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New Hampshire's Family Centered Early Supports & Services Workforce: Overview

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New Hampshire's Family Centered Early Supports & Services Workforce: Overview

Key Findings

- Responses from the New Hampshire's Family Centered Early Supports & Services (FCESS) Survey indicate that workforce expertise largely aligns with the areas in which children are most often eligible for services. Respondents also report an array of other areas in which they are competent to provide services, although additional specialized services likely require consultants to bolster staff capacity.
- "SEE Change" as a family coaching model of service is well embedded across the FCESS field, which supports families' ability to provide therapeutic interventions at home using materials in their natural environment.
- Although racial-ethnic diversity is increasing in New Hampshire, and especially among the child population, the workforce responding to this survey is overwhelmingly comprised of white women.

According to the U.S. Department of Education, New Hampshire supported 1,698 children under age three between 2020-2021, with funding from the Individuals with Disabilities Education Act (IDEA Part C).¹ More than 97 percent of these children were served in their homes or other natural settings through the state's Family Centered Early Supports and Services system (FCESS, also known as "early intervention"). FCESS operates through a network of ten area agencies and their contracted programs. The system is intended for children from birth to age three who have, or are at risk for having, a developmental delay by offering interventions and family supports that promote developmental outcomes. By supporting child development and connecting families to community resources, supports, and services, FCESS is a critical factor in the state's child- and family-serving systems. FCESS providers are often the first community-based supports for children with special needs and their families.

The following brief draws from the 2022 New Hampshire Preschool Development Grant's Family Centered Early Supports and Services Workforce Survey, with the goal of better understanding the capacity, constraints, and needs of the FCESS workforce across the state. By describing the subset of this workforce that participated in this survey, we hope to identify patterns that can inform planning of workforce investment and training efforts, and in the end, increase the quality of services received by children by supporting the workforce who serve them.

Many responding staff are highly experienced in the field

Sixty-seven FCESS employees—estimated to be about one-third of the total FCESS workforce (see "About the Survey")—responded to this survey, including 53 staff members and 14 directors. Staff respondents had varied levels of experience working in the field: more than half

reported having been in the field for five years or fewer (Figure 1), while almost one third reported 10 or more years of experience.

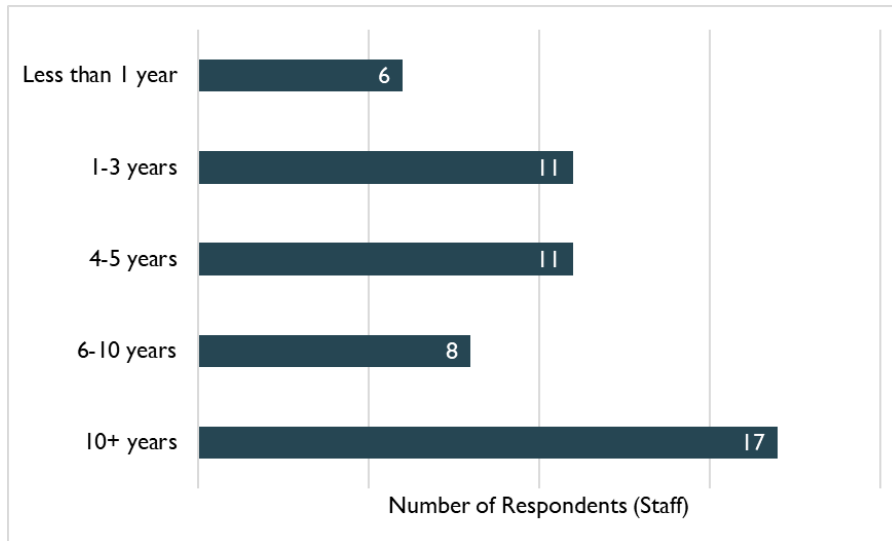


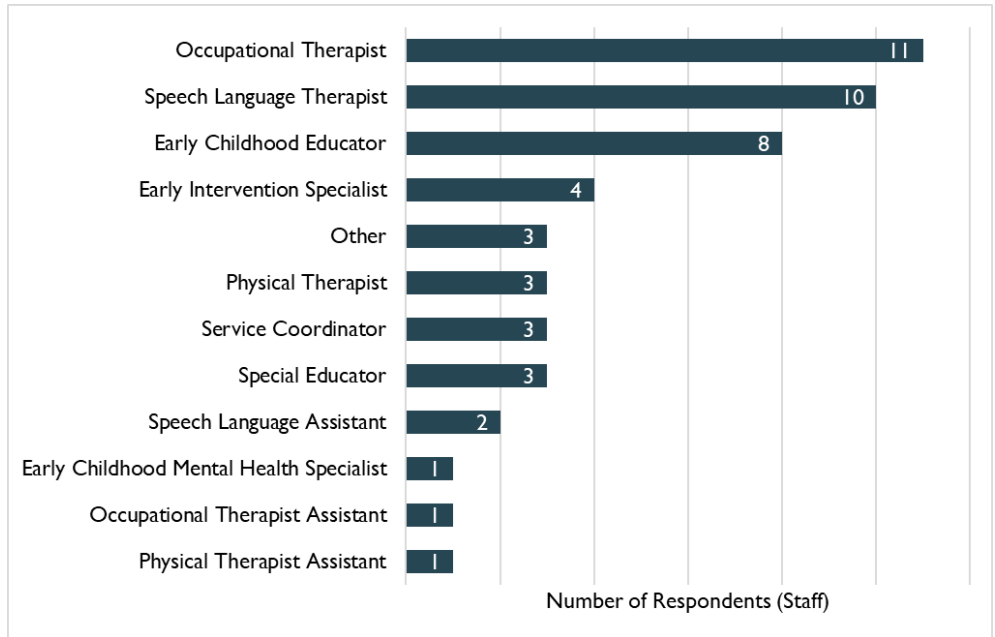
Figure 1. Reported Duration of Staff's Experience in Family Centered Early Supports and Services

Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

Each of the 17 respondents with 10+ years of experience also reported having worked in New Hampshire for 10+ years, revealing a cohort of experienced FCESS staff committed to the Granite State. Those respondents who have worked fewer years in New Hampshire than they had been in the field tended to be among the least-experienced staff members. There were no differences in experience levels across area agency regions (See Figure 6 in "About the Survey" for a regional breakdown).

Staff members were also asked to identify their primary role within their program (see Figure 2). The most common role among respondents was occupational therapist (11 respondents), closely followed by speech language therapist (10 respondents). The wide range of respondent roles reflects the transdisciplinary nature of the FCESS field.

Figure 2. Responding Staff's Reported Primary Roles



Note: Respondents could only choose one role. Three staff respondents did not answer this question (n=50). Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

Staff report wide range of expertise, although fewer staff have expertise in more-specialized areas

Because child development is complex, there are multiple ways in which children can become eligible for FCESS services.ⁱⁱ Operationally, this means that programs seek to employ providers from a range of disciplines, although ideally, each staff member would be versed in multiple specialties, and thus able to assess, intervene, and support children’s development in intertwined areas. To identify both main expertise and more general areas of developmental knowledge, we asked staff members about both their primary areas of expertise and their general competencies. These competencies were defined as areas in which staff have enough training and experience to provide intervention with support from expert colleagues.

Two-thirds of staff respondents (35 of 53 total) described themselves as either having expertise or competence in social/emotional development. This is especially notable as FCESS reports that child eligibility for services in the social/emotional domain have increased during the pandemic, from 8.3 percent of children served in 2018 to 11.7 percent in 2021.ⁱⁱⁱ Regardless of whether this increase is due to the pandemic’s influence on children and families, to an increasing workforce capacity to assess this area, or both, competency and expertise in this domain is an asset.

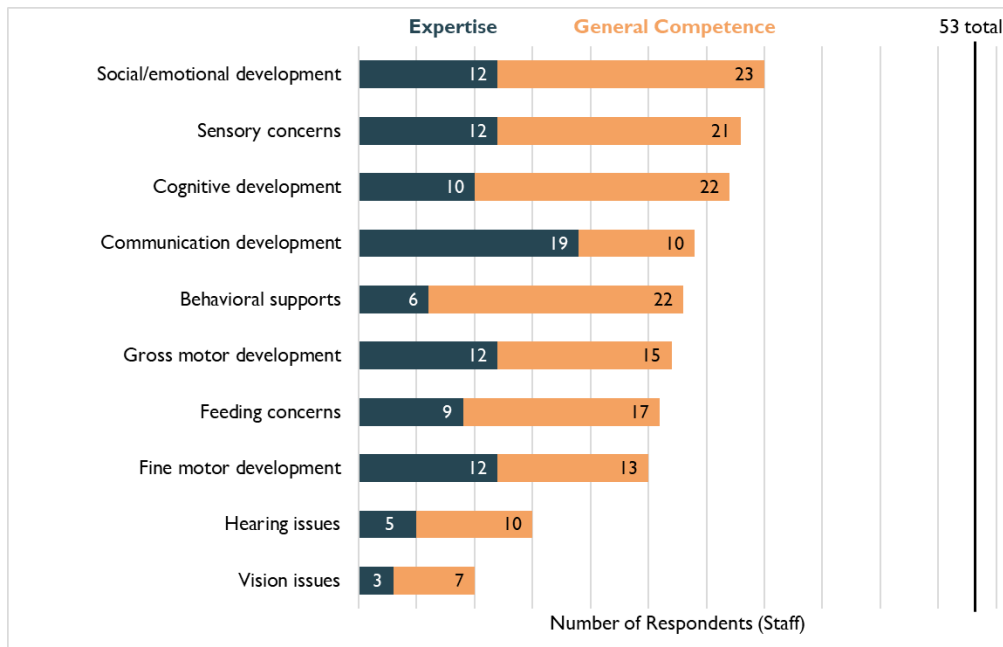


Figure 3. Responding Staff's Reported Areas of Expertise and General Competence

Note: Staff respondents were asked to select up to two areas of expertise, although 37 respondents selected three areas (in these cases, all three selected answers are included). When asked about competencies, staff respondents were able to select all options that applied. Some respondents reported the same area as both an expertise and a competency; in these cases, the area is only counted as an expertise.

Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

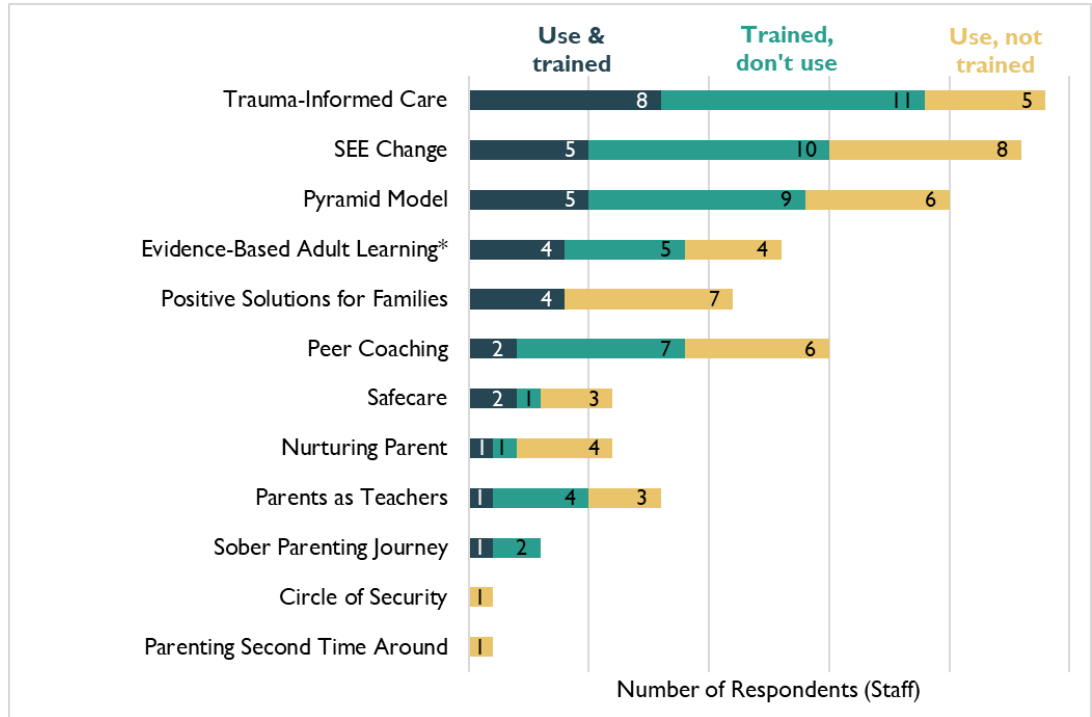
The area with the most expertise was communication development (19 of 53 staff respondents). As communication development is the most common area of eligibility for FCESS services (51.4 percent of all eligible children^{iv}), it is unsurprising and appropriate that FCESS staff have extensive expertise in this area. The areas in which the fewest FCESS staff members indicated expertise align with areas in which children are least frequently eligible for services, including vision impairment (0.5 percent of eligible children) and hearing impairment (1 percent of eligible children).^v While the workforce did have some expertise in this area, it is possible that NH FCESS staff may need to supplement these areas with external expertise to address specific concerns, if further need arises.

Trauma-informed care and the “SEE Change” model are well embedded across staff

In recent years, FCESS has undertaken an intentional shift toward a specific family coaching model called Sustainable Early Engagement for Change (“SEE Change”) through a cohort-training approach. This model follows practices recommended by the Council for Exceptional Children, a professional organization focused on the success of children with disabilities or other special education needs. These practices promote parent-child engagement, support the caregiver in providing therapeutic engagement, and utilize materials in the natural environment.^{vi} This shift of focus was amplified by the pandemic when it became more necessary to use telemedicine as a primary strategy of intervention for caregiver coaching.

With an awareness of the state’s commitment to family coaching, respondents were asked specifically about their use of and training in the SEE Change model, as well as other parent and provider education models. Along with trauma-informed care, responding FCESS staff were especially likely to use and be trained in the SEE Change model (Figure 4).

Figure 4. Use of, and Training In, Different Parent & Provider Education Programs or Models Among Staff Respondents

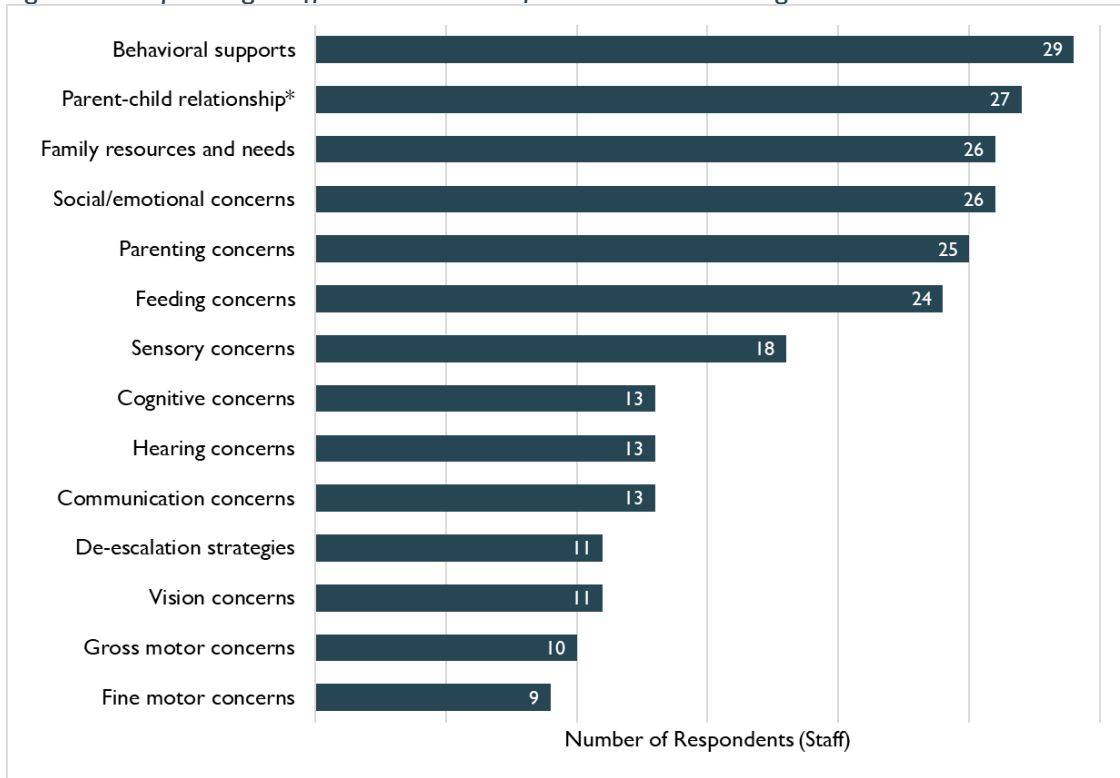


*Evidence-Based Adult Learning is short for “Evidence-Based Adult Learning Strategies to Support Family Engagement.” Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

Staff respondents have a variety of training needs

FCESS staff were also asked to select from a list of topics in which they would like additional training. Among the 52 staff members who answered, 29 selected “behavioral intervention and supports” as an area for desired future training (Figure 5). It’s worth noting that behavioral supports were also an area with a lower number of staff reporting expertise (only six staff members total, see Figure 3). Other areas with low levels of reported expertise—like specialized areas of hearing and vision issues—garnered less interest in additional training (see Figure 3). Behavioral supports therefore stand out as an area of opportunity, where few responding staff had expertise, but more than half of staff respondents desired additional training. It is also important to note that the top five most-desired areas of training are deeply relevant to early childhood mental health. This may relate to a perceived increase in need for these services, but also suggests that FCESS staff have a broad view on issues that are relevant to child development, with behavioral, educational, and material needs intertwined with more traditional areas of child development for the populations they serve.

Figure 5. Responding Staff's Desired Areas for Additional Training



*Parent-child relationship supports

Note: Staff respondents could select as many areas as desired. One staff respondent did not select anything, making 52 the total number of responding staff.

Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

FCESS staff tend to be highly-educated and licensed

In terms of educational attainment, nearly all staff respondents had a bachelor's degree or beyond. More than half of responding staff members had either a master's degree (26 respondents) or a post master's degree of some kind (4 respondents). Just three staff respondents held an associate degree.

Among the reporting staff, most currently hold a New Hampshire license of some kind (40 out of 50 reporting). The most frequent NH license was Occupational Therapist (12 of 50), followed by Speech Language Pathologist (10 of 50). Only two respondents said they were in the process of obtaining a license.

Regarding other credentials, 17 staff respondents of 50 reporting held at least one NH Department of Education (DOE) Credentialing Endorsement, with the two most common being in Early Childhood Education (nine respondents) or Early Childhood Special Education (six respondents). Concerning non-DOE credentials, 21 of the responding 44 staff members reported at least one other specialized certification or credential, with the top two being the Early Intervention Specialist Credential (nine respondents) and the Certificate of Clinical Competence for Speech-Language Pathologists (eight respondents).

The responding FCESS workforce is uniformly white and nearly all female

Of the 67 responding staff members and directors, 59 reported their age. Across respondents, the average age was 44, with two-in-five respondents 50 or older. Almost all respondents identified as female (64 of the 65 who answered this question). All 65 respondents who reported their race-ethnicity identified only as white. As New Hampshire's child population continues to diversify, recruiting and retaining a more diverse workforce may become a priority.

In consideration of the workforce's broader needs, the participating workforce has substantial levels of expertise that are broadly aligned with some of the most common areas of need recorded by the state. However, as the need for social/emotional services remains high, and a broader array of family needs are identified, the surveyed workforce appears keenly aware of knowledge areas they wish to bolster. Ensuring providers are supported in getting the training they need to serve families will be key. In addition, knowing that a significant proportion are age 50 or older suggests that developing and implementing strategies for recruiting new practitioners to the field will become increasingly important as more experienced providers retire.

About the survey

What was the survey? The 2022 New Hampshire Preschool Development Grant (PDG) Family Centered Early Supports and Services Workforce Survey collected data about employees of the area agencies that deliver the state's early intervention system. This system, called Family Centered Early Supports and Services (FCESS), serves eligible children up to age three through a system of 10 regional Developmental Service Area Agencies with 15 local programs and their contracted providers. The goal of the survey was to better understand the capacity and needs of this workforce.

Who was invited? To be eligible to participate in this survey, respondents had to be either a director or staff at an FCESS program in New Hampshire. A member of the PDG and NH Department of Health and Human Services staff contacted FCESS program directors in each of the Developmental Service Area Agencies in New Hampshire by email, inviting them to participate in this survey and to disseminate the survey to their staff.

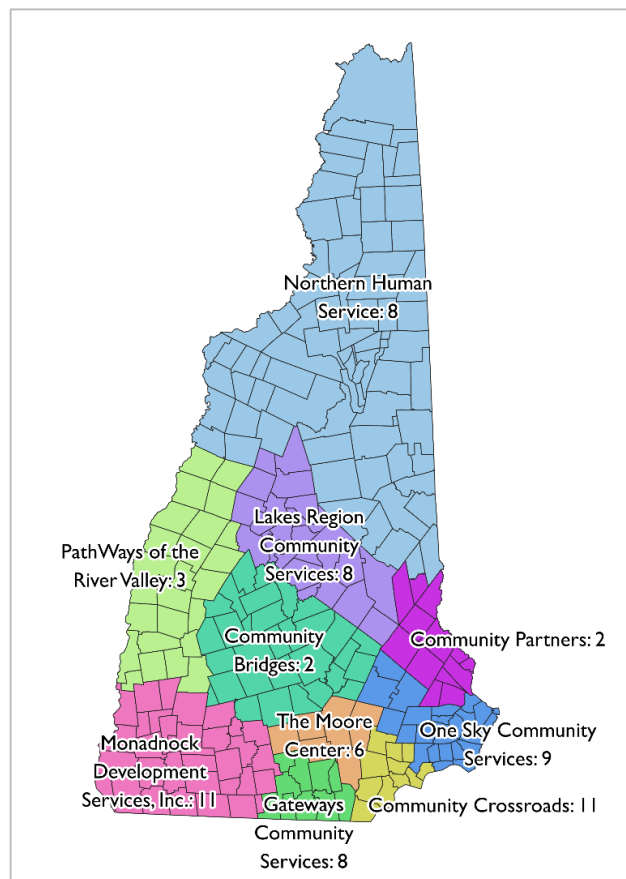
Who participated? Seventy-nine people began this survey; 12 dropped out after reading the consent form.^{vii} Thus, our sample includes data from 67 respondents—53 staff members and 14 directors—of Family Centered Early Supports and Services programs. This brief focuses on data from the 53 staff respondents. Respondents from all of the state's 10 area agencies participated (see Figure 6).

What did participants do? Participants were asked to complete a one-time online survey about their role, expertise, education, and workforce challenges. To inform the early childhood systems work of the Preschool Development Grant, this survey was developed in partnership with the New Hampshire Department of Health and Human Services, the New Hampshire Department of Education, the Preschool Development Grant Leadership team, the UNH

Survey Center, and the UNH Carsey School of Public Policy. The survey took a median of nine minutes to complete, and respondents were offered a \$20 Amazon gift card for their participation. Participants were surveyed between April 27 and June 2, 2022.

Are these data representative of this workforce? There is no definitive way to know. Because there is no directory of all FCESS employees, it was not possible to create a random sample of this population. Instead, we attempted a complete census—that is, to gather data from every person in this workforce—although not everyone participated, and those who did might differ from those who did not. Additionally, this survey was directed at program employees, although it is possible that consultants might have received the survey invitation and participated. According to the state, approximately 212 staff members were employed or contracted by FCESS programs in the state as of September 2021^{viii}; with 67 respondents here, we have captured around one-third of this estimated total. When comparing respondents here with a recent FCESS staff inventory (employees and consultants), we find that our sample includes generally representative proportions of educators and those in occupational therapy, but lower shares of those in speech language pathology and in physical therapy than the staff inventory. Therefore, this brief describes findings as among “respondents” rather than the whole workforce. However, results here can shed light on some of the skills, resources, and needs that are relevant to at least a portion of this workforce.

Figure 6. Number of Respondents to the 2022 New Hampshire Preschool Development Grant Family Centered Early Supports and Services Workforce Survey, by Developmental Service Area Agency Region



Note: Number of respondents includes staff and directors from each region. Regions are defined by the State of New Hampshire Department of Health and Human Services.^{ix}

About the Authors

Sarah Boege, MPP, is a senior policy analyst with the Center for Social Policy in Practice at the Carsey School of Public Policy. Sarah supports Carsey research through data collection and analysis, GIS mapping, and translating and disseminating research findings. At the core of their past and current work is the use of research to inform more equitable and accessible policy, practice, and decision-making.

Jess Carson, PhD, is the director of the Center for Social Policy in Practice and a research assistant professor at the University of New Hampshire's Carsey School of Public Policy. Jess studies how policy affects people, focusing on how legislative and administrative decisions shape access to resources available through work, the social safety net, and community settings.

Ellyn Schreiber, LCMHC, ecfmhc-A, is a licensed mental health clinician with more than 30 years of experience in NH's Early Supports and Services and Children's Mental Health fields. Ellyn serves as the New Hampshire Preschool Development Grant's Department of Health and Human Services Integration Coordinator.

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This brief is part of a series of work related to the New Hampshire Preschool Development Grant's 2022 Needs Assessment. Find related work at <https://carsey.unh.edu/center-for-social-policy-in-practice/new-hampshire-preschool-development-grant-project>. For more information on the NH PDG, see <https://chhs.unh.edu/early-childhood/preschool-development-grant>.

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ⁱ "State Performance Plan/Annual Performance Report Part C for State Formula Grant Programs under the Individuals with Disabilities Education Act." 2022. *Report on FFY 2020*. Washington, DC: U.S. Department of Education. <https://sites.ed.gov/idea/files/NH-C-SPP-FFY20.docx>.

ⁱⁱ For detail on eligibility, see Parent Information Center (PIC). "Family Centered Early Supports and Services: A Guide for Families." <https://picnh.org/wp-content/uploads/2018/06/Family-Guide-to-FCESS.pdf>

ⁱⁱⁱ Nicole Bushaw, Part C Coordinator FCESS, email communication with authors, December 2, 2022. Note that "2018" and "2021" refer to State Fiscal Year 2018 and State Fiscal Year 2021.

^{iv} Nicole Bushaw, Part C Coordinator FCESS, email communication with authors, December 2, 2022. Note that this does not include those found eligible with “global delays,” or no specified area of eligibility.

^v Nicole Bushaw, Part C Coordinator FCESS, email communication with authors, December 2, 2022.

^{vi} See, for instance, Council for Exceptional Children. 2020. “Initial Practice-Based Standards for Early Interventionists/Early Childhood Special Educators.” <https://exceptionalchildren.org/standards/initial-practice-based-standards-early-interventionists-early-childhood-special-educators>.

^{vii} In survey research, a consent form provides potential participants with written information about the proposed research to inform their decision to participate in the research study based on what participation would entail, the goals of the study, and any risks or benefits they might expect.

^{viii} See U.S. Department of Education. 2022. “State Performance Plan / Annual Performance Report: Part C.” <https://sites.ed.gov/idea/files/NH-C-SPP-FFY20.docx>. Note that this estimate does include consultants but does not include specialists, such as vision, hearing, nutrition, and behaviorist specialists.

^{ix} See State of New Hampshire, Department of Health and Human Services, “FCESS Program Directory” <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/fcessdirectory.pdf>.