comprises the B-5 system is essential for guaranteeing quality services.

**Facilities**

B-5 programs are housed in a variety of types of facilities. These buildings have certain licensing requirements. Other elements ensure the environment is child-friendly (such as child-high sinks). Yet facilities are often completely forgotten when talking about the B-5 system; many previous reports do not mention them at all.

Facilities are a major issue for B-5 providers across New Hampshire, but especially in low-income communities. There is a lack of adequate space, or the spaces that are available are too expensive to retrofit. High-quality facilities that meet program needs (wheelchair-accessible, indoor and outdoor space) are scarce. Lack of options for space also constrains providers that want to expand. For some providers, local partnerships with property managers, businesses and community groups can help alleviate the problem. Gathering more data through a comprehensive needs assessment is also critical.

**Data**

Coordinating data systems can allow providers to better support young children. Many states are now moving towards an Early Childhood Integrated Data System (ECIDS). New Hampshire does not yet have a way to link data across agencies and providers through an ECIDS or other system, nor does it have plans to do so. However, Spark NH conducted initial research and planning for such a system.

There are challenges in creating an integrated data system. It is costly to build, and converting existing data is expensive. Providers currently use many different kinds of software, introducing additional technical challenges. There are also concerns about data privacy and sharing, especially under HIPPA and FERPA regulations.
Yet the lack of integration is a significant problem. It makes it difficult to follow children and families across programs. To interviewees, the goal of data integration is to have one system where a provider can see information about a specific child from across B-5 agencies, including services the child has used, whether they attended preschool, etc. This kind of system could also be used for program evaluation and policy making.

System Governance

Governance for the B-5 system is essential. This kind of administration creates a structure for decision making, budgeting, data collection and other processes.

Most B-5 programs are currently governed by the NHDHHS or the NHDOE. Local school districts also play a major role. However, this governance structure can feel very fragmented to families and providers. The current structure also makes it difficult to share data and information. There is general consensus that a change is needed.

Other states are experimenting with new governance structures for B-5 programs. Spark NH examined three models, based on what has been piloted elsewhere: a Coordination/Teaming Approach, a Consolidation Approach and a Single Entity Approach. These approaches should be considered further; there is not yet consensus on which approach is best. For now, the Council for Thriving Children is working to support greater integration and coordination across B-8 services.

Financing

Sustained financing is important to create quality B-5 programming. Financing can come both from the government and from families. Right now, B-5 programs in New Hampshire are under-funded.
Financing (cont.)

The state cannot rely on federal funding alone. State and local funding streams are essential, but managing multiple funding streams can also become challenging. However, these multiple streams are essential for ensuring access. For example, Head Start does not reach all eligible children in New Hampshire with federal funding alone. State funding would help close the gap. Interviewees state that low funding contributes to low program quality, staff turnover and other core issues.

To advance the discussion about B-5 financing, New Hampshire can document all of the current funding streams supporting B-5 programming. This is called a “children’s budget.” This will allow for a full picture of the situation, and to assess opportunities.
CONCLUSION

*Understanding the New Hampshire Birth Through Five System: A Needs Assessment* examines the many elements of the birth through five system in the state in order to inform strategic planning for the future.

The strategic plan must look both within and beyond New Hampshire to inform strategies to address the system’s biggest challenges, including program access and quality and workforce development. New system supports, including a centralized data infrastructure and modified governance structure, are also priorities for the strategic plan. Planning and measurement of progress will allow agencies, providers and families to better support New Hampshire’s youngest residents.