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New Hampshire Preschool Development Grant Implementation Year Needs Assessment

2020–2021

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National Center for Children in Poverty

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PROGRAMS AND ABBREVIATIONS

ASQ: Ages and Stages Questionnaires, a screening tool for developmental delays

ASQ-SE: Ages and Stages Questionnaires (Social Emotional), a social-emotional screener for young children

B-8: Birth through 8 years. Refers to the systems of supports and services for families with children under age 9

CCDF: Child Care and Development Act Fund, the federal block grant that allows states to offer child care subsidies to low-income families

CCS: Child Care Scholarship, New Hampshire's CCDF-funded program that offers subsidized child care for low-income families, also referred to as child care subsidies

CFSS: Comprehensive Family Support Services, a program through which New Hampshire offers a wide range of parenting and family support services individually tailored to family needs

CHIP: Children's Health Insurance Program, the federal program providing public health insurance for children.

DHHS: New Hampshire Department of Health and Human Services

DOE: Department of Education

ECE: Early Care and Education, also known as ECCE (Early Childhood Care and Education)

FANF: New Hampshire's Temporary Assistance to Needy Families (TANF) cash assistance program, known as Financial Assistance to Needy Families

FCESS: Family-Centered Early Supports and Services, New Hampshire's program for delivery of early intervention services

FPG: Federal Poverty Guidelines, as published by the US Department of Health and Human Services¹

FRC: Family Resource Center

GSP: Granite State Panel

IEP: Individualized Education Plan

NCCP: National Center for Children in Poverty

PCP: Primary Care Provider or Primary Care Physician

OBGYN: Obstetrician and/or Gynecologist

PDG: Preschool Development Grant

P-EBT: Pandemic Electronic Benefit Transfer

PIC/NHFV: Parent Information Center/New Hampshire Family Voices

SNAP: Supplemental Nutrition Assistance Program

TANF: Temporary Assistance to Needy Families. In NH, this program is called FANF

UNH: University of New Hampshire

UI: Unemployment Insurance

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

DEFINITIONS

VULNERABLE FAMILIES

This report focuses on vulnerable families, jointly defined by NCCP and the NH PDG project team as:

- Families experiencing housing insecurity (i.e., have had to move to a temporary residence because of difficulty paying rent or mortgage)
- Families with children with delays, disabilities, or chronic health conditions
- Families whose primary language is not English
- Families that have at least one parent of color
- Families that have at least one parent who was not born in the US
- Families with children living in alternative care arrangements, such as foster or kinship care (e.g., grandparents, legal guardians)
- Families who are disconnected from services

LOW-INCOME

Unless otherwise noted, “low-income families” refers to families living below 200 percent of the Federal Poverty Guidelines (FPG). Based on prior research, families typically need an income of at least 200 percent of the poverty line to meet basic expenses.

INTRODUCTION

In federal fiscal year 2019, the Administration for Children and Families’ Office of Child Care awarded 46 states one-year planning Preschool Development Grants (PDG) to conduct comprehensive needs assessments and develop strategic plans for statewide systems that support families with children ages birth to 5. New Hampshire was one of 23 states awarded both a planning and multiyear renewal grant, also known as an implementation grant, in federal fiscal year 2020.² New Hampshire’s vision is for all families to have comprehensive and responsive supports so they are healthy, learning, and thriving in the present and future.³ This report presents findings from the state’s first needs assessment during the implementation period, following a prior needs assessment conducted during the planning grant. The National Center for Children in Poverty (NCCP), a non-profit policy research center housed at the Bank Street Graduate School of Education in New York, NY conducted this needs assessment from June 2020 through June 2021. Researchers from NCCP’s Early Childhood and Family Economic Security teams collaborated with the NH PDG project team to complete this needs assessment.

The needs assessment focuses on vulnerable families with children under age 9 and the system of supports that serves them (B-8 system). The two areas of inquiry were: (1) the perspectives of vulnerable families, including their needs and ability to access child and family services, and (2) supports and services provided to families with young children by Family Resource Centers (FRCs), NH’s network of community-based programs that provide a variety of services to children and families and the resource needs of FRCs. The main research questions guiding the needs assessment were:

1. What are the concerns and needs of families with children under 9, especially families facing serious challenges? What supports are they able to access? What barriers do they face in accessing supports? What are the additional supports they would like to receive?
2. How do FRCs support families with young children? What promising practices do they use? What resources do FRCs need to better support families?
3. How did the COVID-19 pandemic affect needs and barriers to services? What are some lessons learned that could be carried forward after the pandemic?

At all stages of this project, NCCP staff worked closely with NH PDG staff and NH PDG-funded contractors to develop surveys and protocols that reflect NH PDG priority interests. Research methods included:

- A statewide Family Survey conducted in partnership with the **University of New Hampshire Survey Center**, **New Hampshire Parent Information Center**, and **New Hampshire Family Voices (PIC/NHFV)**
- Focus groups with primary caregivers of children under age 9 in collaboration with PIC/NHFV,
- A survey of New Hampshire's Family Resource Center staff, in collaboration with the **New Hampshire Children's Trust**, the Facilitating Organization of NH's Family Resource Centers,
- In-depth interviews with FRC staff
- A review of recent data and reports

By using multiple data sources, this report triangulates and contextualizes main findings. The statewide Family Survey and focus groups build on recommendations in the 2020 needs assessment to further explore family knowledge of and experiences with B-8 systems. This study also examines one key part of the state's B-8 system workforce (FRC staff), another recommendation from the planning year needs assessment.

This report first presents the state context in which the study took place and the methods employed for this study. It then describes families' concerns and priorities and families' experiences with services and supports, followed by findings from surveys and interviews with FRC staff. The report concludes with a discussion of the key takeaways from the perspectives of family caregivers of young children and FRC staff.

NEW HAMPSHIRE STATE CONTEXT

The median age of New Hampshire residents is 43.1 years, older than 38.2, the median age of the general US population.⁴ Children make up 18 percent of the population, slightly lower than the national number of 22 percent. This proportion, however, is equal to or close to that of neighboring Vermont and Maine (18 and 19 percent respectively).⁵ Children ages 11 and under make up 63 percent of children in New Hampshire, lower than the national rate (66 percent) and slightly lower than in neighboring states (64 percent in Maine, Vermont, and Massachusetts).⁶ Just 4.7 percent of the population is under 5 years of age.⁷

New Hampshire residents are predominantly White (93 percent); a significantly smaller proportion of the population is Hispanic or Latino (4 percent), Asian (3 percent), or Black (1.8 percent).⁸ These statewide estimates, however, obscure changes over time and regional race variation. For instance, 13 percent of Nashua residents are Hispanic or Latino, over 8 percent are Asian, and 4 percent are Black.⁹ Moreover, 6.4 percent of New Hampshire's population was foreign born in 2019, an increase of 60 percent since 2000. Half of foreign-born residents are White, approximately a third are Asian, 9.4 percent are Black, and 4.7 percent are of another race.¹⁰

New Hampshire's poverty status varies by region.

Annie E. Casey's Kids Count project, using 2019 data, ranks New Hampshire second in the nation for overall child well-being. The child poverty rate in New Hampshire is lower than the national rate (7 percent versus 17 percent nationally in 2019).¹¹ However, this rate varies substantially by county. For example, while the statewide poverty rate is 7.3 percent,¹² the poverty rate in Coös County, the northernmost county in NH, is 13 percent, with the median household income at \$45,696. The poverty rate in Rockingham County, bordering Massachusetts, is 5 percent with a household median income of \$90,429.¹³ Relatedly, the economic status of families with children varies considerably by region. For example, eligibility for the means-tested Free and Reduced Price Lunch program (185 percent of the FPG) is highest in northern Coös County.¹⁴ Moreover, New Hampshire residents' economic opportunity and experience with service provision differ depending on where they live due to dominant industries, terrain, child care availability, housing, and transportation options, among other factors.

Families with immigrant parents, on average, have fewer financial resources than their counterparts. Among children with immigrant parents, 29 percent live in low-income families while 22 percent of children with US-born parents live in low-income families.¹⁵ Overall, children with US-born parents make up 80.7 percent of low-income children, while children with immigrant parents make up 19.3 percent of New Hampshire's low-income child population.¹⁶

New Hampshire is a largely rural state.

Seven out of New Hampshire's 10 counties are considered rural, with 43.9 percent of the state's babies and toddlers residing in rural/non-metro areas.^{17,18} Granite State residents living in rural areas are more likely to be older, disabled, low income, and uninsured.¹⁹ Living in a rural area limits transportation options, economic opportunities, and access to services like health specialists and community supports.

Gaps in health outcomes, service delivery, and Medicaid policy remain.

On many health measures, infants and toddlers in New Hampshire fare better than their counterparts nationally (lower rates of low-birth-weight births, infant mortality, and preterm births).¹⁸ In addition, New Hampshire's Medicaid eligibility limit for children is 323 percent of FPG, higher than the neighboring states of Maine, Massachusetts, or Vermont.²⁰ A recent report also found that rural women were more likely to receive prenatal care, due to the high numbers of midwives in rural areas.²¹ There are, however, some gaps in health outcomes, service delivery, and Medicaid policy. The percentage of NH mothers reporting less than optimal mental health (27.7 percent) is higher than the nationwide percentage (20.3 percent). Moreover, the state's Medicaid policy does not cover maternal depression screenings during child well-visits.²² The percentage of children reporting at least one adverse childhood experience is also higher than the national percentage (22.3 versus 20.7 percent). Only 27.8 percent of infants and toddlers received preventive dental care versus 33 percent nationally, and just 1.1 percent of babies who could benefit from home visiting services received it,²³ compared to 2 percent nationwide.

THE IMPACT OF COVID-19 ON THE GRANITE STATE

Data collection for the Family Survey and focus groups took place from December 2020 to May 2021, while COVID-19 was declared a worldwide pandemic in March 2020. Many of the findings reflect family circumstances and services in a pandemic environment in which businesses were shut down, including child care services for non-essential workers. Many schools operated on a remote or hybrid in-person and remote learning basis, and thousands of people lost their jobs and livelihoods. A recent study conducted by Econsult Solutions and NCCP found that COVID-19, unsurprisingly, deeply affected New Hampshire's child care capacity and economy. Towns in Grafton and Carroll Counties were especially hard hit, with high unemployment in the Accommodation and Food Services sector and a decrease in tourism.²⁴ All of these changes impacted the priorities of families with children, the delivery of family support services, and the context of public benefits.

While needs were exacerbated during the pandemic, support from the federal and state government increased. In addition to federal supplements to Unemployment Insurance and Economic Stimulus Payments, there were increases in SNAP allowances; expansions to SNAP eligibility; suspension of redeterminations for CCDF subsidies, Medicaid, and SNAP; emergency housing assistance; and Pandemic Electronic Benefit Transfer (P-EBT) food benefits for children who receive free school meals, among other types of assistance.

Unemployment since the peak of the pandemic has declined from the high of 16 percent in April 2020 (seasonally adjusted), to 2.9 percent in October 2021 (preliminary number)—lower than pre-pandemic levels and the lowest rate in the country.^{25,26,27} Additionally, as of June 2021, over half of NH's population was fully vaccinated, and over 60% had received at least one dose.²⁸ New Hampshire's recovery reflects both its residents' challenges and resiliency.

Much of this study's findings reflect challenges that existed prior to the pandemic and were exacerbated by the public health crisis. While data collection occurred during a year of unprecedented change, the findings of this report remain relevant as New Hampshire recovers from the pandemic and the state considers how to allocate additional funding from the American Rescue Plan Act and other federal proposals.

METHODS

FAMILY SURVEY

NCCP designed the statewide family survey instrument, incorporating feedback from NH PDG staff and contractors and from parents who participated in PIC/NHFV's pilot test of the survey. The University of New Hampshire Survey Center administered the Family Survey using the secure online survey platform, Qualtrics. Survey participation required that respondents live in the state of New Hampshire, be at least 18 years old, and be the parent or guardian of a child under age 9.

Recruitment for survey respondents was conducted in two ways: (1) The UNH Survey Center sent the survey to the Granite State Panel (GSP), a sample of people recruited from across New Hampshire and periodically surveyed on a range of public policy and political issues via email outreach, and (2) PIC/NHFV conducted targeted outreach to vulnerable families, including lower-income families, through email outreach to community-based organizations and agencies, such as WIC offices and Boys and Girls Clubs, and distributed flyers with the survey's QR code to food pantries. The survey was translated into four languages: Arabic, Nepali, Spanish, and Swahili. Languages were selected based on the most commonly spoken languages in New Hampshire, recommendations from immigrant-serving organizations, and the countries of origin of refugees in the state.^{29,30,31} Survey respondents were offered a \$20 e-gift card of their choice at Dunkin' Donuts, Amazon, or Hannaford supermarket for completing the survey.

The family survey instrument, which includes the full set of survey questions, is available in Appendix A. We included skip patterns in the family survey, such that parents were only asked questions relevant to them and their situation. For example, questions about children's experiences with remote school learning were only asked of parents with children in school.

We combined the respondents recruited through the GSP and the targeted sample in the analyses. The combined sample of 849 parents was primarily comprised of parents recruited through the targeted sample (85 percent), with 15 percent of parents from the GSP. Of the respondents, 813 (96 percent) were parents of the child (639 mothers and 174 fathers). Among the 36 respondents who were not the parent of the child, most (22) were grandparents of the child. Throughout the report, we refer to the survey respondents as parents for simplicity.

The sample size for each question (the number of parents shown a question) is indicated by "N" at the bottom of each figure/table in the report. Missing responses are excluded from the denominator in calculating percentages, non-responses are not.

Our sample included only families with children under the age of 9. We asked parents to report on all children in their households under age 9. We report responses at the parent/household level, not at the child level. Among parents in our sample, 43 percent reported having children in their households ages 2 and under, 40 percent had children ages 3 or 4, and 59 percent had children ages 5 to 8. The percentages sum to more than 100 because some parents had children in more than one age range. For questions that were relevant to children of specific ages, such as questions about preschool or school, we asked parents to report on their youngest child within the relevant age band.

Appendix B provides detail about the characteristics and representativeness of the survey sample as compared to statewide statistics from the American Community Survey. Overall, our targeted sample overrepresented low-income families (defined as less than 200 percent of the FPG), as intended by the sampling strategy. Echoing this finding, the three lowest income counties in New Hampshire—Coös, Sullivan, and Strafford—were overrepresented among survey respondents, relative to the population of New Hampshire. Similarly, the two

highest income counties, Rockingham and Hillsborough, were underrepresented among survey respondents. For most analyses presented in the report, we provide analyses by income. Our sample did not overrepresent families with immigrant parents or families with parents of color. As a result, our sample sizes for these groups were small and, for the most part, we were unable to provide analyses separately for these groups.

Other areas of representation were similar across our sample and families across New Hampshire. SNAP use among low-income families in our sample is comparable to that of a representative sample of low-income families with children under age 9 in New Hampshire, according to the American Community Survey. These analyses indicate that our sample received income supports at a similar rate to low-income families across New Hampshire.

We also compared the targeted sample, which was recruited through service organizations, with the GSP sample. We found that while our targeted sample was more likely to have children with disabilities, as intended by the sampling strategy, we also found that the targeted sample had fewer concerns about themselves and their children relative to the GSP sample when disability status was held constant. This could reflect that many of the families in the targeted sample were connected with services that addressed their needs. This may also indicate that analyses based on our sample, which is primarily the targeted sample, may *underestimate* the needs of families across New Hampshire.

FAMILY FOCUS GROUPS

Between April and May 2021, PIC/NHFV and NCCP held 10 remote focus groups via Zoom, one for each of New Hampshire's counties, with a total of 45 participants. Each focus group was geographically specific, including only participants residing in the same or a neighboring county. Focus group participants received a \$100 gift card to their choice of Amazon or Hannaford supermarket for contributing to the two-hour virtual focus group. NCCP developed focus group procedures and protocols and analyzed transcripts. PIC/NHFV conducted recruitment and facilitated the focus groups.

NCCP designed a semi-structured focus group guide and focus group screening surveys in collaboration with New Hampshire PDG staff and PIC/NHFV. PIC/NHFV gathered feedback from parents/guardians prior to the focus groups to further refine focus group procedures and script. PIC/NHFV conducted email outreach to FRCs and Family Survey respondents who met the eligibility criteria (listed below) to invite them to a screening survey for participation in a virtual focus group.

PIC/NHFV distributed two versions of screening surveys (See Appendix C). A short focus group screening survey was sent to Family Survey respondents who indicated, via their responses to the Family Survey. The longer version of the focus group screening survey was circulated to Family Resource Centers to target recruitment of vulnerable families in counties with lower responses to the initial screening survey. Both versions included that they fulfill one or more of the focus group eligibility criteria:

- They have a child with a disability
- They were born in another country or their spouse was born in another country
- Their first language is not English
- They report a race other than White
- They have an income at or below \$60,000 (e.g., close to 300 percent of FPG for a family of 3) or answered "yes" to receiving means-tested benefits like Head Start, Child Care Scholarship, WIC, SNAP, or SSI (i.e., those who said they currently use or have used the benefits listed in question E1 of the Family Survey, see Appendix A)
- They were not able to find supports they needed or were not able to secure child care, Head Start, or preschool (those who answered Yes to question D3 in the Family Survey, see Appendix A)

- They reported housing instability, which can mean the inability to maintain a secure residence due to an inability to pay rent or mortgage and which can lead to homelessness (i.e., those who answered “yes” to question E19 in the Family Survey, see Appendix A)
- They reported having less than a high school degree

The longer version of the screening survey, included in Appendix C, includes one additional question asking families if they had trouble paying bills in the past year. PIC/NHFV took detailed notes during each focus group session and provided NCCP with these for all sessions and transcripts of sessions for which all participants agreed to be recorded. Four NCCP staff members jointly developed a codebook of main themes relevant to research questions, as well as emergent themes, and coded their assigned transcript. They reviewed and discussed each other’s coded transcripts. The codebook was additionally informed by conversations with PIC/NHFV staff. NCCP qualitative coders met weekly to ensure the codebook captured themes discussed in all focus groups. The qualitative codebook is available upon request.

One lead NCCP staff member organized the most prevalent codes and excerpts by research question (e.g., barriers, desired supports) in close consultation with the qualitative research team. Other prevalent codes that did not fit into research questions were also incorporated into the summaries of findings. Summaries of focus group findings were reviewed by the qualitative research team to ensure agreement across reviewers and incorporation of all relevant and emergent themes.

Out of the 60 participants who were invited to focus groups, 45 attended. Focus group participants were all primary caregivers of at least one child under age 9 and included mostly biological parents, as well as at least one foster parent and at least two parents that also are kinship caregivers for their grandchildren or provide primary care for a niece or nephew. Participants were predominantly White, female, and born in the US. The average age of participants was 33, and participants had between one and four children. Forty-four percent of the sample (20 participants) indicated that they have had trouble paying bills, visited food pantries, and/or use(d) SNAP benefits, 17 participants (38 percent) have children with developmental delays, and 13 indicated that they were laid off from their employers during the pandemic (29 percent). More details about focus group participants are available in Appendix D. Quotes attributed to focus group participants through the report are not always identified by their county due to privacy concerns.

FAMILY RESOURCE CENTER SURVEY AND INTERVIEWS

The Family Resource Center (FRC) survey, developed by NCCP, was administered through Qualtrics, a secure online survey platform. New Hampshire Children’s Trust sent out survey invitations by email to directors of the 15 FRC main sites. The invitation included information about the survey’s purpose within the larger NH PDG Needs Assessment, a request that one person with knowledge of the FRC’s services and supports for families with young children complete the survey, and a survey link. Respondents were encouraged to consult with other staff familiar with particular programs or practices as needed.

Surveys for all 15 FRCs were completed, in most cases, by the FRC director. The survey questions focused on families with young children (under age 9) and primarily on families experiencing serious challenges. The survey included questions about methods for evaluating family and child needs, services offered either directly or by referral, outreach strategies to engage families, FRC goals related to services and families served, and the needs of FRCs.

NCCP project staff also conducted remote one-hour, individually tailored interviews using Zoom with staff at 12 FRCs. Staff participating in each interview varied across sites but typically included one to three FRC employees (e.g., the director, program managers, and direct service providers). Participants were asked to elaborate on survey responses related to practices and programs identified as promising and on FRC needs and goals. Interview data were examined for examples of promising practices and for explanations of FRC and family needs that provided context for survey results.

RESULTS OF THE STATEWIDE FAMILY SURVEY AND FOCUS GROUPS

This section integrates the results of the statewide Family Survey and focus groups. We begin by describing parents’ primary needs and concerns for themselves and their children. We then describe the key income supports and supportive services that parents use and barriers to accessing those supports. Then, we describe how supportive services, child care, and education changed during the COVID-19 pandemic, how parents coped with these changes, parents’ concerns for their children after the pandemic, and improvement in services resulting from adaptations made during COVID-19.

A key finding from the survey and focus groups is that parents are concerned about their own and their children’s mental health as a result of service disruptions, social isolation, job loss, and/or economic insecurity due to the COVID-19 pandemic; moreover, many report difficulty finding or affording the mental health services they needed. During the pandemic, many parents reported unemployment and an uncertain economic future (**Table 3**). The available economic supports, particularly food assistance and public health insurance, were particularly important for assisting parents to meet their basic needs. Many working parents were not eligible for economic assistance, however, because their incomes were too high, and they reported struggling to meet basic needs without this assistance.

The need for child care increased as child care centers and schools closed. Working parents reported struggling to balance work responsibilities with caring for their children. They reported difficulty finding affordable child care, and the systems to provide support for child care, like Child Care Scholarships, were difficult to navigate. New Hampshire DOE and DHHS reported declines in families receiving early intervention services and preschool special education services. However, parents were positive about support services they received, such as home visiting, early intervention, and supports from the Family Resource Centers. Parents of children with disabilities, however, reported facing delays in receiving health and educational services for their children and expressed high levels of concern about their children’s development.

Parents, particularly those in remote areas, parents of children with disabilities, and parents who have disabilities themselves, expressed a desire for virtual options to continue for mental health and telehealth services and connections after the COVID-19 pandemic ends. Additionally, parents are interested in the continuation of streamlined applications for income supports.

CONCERNS OF PARENTS WITH YOUNG CHILDREN

The survey and focus groups highlighted parents’ mental health concerns due to job loss and competing demands during COVID-19. Parents of children with disabilities and parents experiencing housing insecurity expressed particularly high levels of concern.

Many parents expressed at least one concern about their emotional, physical, financial well-being or time availability.

More than half (57 percent, see **Table 1**) of survey respondents stated they experienced at least one of four concerns asked in the survey: emotional well-being, physical health, financial insecurity, or lack of time with children. Levels of concern were higher for low-income parents (66 percent); however, even among higher-income parents, half (50 percent) experienced at least one concern.

Table 1. Percent of Parents Who Expressed at Least One Concern About Their Well-being

	ANY CONCERN
Whole Sample	57%
Low-Income	66%
High-Income	50%

N = 840, Missing = 9

*Low-income is defined as income at or below 200 percent of the FPG; high income is defined as income above 200 percent of the FPG.

Emotional well-being was a focus among parents expressing concern.

Among all parents, the most frequently expressed concern was emotional—feelings of worry, sadness, and anger. Just over one-third of parents (37 percent) expressed concern about these negative emotions. Low-income parents (42 percent) expressed higher levels of concern about their emotional well-being relative to higher income parents (34 percent); however, low-income parents expressed more concern (44 percent) about their financial security than their mental health (**see Figure 1**).

Parents' concerns about their and their children's mental health emerged as a key theme in focus groups, as well. Because the pandemic led to business, child care, and school closings, parents struggled to balance at-home work with their child's education and care. Parents expressed guilt about not being able to meet their child's needs while also fulfilling other home and work responsibilities. Family relationships were strained, with parents having to adapt quickly and coordinate child care duties.

"...you feel like a cruise ship director. You do your best to come up with activities, and educational things, like homemade curriculums....Just a year later, it just gets kind of exhausting. I'm not an educator. I'm not a teacher...you just kind of fumble along doing the best you can." —Coös County focus group participant

In three of the 10 focus groups, parents described trying to find professional help for their own or a friend's mental health concerns, but not being able to find support. When they did find it, there was often a waiting list for services.

"The mental health services, and I'm not sure if it's just not having insurance or what that plays into it, but [they're] pretty much nonexistent is what I've found. I ended up going with Talk Space [a private virtual therapy service]...But it's like if you don't have out of pocket money, you can't find anything, you know? And I looked into the other resources and it's, like no, there's nothing right now that can help you. And it's like when you're in a tough situation you kind of want assistance soon, you know? So, and I've heard that from multiple people too, that it's just hard to find." —Carroll County focus group participant

Parents of a child with a disability and parents experiencing housing insecurity expressed the highest levels of concern.

In the family survey, parents who have a child with a disability and parents who are experiencing housing insecurity expressed the highest levels of concern (**Figure 1**). Seventy-four percent of both groups expressed at least one concern in the survey, and these two groups of parents expressed higher levels of concern than did other parents in nearly all areas. Parents experiencing housing insecurity were particularly likely to have financial concerns (72 percent), while parents of children with disabilities were particularly likely to express concerns about their emotional well-being (52 percent).

While no participants in focus groups described themselves as housing insecure, concerns about housing affordability emerged as a key theme in the focus groups, as described in more detail later in the report. In the focus groups, parents of children with developmental delays expressed particular frustration about their children not receiving in-person schooling and services during the pandemic, which could have contributed to parents' emotional well-being. This is described in more detail in the section about parents' concerns about their children.

Parents of color and immigrant parents expressed levels of concern similar to other parents.

In our survey sample, we found similar levels of concern expressed by immigrant families and families of color, as were expressed by the whole sample (**Figure 1**). Immigrant families expressed low levels of financial and health concerns, 16 percent and 19 percent, respectively.

Among the 45 focus group members, five were immigrants or lived with another immigrant adult. These parents reported that being an immigrant amplified their social isolation during the pandemic. For example, they

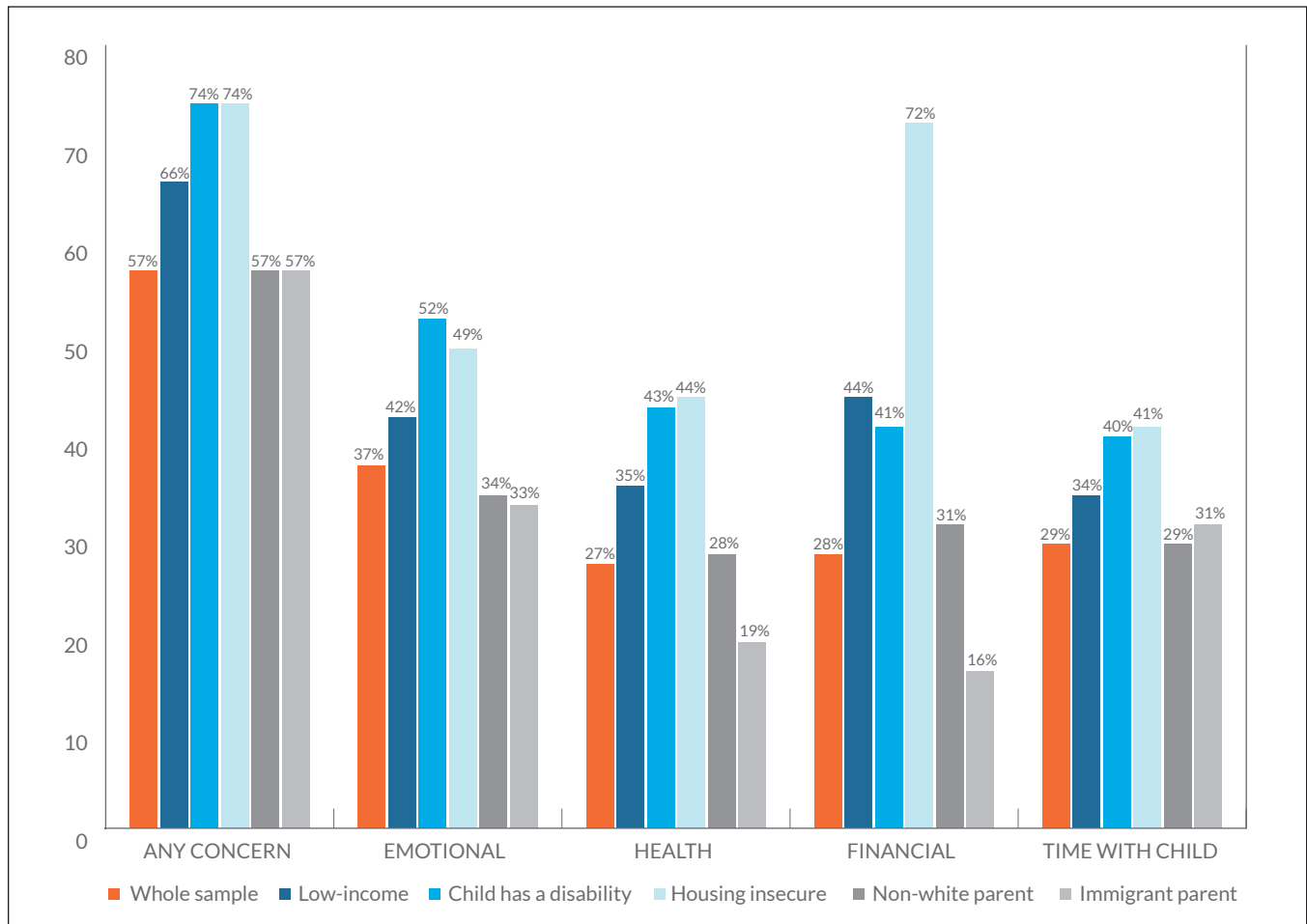
mentioned a heightened sense of isolation and depression being separated from their families living outside the United States.

“I get so emotional [about work/life balance during COVID-19], but in the midst of it, my family doesn’t live in this country. So, for me, I didn’t get to see them for two years now, and my Grammy passed away of COVID, and, you know, these are the times when you feel like you are really low, and then you get even lower.” –Belknap County focus group participant

“I feel very depressed with two baby [the participant had twins], and tough...tough two baby, have feeding at same time. That feeding time only. I’m depressed, I miss home, and just think about my family at home.” –Strafford County focus group participant

As of June 2021, the New Hampshire Endowment for Health was in the process of undertaking a needs assessment focused specifically on immigrant parents and parents of color in New Hampshire, which will be valuable in focusing on the unique needs and concerns of the diverse families in the state.

Figure 1. Concerns by Parent Type



N = 840, Missing = 9

Among parents who sought support services, less than half found what they needed.

Among parents who expressed at least one concern about themselves, nearly half (47 percent) sought programs or other supports in their community to address their concerns (Table 2). About one in four (27 percent) parents who expressed a concern reported that they both sought and found supports for their concern. Parents of children with a disability and parents experiencing housing insecurity were more likely to seek supports; however, only parents of a child with a disability were more likely than other parents to find supports for their concerns (35 percent). See “Need, use, and barriers to income supports” section for details on the types of supports and services families use.

Table 2. Percentage of Families with Concerns Who Looked For and Found Supports

	LOOKED FOR SUPPORTS	LOOKED FOR AND FOUND SUPPORTS
Whole Sample	47%	27%
Low-Income	52%	28%
Child Has a Disability	62%	35%
Housing Insecure*	59%	25%

N=459, Missing=27

*Small sample size, under 60

Job loss due to COVID-19 compounded low-income families’ higher likelihood of not having paid employment, adding to parents’ concerns.

Sixteen percent of parents in the survey reported they lost their job because of COVID-19, and this percentage was similar across income levels (Table 3). However, low-income parents were almost twice as likely as high income parents to be unemployed (48 percent and 28 percent, respectively). The findings illustrate that COVID-19 job loss compounded the lower levels of paid employment among low-income parents, while for higher income parents, job loss due to COVID-19 was more likely to be a new experience.

Table 3. Percent of Parents with No Paid Employment and Its Relationship to COVID-19

	NO PAID EMPLOYMENT	LOST JOB DURING COVID-19	NO JOB PRIOR TO COVID-19
Whole Sample	38%	16%	22%
High-Income	28%	16%	12%
Low-Income	48%	16%	32%

N=837, Missing=12

Focus groups revealed the mental toll that job loss took on parents and their families.

Among focus group participants, 13 parents, or a third of participants, had lost their jobs during the pandemic. Parents who lost their jobs, or whose spouses lost their jobs, worried about losing access to health insurance and being able to afford basic necessities. One participant who lost her job had to give up her work laptop as well, making accessing virtual services, like counseling and early intervention services (FCESS) for her child, difficult. In addition, job loss negatively affected family relationships. At least two parents lost jobs because of the difficulty of working from home while caring for their special needs children.

“Me and my fiancé both lost our jobs because of COVID, which was very scary being two months away from your due date and not having a job.” –Carroll County focus group participant

“[M]y husband ended up losing his job because, you know, he had to work from home, and we have a decent sized house, but when you have two children with sensory seeking behaviors, and don’t know their volume of their voices, and a child who doesn’t understand social expectations, my husband lost his job. And that was really hard for him because, you know, why can’t you keep them under control? Because he’s not usually around. He doesn’t understand what it’s like.” –Belknap County focus group participant

Barriers to accessing unemployment insurance exacerbated the stress of job loss.

Some focus group participants cited problems accessing Unemployment Insurance (UI), which exacerbated the stress of losing their job. One parent reported they didn’t qualify because they were “paid under the table,” while another said they initially had problems filling out the paperwork because unemployment is a “different process for government employees.” Another parent noted that while she was grateful for the expanded UI benefits because it was more than what she was making as a waitress, her UI benefits ended when she gave birth because she no longer was “ready, willing, and able” to work, a condition for UI eligibility.³² She said, however, that the expanded UI benefit allowed her to fund what she deemed her “maternity leave.”

PARENTS’ CONCERNS ABOUT THEIR CHILDREN

This section highlights parents’ concerns about their children’s behavior, learning, and development.

Most parents expressed at least one concern about their child’s behavior, development, or learning.

The survey indicated that most parents (59 percent) expressed at least one concern about their child’s behavior, development, or learning (Table 4). In the survey, parents of a child with a disability and parents experiencing housing insecurity were most likely to express a concern about their child (83 and 76 percent, respectively). Similarly, in the focus groups, parents of children with a disability were particularly likely to express concerns about their children. The parents in the focus groups also highlighted their concerns about their children’s mental health during the pandemic and the lack of mental health services to address their concerns.

Table 4. Percentage of Parents Who Expressed at Least One Concern About Their Child

Whole Sample	59%
High-Income	62%
Low-Income	58%
Child Has a Disability	83%
Housing Insecure	76%
Non-White	67%
Immigrant	38%

N=840, Missing=9

Over half of parents of school-age children expressed concern about their children’s learning struggles in school. This was particularly true of parents of children with disabilities.

When parents were asked about their specific concerns about their children, parents of older children (ages 5 to 8) most frequently expressed concern about their children’s learning or struggles in school, 54 percent of parents of children ages 5 to 8 were concerned that their child was having trouble learning and were concerned that their child was struggling in school academically.

Parents who had a child with a disability and families experiencing housing insecurity were especially likely to report their children were struggling in school (**Table 5**). We explore families’ school experiences during COVID-19 in more detail in the section entitled “School-Aged Children.”

Table 5. Percentage of Parents Reporting Their Young School-age Child Struggled in School

STRUGGLES IN SCHOOL	
Whole Sample	54%
High-Income	55%
Low-Income	52%
Child Has a Disability	65%

N=426, 4 missing

“Well, during COVID, when school shut down and daycare shut down, that was really difficult for my daughter. She’s speech delayed. So, being around other kids, I mean even her first week of daycare I noticed a difference in her ability to talk.” –Belknap County focus group participant

Parents of younger children expressed more concerns about their children’s behavior.

Concerns about children’s behavior were more common among parents of younger children. Among parents of children ages 3 to 4, 41 percent were concerned that their children frequently misbehaved, and among children under age 2, 26 percent of parents expressed this concern.

About one in five parents of babies and toddlers expressed concern about their children’s development.

Among all parents, about one in five expressed concerns about their babies/toddlers’ (ages 0-3) development (**Table 6**). Among parents who had their baby/toddler in an early care and education (ECE) setting, about 24 percent expressed concern about their struggles in ECE. Parents of children with a disability were particularly likely to be concerned about their babies’/toddlers’ development (35 percent) and struggles in their ECE setting (37 percent). In the “Use of Supportive Services and Changes During COVID-19” section, we explore in more detail families’ experiences with FCESS (early intervention) services to address concerns for their baby/toddler’s development.

Table 6. Percentage of Parents Reporting Concerns About Their Babies/Toddlers

	STRUGGLES IN ECE SETTING	DEVELOPMENT
	N=232, Missing=4	N=357, Missing=8
Whole Sample	24%	20%
High-Income	22%	27%
Low-Income	27%	17%
Child Has a Disability	37%	35%

Parents expressed concern for their children’s mental health and difficulty finding services to address their children’s mental health needs.

Parents in focus groups expressed concern about the lack of opportunities to socialize and lack of in-person supports during COVID-19 on children’s mental health and development. They also struggled to explain the pandemic to young children, who were confused, restless, and anxious.

“[My daughter] just turned 6 yesterday, but being that young they don’t quite understand why we can’t see, like, our family. So it was tough for her...not being able to see everyone. But she was still able to go to school. So, it was, why can I see my friends, but I can’t see my uncle?....She was afraid that [her grandmother] would die if she got it. I would be, like, [grandmother is] doing everything she can to be safe. Remember, you’ve got to wash your hands, wear your mask, keep your distance. Like, it was a lot of reassurance. And then here we go [to the store] and she yells at someone for not following the arrow in the crowd....[L]uckily with everything settling down, she’s not as bad, but it makes them scared.” –Rockingham County focus group participant

Parents in four of the focus groups voiced concerns about the lack of mental health counseling for children, noting that the few of the available resources typically had long waitlists.

“I was on a meeting yesterday for a community meeting, and they were talking about grief counseling for children. And there’s only like one service that does that in the Manchester area, and they’re on a waitlist until September. And it’s like [an adult I know]. She just had somebody, a second person in her family overdose. So, she needs grief counseling now, not six months from now, five months from now.” –Merrimack County focus group participant

An assessment of New Hampshire’s early childhood mental health workforce, released February 2020, found a lack of a coordinated system to support infant and family mental health, a widespread shortage of mental health providers, and structural barriers to receiving care.³⁵ The pandemic likely exacerbated the existing limitations of the mental health system due to an increase in demand.

FAMILIES’ NEED FOR INCOME SUPPORTS, USE, AND BARRIERS TO ACCESS

In the survey and focus groups, we asked parents about their need for, knowledge of, and use of a range of income supports, such as SNAP, FANF (TANF), Medicaid/CHIP, housing subsidies, and Child Care Scholarships. Parents primarily expressed the need for supports to cover the cost of food, housing, health insurance, and child care. These needs were amplified during the pandemic. Both low-income and higher income parents expressed the need for more economic assistance to afford basic necessities. The survey revealed few application barriers; however, in the focus groups, parents described several barriers to applying for supports.

Table 7. Parents Use of and Familiarity with Various Supports and Services

	CURRENTLY USE	HAVE USED IN THE PAST	NEVER USED, BUT HEARD OF IT	NEVER HEARD OF IT	DID NOT SAY
Medicaid	39%	16%	35%	7%	2%
WIC	40%	22%	28%	8%	2%
SNAP	23%	24%	40%	10%	3%
FANF	14%	21%	53%	9%	3%
Section 8	10%	7%	66%	13%	3%
Child Care Scholarship	6%	10%	25%	52%	7%

N=844, 5 missing

Parents are aware of most income supports except Child Care Scholarships. WIC and Medicaid were the most used supports among the survey respondents (Table 7). This may reflect the high number of survey respondents recruited from WIC offices (see Appendix B). Unlike the other income supports, most survey

respondents were unaware of the Child Care Scholarship (CCS) program for assistance with child care expenses. We explore parents’ concerns about paying for child care later in this section.

Low-income parents identified food assistance as their top concern.

The survey revealed that among low-income parents who were not receiving economic assistance, the program they thought would be most helpful to their families was food assistance, including both SNAP and WIC (**Table 8**). Almost half (44 percent) of low-income parents who do not currently receive SNAP thought this program would help their families. Over one in four low-income parents who do not receive WIC, felt that it would be helpful to their families.

Table 8. Parents’ Perception of Whether Various Supports and Services Would Be Helpful to Their Families

	THINKS PROGRAM WOULD BE HELPFUL FOR FAMILY (ALL PARENTS)	THINKS PROGRAM WOULD BE HELPFUL FOR FAMILY (LOW INCOME)
CHIP (N=344)	21%	29%
WIC (N=423)	20%	28%
SNAP (N=543)	27%	44%
FANF (N=620)	18%	22%
Section 8 (N=625)	14%	22%
Child Care Scholarship Subsidies (N=299)	33%	27%

*Various N’s refer to respondents from counties surveyed.

Participants in all 10 focus groups described positive experiences receiving WIC, and in nine out of 10 focus groups, participants were particularly positive about WIC’s services and benefits during the pandemic. Participants particularly valued being able to enroll in WIC over the phone (rather than in person), using a card instead of vouchers when purchasing food, and being able to buy more types of food with WIC’s increased flexibility. One Cheshire County participant mentioned that WIC’s online app was helpful, as was receiving lactation support by text and over the phone. Some parents noted, however, they missed in-person services provided by the WIC program, such as child weight checks and blood tests for lead, that could not occur remotely. Focus group participants noted that they appreciated the WIC staff’s supportiveness, WIC’s flexibility with dietary preferences, and referral or connection to other services like lead paint testing kits or Early Head Start/Head Start.

“I thought that WIC was fairly easy because the phone, over the phone, you could do a lot of it, and anything that needed to be sent was email, which I thought was great as an all-the-time thing. I, I kind of like it because someone who has a lot of appointments anyway, it was easier to fit that in and not have to always push it off.” –Belknap focus group participant

“The [WIC] staff have been super supportive and any changes regarding food requests, they are right on board with that.” –Sullivan County focus group participant

Parents who were not eligible for SNAP prior to the pandemic stated that with SNAP they could now afford healthier food options for their children, and parents also valued receiving school meals at home.

“[M]y kid’s school keeps sending us food, which is wicked helpful. Before, I didn’t qualify for food stamps...but then they changed it so I qualified for a little bit of food stamps, but then they were like oh well, we’re going to give you the full amount. So, that’s something I wouldn’t have gotten before [the pandemic], and that’s been really, like, helpful... And I feel like we’re able to eat healthier and stuff with that help. So, we’re not, like, sitting there being, like, okay, like, how am I going to, you know, feed them? Okay, well, we’re going to have something like spaghetti or something. But instead, now I can be, like okay, well, we’re going to have this nice meal, and, like, extra veggies and stuff. My kids have learned to like a lot of new veggies that we haven’t tried before, because I was, like, oh well, I don’t know if they like it, so I don’t want to buy it and then it go to waste. So, now I know, like, even after, and, like, I’m not—when I’m no longer getting the help, like, that’s something I can buy and it’s not going to go to waste.” —Carroll County focus group participant

“[T]he school helping out with food was a positive when COVID hit, and [I] got a little nervous, and things were starting to fly off the shelves, and there wasn’t certain things, and the school was trying to help out as much as they could.” —Merrimack County focus group participant

In addition, food pantries provided much needed and valued assistance for families who did not qualify for WIC or SNAP because of income limits. Overall, parents’ reported that expansions in food assistance during the pandemic eased distress about food security and finances.

Parents, particularly immigrants, valued CHIP and Medicaid coverage to help with health expenses.

The survey revealed that about one in three parents, regardless of income, who do not currently use CHIP, would value having access to the program. Parents in the focus group echoed the survey findings. Parents in six of the 10 focus groups reported using New Hampshire Healthy Families, one of the State’s managed care organizations through the CHIP/Medicaid program, for their child’s primary health insurance. Fewer reported using Medicaid for their own health coverage.

Participants highly valued public health insurance. Private financial assistance through a hospital and Adult Emergency Medicaid for Noncitizens was particularly important to cover the expenses of one immigrant mother’s delivery, who was ineligible for coverage under her husband’s employer-provided insurance.

“[M]y wife’s insurance is not covered, but [the hospital] offer[s] financial aid with the needy families. So we applied for that. And luckily she received the financial aid, and that actually, fortunately, covered all the expenses of our delivery. And one expense, like the anesthesia during the delivery, was not covered by the hospital because the hospital only covers the services provided by the hospital itself. But the anesthesia [was] offered by a different company. So, that cost was covered by Emergency Medicaid for Noncitizens...because noncitizens are not eligible for Medicaid, but they are eligible for emergency Medicaid. So, this covered for three days. I mean the day on the delivery, before the day of the delivery, and the [day] after the day of the delivery.” —Sullivan focus group participant

Changes to food assistance programs were particularly helpful during the pandemic.

New Hampshire’s Department of Health and Human Services’ Bureau of Family Assistance increased access to food pantries, WIC, and Pandemic Electronic Benefit Transfer (P-EBT) food benefits and expanded SNAP benefits. These options were made available for children who receive free school meals and provided families with relief during the pandemic, alleviating some families’ concerns about food security. Parents’ positive experiences with WIC stood in contrast to their experiences applying for and receiving CCS and housing subsidies, described in greater detail later in this section.

Lack of access to public health insurance exacerbates high levels of economic insecurity.

Parents in the focus groups who did not have Medicaid faced high expenses for health insurance or health care. One parent went into debt because of expenses for her family member's chronic health conditions. Another parent described the benefit cliff her family faced in accessing Medicaid. A benefit cliff is the loss of an important government benefit, such as health insurance due to a change in income.

Participant A: "I don't think we make a whole lot of money, [but] we were over the threshold for state health insurance. It's like their dad made, like, 50 dollars a month or something over the [threshold]...now it costs us a hundred and 60 dollars to have [my kids] have health care. And my middle is in glasses, and because it's a pediatric ophthalmologist, it's an 80 dollar visit because it's a specialist, and it's, like you know, some things I don't agree with that, like the qualifications."

Participant B: "I know. A family of four can eat on this or can survive on that?"—*Hillsborough County focus group participants*

Affordable housing emerged as a high-level need in the focus groups.

Participants in the Coös, Carroll, Strafford, and Sullivan focus groups expressed concerns about the lack of available affordable rental housing in their areas.

"[T]here is nothing for rent right now, nothing. So, we contacted our landlord, and they just told us just yesterday, we're listing the building with a realtor, and we can't guarantee that it's going to end up with an investor. So, you need to plan on finding a new place regardless. And they had just bought their properties here, but nobody wants to own and rent in [name of town] for some reason."—*Coös County focus group participant*

Focus group participants reported some barriers to receiving housing supports. One Sullivan County participant reported her wait for approval for subsidized housing took six to 12 months. Another participant who was searching for low-income housing through the New Hampshire Housing Authority reported that when she applied, the several checks on her credit lowered her credit score, further limiting her housing options.

"I applied probably eight months to a year before we had to move...They do [credit checks] every six months. I don't know why they need to check your credit so much without having you actually move in? Even if, like, this didn't work out, they just kept running my credit, and I couldn't have so many hard checks on my credit – eventually what you'd want to do is to buy a house, and to have that many hard checks on your credit is just not helping anyone....[I]f I was to have housing I guess it would, but it's almost like they're trying to make it so that your credit score is so low you have to do low-income housing."—*Coös County focus group participant*

A few participants mentioned that fuel assistance and one-time housing assistance during COVID-19 were very helpful, but did not resolve their long-term housing concerns.³⁴ Another participant noted that the Community Action Partnership agency helped her find an affordable place for her family, and she hoped that this program could be expanded. Others suggested enforcing rental maximums and reducing the bureaucracy involved in applying for rental assistance.

There is a shortage of affordable housing in New Hampshire. For the 2018-2019 school year, 2.2 percent of enrolled school children in New Hampshire were experiencing homelessness (i.e., 4,021 children). Children with disabilities made up one in four children who experienced homelessness.^{35,36} The housing challenge for New Hampshire families is corroborated by data from the National Low Income Housing Coalition, which finds a shortage of available and affordable rental homes for low-income New Hampshire renters. In 2019, a third of low-income households in New Hampshire were spending more than 30 percent of their income on housing and utility costs.³⁷ The New Hampshire Fiscal Policy Institute reported in 2019 that median rental costs are increasing while vacancy rates are low, exacerbating housing availability and cost burdens.³⁸

Many parents thought income support programs did not provide enough support for their families.

Among parents currently receiving FANF cash assistance, Child Care Scholarship, and SNAP, more than half do not feel any of the programs provide enough support (**Table 9**).

Table 9. Parents' Perceptions of the Adequacy of Income Supports

	AMONG PARENTS CURRENTLY USING THIS TYPE OF ASSISTANCE	
	PROVIDES ENOUGH SUPPORT	DOESN'T PROVIDE ENOUGH SUPPORT
WIC (N=337)	62%	38%
SNAP (N=192)	52%	48%
FANF (N=122)	52%	46%
Section 8 (N=83)	76%	24%
Child Care Scholarship Subsidies (N=49)	59%	41%

Higher income parents needed income supports.

The survey findings (see All Parents, **Table 8**) indicates that many higher income parents thought income supports, particularly Child Care Scholarships, would be helpful. Echoing this finding, many parents in the focus groups who were not income-eligible for programs like SNAP, Child Care Scholarships, Medicaid, or housing subsidies, struggled to meet the high costs of housing, food, medical care, and child care.

“[I]t would be nice if they could expand the tax brackets that they cover, because it puts people in the predicament of, okay, well, I don’t qualify for child care assistance based off of, you know, my income, but if I go back to work, then I’m working to pay child care. So, what do you do?”

—Merrimack County focus group participant

For another mother who didn’t qualify for SNAP, food pantries were able to fill the gap.

“I didn’t qualify for food assistance. So, as a single mom, it stunk, but...I ended up going to a church in my town that did a food bank. I was...not making much, but somehow made too much to qualify—making 15 dollars an hour, they told me I made too much. But so I ended up having to go to a church. And that was hard for me, because I was, like, I work my butt off to survive and I had to go and get help.”—Rockingham County focus group participant

Overall, there was a feeling that there wasn’t sufficient support for families who do not qualify for income supports but who still struggle to save or make ends meet.

“There’s kind of this gray area for families, where you’re not wealthy, but you don’t qualify for anything. And a lot of the resources in our area are geared towards either, like, really below poverty line or if there’s mental, behavioral, like, if there’s specific issues that need to be addressed. There’s not a whole lot that I’ve found access to...We [are] a dual-income, working family, so we’re not, like, at the poverty line, but I’d say, like the working middle class. It’s like there’s nothing – it’s like our bills are paid, but that’s it.”—*Coös County focus group participants*

Many parents, both low-income and higher income, expressed a need for child care assistance.

Many parents considered child care unaffordable and would like more supports for child care subsidies. Among families, child care subsidies were cited as the support they would most like to receive (see **Table 8**). Similarly, as noted earlier in this section, survey respondents were least familiar with child care subsidies among the income supports (see **Table 7**).

“Changing the Child Care Scholarship so it encompasses different tax brackets, and make child care more affordable.”—*Merrimack County focus group participant, when asked what the state could do to help families with young children.*

One mother described her experience with the “cliff effect” with the Child Care Scholarship (CCS) (i.e., when a family loses a benefit because of an increase in income), leaving her unable to afford basic expenses.

“On the topic of child care scholarship, also one other thing they do that I don’t think is fair, is that if you typically work 30 hours a week, and then, say the holiday season is coming so you’re picking up more hours because you’re trying to put some money in savings, or you’re trying to save up to buy Christmas presents for your kids, or they up your tuition, and [CCS administrators] go back, because they’re showing that you made more money for those two weeks, three weeks a month, a week even, and then they go back and make it retroactive. So then you owe money for something that you thought you already paid two weeks ago. So, maybe you already spent that money because you bought those Christmas presents, or you put it in your savings, or something.”—*Merrimack County focus group participant*

In a recent analysis of New Hampshire’s benefit cliffs, child care was found to be the program with the second most type of cliffs, after health care. The child care cliff effect most commonly affects single parents when they join the workforce and two-parent households when the second parent joins the workforce.³⁹

New Hampshire is ranked 24th among 50 states and DC for the cost of center-based infant care, with families paying on average \$13,000 annually for one infant in center-based child care. This represents 12 percent of median household income for a two-adult, dual-income household and over 40 percent of a single adult household’s income, well above the US Health and Human Services recommendation that child care costs for low-income families should not exceed 7 percent of household income.⁴⁰ This is additionally significant as 59 percent of young children in low-income families in New Hampshire live with a single parent.⁴¹

New Hampshire does offer assistance to mitigate the high cost of care. New Hampshire’s CCS program, the state’s CCDF-funded child care subsidy program, serves a high proportion of low-income families in the state, ranking fourth highest in the nation in the percentage of low-income families served by CCDF-funded child care subsidies. Subsidies are available to New Hampshire families with incomes below 220 percent of FPG. Additionally, school districts are required to offer public preschool services to children with special needs, and some districts may offer preschool and full-day kindergarten options funded through Title I or other local funds.

Still, over 50 percent of low-income families with children under 6 do not receive any child care assistance. Moreover, the state ranks 44th and 49th in the percentage of 3- and 4-year-olds, respectively, enrolled in preschool, Head Start, and/or Special Education (see Appendix H), likely due to the lack of a state-funded preschool program and lack of a state supplement to Head Start. Also contributing to high child care costs are the low availability of child care options and the economic challenges faced by child care centers.

In the survey, few low-income families stated that lack of knowledge or unpleasant application experiences deterred them from applying for services.

Among low-income parents who were not currently receiving income support programs, very few reported that they did not apply because they did not know how or they had an unpleasant experience applying in the past. For most of these programs, less than 5 percent of low-income parents reported these issues (**Table 10**).

Table 10. Reasons for Not Utilizing Income Supports Among Low-Income Families Not Receiving These Supports

	DON'T KNOW HOW TO APPLY	HAD A BAD EXPERIENCE
WIC (N=493)	3%	2%
SNAP (N=630)	3%	3%
FANF (N=697)	4%	2%
Child Care Scholarship Subsidies (N=740)	10%	2%
Section 8 (N=735)	6%	2%

Further, among families who received these services, the overwhelming majority would recommend them to someone else in need (**Table 11**). For every income support, over 90 percent of current or former recipients would recommend that others in need use these services.

Table 11. Families' Positive and Negative Experiences with Various Supports and Services

	RECOMMENDS TO OTHERS	DOES NOT RECOMMEND TO OTHERS	DON'T KNOW/PREFER NOT TO SAY
CHIP (N=416)	96%	2%	2%
WIC (N=474)	98%	0%	1%
SNAP (N=356)	96%	1%	3%
FANF (N=254)	93%	3%	5%
Section 8 (N=130)	92%	1%	7%
Child Care Scholarship Subsidies (N=122)	93%	2%	4%

Focus group participants, however, reported that the process of understanding, applying for, and managing housing and child care subsidies was a significant stressor and lacked transparency.

While survey parents may not have been deterred from applying by unpleasant experiences, some experienced substantial stress and invested significant time in applying. Participants in six focus groups described administrative burdens to accessing benefits and services, primarily for Child Care Scholarship and housing assistance. (Earlier in this section, we described the more positive experiences families face in accessing WIC.) These administrative burdens included substantial paperwork, complicated application processes, and a lack of transparency about how life events or other benefits interact with each other. In addition, participants in at least four focus groups mentioned that the process of applying for or managing child care subsidies was particularly complicated. Many mentioned that during the pandemic, resolving application issues became more difficult.

“I’ve had this huge struggle getting housing assistance. I even have my worker from the Family Resource Center help me do the paperwork. And then we did the paperwork, we got it sent out, and I finally made it to the spot on the list where they call you to set an appointment, and [then] COVID hits...I called like a week in advance and explained my son’s immunocompromised, is it alright if just I come in for the appointment rather than bring the other adult? And the person I spoke to over the phone [said] yeah, that’s fine as long as you don’t miss the appointment. So, I make it to the appointment. I make it to the counter, where you check in for your appointment, and she’s basically like yeah, no, we’ll have to call you to reschedule this. Both parents need to be here.”—*Coös County focus group participant*

“[W]hen they would renew [the child care scholarship], [the day care center] would leave this huge balance until you got approved...[Y]ou couldn’t sign a contract with the daycare that she goes for so many days. So...you see those balances adding up and if you miss one thing and they deny you, then you have to redo it all over again hoping that, you know, the daycare’s not going to be like well, you need to pay this until they can reimburse us, or you know what I mean? Like there’s been a few times when I’m, like, okay, what do you need? Do you need blood at this point? Because it’s just like I’ve given you everything at this point, you know? Every piece of paper that I could possibly give you, and I felt like it wasn’t good enough. And it’s just sometimes the runaround that you have to do is insane, especially when, like I said, and – and with daycare too, like you have to have it all set up. Like you have to have the daycare that they’re going to, the hours that they’re going to be, and then you have to have that all set up with your work. Like you literally have to have all your ducks in a row for you to even apply.”—*Carroll County focus group participant*

One parent whose child receives the NH Child Care Scholarship mentioned that when she switched jobs, she received a \$700 bill from her child care provider.

“[B]ecause of my job switching [and] the daycare reopening, as well as part of that combination, [my daughter’s] benefits from the state, her voucher, got all mixed up and I was told that I was owing, oh my gosh, what was it? It was like 700 dollars. And so the daycare was trying to tell me that I owed 700 dollars when I was actually just paying the amount that I knew I was supposed to pay. And so it took about two weeks to sort it all out. Long story short, I think I only owed them like 150 dollars.”—*Belknap focus group participant*

In another case, one mother canceled Medicaid for her children, but then lost WIC, a benefit she wanted to continue but which was tied to her children’s receipt of Medicaid. She did not know that ahead of time. All of these experiences caused undue stress for families struggling to make ends meet.

Immigrant parents may face additional barriers to accessing resources and services.

One Strafford County focus group participant mentioned that she had trouble accessing a government website using the computer from her native country and also only felt comfortable seeking services after she gained citizenship.

USE OF SUPPORTIVE SERVICES AND CHANGES DURING COVID-19

Many parents have not heard of supportive parenting and child services.

Among respondents with a child aged 4 and under, over half (55 percent) had not heard of home visiting (HV), and close to a third had not heard of early intervention (FCESS) (30 percent) (**Table 12**). These programs were less widely used than income supports, with fewer than 7 and 13 percent of respondents with a child aged 4 and under currently using home visiting and early intervention, respectively. These programs are targeted to families with children aged 0-3 with specific needs; for example, early intervention is intended for children who have developmental delays or potential disabilities. In fact, among families with a child aged 4 and under whose children have a disability, only 10 percent had never heard of the program.

Table 12. Use of FCESS and Home Visiting Among Respondents with a Child Aged 4 and Under

	CURRENTLY USE	HAVE USED IN THE PAST	NEVER USED, BUT HEARD OF IT	NEVER HEARD OF IT	DID NOT ANSWER
Family Centered Early Supports	9%	19%	37%	30%	5%
Home Visiting	5%	12%	21%	55%	7%

N=849, 4 missing

Parents reported moving to virtual services during the pandemic.

To understand how the pandemic impacted the delivery of early intervention (FCESS) and home visiting (HV) services, the survey asked families who currently receive these services how the services changed in the past year. Sample sizes were too small for early intervention (FCESS) to report the results. Of the 24 parents who received home visiting prior to and during the pandemic, all noted some changes in the service, the most common being switching to virtual services (79 percent) and sessions becoming less frequent during the pandemic (33 percent). Parents could choose more than one way services changed.

Parents in the focus groups echoed these findings, noting that early intervention (FCESS) services transitioned to remote services. While some missed the in-person visits, one mother said she preferred the virtual visits:

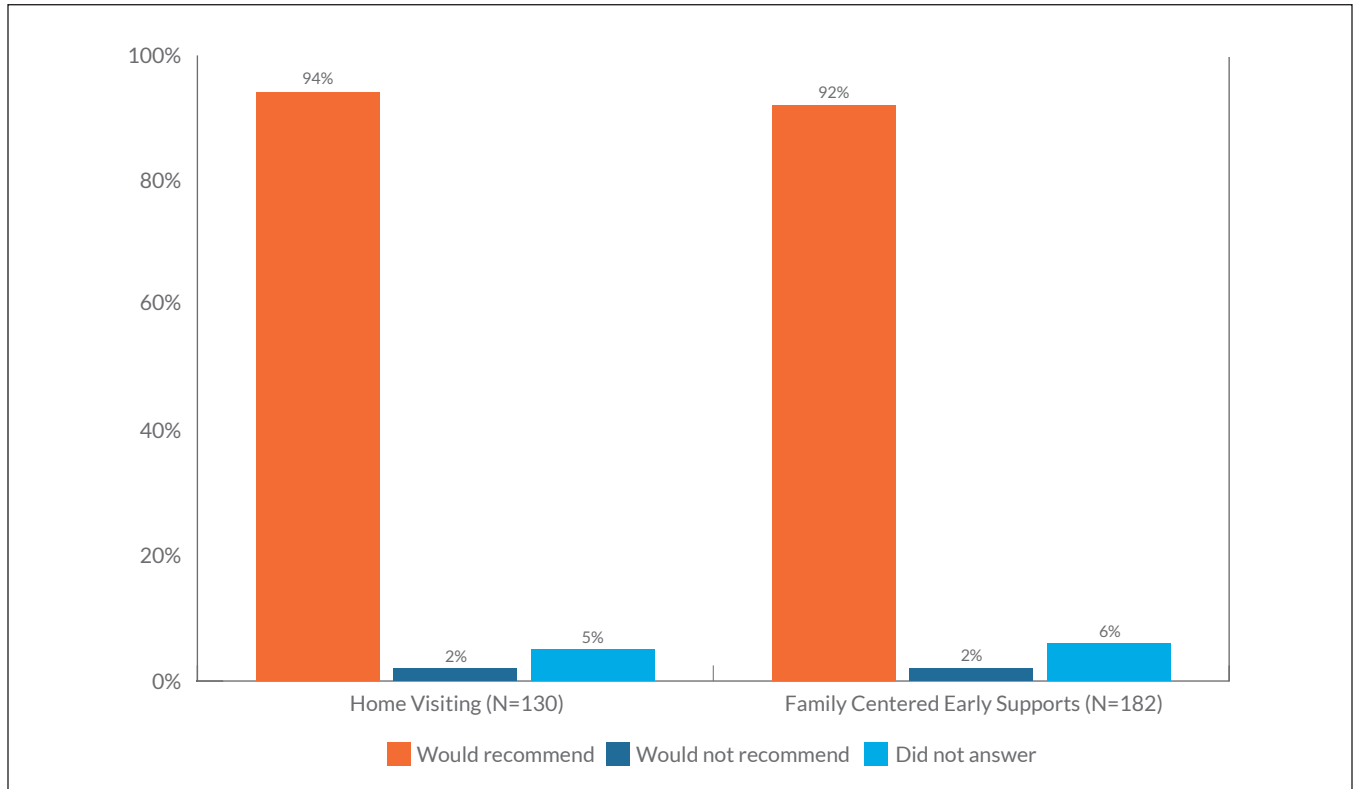
“We use Early Supports and Services, and the Family Resource Center in [name of town]. And I actually was a little bit worried when COVID started, because I wasn’t sure what was going to happen with services. But they were great. They switched to Zoom. And I actually think for Early Supports and Services for my daughter, it’s almost a little bit better because before, whenever her case worker would come over, all she’d want to do is, like, get a hug and sit in her lap, which is good. But it didn’t necessarily allow us to have the time to practice as much. So, I would say that I was glad that it continued and actually Zoom. I talk to her case worker even afterwards. It seems like Zoom’s a better option for her focus.”—Grafton County focus group participant

In focus groups, all the parents who described the transition from home visits (including FCESS and HV services) to remote services had positive comments about the transition. They said the process was easy and facilitated by good communication from staff. The staff remained accessible to families via phone and email, and parents felt that their questions were addressed.

Parents highly value FCESS and HV services.

The vast majority of parents who used these services reported they would recommend them to someone else in need (**Figure 2**).

Figure 2. Parents' Recommendation of Home Visiting Services and FCESS.



Parents in the focus groups echoed the survey results, reporting that they highly valued FCESS and HV programs. Participants in all 10 focus groups mentioned receiving either FCESS or HV supports. It was not always clear in the discussions which home visiting program parents were referring to. However, it was clear that parents valued home visits for referrals to specialists and connections to other supportive services like speech and occupational therapy. Further, parents appreciated the staff’s responsiveness, consistency, and accessibility. Parents of newborns who also had toddlers were particularly appreciative that they did not have to leave the house to receive services.

“[T]he hospital offered, we can have someone, they come right in the house, and you can have all taken care of there. And she checked my blood pressure, as well. And it was just nice to not have to leave the house with a five-day-old baby, you know? It was good.”—Hillsborough County focus group participant

“[W]e got in touch with Early Intervention here in [name of town], and they were fantastic. They helped us so much. The people who work there at that time were very helpful, and they guided us through the process. So, it just opened up so many doors and possibilities. So, I felt that was positive, and I can’t thank them enough because without them, who knows where we would be.”—Belknap County focus group participant

A 2018 needs assessment of Maternal, Infant, and Early Childhood Home Visiting Services corroborates these positive perceptions of home visiting services, finding high levels of satisfaction related to home visiting services’ helpfulness, the number of home visits, and comfort with home visitors. Notably, nearly all respondents agreed or strongly agreed that FCESS, the state’s early intervention program, was helpful.

CHILD CARE ACCESSIBILITY AND QUALITY

Struggles to find child care during the pandemic and the lack of affordable child care were common themes in the survey and the focus groups. Lack of affordable child care created a barrier to employment for low-income parents. Parents who were able to secure child care in Early Head Start/Head Start, center-based care, or preschool identified benefits for their children and believed the teachers offered many supports during the pandemic.

Parents used child care centers and friend/neighbor/relative care more than other types of care.

In the survey, we asked parents with children under age 5 about their child care arrangements. The most common responses were child care centers (other than Head Start) (22 percent), Head Start or Early Head Start (14 percent), or family, friend, or neighbor care (12 percent). The least common arrangement was home-based child care (4 percent) (Table 13).

Table 13. Child Care Settings Used by Families, Whole Sample and Low Income

CHILD CARE SETTING	WHOLE SAMPLE	LOW-INCOME
Head Start	9%	15%
Early Head Start	5%	8%
Other Center	22%	14%
Home-based Child Care	4%	2%
Pre-Kindergarten*	4%	5%
Friend, Neighbor, or Relative	12%	13%
Other	11%	8%
None of These	43%	44%

N=684, 1 No response

*The survey did not provide “preschool” or “pre-Kindergarten” as an option. We collected responses from the text fill-in responses to estimate the number of families using a pre-K setting, this number is likely under-reported.

Parents in four of the 10 focus groups stated they enrolled their child/children in Head Start or Early Head Start. Parents had uniformly positive experiences with Early Head Start. They particularly noted the quality of teaching even through the pandemic, the development screenings, and connections with other resources.

“I found Early Head Start when my son was 2, and it was probably the best thing that’s happened living in this town, for us...it turned out to be so good for him. And he’s reading like third grade level right now, and he’s only four years old. So, I have nothing bad to say. And through the pandemic, the school, the teachers, they’ve been so wonderful. I mean they’ve been patient, because it’s really hard for a four-year-old to sit down in front of a screen and interact. But everyone did their best, and I have his teacher to thank so much for everything for the last two years. I mean such a blessing. Such a blessing. I can’t say enough good about it.” —Rockingham County focus group participant

During the pandemic, among those who needed child care, one in five parents had trouble finding it.

Thirty-two percent of parents in the survey did not need child care (Table 14). Twenty-one percent of parents both needed child care and reported that they had trouble finding child care, while 47 percent needed child care but did not have trouble finding child care. In other words, about one in five parents who needed child care had trouble finding it. Among low-income parents, 65 percent needed child care, and low-income parents were more likely to report trouble finding it than higher-income parents. Twenty-two percent of low-income parents both

needed child care and had trouble finding it. Among higher income parents, 72 percent needed child care while 19 percent of higher income parents both needed child care and had trouble finding it.

Table 14. Families' Experience Finding Child Care

	HAD TROUBLE FINDING CHILD CARE	DID NOT HAVE TROUBLE FINDING CHILD CARE	DID NOT NEED CHILD CARE
Whole Sample	21%	47%	32%
Low-Income	22%	43%	35%
Higher Income	19%	53%	28%

N=684, 1 No response

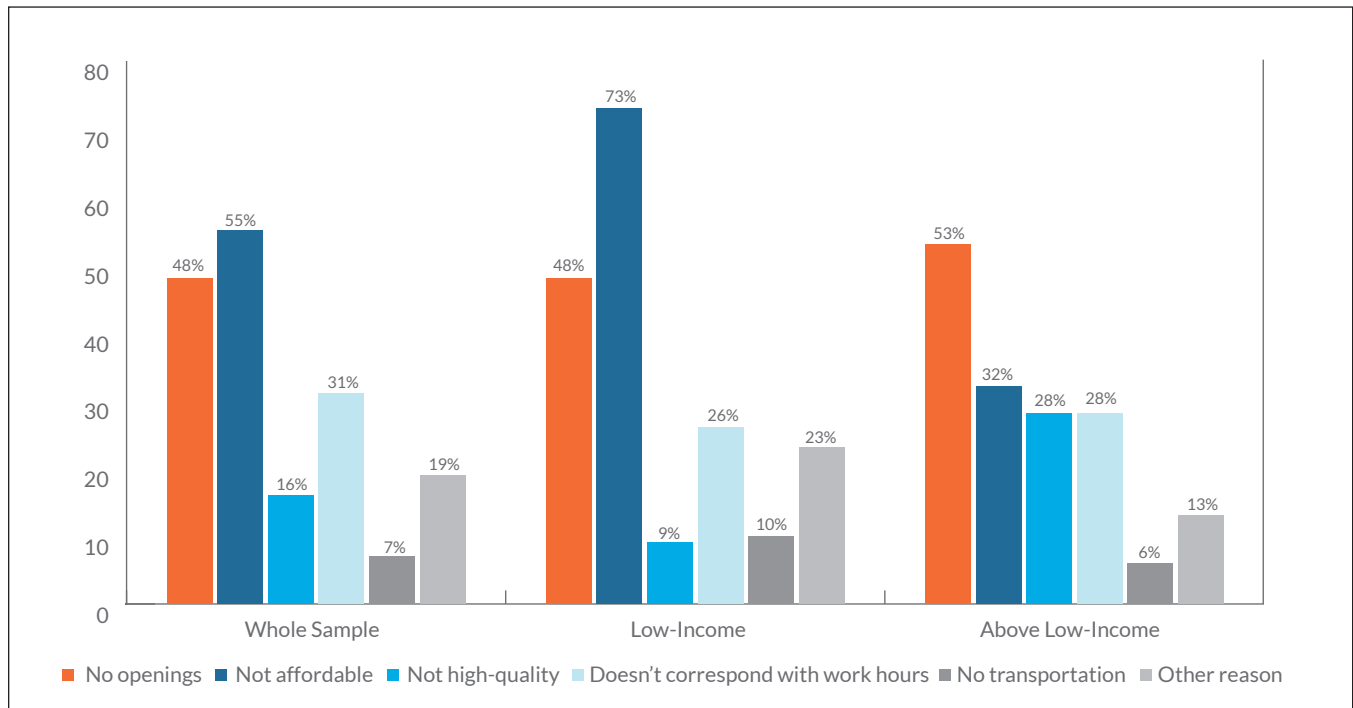
Higher income parents were more likely than low-income parents to cite quality and correspondence with work hours as barriers to finding child care.

Among surveyed parents who had trouble finding child care, 31 percent reported a barrier finding child care that corresponded with their work schedule (Figure 3). Forty-two percent of higher income families cited this reason as the barrier for child care, while only 22 percent of low-income families did. Twenty-eight percent of higher income parents said quality was a barrier to finding child care, while only 9 percent of low-income families identified that as a barrier.

Affordability was the most common barrier to finding child care, particularly for low-income parents.

Among parents who had trouble finding child care, the most common barrier was affordability. Fifty-five percent of families in the survey cited the cost of child care as a barrier. Among low-income families, 74 percent identified affordability as a barrier, compared to 33 percent of higher income families.

Figure 3. Reasons Families Had Trouble Finding Child Care, Among Parents Who Needed Child Care and Reported They Had Trouble Finding It, by Income



N=143, 0 No Response, Responses add up to more than 100% because parents could give multiple reasons

Difficulty affording child care was echoed by the focus group participants. Many parents in the focus group stated they needed affordable child care options in their region. Parents often encounter waitlists, available hours that do not match their work schedule, or long distances from care.

“I know that something very difficult about this area is that there’s almost no infant care for anyone under 12 months. It’s incredibly competitive. So, I know that with my first child, we actually didn’t have child care for the first year because we were on so many waitlists. And when we did find child care, it’s 40 minutes from our home.” –*Grafton County focus group participant*

“I wish that they just had more access to affordable child care or even early learning. I think that pre-K should just be automatically available to all children, and they shouldn’t have to pay for it.” –*Coös County focus group participant*

“So, I tried to sign her up for Head Start, and it wouldn’t even, like, let me do anything. It kept saying that’s not available in this area. I can’t even, like, apply for it... Head Start is an amazing program, and I definitely want her to be able to join them and have that socialization, and everything else. Like, and that’s like an amazing program, like, but it just hard that it’s not happening right now.” –*Carroll County focus group participant*

A number of parents cited lack of affordable child care as a key barrier to employment, either because they could not find child care or because the cost of child care was almost as much as parents earned. Some parents quit their jobs to provide care for their children because the cost of care exceeded their earnings. For example, this mother quit her job working at a daycare center because even when receiving an employee discount, the cost was still unaffordable:

“I worked in child care. I went to school for it. And when I had my kids, you know, I got the 50 percent discount. And then I had a second one, and it was like by the time I paid my tuition for the week, I had barely 100 bucks to my name, and it’s like, why am I even working right now?...It was cheaper for me to stay home than it would be for me to go to work...even with the employee discount...[W]hen you have an infant, and the daycare you pay is \$285 a week, it didn’t make sense...I’ll just stay home until they’re in school.” –*Hillsborough County focus group*

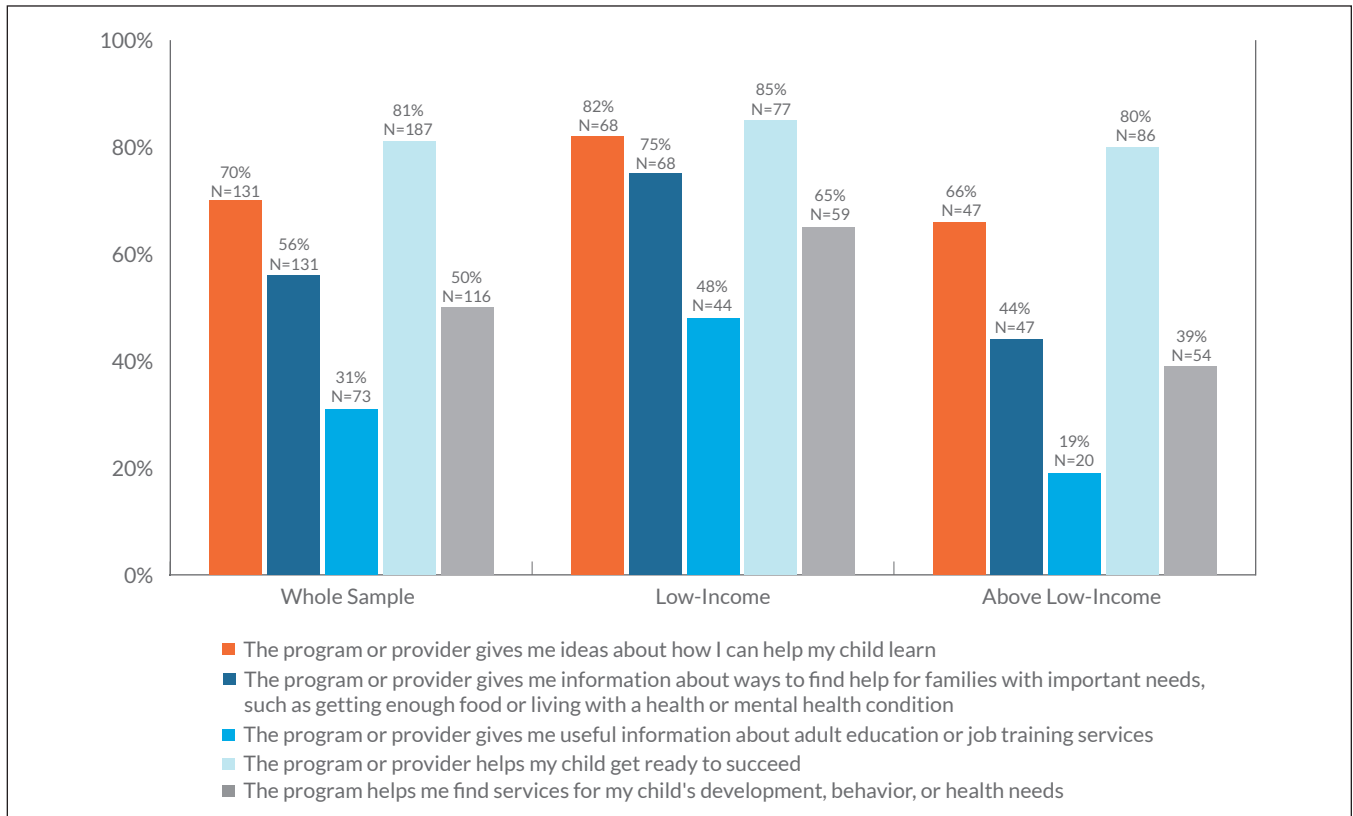
One in two low-income parents that had trouble finding child care in the past year never found care. Higher income families were more likely to find child care.

Three out of every four parents in higher income families in the survey who had trouble finding child care eventually found it. Among low-income parents, approximately half (54 percent) eventually found child care.

Most parents said their child care provider gave them ideas for helping children learn and helped prepare them to succeed in school.

The survey asked parents with children in child care about a range of supports they received from their child care provider. These supports included whether the provider gave them ideas for how to help the child learn, provided information for meeting important family needs, provided access to information about adult education and job training, helped the child get ready to succeed in school, and helped find services for child’s development and needs. More than 80 percent of parents reported that their child care provider helped their child get ready to succeed in school (**Figure 4**). Seventy percent of parents said their provider gave ideas about how to help their child learn. Low-income parents were slightly more likely to agree with each of these statements than higher income parents.

Figure 4. Perspectives on Youngest Child’s Child Care, Preschool, or Head Start, by Whole Sample, Low-Income, and Above Low-Income.



N=495, No Response=29

Higher income parents were more likely to indicate that during the pandemic their child’s child care provider talked less to them about their child’s progress and that their child care costs increased.

Thirty-two percent of higher income parents said that during the pandemic they had less time to talk with their teacher about their child’s progress while only 17 percent of low-income families agreed with this statement (Figure 5). Twenty-two percent of higher income parents reported their child care costs increased during the pandemic, while only 9 percent of low-income families did.

Some parents in the focus groups noted the importance of preschool and high-quality day care for early identification of potential learning disabilities or other delays.

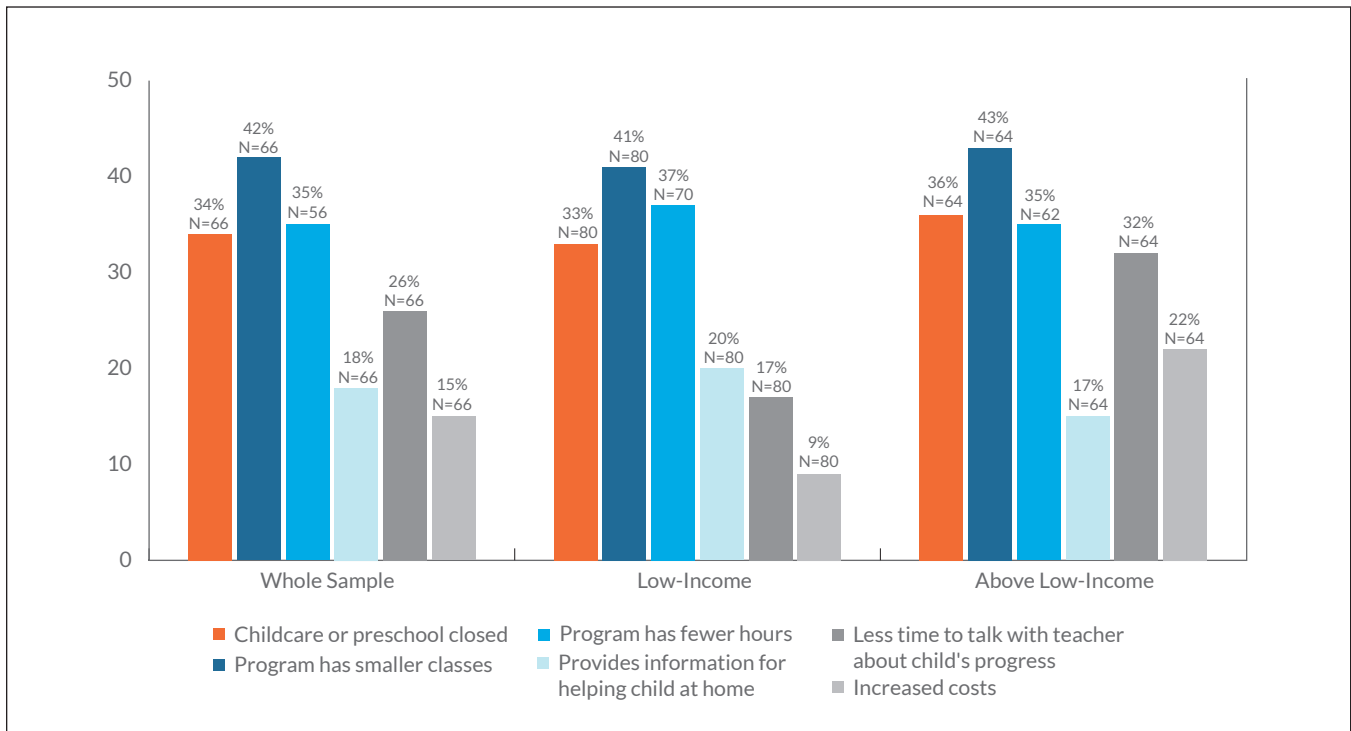
“But [my son] was learning letters and things like that, and it’s all of a sudden like there’s something that’s not connecting for him, and it’s just hard that now he’s almost done [with] kindergarten, going into first grade, and he already tells me, you know, I can’t get my brain to make [sense]. But it’s just hard that this could’ve been something, you know, that maybe would’ve been picked up had he been in preschool.” –Hillsborough County focus group

EFFECTS OF COVID-19 ON CHILD CARE

One in three parents experienced child care closure as a result of COVID-19, and some who lost child care during the pandemic still struggle to find care.

The survey asked about changes in child care during the pandemic. Changes, such as closures and reductions in class size, were common. Forty-two percent of parents said their program had smaller classes and 34 percent said their child care or preschool had closed. Both low-income and higher income parents reported these changes at similar rates.

Figure 5. Effects of COVID-19 on Child Care, by Whole Sample, Low-Income, and Above Low-Income.



N=495, No Response= 32

The parents in the focus groups who withdrew their child from care because of concerns about COVID-19 exposure struggled to find child care options. Parents with very young children, in particular, had trouble finding infant care and preschool options, due to availability.

“We lost child care at the beginning of COVID and have not been able to find child care since.”
—Sullivan County focus group participant

“We pulled [our daughter] out of daycare when COVID hit, especially because we had newborn babies at the time, and now that things are kind of opening up again, we kind of feel safe putting her back, there’s no more availability. They’re full. So, there’s—there’s nothing in the area, even if you could afford it, there’s nowhere to send her. There’s no preschool in our community. You know, I think there might be one other mom who has a kid under the age of 4. So, there’s just not a lot available, never mind, you know other factors, such as affordability, or just if it’s practical.”
—Coös County focus group participant.

When child care centers closed due to COVID-19, one parent said they were still expected to pay for the child care. As a result, she wondered whether it was still worth working to keep her children in care, especially since she had to pay a sitter in addition to the daycare while it was closed:

“[W]hen COVID started, it was at that point where we’re, like, let’s do the math. Is it cheaper for you to stay home (NAME) or go to work? Just because it is a challenge. One of the things with [the child care center]– you still have to pay for that child care, even though you’re not getting it. We were told there was going to be some way the state could help reimburse for that, but that hasn’t necessarily happened yet. And in some cases, I was also paying a student to watch my two-year-old, meanwhile I’ve already paid for her to be at the center. So, paying for daycare once is hard enough, but to have to pay for it twice was a struggle.” —Grafton County focus group participant

CHILD CARE EXPULSIONS

The survey asked families with children in child care and preschool settings if their child had been asked to leave the program due to the child’s behavior. This question was of special interest in light of family stress associated with the pandemic and the possibility that consequent child behavior difficulties might contribute to expulsions. Three percent of parents had a child who had been expelled from child care or preschool because of the child’s behavior. Because of the small sample size, we were unable to analyze these questions in more detail.

SCHOOL-AGED CHILDREN

The majority of school-aged children had school either entirely or partially at home due to COVID-19.

The survey asked parents to describe the schooling arrangement of their youngest child, ages 5-8, during the previous school year. Forty-two percent of parents said that their child was learning entirely remotely at home during COVID-19. Another 21 percent said their child was in a hybrid learning environment. About one in four (25 percent) parents said their children were still going into school every day. Five percent said their children had already been home schooled, while only 3 percent said their child had not yet started school.

Most parents reported no change in their children’s learning during COVID-19, while one in three parents reported their children were doing worse in school.

We asked parents with school-aged children how their youngest child’s learning has been affected by the COVID-19 pandemic. Thirty-nine percent of parents said their child’s learning was the same as pre-COVID-19 while 35 percent said their child’s learning was worse and 18 percent said their child’s learning was better.

Parents reported that children in hybrid settings were experiencing more difficulty than children in other school settings during COVID-19.

There were large disparities by school setting in the percentage of parents who reported their children were doing worse in school since the onset of the COVID-19 pandemic. The majority (53 percent) of parents whose children were in a hybrid school setting reported their children were doing worse in school. About one-third (37 percent) of parents reported children who were receiving school entirely at home were doing worse. Only 20 percent of parents of children who were attending school entirely in person reported their children were doing worse. The difference between children in hybrid settings and **those not in hybrid settings was statistically significant at the .01 level.**

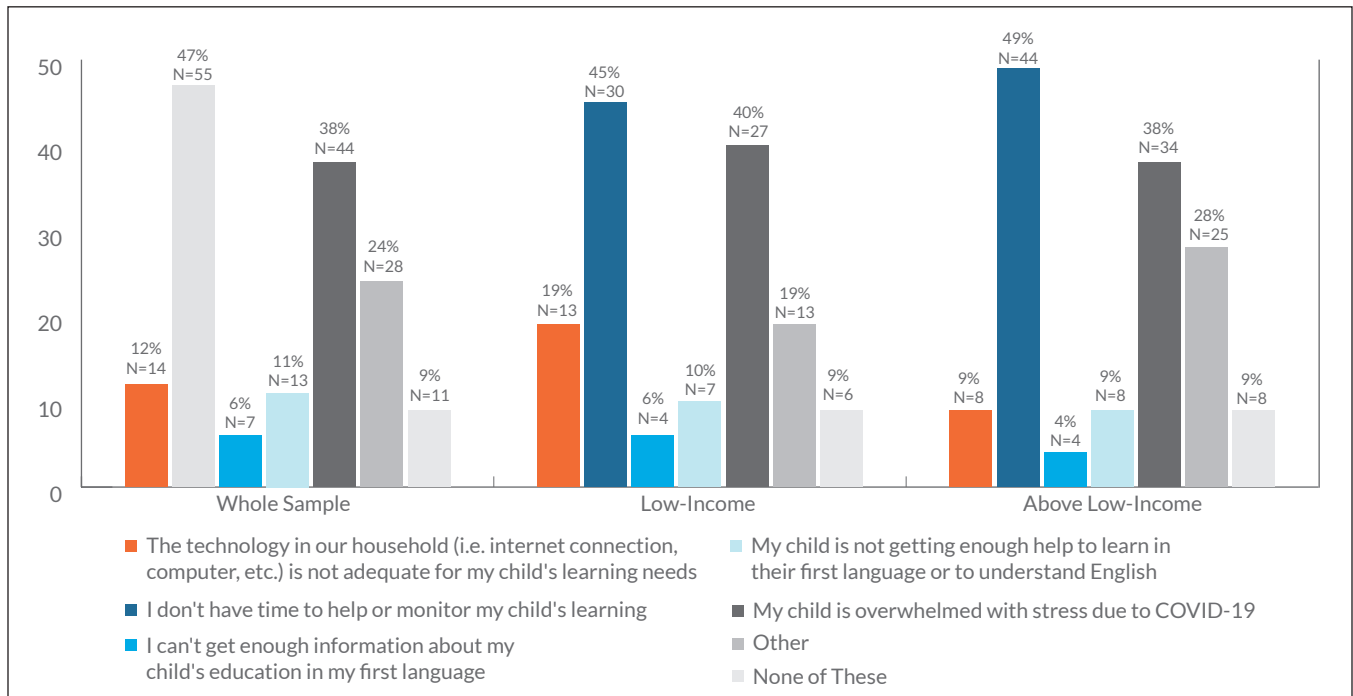
The survey findings were echoed in the focus groups. Parents stated their young children struggled with a lack of routine and frequent changes to scheduling associated with hybrid learning. In addition, some felt that remote learning was especially difficult for young children because they had difficulty focusing on a computer screen.

“[Y]ou get used to being stuck at home, and then you’re trying to get used to getting back to the school, and then the school system over here, right in [name of town], they’ve had the kids in and out, in and out, in and out, in and out of school the whole school year. So, my daughter’s gotten used to being there, and then she’s not there. And then she’s being there, and then she’s not there...And on top of bumping [the time they got out of school] back an hour, they forced the kids that were remote learning, like [NAME of daughter], to go back. So, not only are they getting an extra hour of school a day, they’re also getting used to all these new faces again. So, it just added a huge, whole bunch of excitement.” —Coös focus group participant

Parents do not feel they have enough time to monitor their child’s learning and report their children feel overwhelmed.

During COVID-19, many parents and children had a hard time adjusting to both working and learning from home. The survey asked about the factors contributing to why parents thought their children were doing worse in school during COVID-19. Nearly half (47 percent) of parents said they did not have time to help monitor their child’s learning (Figure 6). This was slightly more common among higher income parents (51 percent) than it was for low-income parents (46 percent). Over one-third (38 percent) of parents said their child was overwhelmed, which negatively impacted their learning. This factor was similarly reported among low-income parents (42 percent) and higher income parents (36 percent).

Figure 6. Reasons that Families’ School-Aged Children Are Having Difficulties Learning



N=177, No Response=0

Focus group participants also described the difficulty of coordinating work schedules with spouses or other family members to ensure children had enough supervision and attention. Both parents and children struggled to adjust to the new working and learning conditions.

“[W]hile I’m sitting here trying to meet my quota [for work], I’ve got a little girl who’s trying to do her school work, and, of course, the teacher changed. And that teacher was less hands on, didn’t do Zooms. So, my daughter is struggling. And she wants to ask me a question, and she wants my help, but I can’t leave my computer because I’ve got to meet a quota. And so she automatically would lose her mind...It was like a huge stressor. And it got to the point where my job actually transferred me to a different team. So, I wasn’t doing that same work anymore because I couldn’t meet the quota. I couldn’t do it.” —Belknap County focus group participant

“I work off the schedule of my partner. I work in the evening. So we don’t really see each other either...We’re desperately looking for a place to put our three year old.” —Coös County focus group participant

Most parents did not report technology barriers as a cause for their child’s learning difficulties; however, low-income parents were more likely to name technology barriers as a cause for their child’s learning difficulties.

Twelve percent of parents who reported their children were doing worse in school during COVID-19 reported that technology in their households (i.e., internet connection, computer, etc.) was not adequate for their child’s learning needs (**Figure 6**). This was reported more frequently by low-income parents (19 percent) than by parents who are higher income (8 percent).

A focus group parent described how her child’s school helped students obtain better Internet connectivity.

“I feel like we had decent Internet before COVID, but when COVID hit we had to struggle for months to get good internet. They did a really good job trying to fix that—at least the school did. They were definitely helping to get it and possibly even pay it. Our Internet provider has changed, and we now have fiber in this area. I feel like COVID was the positive there. Before COVID there was not help, just figure it out. It’s become a necessity like water or heat.” —Cheshire County focus group participant

Most parents have positive feelings about their child’s teachers and administrators, but focus groups reveal more nuance.

The survey asked parents with school-aged children whether they felt their teachers and administrators provided clear information, provided enough time for their child to complete their work, gave constructive feedback to families, and provided enough individual attention to their child. Eighty-two percent of parents said their teachers provided them with clear information and slightly fewer (79 percent) said their schools’ administrators provided clear information (**Figure 7**). Eighty-three percent of parents said their child’s teacher provided enough time for their child to complete their work, 79 percent reported that they received constructive feedback, and 72 percent felt the teacher provided enough individual attention to their child. These perspectives did not vary significantly among parents by income.

In focus groups, parents also described the importance of clear communication from schools and teachers. For example, one parent described the difficulty of frequent, inconsistent scheduling changes.

“Some [teachers] were super easy to understand because the online learning would be from 9 to 12 and parents could schedule work around it. But other teachers were 20 minutes here and 20 minutes there. It was really frustrating. Having three kids and trying to work at the same time—stressful.” —Belknap focus group participant

Families with children with disabilities reported substantial disruptions in the support services their children received.

While all families struggled with disruptions in schooling, parents of young children with disabilities particularly struggled with the disruption of supports and services for their children. Parents specifically mentioned disruptions in their school district's early special education preschool and delays in obtaining children's Individualized Education Plans (IEPs), which, in turn, caused delays in the child's receipt of individualized services. People whose children have an IEP described not receiving timely services. Parents were particularly concerned about disruptions in individualized supports because they feared their children would fall behind—developmentally, behaviorally, and educationally.

“I think that the most challenging or disappointing thing that happened during COVID for us was our school district's early preschool program. When COVID hit ,we literally received nothing. We probably got about four speech sessions that were 15 minutes. They did, like, nothing. They had like a Google class page, and literally, besides the four speech lessons that we had, they didn't give us any services. They checked in on us once, maybe. But I was really disappointed and felt very little support from our school district in the early preschool program.” —*Belknap focus group participant*

“During COVID, we went a period where we did not have speech or OT. It was hard to find providers that would do virtual, unfortunately. And, because myself and my child are medically complicated, it wasn't advisable for us to go in person. So, it made things harder for us. I feel like we had some pretty significant regressions that even the – the teacher virtually had picked up on that was concerning because we were not receiving those services. And, unfortunately, my daughter had not received IEP services yet. We're actually still in the process of IEP. So, we just didn't have any services period.” —*Belknap focus group participant*

During one focus group, participants expressed a desire to provide anonymous feedback to the schools or Department of Education to be better able to maintain relationships with their child's school and teachers, as well as provide honest feedback.

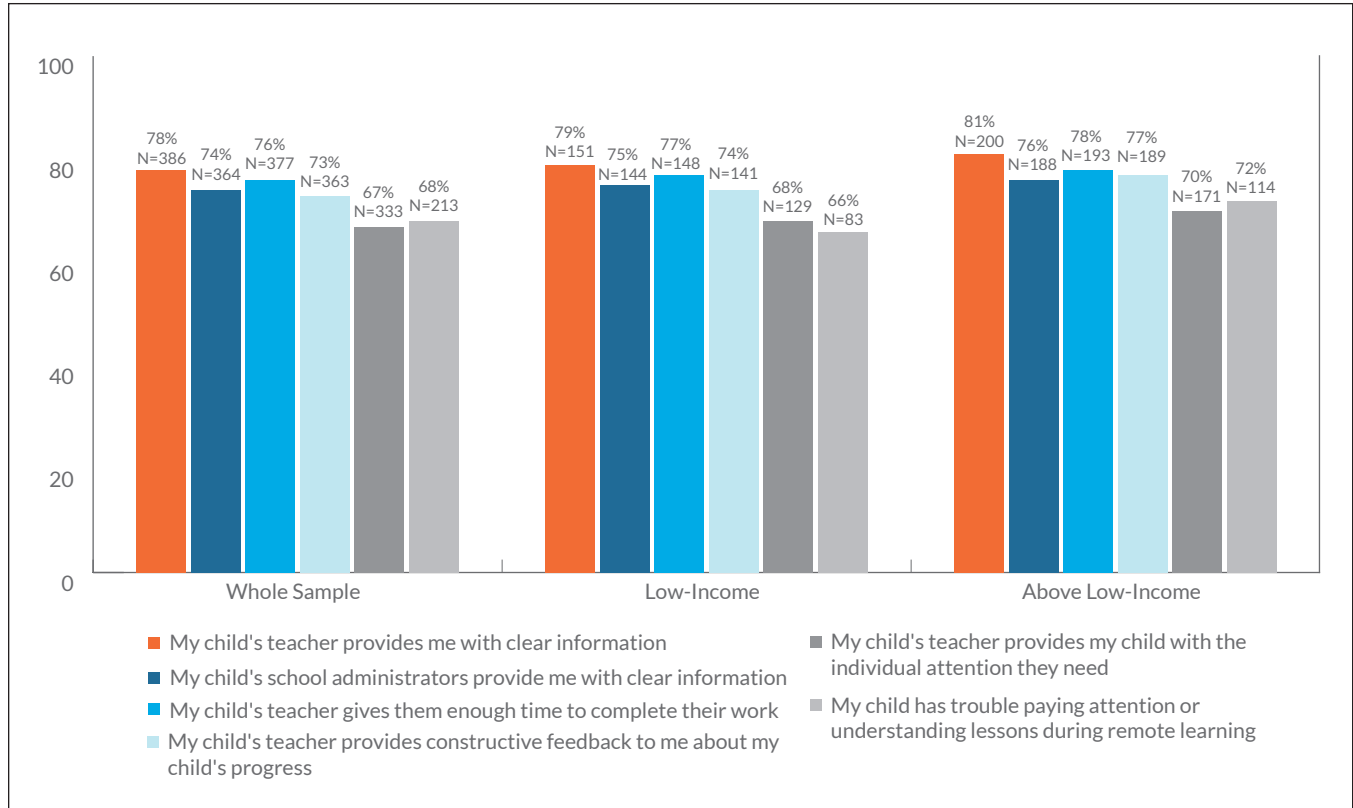
Participant 1: “Yeah, we had got the same survey [from the state], and it was super awkward...They know who they send it to. You know who was your person [at the school]. So, how is that? And you have to continue working with the same people. So, you have to be very careful what you do, what you say... I think they just should have helped the school districts see what they could actually help families with, not ask if we are happy because, I mean, honestly, you'll ruin your relationship [with your child's school] for what? Next 13 years of your kid, you know?...I wasn't happy with that. I mean, but I wasn't also complaining. But...we didn't get what the kid needed.” —*Belknap focus group participant*

Participant 2: ... “[The survey] wasn't anonymous. It really should've been anonymous, because then people could tell their truth.” —*Belknap focus group participant*

At least two parents in the focus groups chose to enroll their children in private school because they felt the school would be better able to meet their child's special needs. In addition to asking parents with young school-aged children (ages 5-8) their perspectives on their child's teachers and administrators, we asked parents of children who received remote learning whether their child was able to pay attention adequately to lessons delivered virtually. Sixty-nine percent of those parents said their child had difficulty paying attention during

remote learning (**Figure 7**). This occurred slightly more among higher income parents (72 percent) than among low-income parents (67 percent).

Figure 7. Parents' Perspectives on School-aged Children's Education



N=495, No Response=39

The open-ended responses in the survey revealed that many parents did not feel that remote learning was appropriate for school-aged children (aged 5-8) who are less able to focus without in-person support. Parents of children with disabilities or learning delays especially did not believe that remote learning met their child's developmental and/or socialization needs.

IMPACT OF COVID-19 ON HEALTH SERVICES

Parents with young children, especially those with complex health problems or developmental delays, faced barriers to health services at the beginning of the pandemic.

At the start of the pandemic, occupational and physical therapy appointments and other essential services for children with disabilities halted, exacerbating parents' concerns that their children would regress physically, developmentally, and/or behaviorally during the pandemic. In addition, many parents, both those with and without children with complex health needs, said doctor visits were canceled or delayed due to concerns about COVID-19 exposure. At least two mothers believed this was the reason their child's health condition was not recognized earlier:

“So, I feel that my daughter wasn't diagnosed at the right time. I feel like it was kind of delayed due to COVID. I think her year check up, or 14 month, I don't remember what one, but it was canceled, and she wasn't seen until she was 18 months. So, I just question if we could've caught it sooner, and—and done something sooner.” —Coös County focus group participant

Some parents encountered delays and long wait lists in obtaining diagnoses for their children, which, in turn, delayed services and supports for the child. One mother had been waiting for over seven months to obtain an autism evaluation:

“[W]e’ve also been waiting to get in for an autism evaluation. And we are finally doing that this month. But it’s been over six or seven months of waiting, and waiting, and waiting, and calling, and calling, and calling. So, this month we’re finally getting in for that, and we’re finally getting him in for an MRI. But it’s really just such long waiting periods...and hard when you are waiting and waiting to get in for an autistic evaluation, and everything else, because we can’t get more services until he has that label on him. So, it’s hard.” —*Belknap County focus group participant*

In three focus groups, participants said that many dentist and doctor offices did not allow parents or other children to accompany patients into the exam or the waiting rooms. This created a barrier to timely health services for parents with young children, children with developmental delays, and those with multiple children and/or no other child care options.

“The real big thing that really bothered me, hurt me, was hard for me, is that I had multiple children and a grandchild living with me during COVID, and you were not allowed to bring another child to a doctor’s appointment. So, I had in-person appointments for most of my things, except for speech and OT and stuff, but I mean during COVID, you can’t have a friend watch your other children, and my husband was an essential worker. So, you know, the fact that I had to beg, borrow, and steal to find some way for my child to be cared for so I could take my other child to a needed appointment, it was really, honestly, it’s unattainable to some people, especially if you’re a single parent and have multiple children.” —*Belknap County focus group participant*

Parents of children with disabilities expressed that even prior to the pandemic they experienced delays in diagnosis of special needs, resulting in delays in treatment and delivery of supportive services. Focus group parents expressed a desire for medical and services providers to better understand special needs children.

Families’ adaptations to the pandemic demonstrated their resilience.

Many focus group participants shared positive aspects of increased time at home with their families during the pandemic. Families said they valued having more time with their families, saved money, and came up with creative ways to keep their children engaged. While some families’ relationships were strained with more time together, other families’ relationships improved. Parents took advantage of the Granite State’s natural beauty by visiting parks and going hiking, found more ways to connect with their children, and became more involved in their children’s schooling.

“We do more family things now.” —*Sullivan County focus group participant*

“We did find a lot of hiking trails and a lot of fun kid-oriented nature walks...We found some great stuff.” —*Rockingham County focus group participant*

“COVID opened an avenue so I can work from home. [The] only reason I have this job is because of COVID. It allowed us to buy our first home. Didn’t have to pay for child care. I had looked for [child care] assistance but couldn’t find placement. The second income has been very helpful.”

—*Cheshire County focus group participant*

“My kids are doing better—They were hybrid but now are [remote learning]. [We have] a much better understanding of school. He’s doing much better this way.” —*Sullivan County focus group participant*

DELIVERY OF VIRTUAL SERVICES

During the COVID-19 pandemic, focus group participants were grateful for the option to have some services delivered remotely, but still value in-person visits for some services.

Parents in nine of 10 focus groups had positive opinions of virtual services during COVID-19, and many would like to have the option for remote services in the future. This was particularly true for parents living outside metropolitan areas. Telehealth appointments were especially helpful to parents with more than one child, children with complex health needs, or complex health needs themselves. In addition, telehealth appointments and virtual services allowed parents to save time and money by not having to pay for gas, drive long distances, or arrange for child care.

“Once I did find providers that could do telehealth, I think it’s life changing because I’m able to manage everyone’s care and not just one child’s, or pushing off my needs. I’ve been able to see specialists far away too, because [my condition is] rare. I can’t find providers in our area. So, I have to look in Massachusetts, New York. I don’t have the money or time to do that. So, that’s been a silver lining, I guess, of this whole thing.” —*Strafford County focus group participant*

While nearly all participants appreciated the convenience of having health and other services delivered remotely, parents still value in-person visits for many services, especially for children with disabilities. These include services like speech, occupational, and physical therapy, weight checks and blood tests for lead offered through WIC, and playgroups for young children.

“So, we did start the speech therapy, but again, it’s over Zoom. And my child’s very much in-person person, and I have a friend whose child is in-person somewhere, and the difference [between] their child [and mine], I’m like, could my son be there if he was seeing someone in person? And I just feel like that’s really aggravating because he doesn’t respond to people over the phone. He doesn’t even respond to a grandparent over the phone. So, he’s not going to respond to a lady on the phone.” —*Belknap County focus group participant*

The perspectives of parents in focus groups about virtual services may represent only a portion of parent experiences. Parents could participate in focus groups, which took place online, only if they had a device to access the Internet. Virtual services may pose barriers for parents who lack reliable Internet services or a laptop. Moreover, a needs assessment fielded in 2020 from UNH’s Institute on Disability found that families lacked awareness that virtual supports were available, such as online screenings and telehealth services, during the pandemic. One participant who lost her job had to give up her work laptop, as well, making access to virtual services difficult.

“I’m in recovery from drug and alcohol abuse...but AA meetings and NA meetings, and any meeting of that sort became almost impossible to find unless you were on Zoom. But not all of us are able to get on Zoom. So, when I lost my job...I obviously had to give my laptop back, and therefore AA meetings disappeared. And so that’s definitely one of those things that was difficult.” —*Belknap County focus group participant*

PARENTS' FAMILIARITY WITH FRCS

Although only a small percentage of parents who participated in the family survey reported using FRCs, they were interested in many of the services offered by FRCs. While Family Survey respondents showed low levels of awareness about FRCs, focus group discussions suggest families may be familiar with Family Resource Centers by their local names, which do not always contain the words “Family Resource Center.” In other words, families may be aware of or utilize services at FRCs without realizing the organization or center is an FRC, and the survey findings might understate awareness about FRCs.

Only 15 percent of surveyed parents reported using Family Resource Centers and more than a quarter of parents have never heard of them.

We asked parents if they participated in any services or programs offered by a community FRC, such as parenting classes, job training, family counseling, or other resources for families. Fifteen percent of parents said they had participated in FRC services, which was only slightly higher among low-income parents (17 percent) relative to higher income parents (13 percent) (Table 15). Fifty-six percent of parents said they did not use FRC services but were aware of this resource. Higher income parents (63 percent) were more likely than low-income parents (52 percent) to be aware of FRCs. Twenty-nine percent of parents said they did not use FRCs and did not know about them. This was more common among low-income parents (31 percent) than among higher income parents (24 percent). Because most Family Resource Centers do not include the words “Family Resource Center” in their names, families may access services without realizing they are using Family Resource Centers.

Table 15. Parents' Familiarity with Family Resource Centers

	ALL	LOW-INCOME	ABOVE LOW-INCOME
Yes, I have participated	15%	17%	13%
No, I do not know about this type of center	29%	31%	24%
No, but I am familiar with this type of center	56%	52%	63%

N=849, No Response=5

Focus group participants had overwhelmingly positive experiences with FRCs, even during COVID-19.

Parents in the focus groups highly valued the social support they received from FRCs. FRCs run playgroups and classes for parents. Many parents keep in touch with the families they meet through FRC programs.

“Before COVID, we used to do morning group at the Grapevine in Antrim, and that was —I had just moved up here—and that was just awesome, just to be able to have a place the kids could go play for a little bit, [and] I can, you know, talk with other moms, or even just, you know, vent about my past few days, or the week, and it was good to just have that.” —Hillsborough County focus group participant

Many early intervention and home visiting programs are operated through FRCs, and, because of families' positive experiences with those programs, they also viewed FRCs positively.

Focus group respondents described the wraparound supports they received from FRCs, a theme echoed in the survey and interviews of FRC staff, which will be described in the next section. One parent noted that the FRC staff would drive anywhere to help a family. Another parent described how an FRC helped her obtain a comprehensive range of services: assistance with obtaining her driver's license, housing assistance, fuel assistance (the state's program for help with paying utility costs), and child care:

“[The FRC] supported me through so much. They’re helping me work on getting my license, which I’m 30 years old and I’ve never had my license....They supported me with getting a job, getting my kids into Head Start. Literally everything I needed in order to thrive as a family, they have helped me do. They helped me get on fuel assistance, because I had never even heard of fuel assistance before, but they helped me achieve that, and a lot of other things, in order to have a little bit of extra money during the winter months for Christmas.” –*Coös County focus group participant*

Another focus group parent appreciated the development screenings and parenting classes conducted by her FRC:

“So, both of my children are enrolled at [name of FRC] in [name of town]. They’re amazing. They do the Ages and Stages questionnaire, which is a screening for development. And they submit those to the Watch Me Grow Program. [And] I actually did the Positive Solutions parenting class, which was awesome.” –*Merrimack County focus group participant*

During the pandemic, FRCs found many alternative ways to connect with families, providing activity kits for families to engage children at home and brown bags filled with food and other essentials, and offering playgroups or parenting classes remotely. For some, virtual services made attending FRC events more convenient.

“[O]ne of the things that we struggle with is we have some picky eaters. And the Family Resource Center used to do these cooking programs and stuff in person. And for whatever reason, the timing never worked for my schedule, so I was never able to go. Well, now they’re doing them on Zoom, so I’m more able to go, which is awesome.” –*Grafton County focus group participant*

“I know [the FRC] offer[s] a lot of parenting classes on Zoom, which is kind of nice. Because I know before a barrier was, you know, child care while you’re in the class, or just having to go and be out of the house. At least taking them through Zoom you’re home. If your kids are a little bit older, they’re more self-sufficient, so they can just play over there while you’re taking the class.” –*Merrimack County focus group participant*

Parents are most interested in having their children attend playgroups at the FRCs, followed by interest in receiving parenting, mental health, and healthy living supports.

We asked all parents, regardless of whether they had used or heard of FRCs before, what types of services they would be interested in at an FRC. Forty-eight percent of surveyed parents said they would be interested in playgroups (**Table 16**). Around one in four parents said they would be interested in parent support groups (26 percent), financial resources or assistance (26 percent), family counseling (22 percent), and physical health supports (21 percent). Fifteen percent of parents said they were interested in receiving mental health supports at FRCs and 13 percent said they were interested in job training programs.

Table 16. Parents' Interest in Services and Supports Offered by Family Resource Centers

	ALL	LOW-INCOME	ABOVE LOW-INCOME
Playgroups for Children	48%	52%	45%
Parent Support Groups	26%	30%	25%
Financial Resources or Assistance	26%	33%	17%
Family Counseling	22%	26%	19%
Supports to Achieve Improved Physical Health (e.g., Stopping Smoking, Healthy Eating, etc.)	21%	26%	16%
Support to Address Mental Health or Substance Abuse Issues	15%	18%	12%
Job Training	13%	14%	12%

N=849, No Response=37

Lower income families are less likely to have heard of FRCs and they are also more likely to want the supports offered by FRCs.

Among survey respondents, 31 percent of low-income parents had never heard of FRCs, compared to only 24 percent of above income parents (Table 15). Low-income parents said they were more interested in the services offered by FRCs than higher income parents and reported particular interest in playgroups, financial assistance, and parent support groups (Table 16).

Families' interest in playgroups aligns with focus group participants' desire for more activities and opportunities for socialization for their young children. Given the pandemic, it's not surprising that parents' concerns about social isolation were raised in seven of the 10 focus groups. This was especially true for parents residing in less populated areas, where there are fewer services and programs.

"I wish that, like, you know, the libraries or other children's groups would do playgroups, would do story times, not in the middle of the day during the work week, because a lot of parents work. I would love to take my kids to music class at the library that's free, like free classes. I'm sure that there are classes I could pay for after hours, but I'm talking about free stuff that I could bring them to that would be times that I could go after work or on a Saturday or a Sunday." –Merrimack County focus group participant

"I wish there were more things to do for him. Like, I would bring him to see other kids, other than the cousins, of course." –Carroll County focus group participant

"[M]ore social development and community support or programs that are available for lower income families would be great." –Coös County focus group participant

Focus group participants echoed family survey respondents' interest in parent support groups, expressing a desire to connect and learn from other parents.

“I wish that we could get like a [name of town] Mom Group going because they always ask questions; you know my kid has this little mark on it, what is this? What would you do for it? And moms can, you know, jump on and talk...So, I wish there was more of that...I don't know how the state would provide it, it might be more like a community thing, but connecting new moms. Like, I'm not originally from the area, and so ...it's really hard to meet other new moms...So, they always say it takes a village, you know, to, like, raise a kid. So, just ways to get moms together to, like, help build that proverbial village when you're not from the area, or you don't have family from the area, or high school friends from the area.” –*Coös County focus group participant*

RESULTS OF FAMILY RESOURCE CENTER STAFF SURVEY AND INTERVIEWS

The Needs Assessment examined how 15 New Hampshire Family Resource Centers (FRCs) provide supports to families with young children. FRCs are located in all regions of the state (see a map of FRCs by region) and offer parent education, family support, information and referral, and other services. Information was obtained primarily through an online survey of 15 FRC directors and follow-up interviews with staff at 12 FRCs. The results point to the unique role FRCs play in providing supports that address critical child and family needs as well as gaps in FRC and community resources that sometime limit their capacity to assist families. The methods used for the survey and interviews are described in the Methods section of this report.

FEATURES OF FRCS AND FAMILIES SERVED

Families' adaptations to the pandemic demonstrated their resilience.

As described in the previous section, many focus group participants shared positive aspects of increased time at home with their families during the pandemic. Many families said they valued having more time with their families, saved money, and came up with creative ways to keep their children engaged.

FRCs are highly varied in terms of staff size and the number of families with young children they serve.

The number of full-time staff across the 15 FRCs ranges from zero to 30, with an average of six. The number of families with young children that receive one or more services ranges from 20 to 500 families (averaging 132). Six FRCs have both a main site and satellite locations. While five FRCs served more families with young children during the COVID-19 pandemic compared to before, three served fewer families.

Families are referred to FRCs from a wide range of programs; many families also find FRCs on their own.

FRCs reported that families are referred by schools, early care and education (ECE) programs, Family-Centered Early Supports and Services (early intervention), homeless shelters, and child welfare, among other programs. (Complete findings on referrals are discussed later.) Families also come to FRCs after hearing about the supports they offer. Although FRCs reported receiving referrals from a wide range of settings, family survey responses suggest that many families do not know enough about the services that FRCs offer or whom they serve. In the family survey, one in four families had not heard of FRCs, and only 15 percent had used their services (**Table 15**). However, findings from the focus groups also indicate that parents may not always recognize a service provider as an FRC if it is not indicated in its local name (e.g., Whole Village versus Family Resource Center).

HOW FRCs SUPPORT FAMILIES

All of the FRCs conduct an initial family assessment that identifies a wide range of parent, child, and family strengths and concerns, but the practice of regularly reviewing family needs varies across FRCs.

Most FRCs reported using standardized child developmental screening tools (discussed later), along with other methods, to learn about child, parent, and family needs in an initial family assessment. Most FRCs reported using standardized tools to screen for maternal depression (12) and family needs and risk factors (11). Almost all FRCs (13) reported that questions about child well-being and parenting are included in the initial interview with the family. All FRCs reported that staff observe parents and children together to assess their well-being and relationship at the time of intake.

In about half of the FRCs (8), families with serious challenges are supported by a staff member or case manager who regularly reviews the types of assistance families want and need. In other FRCs, this role is shared.

FRCs offer a wide range of supports to families with young children through services they offer directly and referrals to other organizations and government agencies.

Before the COVID-19 pandemic, at least half of FRCs directly offered seven key services:

- Parent-child playgroups (12)
- Assistance obtaining public benefits such as WIC, SNAP, FANF (Family Assistance Program) (12)
- Group parenting education (12)
- Assistance finding affordable early care and education (11)
- Home visiting (10)
- Housing assistance (9)
- Early care and education (as a direct service) (8)

During the pandemic, some FRCs stopped offering certain services. The number of FRCs offering parent-child play groups reduced by half, from 12 to six, while one fewer FRC provided early care and education as a direct service. It was more common, however, for FRCs to begin rather than stop offering support during the pandemic. Across the FRCs, there was a slight increase in FRCs offering several services, including mental health, a prenatal parenting program, home visiting, and assistance finding early care and education and housing. These examples underscore FRCs' efforts to meet families' needs during a public health emergency when families experienced economic loss, isolation, and other adversities.

Half or more of the FRCs offer 12 critical supports through referrals:

- Group parenting program (9)
- Assistance finding affordable early care and education (9)
- Home visiting (8)
- Early care and education (11)
- Family-Centered Early Supports and Services (early intervention) (12)
- Preschool special education (9)
- Adult job training and job readiness services (9)
- Adult education program (12)
- English as a Second Language (12)
- Adult mental health services (9)
- Adult substance use disorder (9)
- Domestic violence services (12)

FRCs also reported offering some of these supports directly, meaning families can receive them in two ways. Since we asked about referrals for these supports during the pandemic only, it is possible that the FRCs offer an even greater range of supports through referrals.

A high percentage of young children are screened by FRCs for developmental delays and social-emotional difficulties, but there is considerable variation in screening rates.

The survey and interviews asked FRC staff about features of four child and parenting supports that most FRCs directly deliver to families: child screening and response, parent depression screening and response, parent education, and home visiting.

On average, FRCs report that 67 percent of families served with children ages zero to 5 received a screening in the past year, with rates for individual FRCs ranging from 2 to 100 percent. (One FRC did not report the percentage of children they screened.) Twelve FRCs report that at least 50 percent of young children receive developmental and/or social-emotional screening. An average of 18 percent of young children were referred to another program or provider for screening, with rates ranging from 0 to 50 percent. (Three FRCs did not report referrals for screening.) Nearly all FRCs reported using a broad developmental screener for most children, such as the Ages and Stages Questionnaire-ASQ (15 FRCs) and a specialized screener for social-emotional difficulties, such as the Ages and Stages Questionnaire-Social-Emotional-ASQ-SE (13 FRCs).

One interview participant described how her FRC is achieving high rates of developmental screening:

“This is something we offer to families two times a year. Up until three years ago, the percentage of parents using this as a tool was much lower, but then they started offering a small lottery-based incentive and the percentage shot up. We send parents home with an ASQ [Ages and Stages screening tool] to complete and bring it back—we give them lots of time to complete it. Most parents will bring it back within a month, and it’s a point of reference to start a conversation.”

Interview participants at some FRCs with lower screening rates reported difficulties with child screening during the COVID-19 pandemic. One site planned a special in-person screening, using both the ASQ and ASQ-SE at a WIC site.

“[We will] be partnering to do a development clinic for children with WIC....We are planning to have a literacy event and try to do a mass screening....The main focus this past year was just getting families food and shelter....It was great if screening could be done as well, but it was not the main focus....We are hoping that with this big event, kids that fell through the cracks this year will be captured....We are planning to do intense marketing for the event and offer books.”

FRCs refer children with positive screenings to early intervention, preschool special education, and the child’s pediatrician.

All FRCs reported that when results indicate a possible delay or difficulty, the child and family are referred to Family-Centered Early Supports and Services (the state’s early intervention program) or preschool special education and the child’s pediatrician. Twelve FRCs also refer children with positive social-emotional screenings to a community mental health clinic. Almost all FRCs (14) reported that staff conduct continued periodic screening for children with positive screens.

Some FRCs are very intentional about maternal depression screening and response to the risk of depression.

During interviews, FRC staff talked about efforts to identify and offer supports to parents of young children who might be experiencing depression. One interview participant explained:

“We screen parents that are six weeks post-partum or less. We try to get them that screening very close after birth.”

Another FRC staff member noted:

“Anybody who comes in our doors, who we might feel is depressed or having some concerns, we would screen....We are screening women before they reach three months postpartum. We are often screening their partners, as well, and offering them support and services.”

A FRC staff member said this about parents with positive screenings indicating risk for depression:

“We would talk with them about the score, ask them how they’re feeling, and do follow up care, let their PCP know, and connect them with services.”

Another FRC staff member also talked about the approach to following up on a positive maternal depression screening:

“...We do really track prenatal and postnatal depression screenings, typically again done by the nurse but family support staff can do that as well, and it can be done anytime...staff are concerned...or the parent, as well. [If a screen is positive,] we follow up if the mom is involved with a therapist or a counselor or OBGYN. Then we make a referral with her to kind of follow up with them, and that can be as much hand-holding as needed. So that can be a phone call from us, that can be a phone call from the parent after we’ve kind of prompted them to call, or a phone call together....If the mom has scored pretty high, [we would say,] well why don’t we just give the doctor a call right now and kind of follow up and see if we can get an appointment for you; we do access emergency services any time... for a client if that need is there ...and we will also make a referral if the parent is not in counseling or therapy to try to get the family enrolled or started with therapy.”

Staff at this FRC receive training in how to administer the Edinburgh Depression Scale and also shadow a trained staff member to learn how to use it and respond to a positive screen. Staff at other FRCs that administer maternal depression screenings explained that staff members have even taken parents to appointments to follow up on a positive depression screening.

Most FRCs use evidence-based or research-informed group parenting education models, as well as other types of parenting groups.

As noted earlier, group parent education is one of the services that are most frequently offered by FRCs, with 13 reporting the direct delivery of this service. Two-thirds of these FRCs reported using evidence-based or research-informed parent education models. The most frequently cited were Positive Solutions for Families (10), Nurturing Parenting (7), and Circle of Security (3). While most FRCs (12) report that they offer parent education in a series that covers related topics, 11 report delivering one-time parent education sessions on a topic. Ten of the 13 FRCs that directly offer parenting education provide sessions for parents of infants and toddlers, while nine offer parenting classes for parents of preschoolers and children in the early grades.

Several FRC staff described other types of parenting and parent-child programs that offer social support to families.

One interview participant reported:

“Each week, they come, do a story, and craft together, and talk about any common family struggle. Children up to age 8 come with parents/grandparents.”

In another interview, a staff member described regular family nights:

“We advertised them to families who work with agencies in the building....The third Friday of every month—free dinner, child care. Lots of friendships were formed among parents there, and it became a support network....Board game night, gingerbread house decoration....We tried to make it about things that families could do at home and modeled positive interactions/...The nutritionist gives us a dinner recipe every month, and we packaged that up with a \$25 grocery gift card and at-home activity. People were thrilled to get the free game and gift card.”

While in-person parent sessions were not typically held during the pandemic, several FRC staff members noted the success of virtual parent meetings, which attracted more parents than previous in-person sessions, most likely due to the absence of transportation or child care barriers.

FRC staff described various approaches to helping families and teachers prepare for the transition to kindergarten.

One FRC staff member described the benefits from having the kindergarten registration office in the FRC building:

“...Upstairs, there is the office to register for kindergarten, so we advertise there for parents to come downstairs. We worked all year on how to get the word out, planning an event there. Head Start classrooms were involved with kindergarten teachers regarding skills... [so they will know] what skills kids need, including emotional skills.”

Another interview participant explained the strong emphasis on school readiness in all programs for families with young children:

“We try to help parents be aware of what their children need to be ready for school. They talk about it in their programs, it’s part of curriculum. In home visiting, they talk about helping kids be successful. A lot of modeling, talking about what’s important.”

A staff member at another FRC explained:

“...If we need to attend a kindergarten meeting with a family, we will do that....We will make sure, for families whose children are getting ready for kindergarten, that the registration process is completed; maybe we provide transportation to them or we help fill out the paperwork. So it really depends on the needs of the family.”

Most FRCs offer home-visiting, including five that deliver Comprehensive Family Support Services.

Twelve of the FRCs provide home visiting to families with young children. Five FRCs report using an evidence-based model, Healthy Families America. FRCs also use home visiting to deliver Comprehensive Family Support Services (CFSS). CFSS offers a wide range of parenting and family support services that are individually tailored to family needs. Through contracts with a network of FRCs across the state, the New Hampshire Department of Health and Human Services, Division of Economic and Housing Stability supports the delivery of CFSS for families requiring supports with parenting, including those where children may be at risk of abuse or neglect. In interviews, FRC staff stressed the flexibility, comprehensiveness, and individualized nature of CFSS.

“Anyone can ask for help with parenting; we connect to substance use, mental health, we have a mental health consultant. We can connect to doctors, dentist, state benefits...We have a computer, so we can sign you up. [Also] financial assistance, adult education, early childhood education. Whatever the family wants to work on. We can work with them for a year, depends on their goals.”

In another interview, a FRC staff member explained that delivering CFSS also involves helping children get developmental screenings and making sure the family keeps medical appointments:

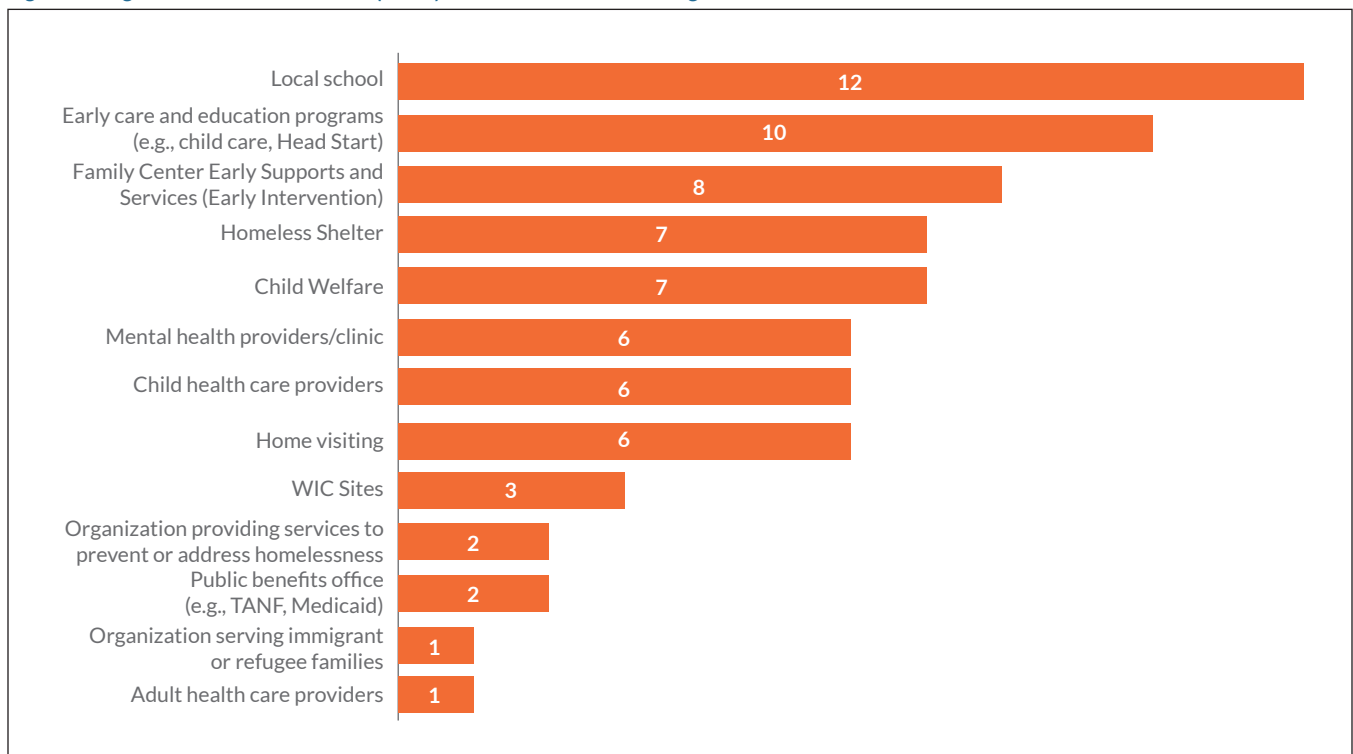
“Staff sometimes go on the bus with the family to get to appointments.”

A serious challenge faced by one FRC that delivers CFSS is related to the rules about which families they can serve. Many families who could benefit from the program use health care providers in the same building that houses the FRC, but are not eligible for the FRC’s CFSS because they live outside the catchment area the FRC is contracted to serve. Staff expressed frustration that the contract’s restrictions prevent the strong coordination of services that co-location with health care providers promotes.

HOW FRCS ENGAGE FAMILIES

A wide variety of organizations and settings refer families to FRCs, including families facing multiple challenges. FRCs report that they receive the most frequent referrals from schools, early care and education programs, FCESS (early intervention), homeless shelters, and child welfare (Figure 8). Participants in interviews mentioned that schools, child welfare, and doctors’ offices often refer families where children face risks of abuse and neglect, to FRCs’ Comprehensive Family Support Services (CFSS). As discussed above, CFSS helps FRCs provide flexible, comprehensive supports tailored to family needs.

Figure 8. Organizations that Most Frequently Refer Families with Young Children to FRCs



FRCs employ a range of strategies to encourage other organizations and agencies to refer families to FRCs, but in-person outreach was much reduced during the COVID-19 pandemic.

Almost all FRCs (14) report visiting sites (e.g., health clinics and early care and education programs) to meet with families, offer them information about FRCs and encourage their participation in FRC services and activities. However, during the COVID-19 pandemic, only three FRCs were able to continue these in-person outreach visits. FRCs report conducting outreach with virtual or phone meetings (14), brochures (12), and web-based communications (11). Most of the FRCs (9) reported that their use of effective outreach was reduced during the pandemic.

An interview participant described the “warm welcomes” used by FRC staff when visiting sites before the pandemic temporarily restricted this practice:

“Whenever possible, staff would engage in warm welcomes....meeting families waiting for their well-child checks and going to schools were the most effective ways to reach families. One health care provider [on a prenatal health care day], asked her to speak a little about programs. She spoke to the expecting parent about home visiting, some of the parent education and support programs....She asked if there were any needs she could assist with, made a short list, and followed up....We have had success with it because it puts a face with the referral. When you see they are caring and nonjudgmental, it makes that a different kind of referral.”

FRCs attempt to use a wide range of supports to help families with young children overcome barriers to participation in FRC programs, but they have limited resources for some types of assistance, such as language translation, emergency assistance, transportation, and outreach.

More than half of the FRCs usually provide families with reminders about appointments via phone, text, or email (nine of 14 cited families’ need for reminders) (**Figure 9**). About half of the FRCs that indicated a need for language translation can usually provide this for families (six of 11). The two forms of assistance that the fewest FRCs can usually provide are financial help to families in a crisis (five of 14 citing families’ need for financial assistance) and help to cover transportation costs (three of 14 citing families’ need for transportation).

In several interviews, FRC staff members spoke about barriers related to lack of transportation and efforts to address this problem.

“Transportation barriers—we try to address them on a case-by-case basis. Sometimes we hook up families that live near each other to carpool or have a staff member pick them up.”

Another interview participant recalled taking a mother with a positive depression screening to a medical appointment, providing both transportation and emotional support. In the interviews, FRC staff members described both positive experiences and challenges related to engaging immigrant and refugee families who have limited English. FRC staff at one site are part of a “New American Committee” comprised of representatives from local organizations providing different services. An interview participant said:

“The New American Committee reaches out to new families. For immigrant families, the New American Committee is a successful outlet. Schools also refer families to us.”

Another interview participant was pleased that her FRC will soon be able to offer the “Growing Great Kids” curriculum in Spanish in home visiting and parent education sessions. However, language barriers were cited by a staff member from another FRC:

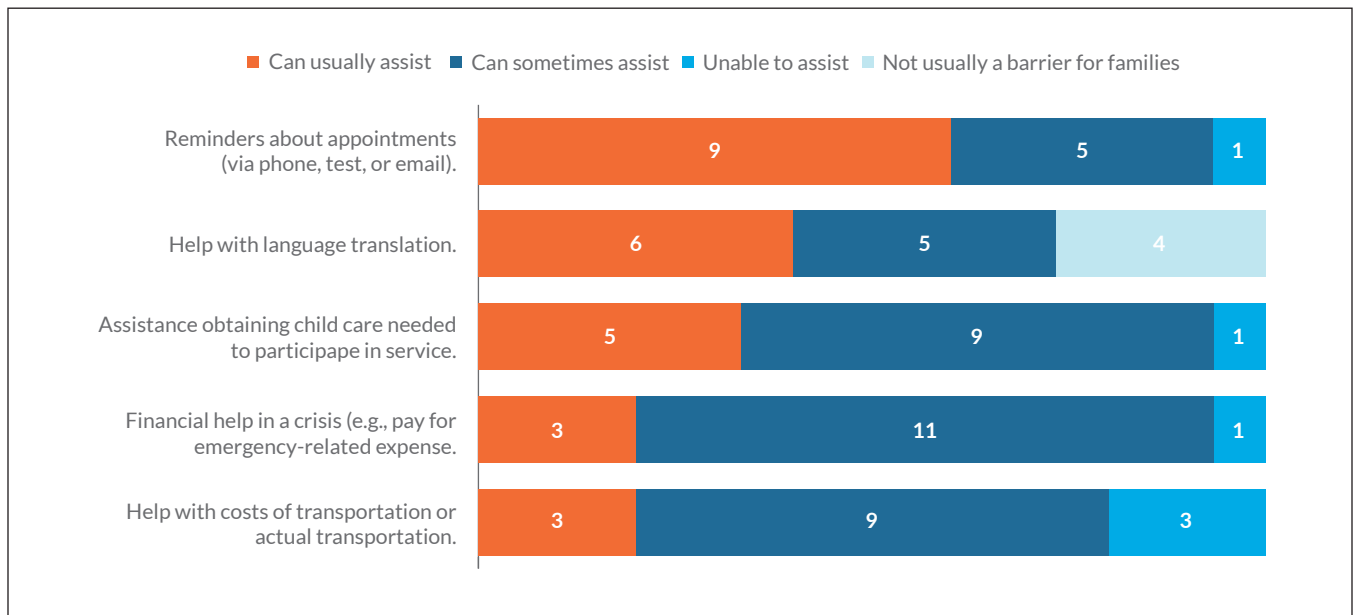
“There are some immigrant and refugee families, but it’s very difficult to engage them because of language barriers....Doing sessions by phone doesn’t make it possible to have a translation service....They don’t have many forms in Spanish or other [non-English] languages.”

Another FRC interview participant explained the need to respond to family emergencies:

“We need consistent access to resources that will help families out in pressing situations. We sometimes have access to diapers, wipes, grocery/gas cards, etc., but not always. If families knew that they could consistently come to us for emergency help like this, I think that would provide more opportunity for engagement and relationship. Sometimes we have to say ‘no,’ and that’s hard.”

When a family experiencing multiple challenges drops out of an FRC program or has a low level of participation, FRCs vary in their response. In a little over half of the FRCs (8), designated staff or a case manager will try to contact the family to offer assistance to overcome barriers to participation. Five FRCs reported that practices vary, depending on the family, while two indicated that they do not have the resources to consistently reach out to assist families that drop out or have low attendance.

Figure 9. How Often FRCs Provide Supports to Help Families with Young Children Overcome Barriers.



Most FRCs invest in staff development to promote effective family engagement.

In the interviews, FRC directors often referred to the commitment and skills of their staff. One director described efforts to ensure that staff have key skills to engage families.

“All staff are trained in motivational interviewing and receive continuous coaching. We found it is an important skill and technique for staff to have while delivering services....A few years ago, the staff were very frustrated by substance use by 90 percent of families....They saw the need, and the agency made the decision to...train [staff] to become Certified Recovery Workers.”

In another interview, a director observed:

“Staff is the most valuable resource. They don’t get paid a lot. [We are] always looking for creative ways to sustain their workforce. We have many people with... really strong skills. We’re always pushing training. This work is misunderstood in the larger world.”

Most FRCs invest time in collaboration with other agencies, and some benefit greatly from co-location with other programs and providers.

Staff at one FRC spoke about efforts to stay informed about community supports:

“I sit on a ridiculous amount of meetings; we host monthly agency council meetings to provide agency service updates. Twenty people attend those. But we have an email list of over 100 agencies; we try to be the connection point for everybody in the area.”

During the interviews, a few participants from FRCs housed in buildings with other agencies discussed the benefits of co-location. One interview participant explained that they are in a building with 15 other agencies, paying rent that is subsidized by a charitable organization.

“It’s nice being co-located with these organizations because we’ve had a lot of situations where we’ve referred to services in other organizations when we couldn’t do it in house.”

FRC GOALS AND NEEDS

FRCs aim to serve more families facing serious challenges, as well as families that could benefit from promotion services.

All but two FRCs (13) reported a desire to engage more families with young children that face serious challenges. Eleven wish to reach more immigrant and refugee families, and families in which a language other than English is spoken. In addition to wanting to serve more families with challenges, 11 FRCs also report the goal of engaging more families that could mainly benefit from promotion services, such as parenting education.

FRCs report a “high” or “very high” need for resources to enhance several aspects of their work, including funds for better staff compensation and general operating expenses.

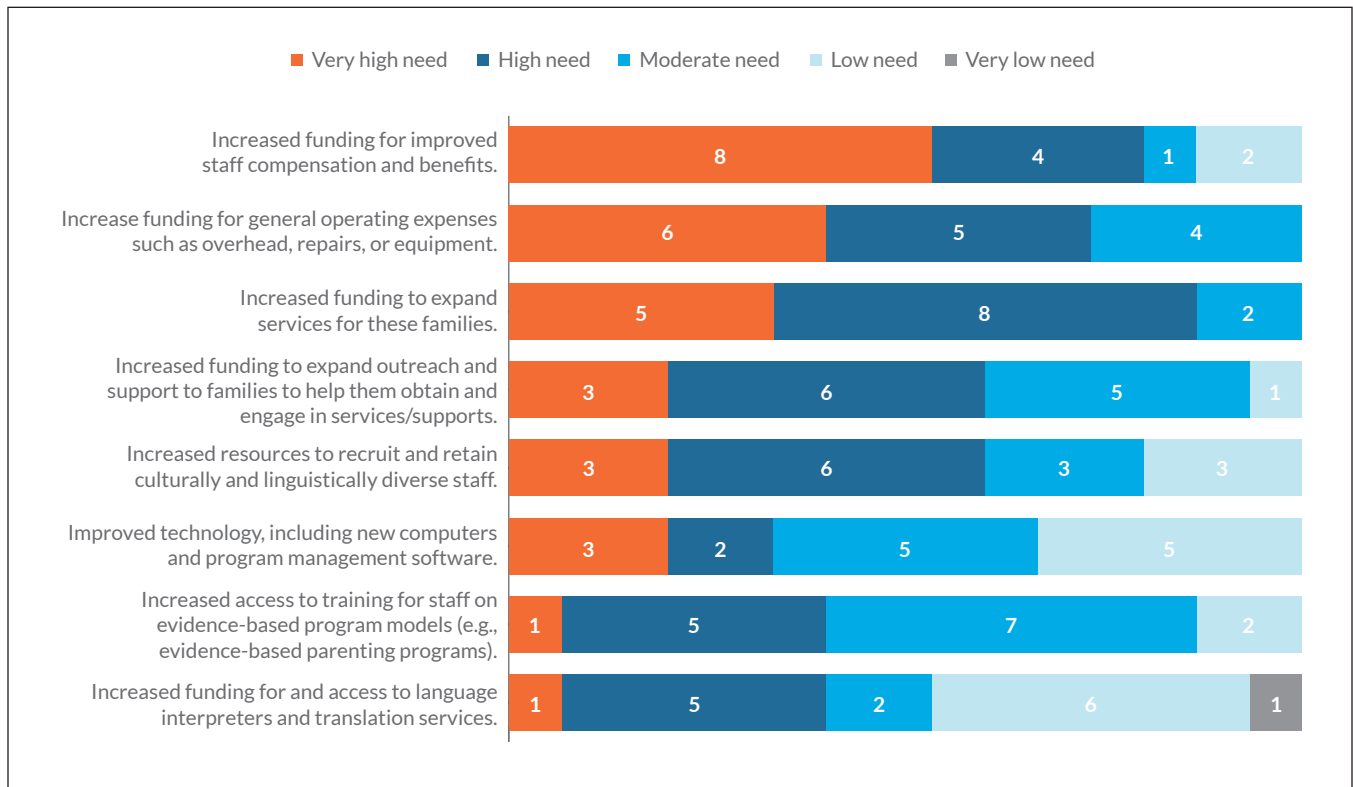
The largest number of FRCs reported “very high need” for resources to cover improved staff compensation and benefits (8) and for general operating expenses, such as overhead, repairs, and equipment (6) (**Figure 10**). Over half of the FRCs also reported a “high” or “very high” need for resources to expand services for families, to increase their capacity for outreach and supports to retain families, and to recruit more culturally and linguistically diverse staff.

One FRC interview participant talked about the serious need for mental health services for families with young children:

“It’s very frustrating, the lack of providers, when you know that a family could benefit from a therapeutic intervention but there are no providers. Last year, there was no CPP [parent-child dyadic treatment] in Northern New Hampshire. [There are] community mental health services... with three to six months waitlist for intakes.”

Another said that an on-site mental health provider at their FRC would be very helpful to families, echoing findings from the family survey and focus groups about the need for more mental health services.

Figure 10. FRC Resource Need Levels



In addition to FRC needs, interview participants noted transportation, housing, and child care needs in the larger community greatly affect families.

One interview participant said:

“Affordable child care is awful, and it is hard for families to have a safe place to live.”

Another described the lack of transportation and housing:

“Transportation is the most difficult thing in this area. Zero public transportation. Uber isn’t even in the area. It is really difficult for families. Also, housing is a huge challenge, as well. No open housing. We have MOUs with a couple of homeless shelters, and we’ll work with them to provide services. They/re having difficulty finding housing in their own county and neighboring counties.”

These needs align with the perspectives of families conveyed in the focus groups and family survey findings. In the 2018 needs assessment of New Hampshire’s home visiting services, home visitors who often have close interaction with families of young children also cited housing, transportation, and child care among the top challenges families face.

SUMMARY OF FAMILY AND FRC PERSPECTIVES

Parents expressed a high level of concern about their own and their children's mental health.

Parent and child mental health were exacerbated during the COVID-19 pandemic as a result of service disruptions, social isolation, and economic insecurity. Parents of children with disabilities and parents experiencing housing insecurity expressed particularly high levels of emotional distress. Many parents reported difficulties finding or affording the mental health services their families needed. Families' experiences reflect the reality of an existing mental health workforce shortage in New Hampshire. According to a 2020 report, low wages/reimbursement rates, and burdensome requirements pose barriers to increasing New Hampshire's mental health system's capacity. New Hampshire's 10-Year Mental Health Plan, implemented in 2020, aims to strengthen the state's mental health system. While the COVID-19 pandemic hampered progress, continued efforts on the plan will likely increase the available supply of mental health providers for families with children, reduce wait times, and address a key need for New Hampshire families.

Parents faced barriers to some income supports that exacerbated their financial concerns.

Many parents faced an uncertain economic future. Expanded SNAP assistance and streamlined application processes for WIC during the pandemic were cited as important supports for many low-income parents. However, some parents experienced barriers to accessing supports that exacerbated their distress. Parents cited barriers to housing subsidies and Child Care Scholarships in particular, noting a lack of clear information about the application process and administrative burdens of the application process or managing their benefits.

Many working parents were not eligible for income supports because their incomes were too high, yet they still struggled to meet their basic needs without this assistance.

In particular, the cost of child care was cited by both low-income and higher income parents as a challenge. The need for child care was magnified during the pandemic when schools closed and parents struggled to both care for children and work remotely. A recent study on the child care industry in Coös County found that parents of toddlers and infants are facing unmet child care needs, and child care centers require continued support to stay open because their current business models are unsustainable. Other avenues to improve child care supply include reforming the current system of public school funding to prioritize equity of resources, including funding expansion of school-based preschool programs in school districts. Short-term initiatives implemented to decrease barriers to child care during the COVID-19 pandemic were outlined in a report to the state in February 2021. The report also proposes expansion of Head Start and preschool, continuation of funding for full-day kindergarten, and supporting employer-provided on-site child care to ensure adequate child care supply.

Parents were overwhelmingly positive about many of the support services they received, although parents of children with disabilities experienced disruptions in services during the pandemic.

Families especially valued expansions to SNAP, free school meals, and WIC flexibility during the pandemic, and many worry about food security for themselves and their children once pandemic-era expansions expire. Expanded economic supports, particularly food assistance and public health insurance, were important for assisting parents to meet their basic needs. Parents of children with disabilities, however, expressed high levels of concern about their children reaching developmental milestones.

Parents valued home visiting and early intervention, in part because they were delivered in their homes. Parents with young children, with children with disabilities, with disabilities themselves, or who lived in remote areas particularly valued services that could be delivered in the home. While few parents reported receiving services from FRCs, parents were consistently positive about their experiences with FRCs. Parents particularly valued the range of supports FRCs offered, from transportation assistance to opportunities to connect with other parents.

Services provided through WIC and Early Head Start were also consistently praised. Parents valued the ease of the WIC application process, particularly during the pandemic when they could apply for services online and

access additional flexibility in supports. Within Early Head Start, parents cited the quality of the teachers and the connection to support services offered.

Parents, particularly those in remote areas, parents with young children, and parents of children with disabilities expressed a desire for streamlined applications and virtual options to receive services after the pandemic ends. They cited a desire to have the option to receive mental health and telehealth services remotely.

FRCs demonstrate unique strengths in their capacity to meet many of the needs of families with young children, including families facing adversities.

Both the FRC staff survey and interview responses point to the unique strengths of FRCs. These include the breadth of services for young children, parents, and families offered directly and through referrals to other programs, and FRCs' capacity to reach and engage diverse families through collaboration with other providers. FRC staff conveyed strong respect for families and a commitment to helping them meet the goals of parents and families. While FRC staff spoke about barriers they could not address, such as a lack of housing or available mental health providers, they also shared many examples of working around major challenges, such as driving parents to medical appointments and successfully delivering parent education in a virtual format. FRCs seem especially well-equipped to deliver CFSS, which collaborates with families to identify needs and goals and provides tailored supports to families through visits to the home, meeting in community settings, and helping families engage in community supports.

Additionally, the focus groups and family survey findings show that parents of young children who utilize FRC services highly value the resources provided.

FRCs identified several resources that would increase their capacity to support the well-being and optimal development of young children in support of educational success.

FRCs most often cited the needs for more financial resources to support better staff compensation, general operating costs, and service expansion. Given the important role of skilled, trained, and experienced staff in realizing the goals of FRCs, it is not surprising that FRC leaders see better compensation and benefits as a critical need, along with financial support to cover basic program operations. Almost all FRCs mentioned a desire to expand outreach to serve particular groups, including families with serious challenges and families speaking a languages other than English. FRCs also indicated the need for more resources to follow up with families when participation is interrupted. Addressing these needs will require additional general or targeted funding. Since FRC staff highlighted the value of programs that allow them to tailor supports to families' goals and circumstances, flexible funding that permits this approach may be especially helpful.

FRCs identified several serious gaps in community supports for families that create family stress and hardship.

In both the survey and interviews, FRC staff indicated that families have very large unmet needs for affordable housing and child care, echoing primary needs cited by the families themselves. These supports are essential to family and child well-being. In addition, FRC staff identified a critical need for more mental health supports for families with young children. This need was also cited by families, who reported waiting months for services or being unable to access some types of mental health services, such as evidence-based dyadic treatment, that may be the most suitable for a family. Families also experience great difficulty traveling to services, medical appointments, jobs, and child care due to a lack of public transportation. Efforts to address these infrastructure and system gaps seem critical to helping families access and experience the greatest benefits from FRC services while also reducing family isolation and stress.

FRCs highlighted these additional considerations to improve their services. Additional considerations based on survey and interview results.

FRCs have strong connections to other agencies and providers that can address family needs with services and benefits that are not directly delivered by FRCs. These connections appear especially strong in FRCs that are

co-located with other organizations, and they suggest that, when possible, FRCs and other child and family service providers should be housed together.

The survey and interviews did not address FRCs' current capacity for monitoring referrals and participation in services at the FRC. but externally funded activities indicate that FRCs are currently implementing a new data system that may strengthen this capacity. Families with serious challenges may face many obstacles to sustained participation and engagement with the services to which they are referred—a problem FRC staff try to address with limited resources. For this reason, data systems that yield more real-time information about family participation and outcomes of referrals could be especially helpful.

APPENDIX A: COPY OF PDG FAMILY SURVEY (NCCP)

CONSENT

The University of New Hampshire is conducting an online survey to hear from New Hampshire families with children under the age of 9. UNH wants to hear about families' needs and the challenges they face in obtaining supportive programs for their young children. This survey is part of New Hampshire's Preschool Development Grant, awarded by the U.S. Administration for Children and Families. Survey findings will help the state understand how to improve services and systems for families with young children. This survey is being conducted by the UNH Survey Center on behalf of the National Center for Children in Poverty. The survey will take between 10 and 15 minutes to complete. Participation is completely voluntary and refusal to participate will not affect you in any way. You may refuse to answer any questions or stop at any time. Your answers will be combined with the answers of approximately 1,500 residents across the state and used for research purposes only. Data will be kept in secured files, available only to the researchers. We will make every effort to maintain the confidentiality of the data.

Research via the internet presents minimal risk of a breach of confidentiality. You are not anticipated to receive any direct benefits from participating in this research.

By clicking the "Yes, I'd like to participate" button below, you are indicating that you consent to participate in this study. If you prefer not to participate, please simply close this window in your browser.

If you have any questions about the survey, please contact Sean McKinley at the University of New Hampshire Survey Center, sean.mckinley@unh.edu or 603-862-2563.

If you have any questions about your rights as a research participant, you may contact Melissa McGee in UNH Research Integrity Services, melissa.mcgee@unh.edu or 603-862-2005 to discuss them.

Thank you for your participation!

INTRO

Thank you for your interest in completing this survey, sponsored by the University of New Hampshire. This month, UNH is conducting a study of politics and current events.

Before we begin, do you live in New Hampshire all year round?

- Live in NH year round (1)
- Seasonal resident (2)
- Not a NH resident(3)

Skip To: AGE18 If INTRO = 1

Display This Question: If INTRO = 2

SEAS Are you currently registered to vote in New Hampshire?

- Yes (1)
- No (2)
- Don't know/Not sure (3)

Display This Question:

If INTRO = 3

Or SEAS = 2

Or SEAS = 3

NOTELIG1 Thank you very much for your interest, but we are only surveying New Hampshire residents at this time.

Skip To: End of Survey If NOTELIG1 Is Displayed

AGE18 Are you 18 years old or older?

Yes (1)

No (2)

Display This Question: If AGE18 = 2

NOTELIG2 Thank you very much for your interest, but we are only surveying adults 18 years old or older at this time.

Skip To: End of Survey If NOTELIG2 Is Displayed

A1 Are you a parent or guardian for a child or children younger than age 9?

Yes (1)

No (2)

Skip To: End of Block If A1 = 2

Display This Question: If A1 = 1

A2 Below, please enter the number of children in the following age ranges for whom you are a parent or guardian

Aged less than 12 months (have not had their first birthday): _____ (1)

1 or 2 years old: _____ (2)

3 or 4 years old: _____ (3)

5 years old: _____ (4)

6 to 8 years old: _____ (5)

9 years old or older: _____ (6)

Total: _____

A3 What is your relationship to the child or children under the age of 9 for whom you are a parent or guardian?

(Please select all that apply)

- Mother/Stepmother (1)
- Father/Stepfather (2)
- Foster parent/Legal guardian (3)
- Grandparent (4)
- Other relationship, please specify (5) _____

A4 Including yourself, how many other adults currently live in your household? (Please enter whole numbers only)

B1 Do any of your children under the age of 9 have any medical, physical, behavioral, or mental health conditions or development delays?

- Yes (1)
- No (0)
- Prefer not to say (99)

Display This Question: If B1 = 1

And If A2 [1] > 0 Or A2 [2] > 0

B2 Has your child or children aged 2 or younger been diagnosed with any of the following? (Please select all that apply)

- Serious medical/health condition (1)
- Physical disability (2)
- Behavior or mental health issues (3)
- Intellectual disability, such as Down Syndrome (4)
- Autism Spectrum Disorder (5)
- Other development delays (such as speech, language, or motor delays), or learning difficulties (6)
- Other condition (Please specify) (97) _____
- No conditions for any children aged 2 or younger (96)

Display This Question: If B1 = 1

And If A2 [3] > 0

B3 Has your child or children aged 3 or 4 years old been diagnosed with any of the following? (Please select all that apply)

- Serious medical/health condition (1)
- Physical disability (2)
- Behavior or mental health issues (3)
- Intellectual disability, such as Down Syndrome (4)
- Autism Spectrum Disorder (5)
- Other development delays (such as speech, language, or motor delays), or learning difficulties (6)
- Other condition (Please specify)(97)_____
- No conditions for any children aged 3 or 4 (96)

Display This Question: If B1 = 1

And If A2 [4] > 0

Or A2 [5] > 0

B4 Has your child or children aged 5 to 8 years old been diagnosed with any of the following? (Please select all that apply)

- Serious medical/health condition (1)
- Physical disability (2)
- Behavior or mental health issues (3)
- Intellectual disability, such as Down Syndrome (4)
- Autism Spectrum Disorder (5)
- Other development delays (such as speech, language, or motor delays), or learning difficulties (6)
- Other condition (Please specify) (97)_____
- No conditions for any children aged 5 to 8 (96)

C1 Please answer the following questions for your youngest child aged 5 to 8 years old. Which of the following comes closest to your child's current school participation?

- My child attends school from home through remote learning due to COVID-19 (1)
- I home-school my child (2)
- My child attends school in-person some days and attends from home other days (hybrid model) due to COVID-19 (3)
- My child attends school in-person every day (4)
- My child has not started school yet (5)
- Other (Please specify) (6) _____

C2 How well is your child learning now compared to before COVID-19?

- Much better than before COVID-19 (5)
- Somewhat better than before COVID-19 (4)
- About as well as before COVID-19 (3)
- Somewhat worse than before COVID-19 (2)
- Much worse than before COVID-19 (1)
- Don't know/Not sure (98)

Display This Question: If C2 = 2 Or C2 = 1

C3 Which of the following would you say is making it more difficult for your child to learn either remotely or in-person? (Please select all that apply)

- The technology in our household (i.e. internet connection, computer, etc.) is not adequate for my child's learning needs (1)
- I don't have time to help or monitor my child's learning (2)
- I can't get enough information about my child's education in my first language (3)
- My child is not getting enough help to learn in their first language or to understand English (4)
- My child is overwhelmed with stress due to COVID-19 (5)
- Other (Please specify) (97) _____
- None of these (96)

C4 Below, please indicate whether you agree or disagree with the following statements about your child’s education.

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Don’t know/Not applicable (98)
My child’s teacher provides me with clear information (C4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child’s school administrators provide me with clear information (C4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child’s teacher gives them enough time to complete their work (C4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child’s teacher provides constructive feedback to me about my child’s progress (C4d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child’s teacher provides my child with the individual attention they need (C4e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C1 = 1 Or C1 = 3						
My child has trouble paying attention or understanding lessons during remote learning (C4f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D1 What type of childcare or preschool does your youngest child currently attend on a regular basis? (Please select all that apply)

- Head Start (1)
- Early Head Start (2)
- Childcare at a center (not Head Start) (3)
- Childcare provided in a childcare provider's home (4)
- Friend, neighbor, or relative childcare (5)
- Other (Please specify) (97) _____
- None of the above (96)

D2 How long does it typically take to get to your family's primary early care and education provider (includes childcare, Head Start, and preschool) from your home? (If your family uses more than one child care provider, please enter the provider who is farthest away)

_____ Hours (12)

_____ Minutes (13)

D3 Have you had any problems finding childcare, preschool, or Head Start for your child or children in the past year?

- Yes (1)
- No, I have not had any problems (2)
- I have not needed childcare, preschool, or Head Start for my child(ren) in the past year (3)

Display This Question: If D3 = 1

D4 What type of problems have you had? (Please select all that apply)

- Could not find a place with an opening (1)
- Could not find a place that covered my work hours (2)
- Cannot afford childcare (3)
- Do not have transportation (4)
- Have not found a program that I think is high quality (5)
- Other (Please specify) (97) _____
- None of these (96)

Display This Question: If D3 = 1

D5 Were you eventually able to secure childcare, preschool, or Head Start for your child?

- Yes (1)
- No (2)

Display This Question: If D3 = 1

Or D3 = 2

And If D5 != 2D6 Have any of the following happened since the COVID-19 pandemic began? (Please select all that apply)

- The childcare, preschool, or Head Start program closed (1)
- The program has smaller classes or fewer children (3)
- My child attends for fewer days or fewer hours (7)
- The program provides more information about how to help my child learn at home (4)
- I do not get to talk to the teacher or childcare provider as much about how my child is doing (5)
- The cost of care has increased (6)
- Other (Please specify) (97) _____
- None of the above (96)

Display This Question: If D3 = 1

Or D3 = 2

And If D5 = 2

D7 Has your child been asked to leave their childcare, preschool, or Head Start program in the past year due to problems with your child's behavior?

- Yes (1)
- No (0)
- Prefer not to say (99)

Display This Question: If D7 = 1

D8 What do you think the childcare or Head Start center should have done instead of asking your child to leave?

(Please select all that apply)

- Provided your child with a different caregiver (1)
- Helped your child improve their behavior (2)
- Provided more supports to you and your child (3)
- Given your child more time to change their behavior (4)
- Been more patient with your child (5)
- Other (Please specify) (97) _____
- None of these things (96)

Display This Question: If D7 = 1

D9 What happened when your child was asked to leave?

- I found another program or home-based childcare (1)
- I decided to keep my child at home (2)
- A friend, neighbor, or relative took care of my child (3)
- Other (Please specify) (97) _____

Display This Question: If D1 = 1

Or D1 = 3

Or D1 = 4

D10 Below, please indicate whether you agree or disagree with each statement about the childcare, home-based care, preschool, or Head Start program your youngest child currently attends.

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Don't know/Not applicable (98)
The program or provider gives me ideas about how I can help my child learn (D10a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program or provider gives me information about ways to find help for families with important needs, such as getting enough food or living with a health or mental health condition (D10b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program or provider gives me useful information about adult education or job training services (D10c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program or provider helps my child get ready to succeed in school (D10d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program helps me find services for my child's development, behavior, or health needs (D10e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E1 Next, please indicate which comes closest to your past experience with each of the following services or programs

	Currently use (1)	Have used in the past (2)	Never used but heard of it (3)	Never heard of it (4)	Don't know/ Prefer not to say (98)
Family home visiting (e.g. Home Visiting New Hampshire or Healthy Families America) (E1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early intervention for children with development delays or disabilities (E1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head Start, Childcare Scholarship Fund to help pay for childcare (E1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC (Nutrition program for pregnant women, infants, and children) (E1d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT (E1e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (Supplemental Security Income, also called disability payment) (E1f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance) (E1g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing (E1h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently use (1)	Have used in the past (2)	Never used but heard of it (3)	Never heard of it (4)	Don't know/ Prefer not to say (98)
Medicaid to help pay for my doctor visits and other health care (E1i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid or CHIP to help pay for my child's health care (E1j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English language services (E1k)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question: If E1 [1] (Count) > 0

E2 And would you encourage others who are in need to use these services or programs?

	Definitely (4)	Probably (3)	Probably not (2)	Definitely Not (1)	Don't know/ Prefer not to say (98)
E1 = 1 [1] Or E1 = 1 [2]					
Family home visiting (e.g. Home Visiting New Hampshire or Healthy Families America) (E2a) E1 = 2 [1] Or E1 = 2 [2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-Centered Early Supports and Services (early intervention) for children with development delays or disabilities (E2b) E1 = 3 [1] Or E1 = 3 [2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare Scholarship Fund to help pay for childcare (E2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Definitely (4)	Probably (3)	Probably not (2)	Definitely Not (1)	Don't know/ Prefer not to say (98)
E1 = 4 [1]					
Or E1 = 4 [2]					
WIC (Nutrition program for pregnant women, infants, and children) (E2d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E1 = 5 [1]					
Or E1 = 5 [2]					
SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT (E2e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E1 = 11 [1]					
Or E1 = 11 [2]					
SSI (Supplemental Security Income, also called disability payment) (E2f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E1 = 6 [1]					
Or E1 = 6 [2]					
Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance) (E2g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E1 = 7 [1]					
Or E1 = 7 [2]					
Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing (E2h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Definitely (4)	Probably (3)	Probably not (2)	Definitely Not (1)	Don't know/ Prefer not to say (98)
E1 = 8 [1]					
And E1 = 8 [2]					
Medicaid to help pay for my doctor visits and other health care (E2i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E1 = 9 [1]					
Or E1 = 9 [2]					
Medicaid or CHIP to help pay for my child's health care (E2j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E1 = 10 [1]					
And E1 = 10 [2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English language services (E2k)					

Display This Question: If E1 [2] (Count) > 0

Or E1 [3] (Count) > 0

E3 And which of these services or programs do you believe would be helpful for your family? (Please select all that apply)

E1 = 1 [2]

Or E1 = 1 [3]

- Family home visiting (e.g. Home Visiting New Hampshire or Healthy Families America) (1)

E1 = 2 [2]

Or E1 = 2 [3]

- Family-Centered Early Supports and Services (early intervention) for children with development delays or disabilities (2)

E1 = 3 [2]

Or E1 = 3 [3]

- Childcare Scholarship Fund to help pay for childcare (3)

E1 = 4 [2]

Or E1 = 4 [3]

- WIC (Nutrition program for pregnant women, infants, and children) (4)

E1 = 5 [2]

Or E1 = 5 [3]

- SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT (5)

E1 = 11 [2]

Or E1 = 11 [3]

- SSI (Supplemental Security Income, also called disability payment) (6)

E1 = 6 [2]

Or E1 = 6 [3]

- Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance) (7)

E1 = 7 [2]

Or E1 = 7 [3]

- Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing (8)

E1 = 8 [2]

And E1 = 8 [3]

- Medicaid to help pay for my doctor visits and other health care (9)

E1 = 9 [2]

Or E1 = 9 [3]

- Medicaid or CHIP to help pay for my child's health care (10)

E1 = 10 [2]

And E1 = 10 [3]

- English language services (11)

Display This Question: If E1 = 1 [1]

E4 Did you receive home visiting services before the COVID-19 pandemic began in March 2020?

- Yes (1)
- No (0)
- Don't know/Prefer not to say (98)

Display This Question: If E4 = 1

E5 How, if at all, have your home visiting services changed since the COVID-19 pandemic began? (Please select all that apply)

- We now receive services by phone, video, FaceTime, or some other way not in person (1)
- Our sessions with a home visitor have become less frequent (2)
- Our sessions with a home visitor have become more frequent (3)
- We now have a different home visitor (4)
- Other (Please specify) (97) _____
- Services have not changed (96)

Display This Question: If E4 = 1

E6 Below, please indicate whether you agree or disagree with the following statement about your home visiting program

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Haven't needed this/ Don't know (98)
This home visiting program gives parents useful ideas about how to help their child learn and develop skills (E6a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The home visiting program helps parents get services or benefits related to family needs, such as getting enough food or finding care for a parent with a health or mental condition (E6b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Haven't needed this/ Don't know (98)
The home visiting program helps parents get services or benefits related to family needs, such as getting enough food or finding care for a parent with a health or mental health condition (E6c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The home visiting program helps parents get adult education or job training services (E6d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The home visiting program helps parents find helpful services for their child's needs related to the child's development, behavior, or health (E6e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question: If E1 = 1 [1]

E7 Did you receive Early Intervention before the COVID-19 pandemic began in March 2020?

- Yes (1)
- No (0)
- Don't know/Prefer not to say (98)

Display This Question: If E7 = 1

E8 How, if at all, have Early Intervention services changed since the COVID-19 pandemic began? (Please select all that apply)

- We now receive services by phone, video, FaceTime, or some other way not in person (1)
- Our sessions with a therapist or family coordinator have become less frequent (2)
- Our sessions with a therapist or family coordinator have become more frequent (3)
- We now have a different therapist or family coordinator (4)

Other (Please specify) (97) _____

Services have not changed (96)

Display This Question: If E4 = 1

E9 Below, please indicate whether you agree or disagree with the following statement about your Early Intervention services

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat Disagree (2)	Disagree Strongly (1)	I have not needed this (98)
The program gives me useful ideas about how to help my child learn and develop skills (E9a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program helps me find additional services for my child's needs related to my child's development, behavior, or health (E9b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program helps me find services or benefits related to family needs, such as getting enough food or finding help for dealing with a health or mental health concern (E9c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E10 Have you participated in any services or programs offered by a community family resource center such as parenting classes, job training, family counseling, or other resources for families?

- Yes (1)
- No, I do not know about this type of center (2)
- No, but I am familiar with this type of center (3)

Display This Question: If E10 = 1

E11 Which of the following family resource centers have you ever visited? (Please select all that apply)

- Family Connections Center, Berlin (1)
- Family Resources Center, Gorham (2)
- Children Unlimited, Inc, Conway (3)
- Whole Village Family Resource Center; Plymouth (4)
- Lakes Region Community Services, Laconia (5)
- Greater Tilton Area Family Resource Center, Tilton (6)
- Family Connections Center, Concord (7)
- The Children's Place and Parent Education Center, Concord (8)
- Easter Seals Child Development and FRC, Manchester (9)
- Waypoint, Manchester (10)
- The Upper Room, Derry (11)
- Salem Family Resources - Success by Six, Salem (12)
- Waypoint, Nashua (13)
- CAP of Strafford County, Dover (14)
- Families First, Portsmouth (15)
- TLC Family Resource Center, Claremont (16)
- HCS Services, Keene (17)
- Grapevine Family and Community Resource Center, Antrim (18)
- The River Center, Peterborough (19)

E12 What types of programs or services, if any, would you be interested in participating in at a family resource center? (Please select all that apply)

- Play groups for children (1)
- Parent support groups (2)
- Family counseling (3)
- Support to address mental health or substance abuse issues (4)
- Supports to achieve improved physical health (e.g. stopping smoking, healthy eating, etc.) (5)
- Job training (6)
- Financial resources or assistance (7)

Other (Please describe) (97) _____

None of these (96)

Display This Question: If E1 = 11 [1]

E13 Which of the following comes closest to how you feel about the SSI (Supplemental Security Income, also called disability payment) assistance you receive?

It provides my family with enough support to meet our needs (1)

It provides my family with some support, but not enough (2)

Display This Question: If E1 = 11 [2]

Or E1 = 11 [3]

Or E1 = 11 [4]

E14 Why do you not receive SSI (Supplemental Security Income, also called disability payment) assistance? (Please select all that apply)

I don't need this type of assistance (1)

I applied but did not qualify (2)

I don't know how to get this type of assistance (3)

I don't want this type of assistance (4)

I don't think I qualify for this type of assistance (5)

I had a bad experience receiving or trying to get this type of assistance (6)

I was not aware of this type of assistance (7)

Other (Please specify) (97) _____

None of these (96)

Display This Question: If E1 = 6 [1]

E15 Which of the following comes closest to how you feel about the income assistance such as FANF, TANF, welfare or cash aid, or unemployment insurance you receive?

It provides my family with enough support to meet our needs (1)

It provides my family with some support, but not enough (2)

Display This Question: If E1 = 6 [2]

Or E1 = 6 [3]

Or E1 = 6 [4]

E16 Why do you not receive assistance income assistance such as FANF, TANF, welfare or cash aid, or unemployment insurance? (Please select all that apply)

- I don't need this type of assistance (1)
- I applied but did not qualify (2)
- I don't know how to get this type of assistance (3)
- I don't want this type of assistance (4)
- I don't think I qualify for this type of assistance (5)
- I had a bad experience receiving or trying to get this type of assistance (6)
- I was not aware of this type of assistance (7)
- Other (Please specify) (97) _____
- None of these (96)

Display This Question: If E1 = 7 [1]

E17 Which of the following comes closest to how you feel about the total housing support (Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing) you receive?

- It provides my family with enough support to meet our needs (1)
- It provides my family with some support, but not enough (2)

Display This Question: If E1 = 7 [2]

Or E1 = 7 [3]

Or E1 = 7 [4]

E18 Why do you not receive housing assistance? (Please select all that apply)

- I don't need this type of assistance (1)
- I applied but did not qualify (2)
- I don't know how to get this type of assistance (3)
- I don't want this type of assistance (4)
- I don't think I qualify for this type of assistance (5)
- I had a bad experience receiving or trying to get this type of assistance (6)
- I was not aware of this type of assistance (7)
- Other (Please specify) (97) _____
- None of these (96)

E19 In the past year, have you had to move to a temporary residence (e.g. move in with relatives, a shelter, etc.) because of difficult paying rent or mortgage?

- Yes (1)
- No (0)
- Prefer not to say (99)

Display This Question: If E1 = 4 [1]

E20 Which of the following comes closest to how you feel about the total WIC (Nutrition program for pregnant women, infants, and children) benefits you receive?

- It provides my family with enough support to meet our needs (1)
- It provides my family with some support, but not enough (2)

Display This Question: If E1 = 4 [2]

Or E1 = 4 [3]

Or E1 = 4 [4]

E21 Why do you not receive WIC (Nutrition program for pregnant women, infants, and children) benefits? (Please select all that apply)

- I don't need this type of assistance (1)
- I applied but did not qualify (2)
- I don't know how to get this type of assistance (3)
- I don't want this type of assistance (4)
- I don't think I qualify for this type of assistance (5)
- I had a bad experience receiving or trying to get this type of assistance (6)
- I was not aware of this type of assistance (7)
- Other (Please specify) (97) _____
- None of these (96)

Display This Question: If E1 = 5 [1]

E22 Which of the following comes closest to how you feel about the total SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT benefits you receive?

- It provides my family with enough support to meet our needs (1)
- It provides my family with some support, but not enough (2)

Display This Question: If E1 = 5 [2]

Or E1 = 5 [3]

Or E1 = 5 [4]

E23 Why do you not receive SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT benefits (Please select all that apply)?

- I don't need this type of assistance (1)
- I applied but did not qualify (2)
- I don't know how to get this type of assistance (3)
- I don't want this type of assistance (4)
- I don't think I qualify for this type of assistance (5)
- I had a bad experience receiving or trying to get this type of assistance (6)
- I was not aware of this type of assistance (7)
- Other (Please specify) (97) _____
- None of these (96)

Display This Question: If E1 = 3 [1]

E24 Which of the following comes closest to how you feel about the total childcare subsidies you receive?

- It provides my family with enough support to meet our needs (1)
- It provides my family with some support, but not enough (2)

Display This Question: If E1 = 3 [2]

Or E1 = 3 [3]

Or E1 = 3 [4]

E25 Why do you not receive childcare subsidies? (Please select all that apply)

- I don't need this type of assistance (1)
- I applied but did not qualify (7)
- I don't know how to get this type of assistance (2)
- I don't want this type of assistance (3)
- I don't think I qualify for this type of assistance (4)
- I had a bad experience receiving or trying to get this type of assistance (5)
- I was not aware of this type of assistance (6)
- Other (Please specify) (97) _____
- None of these (96)

F1 How concerned are you about the following things regarding any of your children under the age of 9?

	Very concerned (4)	Somewhat concerned (3)	Not very concerned (2)	Not at all concerned (1)	Don't know/ Prefer not to say (98)
My child or children frequently misbehaving (trouble following direction, getting along with other children or adults, etc.) (F1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child or children having trouble learning (F1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D1 = 1					
Or D1 = 3					
Or D1 = 4					
My child or children struggling in their childcare, preschool or Head Start program (F1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C1 = 1					
Or C1 = 3					
Or C1 = 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child or children struggling in school (F1d)					
A2 [1] > 0					
Or A2 [2] > 0					
My baby or toddler not developing as well as I would like (F1e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child having trouble with eating/feeding or sleeping (F1f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify) (F1o)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question: If F1 [4] (Count) >= 1

Or F1 [3] (Count) >= 1

F2 Have you looked for programs or other support within your community or at your child’s school, child care center, preschool, or Head Start to help with your concerns about your child?

- Yes (1)
- No (0)
- Don’t know/Can’t remember (98)

Display This Question: If F2 = 1

F3 Were you able to find the support you needed?

- Yes (1)
- No (0)
- Don’t know/Can’t remember (98)

F4 Thinking about yourself, would you agree or disagree with the following statements?

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Don’t know/ Prefer not to say (98)
I sometimes have feelings, such as sadness, anger, or worry that bother me (F4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health or other physical problems sometimes make it hard to do things I want to do (F4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have enough money to pay for food, rent, phone, clothing, and other things my family needs (F4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to find time to do things with my child or children that we enjoy (F4d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question: If F4 [5] (Count) >= 1

Or F4 [4] (Count) >= 1

F5 Have you looked for programs or other support within your community to help with your concerns?

- Yes (1)
- No (0)
- Don't know/Can't remember (98)

Display This Question: If F5 = 1

F6 Were you able to find the support you needed?

- Yes (1)
- No (0)
- Don't know/Can't remember (98)

Display This Question: If A2 [1] > 0

Or A2 [2] > 0

Or A2 [3] > 0

Or A2 [4] > 0

F7 Do you use VROOM activities?

- Yes (1)
- No, but I know about VROOM (2)
- No, I have not heard of VROOM (3)

G1 Does your child or children have a health care provider or clinic that you usually go to for well child visits, check-ups, or when your child is sick?

- Yes (1)
- No, I take my child or children to urgent care or the emergency room (2)
- No, my child or children does not have access to medical care (3)
- Other (Please specify) (97) _____

G2 During the COVID-19 pandemic, have you been able to get your child or children to pediatric visits as much as you would like?

- Yes (1)
- No (0)
- Don't know/Prefer not to say (98)

G3 Thinking about your child or children under the age of 9, would you say their health has gotten better or worse since the start of the COVID-19 pandemic?

- Much better (5)
- Somewhat better (4)
- Stayed about the same (3)

- Somewhat worse (2)
- Much worse (1)
- Don't know/Prefer not to say (98)

G4 Thinking about your child or children under the age of 9, would you say their behavior has gotten better or worse since the start of the COVID-19 pandemic?

- Much better (5)
- Somewhat better (4)
- Stayed about the same (3)
- Somewhat worse (2)
- Much worse (1)
- Don't know/Prefer not to say (98)

G5 Do you have a health care provider or clinic where you usually receive check-ups and care for illnesses?

- Yes (1)
- No, I use urgent care or the emergency room (2)
- No, I do not have access to medical care (3)
- Other (Please specify) (97) _____

G6 Compared to before the COVID-19 pandemic, would you say your family's stress has... How, if at all, has the COVID-19 pandemic affected your family's stress level

- Increased significantly (5)
- Increased somewhat (4)
- Stayed about the same (3)
- Decreased somewhat (2)
- Decreased significantly (1)
- Don't know/Prefer not to say (6)

H1 Do you currently have a paid job?

- Yes (1)
- No (0)
- Prefer not to say (99)

Skip To: H6 If H1 = 0

Skip To: H6 If H1 = 99

Display This Question: If H1 = 0

H2 Did you lose your job since March 2020, when the COVID-19 pandemic began?

- Yes (1)
- No (0)
- Prefer not to say (99)

H3 Are you currently employed in more than one paid job?

- Yes (1)
- No (0)
- Prefer not to say (99)

H4 About how many hours per week do you work for pay on average? (Please enter whole numbers only)

H5 Which of the following applies to your current employment situation? (Please select all that apply)

- I sometimes or work at night (1)
- I sometimes or always work on weekends (2)
- The number of hours I work may be different each week (3)
- The days of the week I work may be different each week (4)
- None of the above (96)

Display This Question: If Including yourself, how many adults currently live in your household? (Please enter whole numbers only) Text Response Is Greater Than 0

H6 Do any other adults in your household currently have a paid job?

- Yes, and the other adult(s) helps support my child(ren)'s financial needs (1)
- Yes, but the other adult(s) do not help support my child(ren)'s financial needs (2)
- No, no other adult in my household has a job (3)

Display This Question: If H6 = 2

H7 Does the other adult have two or more paid jobs? If more than one adult works and supports your children's financial needs, please think of the adult who works the most.

- Yes (1)
- No (0)
- Don't know/Prefer not to say (98)

Display This Question: If H6 = 1

Or H6 = 2

H8 About how many hours per week does this other adult work for pay on average? (Please enter whole numbers only)

I1 Before we finish, we would like to get some information on your background. Which of the following best describes your gender?

- Woman (1)
- Man (2)
- Transgender (3)
- Gender Non-conforming/other (4)
- Prefer not to say (5)

I2 Which of the following ethnic or racial groups do you identify with? (Please select all that apply)

- Native American, Inuit, or Aleut (1)
- Asian American/Pacific Islander (2)
- African American/Black/Caribbean American (3)
- Caucasian/White (4)
- Latino/Hispanic (5)
- Other - Specify (97) _____
- Prefer not to say (99)

I3 Are you currently married, widowed, divorced, separated, or have you never been married?

- Married (1)
- Widowed (2)
- Divorced (3)
- Separated (4)
- Never married (5)
- Living together (6)

I4 What is the highest grade in school or level of education that you've completed and got credit for?

- Eighth grade or less (1)
 - Some high school (2)
 - High school graduate (includes G.E.D.) (3)
-

- Technical school (4)
- Some college (5)
- College graduate (6)
- Postgraduate work (7)
- Don't know/Not sure (98)

I5 How much **total** income did you and your family receive in 2019, not just from wages or salaries but from all sources, that is, before taxes and other deductions were made?

- Less than \$15,000 (Less than \$1,250 per month) (1)
- \$15,000-\$29,999 (\$1,250-\$2,499 per month) (2)
- \$30,000-\$44,999 (\$2,500-\$3,749 per month) (3)
- \$45,000-\$59,999 (\$3,750-\$4,999 per month) (4)
- \$60,000-\$74,999 (\$5,000-\$6,249 per month) (5)
- \$75,000-\$99,999 (\$6,250-\$8,333 per month) (6)
- \$100,000-\$149,999 (\$8,334-\$12,499 per month) (7)
- \$150,000-\$199,999 (\$12,500-\$16,666 per month) (8)
- \$200,000 and over (\$16,667 and over per month) (9)
- Don't know/Not sure (98)

I6 What is your current age? (Please enter a number only) _____

I7 In which town do you live?

- Acworth (1) ... Other (997)

Display This Question: If I7 = 997

I8 You indicated an "other" town above. Which town is that? _____

I9 Were you born in the United States or in another country?

- The United States (1)
- Another country (2)
- Prefer not to say (99)

Display This Question: If I3 = 1

Or I3 = 6

I10 And was your spouse or significant other born in the United States or in another country?

- The United States (1)
- Another country (2)
- Prefer not to say (99)

I11 What is your first language? (Please select one response)

- English (1)
- Spanish (2)
- Arabic (3)
- Nepali (4)
- Swahili (5)
- Kir (6)
- Other (Please specify) (97) _____
- Prefer not to say (99)

I12 What language(s) does your child/children under age 9 speak at home with your or other adults? (Please select all that apply)

- English (1)
- Spanish (2)
- Arabic (3)
- Nepali (4)
- Swahili (5)
- Kir (6)
- Other (Please specify) (97) _____
- Prefer not to say (99)

I13 Where did you hear about this survey? (Please select all that apply)

- Boys and Girls Clubs (1)
- Childcare provider (2)
- Head Start center (3)
- Community Action Program (4)
- Community Health Center (5)
- Diaper Pantry (6)
- Family Centered Early Supports and Services (7)
- Food pantry/Soup Kitchen (8)
- Family Resource Center (9)
- Home Visiting Program (10)



- Homeless Shelter (11)
- Pediatrician (12)
- Resettlement agency (13)
- School District (14)
- WIC (15)
- Other (Please specify) (16) _____

APPENDIX B: SAMPLE FOR THE FAMILY SURVEY

We examined the representativeness of the family survey sample, relative to all New Hampshire families, to provide context for interpreting the analyses presented in this report. Key points, described in more detail below, emerged from this analysis of our sample:

- Our sample overrepresents low-income families in New Hampshire, as intended by our sampling strategy.
- Immigrant families are underrepresented in our sample and families of color are equally represented in our sample, relative to their representation across New Hampshire. Both groups of families in our sample are more likely to be low income than immigrant families and families of color across New Hampshire.
- Evidence suggests that low-income families in our sample receive similar levels of SNAP, relative to low-income families across New Hampshire. This indicates that our low-income sample is similarly connected to income supports as low-income families across New Hampshire.
- Higher income families in the GSP sample expressed more concerns about themselves and their children, relative to higher-income families in the targeted sample. This could be because the targeted sample was more connected with services, as they were recruited from service organizations. This finding may also suggest that analyses of family survey respondents, who are primarily from the targeted sample, may *underestimate* the needs of parents and children in New Hampshire.

DESCRIPTION OF SAMPLE

Our family survey sample includes 849 respondents who were parents of children under age 9 and live in New Hampshire. Our sample combined families recruited through the Granite State Panel (GSP), a survey of people across New Hampshire, and through a targeted sample, recruited through a range of service organizations. The GSP contributed 15 percent (130 respondents) of the respondents to the sample, while the targeted sample contributed 85 percent (719) of respondents to the sample.

The goal of our sampling strategy was to recruit a large number of families who met the PDG criteria for vulnerability, as defined by the PDG team, in New Hampshire. The only way to do this, within the timeframe and budget of this project, was to use a targeted sample because very few of the GSP respondents met the vulnerability criteria (**see Table B1**). Using the targeted sample, we were able to sample many families who met the PDG-defined vulnerability criteria while staying within the project budget and timeframe.

Table B1: Number and percentage of respondents in each sample by rural status and age of respondents' youngest child

	TARGETED SAMPLE	GRANITE STATE PANEL	TOTAL SAMPLE
Youngest child under 12 months	114 (16%)	5 (4%)	119 (14%)
Youngest child aged 1 or 2	208 (30%)	35 (27%)	243 (29%)
Youngest child aged 3 or 4	202 (28%)	19 (15%)	221 (26%)
Youngest child aged 5	82 (11%)	24 (19%)	106 (13%)
Youngest Child aged 6-8	112 (16%)	47 (36%)	159 (19%)
Nonurban respondents	546 (76%)	97 (75%)	643 (76%)

Table B2. Number and percentage of respondents in the targeted sample and Granite State Panel by age of child

	TARGETED SAMPLE	GRANITE STATE PANEL	TOTAL SAMPLE
Respondents with children ages 2 and under	322 (45%)	40 (31%)	362 (43%)
Respondents with children ages 3-4	314 (44%)	25 (19%)	339 (40%)
Respondents with children ages 5-8	409 (57%)	91 (70%)	500 (59%)

The percentages sum to more than 100 because some parents had children in more than one age range.

Table B3. Number and percentage of respondents in the targeted sample and Granite State Panel who meet PDG vulnerability criteria and by age of youngest child and rural status

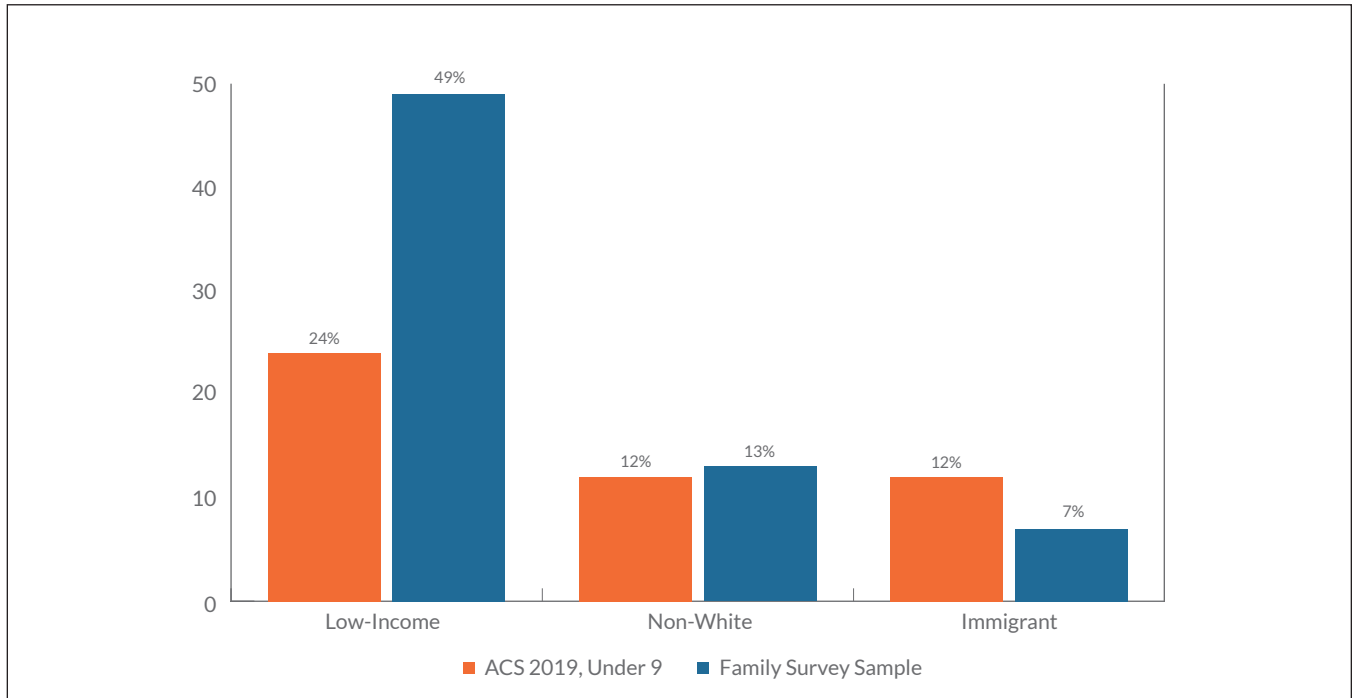
			BY AGE OF RESPONDENTS' YOUNGEST CHILD					BY RURAL STATUS		TOTAL
	TARGETED SAMPLE	GSP	UNDER 12 MONTHS	AGE 1 OR 2	AGE 3 OR 4	AGE 5	AGES 6-8	URBAN	NONURBAN	WHOLE SAMPLE
Low-income	377 (57%)	12 (10%)	69 (67%)	122 (55%)	111 (53%)	38 (38%)	49 (32%)	86 (44%)	303 (51%)	389 (49%)
Housing Insecure	75 (11%)	1 (<1%)	20 (18%)	17 (7%)	21 (10%)	8 (8%)	10 (6%)	16 (8%)	60 (10%)	76 (9%)
Child with a Disability	190 (27%)	26 (20%)	28 (25%)	72 (31%)	59 (27%)	27 (26%)	30 (19%)	49 (24%)	167 (27%)	216 (26%)
Parent of Color	101 (14%)	8 (6%)	15 (13%)	21 (9%)	27 (12%)	19 (18%)	27 (17%)	28 (14%)	81 (13%)	109 (13%)
Immigrant Parent	53 (7%)	8 (6%)	12 (10%)	19 (8%)	17 (8%)	9 (9%)	4 (3%)	21 (10%)	40 (6%)	61 (7%)

REPRESENTATIVENESS OF THE FAMILY SURVEY SAMPLE

To better understand the representativeness of the family survey sample, we compared the characteristics of families in our sample, including both the GSP sample and the targeted sample, with American Community Survey (ACS) data. The ACS data is a sample of people and households in New Hampshire, collected by the Census Bureau. We restricted the ACS data to New Hampshire households with a child under the age of 9 and weighted the data to represent the New Hampshire population.

Low-income families are overrepresented among family survey respondents, relative to their representation in New Hampshire’s population, as intended by the targeted sampling strategy. Because of the overrepresentation of low-income families in our sample, throughout the report, we present most analyses separately for higher income and low-income families. However, we were not as successful in recruiting immigrant families or families of color through the targeted strategy. In comparison with the ACS data, our sample equally represents parents of color and underrepresents immigrant families. We are unable to compare the percent of family survey respondents with other vulnerability criteria to their representation in New Hampshire’s population because the data points are not available in the ACS.

Figure B1. Percent of sample with specific vulnerability criteria, relative to New Hampshire families with children under age 9



ACS data restricted to households with a child under age 9 and is weighted to represent the NH population.

Like all family survey respondents, immigrant parents and parents of color in our sample were lower income than the average immigrant parent or parent of color in New Hampshire. Because the number of immigrant parents and parents of color are small in our sample, we are unable to breakdown our analyses for these groups by income. Thus, for many analyses presented in the report, we do not provide break out analyses for immigrant parents or parents of color.

Table B4. Percent of low-income families who are families of color and immigrant families with children under age 9

	ACS 2019, CHILD UNDER 9	FAMILY SURVEY SAMPLE
Families of Color	32%	56%
Immigrant Families	29%	59%

REPRESENTATIVENESS OF THE FAMILY SURVEY SAMPLE

Our sample underrepresented certain counties in New Hampshire, particularly Hillsborough and Rockingham counties, the two counties with the highest median incomes in New Hampshire. Our sample overrepresented families in Strafford, Coos, and Sullivan counties, the lowest income counties in New Hampshire. This pattern likely reflects the focus on recruiting low-income families. The county level data in the ACS is only available for households with children under age 6.

Table B5. Percent of families with a child under age 6, comparison of survey sample and American Community Survey

	FAMILY SURVEY	AMERICAN COMMUNITY SURVEY
Belknap	4%	4%
Carroll	9%	3%
Cheshire	5%	5%
Coos	6%	2%
Grafton	6%	5%
Hillsborough	18%	32%
Merrimack	8%	11%
Rockingham	10%	25%
Strafford	28%	9%
Sullivan	7%	3%

Table B6. Number and Percent of respondents from each county by age of respondents' young child and rural status

	TARGETED SAMPLE	GSP	BY AGE OF RESPONDENTS' YOUNGEST CHILD					BY RURAL STATUS		
			UNDER 12 MONTHS	AGE 1 OR 2	AGE 3 OR 4	AGE 5	AGES 6-8	URBAN	NONURBAN	
Belknap	30 (4%)	4 (3%)	2 (2%)	13 (6%)	6 (3%)	4 (4%)	9 (6%)	0	34 (6%)	
Carroll	58 (9%)	4 (3%)	13 (12%)	30 (13%)	15 (7%)	1 (1%)	3 (2%)	16 (8%)	46 (8%)	
Cheshire	38 (6%)	3 (2%)	9 (8%)	16 (7%)	5 (2%)	5 (5%)	6 (4%)	0	41 (7%)	
Coos	55 (8%)	1 (<1%)	5 (5%)	13 (6%)	16 (7%)	4 (4%)	18 (12%)	0	56 (9%)	
Grafton	39 (6%)	3 (2%)	5 (5%)	17 (7%)	9 (4%)	28 (28%)	5 (3%)	0	42 (7%)	
Hillsborough	234 (20%)	35 (27%)	16 (14%)	33 (14%)	42 (19%)	18 (18%)	50 (33%)	101 (49%)	68 (11%)	
Merrimack	47 (7%)	21 (16%)	4 (4%)	11 (5%)	16 (7%)	18 (18%)	19 (12.5%)	32 (15.5%)	36 (6%)	
Rockingham	55 (8.1%)	32 (25%)	8 (7.2%)	20 (8.7%)	28 (13%)	7 (7%)	24 (16%)	29 (14%)	58 (10%)	
Strafford	177 (26%)	21 (16%)	40 (36%)	64 (28%)	56 (26%)	26 (26%)	12 (8%)	28 (14%)	170 (28%)	
Sullivan	48 (7%)	4 (3%)	9 (8%)	13 (6%)	23 (11%)	1 (1%)	6 (4%)	0	52 (7%)	
Total in the sample	n/a		111	230	216	100	152	206	603	

Our targeted sample primarily came from WIC offices, Boys and Girls Clubs, and Head Start Centers. Because we recruited from service organizations, our targeted sample may be more connected to services than typical low-income families.

Table B7. Where families in the targeted sample learned of the survey, families could choose more than one location

WHERE FAMILY LEARNED OF SURVEY	PERCENT OF TARGETED SAMPLE
WIC	34%
Boys and Girls Club	22%
Head Start	10%
Other	10%
Childcare Center	8%
Family Resource Center	6%
School District	5%
Family Supports and Services	3%
Pediatrician	2%
Home Visiting Program	1%
Resettlement Agency	< 1%
Homeless Shelter	< 1%
Food Pantry	< 1%

The Other responses primarily included family, friends and colleagues, preschools, community centers, and emails or social media.

Table B8. Where families in the targeted sample learned of the survey by age of respondents' youngest child and rural status, families could choose more than one location

	BY AGE OF RESPONDENTS' YOUNGEST CHILD					BY RURAL STATUS		TOTAL
	UNDER 12 MONTHS	AGE 1 OR 2	AGE 3 OR 4	AGE 5	AGES 6-8	URBAN	NONURBAN	
WIC	68 (62%)	104 (50%)	55 (27%)	13 (16%)	4 (4%)	35 (20%)	209 (39%)	244 (34%)
Boys and Girls Club	5 (5%)	17 (8%)	48 (24%)	27 (33%)	62 (56%)	62 (36%)	97 (18%)	159 (22%)
Head Start	8 (7%)	15 (7%)	33 (16%)	12 (15%)	2 (2%)	20 (12%)	50 (9%)	70 (10%)
Other	11 (9%)	29 (12%)	15 (7%)	15 (14%)	22 (14%)	29 (14%)	64 (10%)	92 (11%)
Childcare Center	11 (10%)	19 (9%)	19 (9%)	8 (10%)	3 (3%)	14 (8%)	46 (9%)	60 (8%)
Family Resource Center	6 (6%)	9 (4%)	11 (6%)	6 (7%)	10 (9%)	6 (4%)	36 (7%)	42 (6%)

	BY AGE OF RESPONDENTS' YOUNGEST CHILD					BY RURAL STATUS		TOTAL
	UNDER 12 MONTHS	AGE 1 OR 2	AGE 3 OR 4	AGE 5	AGES 6-8	URBAN	NONURBAN	
School District	3 (3%)	7 (3%)	17 (8%)	6 (7%)	3 (3%)	12 (7%)	24 (4%)	36 (5%)
Family Supports and Services	2 (2%)	12 (6%)	3 (2%)	1 (1%)	0	3 (2%)	15 (3%)	18 (3%)
Pediatrician	0	3 (2%)	<1%	1(1%)	9 (8%)	<1%	13 (2%)	14 (2%)
Home Visiting Program	<1%	<1%	<1%	0	0	0	<1%	<1%
Resettlement Agency	0	0	<1%	1 (1%)	0	0	<1%	<1%
Homeless Shelter	0	0	3 (2%)	0	0	<1%	<1%	<1%
Food Pantry	0	0	0	1 (1%)	0	0	<1%	<1%

USE OF AND KNOWLEDGE ABOUT HOME VISITING AND EARLY INTERVENTION

Table B9: Use of and knowledge about home visiting, among respondents with a child aged 4 and under

	CURRENTLY USE	HAVE USED IN THE PAST	NEVER USED, BUT HEARD OF IT	NEVER HEARD OF IT
Home Visiting	34 (6%)	66 (12%)	127 (24%)	303(57%)
Family Centered Early Supports (Early Intervention)	68 (13%)	103 (19%)	205 (38%)	166 (31%)

Table B10: Use of and knowledge about early intervention among respondents with a child aged 4 and under with a disability

	CURRENTLY USE	HAVE USED IN THE PAST	NEVER USED, BUT HEARD OF IT	NEVER HEARD OF IT
Family Centered Early Supports (Early Intervention)	49 (43%)	40 (35%)	15 (13%)	11 (10%)

FINDING CHILD CARE

Table B11: Those who had trouble finding care, by income group

	FOUND CARE	DID NOT FIND CARE
Low-income respondents	40 (54%)	34 (46%)
High-income respondents	44 (73%)	16 (27%)
Total	87 (61%)	55 (39%)

SAMPLE FAMILIES' CONNECTION WITH INCOME SUPPORTS

Among low-income families with young children, our sample was similarly connected to SNAP relative to the low-income families across New Hampshire. Using ACS data, restricted to families with a child under age 9,

we calculated the percent of low-income families in New Hampshire who received SNAP. We compared SNAP use between the ACS and our sample because SNAP is a widely used support among low-income families, and eligibility is primarily based on income, not other family characteristics, like disability status, which is not well-captured in the ACS. We found that low-income families in our sample were similarly likely to receive SNAP as low-income families in the ACS. This suggests that low-income families in our sample may be similarly likely to receive income supports, relative to low-income families across New Hampshire.

Table B12. Percent of low-income families in the family survey sample who receive Medicaid and SNAP, compared to low-income families with children under age 9 across New Hampshire

	FAMILY SURVEY	AMERICAN COMMUNITY SURVEY
Receiving Medicaid	64%	46%
Receiving SNAP	40%	42%

Table B13. Percent of low-income families in the family survey sample who receive Medicaid and SNAP, compared to low-income families with children under age 9 across New Hampshire by age of respondents' youngest child and rural status

	BY AGE OF RESPONDENTS' YOUNGEST CHILD					BY RURAL STATUS		TARGETED SAMPLE	GSP	TOTAL SAMPLE
	UNDER 12 MONTHS	AGE 1 OR 2	AGE 3 OR 4	AGE 5	AGES 6-8	URBAN	NONURBAN			
Receiving Medicaid	54 (81%)	84 (70%)	68 (62%)	19 (50%)	18 (37%)	49 (57%)	194 (65%)	238 (64%)	5 (42%)	243 (64%)
Receiving SNAP	22 (33%)	59 (49%)	47 (43%)	15 (41%)	11 (23%)	33 (38%)	121 (41%)	153 (41%)	1 (8%)	154 (40%)

SIMILARITY OF GSP SAMPLE AND TARGETED SAMPLE

We compared the levels of concern expressed by the targeted sample relative to the Granite State Panel sample. The GSP panel, unlike the targeted sample, was not recruited through service organizations. It is possible that parents connected with service organizations seek those services because of higher need. However, we found that the GSP sample expressed greater concerns about themselves, than did the targeted sample. In contrast, we found that the family survey respondents expressed greater concerns about their children than did the GSP sample. We are only able to present data on concerns for higher income parents because the GSP sample of low-income parents was too small to undertake separate analyses.

Table B14. Percent of higher-income families expressing at least one concern about themselves and about their children, comparison of targeted sample and Granite State Panel

	TARGETED SAMPLE	GRANITE STATE PANEL
Has at least one concern about themselves	46%	57%
Has at least one concern about their child	69%	44%

Table B15. Percent of higher-income families expressing at least one concern about themselves and about their children, by age of child and rural status

	BY AGE OF RESPONDENTS' YOUNGEST CHILD					BY RURAL STATUS		
	UNDER 12 MONTHS	AGE 1 OR 2	AGE 3 OR 4	AGE 5	AGES 6-8	URBAN	NONURBAN	
Has at least one concern about themselves	14 (41%)	50 (51%)	44 (46%)	37 (59%)	52 (50%)	56 (51%)	141 (50%)	
Has at least one concern about their child	18 (53%)	50 (51%)	62 (65%)	40 (64%)	77 (73%)	71 (64%)	176 (62%)	

This may reflect that the families in the targeted sample have children with higher needs than families across New Hampshire. We analyzed the level of concerns for children among families who do not have a child with a disability. Among higher income families who do not have a child with a disability, the GSP respondents had more concerns about their children. We found a similar pattern among families who have a child with a disability, but because of the small sample sizes, we do not provide that analysis here.

Table B16. Percent of higher-income families, who do not have a child with a disability, expressing at least one concern about their children, comparison of targeted sample and Granite State Panel

	TARGETED SAMPLE	GRANITE STATE PANEL
Has at least one concern about their child	67%	34%

Table B17. Percent of higher-income families, who do not have a child with a disability, expressing at least one concern about their children, comparison of targeted sample and Granite State Panel, by age of respondents' youngest child and rural status

	BY AGE OF RESPONDENTS' YOUNGEST CHILD					BY RURAL STATUS		TARGETED SAMPLE	GSP
	UNDER 12 MONTHS	AGE 1 OR 2	AGE 3 OR 4	AGE 5	AGES 6-8	URBAN	NONURBAN		
Has at least one concern about their child	12 (43%)	34 (45%)	44 (60%)	26 (58%)	62 (71%)	56 (61%)	122 (56%)	178 (58%)	147 (67%)

APPENDIX C: PDG FOCUS GROUP SCREENING SURVEY (LONG VERSION)

To see if you are eligible to participate in the focus groups, you need to fill out this form first.

University of New Hampshire, Parent Information Center / New Hampshire Family Voices (PIC / NH FV) and Bank Street College of Education are conducting focus groups as a part of the Preschool Development Grant, awarded to NH by the federal US Administration for Children and Families. We want to hear from families about their experiences, wants, and needs as they relate to raising young children in NH. What we learn from these conversations will help our state improve services for families with young children.

We invite you to complete this survey which will be used to identify people who may be eligible to take part in the focus groups. The link you received to take this survey is unique to you and will not work for anyone else. Still, **kindly do not distribute this survey to others.**

By completing this survey, you are **not** registered for the focus groups. Only those who complete the survey, are contacted afterward, and participate in the 90-minute focus group will receive a \$100 digital gift card. This screener survey will confirm your eligibility for the focus groups and help us create focus groups that reflect the diverse experiences of New Hampshire families.

The survey should take 5-10 minutes to complete.

Participation is completely voluntary and refusal to participate will not affect your access to services for you or your child. You may refuse to answer any questions or stop at any time. Data will be kept in secured files, available only to the researchers. We do not plan to share your personal information outside of the study staff, and any information that identifies you will be deleted at the end of the study. Any communication via the internet poses minimal risk of a breach of confidentiality.

Q1 By clicking the “Yes, I’d like to participate” button below, you are saying that you consent to participate in this screener survey. If you prefer not to participate, please simply close this window in your browser. You must be at least 18 years old to participate.

If you have any questions about the survey, please contact [NAME] at Parent Information Center/New Hampshire Family Voices, at [EMAIL].

If you have any questions about your rights as a research participant, you may contact [NAME] in UNH Research Integrity Services, [EMAIL] or 603-862-2005 to discuss them.

Thank you for your participation!

- Click here if you consent to participate in the research study and to indicate that you understand that you may or may not be invited to participate in a focus group (1)
- Click here if you do not want to participate in the research study. (2)

Skip To: End of Survey If Q1 = Click here if you do not want to participate in the research study.

Q2 What is your age? _____

Skip To: NOTE1 If Condition: What is your age? Is Less Than or Equal to 17. Skip To: Thank you very much for your interest....

Skip To: End of Block If Condition: What is your age? Is Greater Than or Equal to 18. Skip To: End of Block.

NOTE1 Thank you very much for your interest, but we are only surveying adults 18 years or older at this time.

Skip To: End of Survey If NOTE1 Is Displayed

Q3 Are you a parent, guardian, or primary caregiver for a child or children younger than age 9?

- Yes (1)
- No (2)

Display This Question: If Q3 = No

NOTE2 Thank you very much for your interest, but we are only surveying parents, guardians, and primary caregivers of children under 9 at this time.

Skip To: End of Survey If NOTE2 Is Displayed

Q4 In which languages would you feel comfortable participating in a focus group? Select all that apply.

- English (1)
- Spanish (2)
- Arabic (3)
- Nepali (4)
- Swahili (5)
- Kir (6)
- Other (please type name of language): (7) _____

Q5 In which town do you live?

- Acworth (1)
- Woodstock (262)

Q6 What best describes your race? Select all that apply

- Native American, Inuit, or Aleut (1)
- Asian American/Pacific Islander (2)
- African American/Black (3)
- Caucasian/White (4)
- Latino/Hispanic (5)
- Other – Specify (6) _____
- Prefer not to say (7)

Q7 Below, please enter the number of children in the following age ranges for whom you are a primary caregiver.

Aged less than 12 months (have not had their first birthday): _____ (1)

1 to 2 years old: _____ (2)

3 to 4 years old: _____ (3)

5 years old: _____ (4)

6 to 8 years old _____ (5)

9 years old or older: _____ (6)

Total: _____

Q8 We are assembling focus groups that reflect the diverse experiences of New Hampshire’s families. The following statements will help us understand the range of experiences of parents/caregivers in New Hampshire. We will not share your answers outside of the study staff and other focus group participants will not know your answers to the below questions. Select all that apply.

- I currently have or had trouble paying my monthly bills in the last year. (2)*
- I have visited a food bank and/or used SNAP (Supplemental Nutrition Assistance Program), also known as food stamps or EBT, in the past year. (1)
- I have a child with medical, physical, behavioral, mental health conditions, and/or developmental delays. (4)
- In the past year, I have had to move to a temporary residence (e.g., move in with relatives, a shelter, etc.) because of difficulty paying rent or mortgage. (5)
- I have received my high school diploma or GED. (6)
- I have a college degree. (7)
- I have been laid off or had work hours reduced in the last year. (8)
- I or another adult in my household was not born in the United States. (9)

* This question was not asked of those recruited through the statewide family survey, and only to those recruited through Family Resource Centers.

Q9 Which of the following best describes your gender?

- Woman (1)
- Man (2)
- Transgender (5)
- Gender non-conforming/Other (3)
- Prefer not to say (4)

NOTE3 Thank you for answering these questions! By providing your contact information below, you are consenting to be contacted if you are selected to participate in the focus group. We will not share your information outside of the research team and will delete your personal information at the end of this study. By answering these questions, you are not automatically registered for the focus groups. Participants will be selected to reflect the diversity of New Hampshire’s families.

Q10 Please provide your name and contact information. We will only contact you if you are invited to participate in the 90-minute focus group.

Name (1) _____

Email Address (2) _____

Phone Number (3) _____

Q11 What is the best way to reach you?

- Email (1)
- Phone Call (2)
- All of the above (3)

Thank you so much for responding to this survey. If you are selected to participate in a 90-minute focus group, you will receive an email from a staff person at the Parent Information Center or New Hampshire Family Voices in the next few weeks. If you do not respond to the email, we will call you at the number you provided. If you are not selected, we will not reach out to you, unless space becomes available in the focus groups. Any information that identifies you, including your contact information, will be deleted at the end of this study.

APPENDIX D: TABLES OF FOCUS GROUP PARTICIPANTS' DEMOGRAPHICS

Table D1. Participant Characteristics

PARTICIPANTS WHO...	NUMBER	PERCENTAGE OF SAMPLE
Have at least one child ages 0-2	23	51%
Have at least one child ages 3-5	29	64%
Have at least one child ages 6-8	16	36%
Have had trouble paying bills, or have utilized SNAP/food pantries	20	44%
Have been laid off during the pandemic	13	29%

Table D2. Whole Sample Characteristics

Total number of participants	45
Average and median age of participants	33
Age range of participants	22-46
Average number of total children under 9 per participant	1.7
Total number of all participants' children under 9	78
Average number of total children per participant (all ages)	2
Total number of all participants' children (all ages)	92

Table D3. Number of Participants in Each Focus Group

Belknap County FG	6
Carroll County FG	6
Cheshire County FG	5
Coos County FG	6
Grafton County FG	5
Hillsborough County FG	2
Merrimack County FG	3
Rockingham County FG	4
Strafford County FG	3
Sullivan County FG	5

APPENDIX E: FOCUS GROUP PROTOCOLS/DISCUSSION QUESTIONS

PARENT FOCUS GROUP DISCUSSION QUESTIONS

Note to facilitator: The protocol below is semi-structured. Please use your judgement to assist the flow of conversation and ensure main research questions are being addressed. Some questions are marked as optional or if time permits. PIC/NH FV will provide the facilitator with a copy of key early childhood education and development services and supports in NH that will also contain names of family resource centers by county to further facilitate the conversation. As focus groups will be grouped by county, refer to the relevant family resource centers located in or near the county of the participants. The facilitator may use this list to probe about specific services and/or share a digital copy of this list with participants using screen share.

WELCOME AND INFORMED CONSENT (3 MINUTES)

Welcome. I want to thank you for coming today. My name is [name] and I will be the facilitator for today's discussion. I am a [title] and I work for [PIC/NH FV]. We also have [name] present to take notes for us. *[If needed:]* [Names] from the team at [NCCP] are also sitting in on today's discussion. They will have their videos on for now, but to de-clutter your screens, they will turn off video once the discussion starts.

[If everyone gave consent to be recorded in the one-on-one consent calls say the following, if not, move on to next paragraph]: As a reminder, this discussion will be recorded as soon as I finish my intro.

Please take this opportunity right now while I'm explaining the study to change your participant name on Zoom or put up a virtual background. Feel free to use your real name or make one up. If you use your real name, just use your first name only. This recording is simply for study staff to refer to when writing up the report, and will be deleted at the end of the study.

First, I'd like to go over some background about the study. This is a review of information we emailed to you when we confirmed your selection on [DATE] and that we shared during the one-on-one phone calls we had with each of you.

We invited you to participate in today's discussion because you are all New Hampshire residents caring for a child younger than age 9. During today's discussion we'll be asking you about your experiences in the past two years using or trying to access services for yourself, your young child, and for your family.

As a reminder, the information you share will be kept confidential which means we will not use your name or other information that identifies you in any documents or reports. If there is information you would like to share but you don't feel comfortable sharing in the group, feel free to use the chat function to message me privately, or contact our staff afterward at the phone number/email address on your information sheet. However, although we are not going to ask about this, if during the discussion you mention that you intend to harm yourself or another person or you mention an incident of child or elderly abuse, the Principal Investigator may have to notify the proper authorities.

GROUND RULES (3 MINUTES)

Before we begin, I would like to share some guidelines that will help us hear about everyone's experience.

1. As we ask each question, we would like to hear from everyone who feels comfortable sharing their experiences. Feel free to jump in, or if you are more comfortable, just raise your hand, like this (demo). If a few people start talking at once, I will ask you to take turns, so we're sure we hear from everyone.
2. We're interested in your experiences in the past two years and whatever you have to say is fine with us. There are no right or wrong answers. We are here to learn from you.

3. It's OK to express a different opinion or experience than someone else, but please be respectful of each other's experiences and opinions.
4. We are only going to use first names during the discussion. I ask that each of you respect the privacy of everyone in the room and not share or repeat what is said here in any way that could identify anyone in this room.

The focus group will last about 90 minutes. After the discussion is over, please stay on for an extra 5-10 minutes to make sure you get your \$100 digital gift card. We're going to email you the gift card and ask you to confirm that you received it using a 2-question survey.

We can't improve systems and supports for families with young children in NH without hearing from them. In other words, we can't do this without you. Thank you so much for agreeing to participate. We are truly grateful for your time.

Does anyone have any questions before we start the discussion and I begin recording?

[field questions]

After questions are addressed and only if all participants agreed to be recorded during one-on-one consent phone calls: Okay great, [administrator name] will start the recording now [administrator/note-taker presses recording button].

INTRODUCTIONS (<5 MIN)

Let's go around the room and briefly tell me your first name, how many children you have who are under the age of 9 this year, and their ages.

CHILD NEEDS

1. We'll start by asking you about programs or services you've tried to get for your young child or children under age 9. Please tell us about a positive experience you've had finding and using a program or service for your young child in the past **two** years and how it met the needs of your child. This might be a positive experience with a service to help with your child's development or education, a parenting program, home visiting, child care, or health care. Please think about experiences in the past two years.
 - a. *Probe: If respondents haven't mentioned some of the services listed below, say what about ___ ?*
 - i. Share your screen with the list of ECE services and names of FRCs to spark conversation and/or verbally probe for services and supports: preschool, special ed preschool, child care, early/head start, early intervention also known as family centered early supports and services (FCESS), Home Visiting New Hampshire or Healthy Families America home visiting program, Watch Me Grow developmental screenings, well-baby or well-child visits to doctor's office, Vroom, other health supports, including regular check-ups for mental and physical health.
 - ii. *[If needed]:* What about supports/services for a child with a disability or health condition or behavioral problems, learning issues, etc.?
 - iii. *[If needed]:* Any positive experiences related to your child's schooling?
 - b. *Probe if needed:* Can you say what was positive about the experience (e.g., ease of application, friendliness of staff, helpful for your child)?
2. Now we're going to focus on the past year. Could you tell us about experiences meeting the needs of your child under 9 in **the past year**? This might be related to finding or using a program/service to meet your or your child's needs. Please tell us about these types of experiences.

- a. *Probe: Ask about obstacles to learning about and accessing services, and features of services that were helpful and those that were not*
 - b. *Probe: Ask about features of supports (e.g., more interaction with other parents, individual services delivered by certain professionals, where would they like to receive services? Family resource center? Home?)*
 - c. *Potential probe (if needed): What are some concerns you have about your child or children under age 9 that you would like some help with? What types of services or supports do you think would be most helpful for this concern?*
 - d. *Probe (if it comes up): Challenges related to remote/hybrid/in-person learning?*
3. Now think back to pre-COVID times. What challenges do you recall from trying to access a program/service or using a program/service for your child's needs?
 - a. *Probe: What were some obstacles you faced learning about services/programs? What about accessing services/programs?*
 - b. *Probe: What were features of services that were helpful? What was not helpful? For example, were you satisfied by the training of staff or professionalism of staff, where you receive services like at an FRC [ask by name of family resource center] or your home? Can probe on other quality features as well.*
 - c. *Potential probe (if needed): What were some concerns you had about your child that you would have liked help with? What types of services or supports do you think would have been most helpful for this concern at the time?*
 4. How have your priorities for your child changed since COVID, if at all?
 - a. *Probe: remote/hybrid learning for school age children, socialization, etc.*

PARENT AND FAMILY NEEDS

5. How has the past year impacted you as a caregiver?
 - a. *Note to facilitator: This question can be asked after question 5 as well.*
6. Now think about you and your entire family, not just your young child. Tell us about a positive experience you had accessing a service or support for yourself or your family in the past **two** years. We're thinking about services that help you meet your financial needs, assistance with finding a job, food assistance/food pantries, or housing supports; programs that support your own physical or mental health or programs that support you as parents, such as parenting classes or family resource centers.
 - a. *Probe: Depending on respondent answers, probe on services not mentioned. If respondents haven't mentioned [see list of services below], say what about ___?*
 - i. *Share your screen with the list of ECE services and names of FRCs to spark conversation and/or verbally probe for services and supports: family resource centers or local community-based organization, child care scholarship, SNAP/EBT/food stamps, food banks/pantries, unemployment insurance, FANF/TANF/cash aid, paid leave, WIC, Medicaid, etc., New Hampshire Employment program, job training/search program, parenting classes, support groups, services for physical and mental health, including annual health check-ups, healthy homes and lead poisoning prevention program, the healthy families website.*
 - ii. *probe specifically about other parent education or support programs through your local FRC or community organization.*

- b. *Probe*: Can you say what was positive about the experience? *Probes if needed*: For example, application process, friendliness of staff, outcomes for you or your family?
7. Now we will focus on the past year. Could you tell us whether you've experienced any challenges with meeting the needs of your family in **the past year**? This might be having trouble finding a program/service you need, or using a program/service that didn't meet your family's needs. Please tell us about these types of experiences.
- a. *Probe*: What were some obstacles you faced learning about services/programs? What about accessing services/programs? For example, was it easy to understand what services were provided, how to obtain them?
- b. Where did you ask about these services? (your child's school, a doctor's office, your home visitor?)
- c. *Probe*: What were features of services that were helpful? What was not helpful? For example, would you like more interaction with other parents, individual services delivered by certain professionals, where you receive services like at a Family resource center [ask by name of family resource center] or your home? *Can probe on other quality features as well.*
- d. *Potential probe (if needed)*: What are some concerns you have about your family that you would like some help with? What types of services or supports do you think would be most helpful for this concern?
8. Now think back to pre-COVID times. What challenges do you recall from trying to access a program/service or using a program/service for your family's needs?
- a. *Probe*: What were some obstacles you faced learning about services/programs? What about accessing services/programs?
- b. *Probe*: What were features of services that were helpful? What was not helpful? For example, would you like more interaction with other parents, individual services delivered by certain professionals, where you receive services like at a Family resource center [ask by name of family resource center] or your home? *Can probe on other quality features as well.*
- c. *Potential probe (if needed)*: What were some concerns you had about your family that you would have liked help with? What types of services or supports do you think would have been most helpful for this concern at the time?
9. How have your priorities for your family changed since COVID, if at all?
- a. *Probe*: For example, is job security a concern? What about health, socialization?
10. Where have you learned about useful services and supports for your child? What about your family? Where else do you go for information to help you and your family?
- a. *Probe if needed: Family resource centers [ask by name of family resource center], daycares or child care providers, teachers, family/friends, Internet research.*

CLOSING

1. *Optional, if time permits*: Do you have any ideas for ways the state or others could better support families with young children like yourselves?

2. Is there anything else anyone would like to add about your experiences with caring for yourself and your family in the past year that we haven't already discussed?
 - a. *Probe: Anything else to add about early childhood care and education services?*
3. *Optional, if time permits:* Is there anything you wish we had asked about, but didn't cover during this discussion?

Thank you so much for your help!

[Closing] Feel free to reach out to us if you have any questions or concerns. Our contact information is on the information sheet emailed to you prior to this call. Please let us know if we need to re-send this document.

APPENDIX F: LIST OF PROGRAMS SHOWN TO PARTICIPANTS

Table F1. List of Programs and Services for Children from Birth through Eight and Their Families in NH

Early Childhood Care & Education	English as a Second Language Support
Supports for children under 9 with disabilities or developmental delays	Special Medical Services
Prevention services for families & children	Watch Me Grow Developmental Screening
Healthcare services for families & children	Healthy Homes & Lead Poisoning Prevention Program
Behavioral Health Services for Children & Adults	Depression, anxiety, PPD, and other mental health treatment services for children & adults
Family Economic Assistance	Child Care Scholarship funds to help pay for child care
Employment Support	Unemployment Insurance

Table F2. Family Resource Centers

Name	Town	County
Lakes Region Community Services	Laconia	Belknap
Greater Tilton Area FRC	Tilton	Belknap
Children Unlimited	Conway	Carroll
Healthy Start at HCS	Keene	Cheshire
Family Connections Center	Berlin	Coos
The Family Resource Center	Gorham	Coos
The Grapevine Family & Community Resource Center	Antrim	Hillsborough
Waypoint FRC	Manchester	Hillsborough
Easter Seals Child Development FRC	Manchester	Hillsborough
Waypoint FRC	Nashua	Hillsborough
The River Center FRC	Peterborough	Hillsborough
Family Connections Center	Concord	Merrimack
Waypoint FRC	Concord	Merrimack
The Children's Place & Parent Education Center	Concord	Merrimack
The Upper Room	Derry	Rockingham
Families First Health & Support Center	Portsmouth	Rockingham
Salem Family Resources- Success by 6	Salem	Rockingham
Community Action Partnership of Strafford County	Dover	Strafford
Goodwin Community Health	Somersworth	Strafford
TLC FRC & Center for Recovery	Claremont	Sullivan

APPENDIX G: COPY OF FAMILY RESOURCE CENTER (FRC) SURVEY

FRC STAFF SURVEY - FINAL

Q1 NH PDG Family Resource Center Survey Important information: Thank you very much for agreeing to complete this survey! We ask that one lead person complete this survey. This person should be someone with significant knowledge about your FRC’s services and supports for families with young children (prenatal to 9 years), such as the executive director or program director. We encourage the lead person completing the survey to consult with other FRC staff, as needed, to answer survey questions. **Please note:** This survey focuses on FRC supports for **families with young children** (prenatal to 9 years). Some questions in this survey explicitly ask about **families with young children who experience serious challenges**. We ask these questions because they are a key focus of the NH PDG Needs Assessment and larger project. We recognize that FRCs aim to serve all families in their communities. We appreciate your efforts to answer questions about families facing serious challenges to help us better understand their needs and circumstances. Definitions of the terms we use in the questions are provided below. **Important: The survey can be completed in more than one sitting as long as the same computer and browser are used.**

DEFINITIONS

Families with young children: Families served during the prenatal period and with children up to age nine years. (Families may also have older children.)

Families experiencing serious challenges: Families experiencing more than one circumstance that creates hardship and stress, including financial hardship, difficulty meeting basic needs (e.g., food, housing), a child with special health or developmental needs, parent-child relationship problems, parent health or mental health problems, domestic abuse, substance use disorder, involvement with child protective services, or similar difficulties.

Parent: “Parent” refers to the parent, guardian, or primary caregiver of young child(ren) in the family.

Q2 What is the name of your FRC? _____

Q3 Does your FRC have one or more satellite offices?

- Yes. Please provide the number of satellite offices your FRC has. _____
- No

Display This Question: If Q3 = Yes. Please provide the number of satellite offices your FRC has.

Q4 For this survey, please consider all services and supports provided by your FRC, including those offered through the FRC’s satellite office(s).

Q5 Please provide the name and title of the lead person who is completing this survey.

Name _____

Title _____

Q6 Please provide the title(s) of additional persons who provided information to complete this survey.

Titles _____

Q7 Please list the cities/towns your FRC serves (including satellite offices).

Q8 How many staff does your FRC **currently** employ (including staff at satellite offices)?

Full-time (provide number) _____

Part-time (provide number) _____

Q9 Which of these statements is most true about your FRC?

- We have the SAME number of staff now (including staff at satellite offices) than we did before the Covid-19 pandemic.
- We have FEWER staff now (including staff at satellite offices) than we did before the Covid-19 pandemic.
- We have MORE staff now (including staff at satellite offices) than we did before the Covid-19 pandemic.

Q10 Approximately how many families with young children (prenatal-9 years) is your FRC **currently serving**? “Currently serving” means the family has used an FRC service, or been offered a referral, or other support sometime in the past 3 months.

Estimated number _____

Q11 Has the number of families with young children your FRC serves changed during the COVID-19 pandemic?

- No change or minimal change
- Increase in families with young children served. Please estimate the percentage increase in families served: _____
- Decrease in families with young children served. Please estimate the percentage decrease in families served: _____

Q12 LEARNING ABOUT FAMILY STRENGTHS/NEEDS

Q13 In the first few months of working with families, how do FRC staff typically learn about their strengths and needs? **Please check all that apply. [Reminder: For this survey, please focus only on families with children prenatal – age 9, although they may also have older children.]**

- Staff interview parent(s)/caregiver(s). If you use a published or standardized interview, please provide the name of the interview. _____
- Staff use a standardized family needs/risk assessment tool. Please provide the name of the tool. _____
- Staff use a maternal/parent depression screener. Please provide the name of the tool. _____

Q14 In initial meeting(s) with the family, how are **strengths and concerns about parenting and child development raised by staff? Please check all that apply.**

- Staff usually wait until the parent/caregiver raises concerns about parenting and the child’s development.
- Our intake or initial interview asks about parenting and parent-child relationship strengths and concerns.
- Staff observe parents/caregivers and young children together to identify possible parenting and child development difficulties.
- Staff ask about recent child development and/or social-emotional screening.
- For children 0-5 years, staff use a standardized tool to **screen child’s development** (e.g., Ages and Stages). Please provide the name of the tool. _____
- For children 0-5 years, staff use a standardized tool to **screen for child social-emotional difficulties** (e.g., Ages and Stages Questionnaires: Social-Emotional). Please provide the name of the tool. _____
- Other approaches staff use to learn about parenting and child development and/or strengths and needs of the family. Please describe. _____

Q15 Do staff and family develop a written plan for services and supports they will receive either directly by your FRC and through referrals to another program or agency?

- Yes
- Most families, but there are some who do not develop a written plan with FRC. Please explain which families would not have a written plan. _____
- No
- Other. Please explain. _____

Q16 For a family with a young child (prenatal – age 9) experiencing serious challenges, how are family supports reviewed and modified over time?

- Families experiencing serious challenges have a designated FRC contact or case manager who regularly reviews this plan with the family.
- For families experiencing serious challenges, various staff who interact with the family have a shared role in reviewing whether families receive the services and supports they want and need.
- For families with serious challenges, the review of family plans and services/supports varies by family.
- Other. Please explain. _____

Q17 Please offer any additional comments you have about your FRC’s approaches to learning about family strengths and needs, and developing individualized plans to support families.

Q18 SERVICES

Q19 Please check the boxes in the table below to indicate **whether your FRC directly offered a service/support to families** BEFORE the COVID-19 pandemic and CURRENTLY. Also indicate if a service/support is CURRENTLY offered by **referral to another organization/program/agency**. **Check all that apply.**

	BEFORE the COVID-19 pandemic, FRC directly provided this service/ support	CURRENTLY FRC directly provides this service/ support	CURRENTLY refers families to service/ support
Group parent education/ parenting program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-child interaction treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early care and education program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance finding affordable early care and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	BEFORE the COVID-19 pandemic, FRC directly provided this service/ support	CURRENTY FRC directly provides this service/ support	CURRENTLY refers families to service/ support
Family Centered Early Supports and Services (Early Intervention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool special education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visiting program (e.g., Healthy Families America)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal parenting program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult substance use disorder treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult education program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English as a second language program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance obtaining public benefits such as WIC, SNAP, TANF (Family Assistance Program), Medicaid, CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult job training/job readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-child groups/play groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other service(s) for families with young children. Please describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 The following are services/supports you indicated your FRC offers directly to families. Which of these services/supports are **used by approximately one-third or more** (33% or more) of families you serve with young children experiencing serious challenges. **Check all that apply.**

None

Display This Choice: If Q19 = Group parent education/parenting program [CURRENTY FRC directly provides this service/support]

Group parent education/parenting program

Display This Choice: If Q19 = Parent-child interaction treatment [CURRENTY FRC directly provides this service/support]

Parent-child interaction treatment

Display This Choice: If Q19 = Parent mental health services [CURRENTY FRC directly provides this service/support]

Parent mental health services

Display This Choice: If Q19 = Early care and education program [CURRENTY FRC directly provides this service/support]

Early care and education program

Display This Choice: If Q19 = Assistance finding affordable early care and education [CURRENTY FRC directly provides this service/support]

Assistance finding affordable early care and education

Display This Choice: If Q19 = Family Centered Early Supports and Services (Early Intervention) [CURRENTY FRC directly provides this service/support]

Family Centered Early Supports and Services (Early Intervention)

Display This Choice: If Q19 = Preschool special education services [CURRENTY FRC directly provides this service/support]

Preschool special education services

Display This Choice: If Q19 = Home visiting program (e.g.,Healthy Families America) [CURRENTY FRC directly provides this service/support]

Home visiting program (e.g.,Healthy Families America)

Display This Choice: If Q19 = Prenatal parenting program [CURRENTY FRC directly provides this service/support]

Prenatal parenting program

Display This Choice: If Q19 = Adult substance use disorder treatment [CURRENTY FRC directly provides this service/support]

Adult substance use disorder treatment

Display This Choice: If Q19 = Domestic violence services [CURRENTY FRC directly provides this service/support]

- Domestic violence services

Display This Choice: If Q19 = Adult education program [CURRENTY FRC directly provides this service/support]

- Adult education program

Display This Choice: If Q19 = English as a second language program [CURRENTY FRC directly provides this service/support]

- English as a second language program

Display This Choice: If Q19 = Assistance obtaining public benefits such as WIC, SNAP, TANF (Family Assistance Program), Medicaid, CHIP [CURRENTY FRC directly provides this service/support]

- Assistance obtaining public benefits such as WIC, SNAP, TANF (Family Assistance Program), Medicaid, CHIP

Display This Choice: If Q19 = Housing assistance [CURRENTY FRC directly provides this service/support]

- Housing assistance

Display This Choice: If Q19 = Adult job training/job readiness [CURRENTY FRC directly provides this service/support]

- Adult job training/job readiness

Display This Choice: If Q19 = Parent-child groups/play groups [CURRENTY FRC directly provides this service/support]

- Parent-child groups/play groups

Display This Choice: If Q19 = Other service(s) for families with young children. Please describe. [CURRENTY FRC directly provides this service/support]

- Other service for families with young children. Please describe. _____

Q21 Among families with children age 0–5 years who received FRC services in the past year please estimate the percentage of **infants and young children age 0–5 years** who are screened **by the FRC or referred elsewhere for developmental and/or social-emotional screening**? Please **estimate** a number.

- Percentage screened by FRC _____
- Percentage referred by FRC to another program/provider for screening _____

Q22 Which type of screening did **most children** receive? **Check all that apply.**

- Developmental screening with a screener that covers several areas (e.g., Ages and Stages Questionnaire)
- Social-emotional screening with a screening tool that focuses only on social-emotional concerns and strengths (e.g., the Ages and Stages – Social-Emotional Questionnaire)
- Other. Please describe. _____

Q23 What happens when a child has a positive developmental and/or social-emotional screen? Please assume parent consents to these supports. **Check all that apply.**

- Child/family is referred to pediatrician.
- Child/family is referred to Family Centered Early Supports and Services, preschool special education or special education.
- Child is monitored with periodic repeat screening.
- Child/family is referred to a community mental health clinic in case of a positive social-emotional screen.
- Other. Please explain. _____

Q24 Please offer any additional comments you have about your FRC's screening and response practices.

Q25 What services/supports that your FRC **offers directly** to families with young children would staff like to expand in order to better meet the needs of families experiencing serious challenges? Please consider family needs when answering without regard to currently available funding for services/supports. **Check all that apply. Select if staff would like to expand:**

- None

Display This Choice: If Q19 = Group parent education/parenting program [CURRENTY FRC directly provides this service/support]

- Group parent education/parenting program

Display This Choice: If Q19 = Parent-child interaction treatment [CURRENTY FRC directly provides this service/support]

- Parent-child interaction treatment

Display This Choice: If Q19 = Parent mental health services [CURRENTY FRC directly provides this service/support]

- Parent mental health services

Display This Choice: If Q19 = Early care and education program [CURRENTY FRC directly provides this service/support]

- Early care and education program

Display This Choice: If Q19 = Assistance finding affordable early care and education [CURRENTY FRC directly provides this service/support]

- Assistance finding affordable early care and education

Display This Choice: If Q19 = Family Centered Early Supports and Services (Early Intervention) [CURRENTY FRC directly provides this service/support]

- Family Centered Early Supports and Services (Early Intervention)

Display This Choice: If Q19 = Preschool special education services [CURRENTY FRC directly provides this service/support]

- Preschool special education services

Display This Choice: If Q19 = Home visiting program (e.g.,Healthy Families America) [CURRENTY FRC directly provides this service/support]

- Home visiting program (e.g.,Healthy Families America)

Display This Choice: If Q19 = Prenatal parenting program [CURRENTY FRC directly provides this service/support]

- Prenatal parenting program

Display This Choice: If Q19 = Adult substance use disorder treatment [CURRENTY FRC directly provides this service/support]

- Adult substance use disorder treatment

Display This Choice: If Q19 = Domestic violence services [CURRENTY FRC directly provides this service/support]

- Domestic violence services

Display This Choice: If Q19 = Adult education program [CURRENTY FRC directly provides this service/support]

- Adult education program

Display This Choice: If Q19 = English as a second language program [CURRENTY FRC directly provides this service/support]

- English as a second language program

Display This Choice: If Q19 = Assistance obtaining public benefits such as WIC, SNAP, TANF (Family Assistance Program), Medicaid, CHIP [CURRENTY FRC directly provides this service/support]

- Assistance obtaining public benefits such as WIC, SNAP, TANF (Family Assistance Program), Medicaid, CHIP

Display This Choice: If Q19 = Housing assistance [CURRENTY FRC directly provides this service/support]

- Housing assistance

Display This Choice: If Q19 = Adult job training/job readiness [CURRENTY FRC directly provides this service/support]

- Adult job training/job readiness

Display This Choice: If Q19 = Parent-child groups/play groups [CURRENTY FRC directly provides this service/support]

- Parent-child groups/play groups

Display This Choice: If Q19 = Other service(s) for families with young children. Please describe. [CURRENTY FRC directly provides this service/support]

- Other service for families with young children. Please describe. _____

Q26 What **new services/supports** would staff like to establish at your FRC to better serve families with young children facing serious challenges? Please consider family needs when answering without regard to currently available funding for services/supports.

Display This Question: If Q19 = Group parent education/parenting program [CURRENTY FRC directly provides this service/support]

Q27 The following questions ask about particular services your FRC offers to families with young children.

Display This Question: If Q19 = Group parent education/parenting program [CURRENTY FRC directly provides this service/support]

Q28 What types of group parent education are offered directly by your FRC? **Please check all that apply.**

- Parent education offered as “stand alone,” one-time sessions on a variety of topics
- Parent education offered as a series of sessions on related topics; parents are encouraged to attend the entire series
- Parent education designed for parents of infants and toddlers
- Parent education designed for parents of preschoolers
- Parent education designed for parents of children in the early grades
- Parent education designed for a mixed group of parents who have children birth to age 5 years.

Display This Question: If Q19 = Group parent education/parenting program [CURRENTY FRC directly provides this service/support]

Q29 Please select any evidence-based group parenting/parent-education models your FRC offers (please do not consider home-visiting programs for this question).

- Triple P
- Circle of Security
- Incredible Years
- Positive Solutions for Families
- Nurturing Parenting
- Other evidence-based parenting/parent-education model. Please give the name of other evidence-based program(s). _____

Display This Question: If Q19 = Group parent education/parenting program [CURRENTLY FRC directly provides this service/support]

Q30 Please indicate which types/models of home-visiting your FRC offers. **Check all that apply.**

- Healthy Families America
- Other home visiting. Please provide name of model or briefly describe. _____

Q31 Please offer any additional comments you have about your FRC's services.

Q32 ONGOING SUPPORTS FOR FAMILIES

Q33 How do FRC staff learn about whether families with young children had a successful referral to a program or support, and whether the family finds the service/support useful?

- A staff member or case-manager follows up with the family and/or referral source to find out.
- We do not have adequate resources to follow up on the outcome of referrals.
- Other. Please explain: _____

Q34 What is the typical practice in your FRC when a family with a young child drops out of a program or has a low level of engagement?

- For families experiencing serious challenges, a designated staff member or case-manager will try to contact the family to see if they would like assistance to address barriers to participation.
- Our program does not have the resources to consistently reach out and support families who drop out of programs or have low levels of engagement.
- Practices vary by program and family.
- Other. Please describe. _____

Q35 How often is your FRC able to provide the following supports to help families with young children overcome barriers to engaging in services offered directly by your FRC or by referral? **Select one response for each item.**

	Can usually assist	Can sometimes assist	Unable to assist	Not usually a barrier for families
Help with costs of transportation or actual transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with language translation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance obtaining child care needed to participate in service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminders about appointments (via phone, text, or email).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial help in a crisis (e.g., pay for emergency-related expense).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other. Please describe other types of assistance your FRC can usually offer to help families overcome barriers to participation:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q36 Please add any additional comments you may have about ongoing supports for families with young children.

Q37 OUTREACH AND ENGAGEMENT WITH FAMILIES

Q38 Which organizations/programs outside of, or operated by, your FRC **are among the five that most frequently refer families with young children (prenatal – 9 years)** to your FRC? **Please check up to five.**

- Early care and education programs (e.g., child care, Head Start)
- Home visiting
- Family Centered Early Supports and Services (Early Intervention)
- Local school
- Child Welfare
- Child health care providers
- Adult health care providers
- Mental health providers/clinic
- Public benefits office (e.g., TANF, Medicaid)
- WIC sites
- Homeless shelter
- Organization providing services to prevent or address homelessness (e.g., tenant/landlord, emergency rental assistance)
- Organization serving immigrant or refugee families.
- Other(s). Please name. _____

Q39 Please indicate your current goals for reaching families with young children in the following groups. **Select one response for each item.**

	We are reaching/engaging about the right number of families in this group.	We want to increase the number of families in this group that we reach/engage.
Families with young children who mainly need promotion activities (e.g., early care and education, parenting education, parent-child play groups).	<input type="radio"/>	<input type="radio"/>
Families with young children experiencing serious challenges.	<input type="radio"/>	<input type="radio"/>
Families who speak a language other than English at home.	<input type="radio"/>	<input type="radio"/>
Immigrant or refugee families.	<input type="radio"/>	<input type="radio"/>

Q40 Please describe any other groups of families whose engagement in FRC services/supports FRC staff want to increase (e.g., families with particular needs or circumstances)?

Q41 Please check the boxes on the table below to indicate your FRC’s use of outreach strategies before the COVID-19 pandemic to **establish sources of referral from other programs/agencies** to your FRC, and indicate whether these are currently used. **Check all that apply.**

	Before COVID-19	Currently used
FRC visits other organizations to offer information directly to families and providers	<input type="checkbox"/>	<input type="checkbox"/>
Meetings (in-person, phone or virtual)	<input type="checkbox"/>	<input type="checkbox"/>
Web-based information sessions	<input type="checkbox"/>	<input type="checkbox"/>
Providing brochures or other written information	<input type="checkbox"/>	<input type="checkbox"/>
Other. Please describe.	<input type="checkbox"/>	<input type="checkbox"/>

Q42 What outreach and engagement methods does the FRC use to reach families who speak a language other than English at home?

Q43 Please briefly describe outreach methods that were **most successful** BEFORE the Covid-19 pandemic in reaching and engaging families with young children that are experiencing serious challenges (e.g., financial hardship, serious difficulties with parenting, parent health or mental health problems or substance use disorders, concerns about children with special needs, homelessness, domestic violence).

Q44 How much has your FRC been able to use these effective strategy(ies) **DURING the Covid-19 pandemic?**

- About as much as before
- Not as much as before
- More than before

Q45 Please describe any **new methods** your FRC is using for outreach **DURING the Covid-19 pandemic** that are effective?

Q46 Approximately what percentage of families with young children who contact your FRC about services and supports are families that connect with the FRC on their own (i.e., families that “**self-refer**”) instead of being referred by another organization or program? These may be families who have heard about the FRC from a friend or relative, a brochure, or social media.

- 75% to 100%
- 50% to 74%
- 25% to 49%
- 0% to 24%

Q47 Please add any additional comments you may have about outreach to and engagement of families with young children.

Q48 FRC NEEDS AND GOALS

Q49 Please rate the level of need your FRC has for the following resources to enable it to better serve families with young children that have serious challenges. **Select one response for each item.**

	Very high need	High need	Moderate need	Low need	Very low need
Increased funding to expand services for these families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very high need	High need	Moderate need	Low need	Very low need
Increased funding to expand outreach and support to families to help them obtain and engage in services/supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased funding for improved staff compensation and benefits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase funding for general operating expenses such as overhead, repairs, or equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased access to training for staff on evidence-based program models (e.g., evidence-based parenting programs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased resources to recruit and retain culturally and linguistically diverse staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved technology, including new computers and program management software.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very high need	High need	Moderate need	Low need	Very low need
Increased funding for and access to language interpreters and translation services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q50 Please describe other resources your FRC has a “very high” or “high” need for in order to better serve families with young children.

Q51 Please provide any additional comments you may have about your FRC’s needs and goals related to supporting families with young children.

Q52 **FINAL REQUEST.** We would like to have 30-60 minute conversations with individuals who complete this survey in order to learn more about FRC challenges, promising practices, and needs. If you give us permission to invite you to participate in a follow-up interview or focus group, please provide your contact information.

- Name _____
- E-mail _____
- Phone number _____

Q53 Thank you very much for participating in this survey! Please click the **Submit** button below when you have completed the survey.

APPENDIX H: PERCENTAGE OF CHILDREN SERVED

Table H1. Percentage of children enrolled in early childhood education programs and CCDF, 2018

	% of state's 3 year olds enrolled in preschool, Head Start, and Special Ed ¹	% of state's 4 year olds enrolled in preschool, Head Start, and Special Ed	% of children under 6 in low-income working families enrolled in CCDF (below 200 percent of FPL) ²
50 states + DC	16.45%	44.02%	22.21%
Alabama	11.93%	36.85%	30.33%
Alaska	14.57%	20.49%	27.27%
Arizona	11.39%	19.15%	17.15%
Arkansas	34.47%	50.06%	6.71%
California	22.03%	47.13%	16.31%
Colorado	18.05%	35.74%	23.72%
Connecticut	19.32%	40.71%	40.50%
Delaware	15.38%	20.64%	52.14%
District of Columbia	73.21%	85.02%	15.71%
Florida	9.17%	84.86%	24.78%
Georgia	11.12%	64.89%	10.88%
Hawaii	8.54%	13.34%	20.53%
Idaho	7.52%	12.56%	13.92%
Illinois	29.77%	38.59%	19.81%
Indiana	10.86%	13.60%	19.26%
Iowa	11.18%	69.32%	32.32%
Kansas	12.86%	52.14%	15.87%
Kentucky	20.16%	39.99%	20.00%
Louisiana	17.86%	44.46%	17.58%
Maine	11.45%	46.57%	24.12%
Maryland	11.51%	45.17%	17.34%
Massachusetts	22.50%	33.83%	43.06%
Michigan	13.68%	39.93%	23.08%
Minnesota	11.39%	23.08%	22.92%
Mississippi	27.94%	35.93%	24.85%
Missouri	12.85%	16.91%	28.27%
Montana	14.27%	21.36%	16.09%
Nebraska	19.19%	36.41%	23.75%
Nevada	8.89%	15.36%	13.54%
New Hampshire	10.76%	13.26%	45.45%
New Jersey	27.84%	37.35%	38.16%

New Mexico	22.45%	50.63%	45.35%
New York	16.41%	59.82%	31.54%
North Carolina	8.91%	30.95%	18.18%
North Dakota	12.67%	25.48%	22.50%
Ohio	14.35%	26.78%	23.40%
Oklahoma	16.49%	85.60%	28.56%
Oregon	17.36%	25.39%	20.30%
Pennsylvania	19.48%	30.20%	52.20%
Rhode Island	14.62%	27.12%	50.00%
South Carolina	13.56%	53.23%	11.84%
South Dakota	16.93%	21.90%	20.00%
Tennessee	10.85%	30.24%	15.89%
Texas	16.69%	58.42%	16.27%
Utah	8.71%	12.35%	14.81%
Vermont	68.20%	84.96%	44.29%
Virginia	8.72%	27.49%	15.79%
Washington	13.03%	19.68%	33.81%
West Virginia	13.34%	68.81%	25.94%
Wisconsin	13.72%	74.98%	16.34%
Wyoming	20.08%	25.61%	30.00%

APPENDIX I: CHILD SCREENING IN FRCs

FRCs reported on the percentage of infants and young children age 0–5 years who are screened by the FRC or referred elsewhere for developmental and/or social-emotional screening

Table 11. Percentage of children screened by the FRCs

Number of FRCs	Average percentage of children screened by the FRCs	Range of responses
14	67%	2%–100%

Table 12. Percentage of children screened by the FRCs (Most FRCs reported high rates of screening. NCCP selected the subsample below with child screening rates ranging from 50% to 100%)

Number of FRCs	Average percentage of children screened by the FRCs	Range of responses
12	77%	50%–100%

Table 13. Percentage of children referred elsewhere for screening

Number of FRCs	Average percentage of children screened by the FRCs	Range of responses
14	18%	0%–50%

APPENDIX J: FRC SERVICE PLAN PRACTICES

For a family with a young child (prenatal – age 9) experiencing serious challenges, FRCs reported how family supports are reviewed and modified over time.

Table J1. FRC Service Plan Practices

How family supports are reviewed and modified over time	Number of FRCs	Percentage of FRCs
Families experiencing serious challenges have a designated FRC contact or case manager who regularly reviews this plan with the family.	8	53%
For families experiencing serious challenges, various staff who interact with the family have a shared role in reviewing whether families receive the services and supports they want and need.	3	20%
For families with serious challenges, the review of family plans and services/ supports varies by family.	4	27%

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