



Lower Grafton County 2021 Preschool Development Grant Community Needs Assessment

Submitted by the Community Health Institute / JSI



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Introduction

The Lower Grafton Council for Young Children and Families (LGCYCF) was formed in 2008 with the mission to “provide a forum focusing on comprehensive activities in support of all families with young children ages birth to five in Lower Grafton County, identify needs and gaps in services, and, as a community, develop collaborative strategies to address these needs”.

The LGCYCF is a community collaborative project administered by Granite United Way in Plymouth, New Hampshire. The group’s membership currently includes representatives from the following organizations:

- *Whole Village Family Resource Center*
- *Grow and Thrive Counseling*
- *Center for Young Children and Families, Plymouth State University*
- *Plymouth Head Start*
- *SAU 48*
- *Boys & Girls Clubs of the Lakes Region*
- *Tri-County CAP – Head Start*
- *Lakes Region Mental Health Center*
- *Mid-State Health Center, Children’s Learning Center*
- *Voices Against Violence*
- *Plymouth Pediatric and Adolescent Medicine*
- *Lakes Region Community Developers*

Since its inception, LGCYCF has worked with a wide range of community leaders representing the spectrum of services and agencies that support the well-being of young children and their caregivers. Some of LGCYCF’s major accomplishments include their 2012-2013 professional development series for cross-sector providers based on the New Hampshire Association for Infant Mental Health’s Early Childhood and Family Mental Health Competencies, and also their role as an iSocial Community Collaborative supporting local Pyramid Model implementation sites with funds from the State Personnel Development Grant.

Most recently, in 2020 LGCYCF was awarded a capacity building grant by the state’s Preschool Development Grant to conduct a needs assessment and develop a strategic plan. This work focused on the connections between young children’s families and the resources they need to make sure they are healthy, prepared to learn, and thriving. The needs assessment was conducted by the Community Health Institute/JSI (CHI) in partnership with the LGCYCF leadership group. Following the completion of needs assessment activities, CHI also facilitated a three-part strategic planning process resulting in the “LGCYCF Strategic Plan: Eye Towards Action.”

This report details the needs assessment methods, data collection findings, and cross-cutting key themes.



Methods

In order to develop a set of robust findings, CHI designed a nonexperimental and mixed methods approach consisting of the following data collection activities: ongoing stakeholder input, a secondary data review, two surveys directed towards key leaders in the community and caregivers of young children, and focus groups.

Ongoing Stakeholder Input

The needs assessment was overseen by members of the LGCYCF Leadership Team and its public relations partner, CG Studios. CHI convened this group every two weeks between April and December to discuss project plans and strategies to engage stakeholders and community members, and to contextualize preliminary findings from the various data collection activities.

In addition to the core Leadership Team, CHI also engaged LGCYCF's broader Advisory Group for six meetings over the course of the project. The primary objectives of these specific engagements were to keep Advisory Group members apprised of the project's progress, provide opportunities to review data, and capture important on-the-ground perspectives of capacity challenges in the region.

Lastly, CHI was able to successfully schedule one key informant interview with a local pediatrician to provide feedback on draft goals and objectives that were drafted for a strategic plan following the close of other data collection activities. The team was unsuccessful in recruiting superintendents, elementary school principals, and preschool special education coordinators from the four school administrative units serving families in the footprint.

Secondary Data Review

CHI reviewed a number of data sources to understand LGCYCF's communities' needs through the lens of families raising young children. CHI prioritized public sources of data available at the town level that were regularly updated to ensure that agencies would be able to find the most current data in the future. CHI also looked for data sources that combined indicators into an index to provide a more holistic view of the communities' social determinants of health. Sources such as the Distressed Community Index (DCI), the U.S. Census, and Child Care Aware licensing data were

incorporated in the final review. A full data table of all relevant data points is included as an appendix to this report.

Key Leader Survey

In June 2021, with input from the LGCYCF Leadership Team, CHI fielded a key leader survey. The key leader survey was distributed via Survey Monkey to 117 agency and program leaders serving the greater Plymouth areas. The survey distribution list was developed by the Leadership Team. Of the 57 partners invited to participate in the Community Leader Survey, 40 completed surveys. Those partners represented a wide range of sectors in the community.

Community Survey

Administered in the summer of 2021, the primary goals of the community survey were to identify the family support and early learning services families need, and to describe the experience of families trying to access those services.

LGCYCF Advisory Group members were primarily responsible for coordinating survey distribution. To support that distribution, CHI and public relations firm CG Studios provided the Advisory Group with a dissemination toolkit. The toolkit included sample email and promotional language for various platforms and uses, promotional flyers, and social media graphics. On behalf of LGCYCF, CG Studios also ran paid Facebook and news print advertisements to promote the survey. In total, CHI and project partners solicited survey responses from 150 individuals.

The criteria for being included in the survey were that respondents be 18 years or older, a resident in one of the LGCYCF footprint towns, and a parent or guardian for at least one child 5 years old or younger. Twenty \$50 Visa gift cards were offered to respondents via lottery at the end of the survey data collection period.

Focus Groups

In October 2021, CHI hosted two focus groups with attendees representing eight families with young children living in the LGCYCF footprint. The purpose of the focus groups was to provide qualitative context to the quantitative data included in the community survey dataset. The focus groups aimed to help center the family voice in presenting the community's needs, helped LGCYCF better understand the needs of local families, and provided direction to the LGCYCF



Advisory Group in efforts to leverage existing partnerships to increase capacity. Based on the community survey results, the conversation began with a focus on transportation challenges, complicated application processes, and the alignment of child care capacity with family economic situations. Participants were recruited through the Leadership Team and Advisory Group's networks, and were given a \$50 gift card for their time.



Findings

The Lower Grafton Council for Young Children and Families' footprint covers 19 towns in the greater Plymouth area:

Alexandria
Ashland
Bridgewater
Bristol
Campton
Dorchester
Ellsworth

Groton
Hebron
Holderness
Lincoln
New Hampton
Plymouth
Rumney

Thornton
Warren
Waterville Valley
Wentworth
Woodstock

A few key data points for LGCYCF's footprint to illustrate the need for strengthening programs and supports available to families with young children:

- The footprint towns are home to 20,237 residents, 4% (728) of whom are under the age of 5.¹
- According to the Distressed Community Index, Woodstock/North Woodstock, Holderness and Thornton are the most "prosperous" (least distressed) towns in the footprint, with respective DCI scores of 18.1, 12.9, and 12.4 (on a scale of 100-0). Ashland (75.1) and Dorchester/Ellsworth/Groton/Rumney (65.1) are considered "at-risk".²
- In total, 16% of children under the age of 5 are living in poverty across the 5 elementary school districts.³

Key Leader Survey

In order to better understand the landscape of Lower Grafton County's programmatic and agency capacity, CHI integrated a Key Leader survey into project methods. This survey was developed, vetted, and finalized with input from the project's stakeholder and Advisory Group. The final analytic sample size was n=40.

Profile of Respondents The majority of community leaders (90%) indicated that they most often served in Plymouth, while other top responses included Thornton, Holderness, and Rumney. Over

¹ US Census Bureau. (2020). 2019: American Community Survey 5-year Estimates. *Age and Sex, Table S0101*.

² Economic Innovation Group. (2020) Distressed Community Index: <https://eig.org/dci/interactive-map?path=state/NH>

³ US Census Bureau. (2020). 2019: American Community Survey 5-year Estimates. *Poverty Status in the Past 12 Months*.

half (60%) of these leaders have over 10 years of experience providing services in Lower Grafton County.

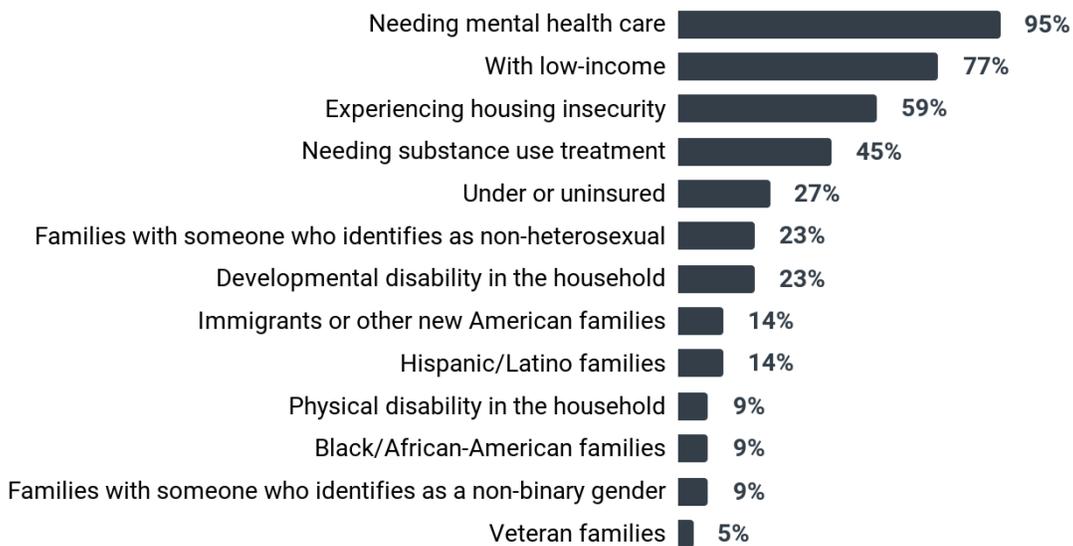
Services 70% of survey respondents reported that they do believe there are particular types of providers, supports, or services that are needed in the community due to insufficient capacity or availability. The remaining 19% of respondents were unsure. Those that responded "yes" had the following to say about provider, support, and service needs:

- *"Counseling/therapy services – needed everywhere. The few providers that are in this area have a long wait list or are not taking new patients. Daycare/child care services that are affordable like Head Start. Maybe expand Head Start. There is such a long wait list there. Transportation is huge! There is transportation to medical appointments but not for anything else. For example, say someone wanted to take a class at Whole Village but due to transportation, they are unable to go."*
- *"Mental health care is extremely limited. Also, while Family Resource Center is a good option, their services are sometimes only available on a limited basis. Limited childcare opportunities, no Headstart for the communities I serve, no parent education classes to normalize that parenting and managing young children is hard."*

Table 1: Most common services that families with young children in Lower Grafton County seek access to, according to Community Leaders	
Program	%
SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT	56%
Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing	41%
Medicaid or CHIP for child(ren)	41%
Child care Scholarship Fund	38%
Early Intervention or other developmental services	32%
WIC (Nutritional program for pregnant women, infants, and children)	26%
Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance)	26%
Medicaid for parent/guardian	15%
SSI (Supplemental Security Income)	6%
English language services	0%

59% of survey respondents reported that they do believe there are specific populations among families with young children in the Lower Grafton County community that are not being adequately served by early childhood providers and agencies. The remaining 41% of respondents were unsure. Those that responded "yes" believed the following populations were being underserved:

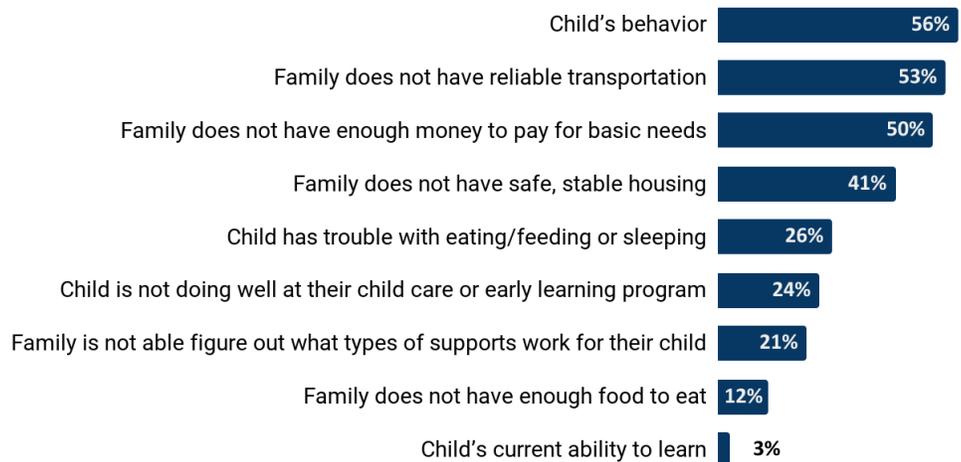
Chart 1: Groups mostly commonly perceived as not being adequately served by local resources



Common Concerns

When asked to identify what they saw as the most common concerns, leaders responded that they hear families most often sharing concerns about their child's behavior. **Chart 2** illustrates the full list of concerns heard by community leaders.

Chart 2: Most common family concerns that Community Leaders hear from families



Childcare Services Key leaders indicated that factors that have the greatest impact on whether a child with young children in Lower Grafton County decided not to send a child to a child care or early learning program included: too high of an expense (74%), no availability (68%), and no transportation (50%).

Community Survey

In order to help LGCYCF quantitatively understand Lower Grafton County families' experiences raising young children, CHI integrated a community survey into the project methods. The survey was developed, vetted, and finalized with input from the project's stakeholder and advisory groups. The survey screened out respondents who did not meet the eligibility requirements, which left our final analytic sample size at n=99.

Profile of Respondents The majority of respondents (67%) had a maternal relationship with their child(ren), reporting to be a mother or stepmother. Less than a quarter of responses (23%) indicated a paternal relationship to their child(ren), while the remaining respondents (9%) were grandparents or other legal guardians. Respondents had an even distribution of children aged 1-6 years old, a small number (5%) of respondents had children younger than 1 year of age.

Additional key demographics of the survey respondents include:

- 93% of respondents identified as white or Caucasian, 7% identified as Native American, Inuit, or Aleut, 6% identified as Hispanic/Latino, and 4% identified as Asian American.
- 35% of respondents are college graduates, and 31% of respondents had completed postgraduate work.
- 27% of respondents made between \$15,000 and \$75,000 a year; 59% of respondents made between \$75,000 and \$199,999 a year.

Of those respondents who reported having a child with a condition or delay (22%), the most common reported conditions were developmental delays, learning disabilities, and behavioral or mental conditions. Table 1 illustrates the full list of conditions reported.

Table 2: Survey Respondents who reported having children with certain conditions	
<i>Of respondents who indicated their child had a condition, delay, or diagnoses, % have....</i>	%
Developmental delay or condition (ex, cognitive delay, trouble walking or crawling, trouble picking up objects, speech delay, Autism, etc.)	42%

A specific learning disability (ex., dyslexia, auditory processing disorder, nonverbal learning disability, etc.)	37%
A behavioral or mental condition (such as attachment difficulties, trouble with emotional or behavioral regulation, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, anxiety, emotional disturbance, etc.)	36%
A genetic or inherited condition such as, cystic fibrosis or sickle cell anemia	26%
A physical disability such as cerebral palsy, spina bifida, muscular dystrophy, or amputation	16%
A visual impairment not corrected by eyewear	11%
Chronic medical condition such as diabetes, asthma, or epilepsy	5%
Hearing impairment or deafness	5%

Family Worries As displayed in table 3, around 39% of respondents indicated that they had some level of worry about their child's behavior and 29% of respondents had concerns about their child's ability to learn. The majority of respondents strongly agreed or agreed that their child was developing as they'd like and that they had safe and stable housing, enough money for basic needs, transportation, and enough food to eat.

Table 3: Survey Respondents' Worries for Their Children				
Respondents rated their agreement with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree
I have no worries about my child's behavior.	24%	37%	29%	10%
I have no concerns about my child's current ability to learn.	25%	46%	22%	7%
My child is doing well at their child care or early learning program	32%	57%	10%	1%
My child is developing as well as I would like.	35%	52%	12%	1%
My child has no trouble with eating/feeding or sleeping.	26%	52%	20%	2%
We have safe, stable housing.	47%	46%	7%	0%
We have enough money to pay for basic needs.	39%	44%	15%	2%
We have enough food to eat.	49%	38%	10%	2%

We have reliable transportation to get where we need to be.	49%	43%	8%	0%
I'm able to figure out what types of supports work for my child.	34%	57%	8%	1%

Family Supports Of the respondents who sought out support (59.14%), an average of 36% of respondents found the support they needed and indicated that it was enough assistance. The greatest areas of support that were accessed but not found to be enough assistance were for child developmental concerns and learning concerns. Nearly 30% of respondents sought out supports for their child's behavioral health concerns but did not find the help that they needed.

Table 4: Types of Supports Caregivers Sought			
<i>Of respondents who sought out services, the following % found the help they needed:</i>	<i>I found the support I needed and it was enough</i>	<i>I found some support, but it wasn't enough</i>	<i>I looked for supports for this concern and didn't find the help I needed</i>
Behavioral concerns like for example: misbehaving, trouble managing feelings or emotions, etc.	36%	34%	30%
Developmental concerns like for example: trouble crawling or walking, trouble with speech, trouble chewing and swallowing, etc.	37%	46%	17%
Learning concerns like trouble concentrating, trouble learning shapes and colors, retaining new information, etc.	36%	45%	18%

Childcare Services Of the respondents who indicated that their children received care or education outside of the home by someone other than themselves or another guardian, almost half had enrolled their child at a childcare center. Only 20% of respondents indicated that their children were enrolled at a head start/early head start program while 26% reported that a family member or friend takes care of their child(ren).

When asked to think about their family decision on childcare programs nearly 60% of respondents listed no availability or too expensive as their reasoning for not sending their child to a program. The second highest scoring responses for forgoing a program included an inability to find quality programs and/or providers that caregivers could trust their child(ren) with.

The factors that led to respondents enrolling their children into the programs they chose included; proximity to work or home, high quality program, and trust in the providers at that program. Other respondents indicated that they chose their program because it had spots open at the time and listed budget as a high priority.

Table 5: Survey Respondents' satisfaction with childcare program					
Level of agreement by families with children enrolled in a program outside of the home	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The program or provider gives me ideas about how I can help my child learn	23%	42%	30%	5%	0%
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	19%	29%	36%	6%	11%
The program or provider helps my child get ready to succeed in school	36%	32%	27%	3%	3%
The program helps me find services for my child's development, behavior, learning, or health needs	22%	36%	28%	3%	10%
My child and their teacher/provider like each other	49%	31%	16%	3%	1%

As illustrated in table 4, almost sixty percent (58%) of respondents strongly or somewhat agreed that their programs have helped them find services for their child(ren)'s developmental, behavioral, learning, or health needs. While 65% responded that their program gave them ideas on how to help their child(ren). Over fifty percent (53%) of respondents were either neutral or disagreed that their program/provider gave them information about ways to find help for things like getting enough food and/or living with a health condition. Thirty-five percent of respondents were NOT aware of school district services available to children with developmental concerns starting at age 3.

Access to Programs and Services The majority of respondents accessed services in the past twelve months with no issue. However, respondents indicated that they were most unhappy with services from subsidized housing and Medicaid. Similarly, subsidized housing had the highest percentage of respondents who wanted to enroll but were unable to do so. Nine percent of respondents were unaware of SSI programs.

Table 6: Survey Respondents' experience with service enrollment

Name of program	<i>I was enrolled in this program during the last 12 months with no issue.</i>	<i>I was enrolled in this program, but was unhappy with the benefits or service.</i>	<i>I wanted to enroll in this program in the last 12 months, but wasn't able to.</i>	<i>I didn't know this program existed, and would be interested in enrolling.</i>
Child care Scholarship Fund to help pay for child care	44%	24%	13%	18%
WIC (Nutritional program for pregnant women, infants, and children)	56%	20%	20%	5%
SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT	46%	27%	22%	5%
SSI (Supplemental Security Income)	50%	22%	19%	9%
Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance)	53%	25%	16%	6%
Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing	34%	34%	31%	0%
Medicaid to help pay for my doctor visits and other health care	51%	33%	14%	2%
Medicaid or CHIP to help pay for my child's health care	68%	17%	13%	2%
English language services	48%	24%	24%	3%

Respondent experience enrolling in programs referenced in table 5 indicated frequent issues around online applications, income limits, and limited spots available at childcare programs. Several quotes from the survey responses include:

- *"Difficulty filling out long online applications, and long wait times on call lines."*
- *"Our children were in a home care provider and they closed. It was a scramble to find day care. We did for one child but the other only had part time care available and it took several months until a full time slot opened up."*
- *"Unable to provide all necessary documents, services (ex: housing) was too far outside the school district my child is in, WIC benefits offered do not fit my family's needs."*
- *"There are very few spots in the Plymouth area. We are lucky to have a spot. Although we do not need assistance, the cost is still very high for us."*

Respondents also indicated that the top barrier for families with young children in getting the services and support they need centered on not knowing how to apply, not knowing who to contact, and a lack of child care. Further barriers included stigma (feeling ashamed or embarrassed), lack of transportation for appointments, and difficulty understanding applications.

When asked about interest in programs offered by family resource centers and or other community agencies, respondents most often indicated an interest in play groups for their children as well as parent support groups.

Program	Percentage
Play groups for children	66%
Parents support groups	33%
Family counseling	27%
Support to address mental health or substance abuse issues	13%
Job training	9%
Supports to achieve improved physical health (e.g. stopping smoking, healthy eating, etc.)	20%
Housing support	13%
Financial resources or assistance	18%

In both our community key leader and community survey, we asked respondents to rank topics related to families with young children by priority – high, medium, and low. Table 8 illustrates this

ranking and shows that both community members and key leaders share similar perspectives to priority areas.

Table 8: Level of Priority for Issues to Address		
<i>Perceived Level of Priority Issues for Community to Address (0=low priority, 2=high priority)</i>	<i>Community</i>	<i>Key Leaders</i>
High quality, affordable childcare	1.7	1.8
Behavioral health services for children	1.6	1.8
Meeting basic family needs	1.6	1.7
Affordable and safe housing	1.6	1.7
Opportunities for parents and caregivers to promote their children's learning and development	1.6	1.5
Availability of preschool programs	1.5	1.5
Affordable food/access to enough food	1.5	1.6
High quality, affordable healthcare for children	1.4	1.4
High quality, affordable healthcare for parents	1.4	1.4
Access to parent education classes	1.3	1.3
Safe outdoor spaces for play (example: playgrounds, parks, etc.)	1.2	0.7
Access to playgroups/play time for children	1.1	1.0

Focus Groups

CHI conducted virtual focus groups with 9 caregivers residing in the LGCYCF catchment area. These caregivers included mothers, fathers, and kinship guardians with anywhere from 1-4 children living with them. The following themes emerged from their answers around successes and challenges their families face, how they interact with services and supports, and what is needed in the community.

Access and affordability of childcare

- The cost of childcare is a burden, and having one parent leave the workforce is often the only logical solution.
- Families who have children with special needs or twins or infants face even higher barriers to accessing quality childcare.
- Caregivers feel stress and guilt over childcare challenges and most do not have a backup childcare option in case of emergencies.
- Childcare that provided transportation would be helpful to families.
- Headstart is an important resource for caregivers, the 4 hours currently offered makes

it difficult for caregivers to seek employment while their child is in the program.

- Many caregivers are not aware of the child care scholarship program and those that have used

it found it complicated to navigate and/or believe they no longer qualify *due to income limits*.

Access and capacity to services and supports

- Childcare and housing supports are the most pressing needs for the focus group families.
- Whole Village is a common connector for families to additional services in the lower Grafton area.
- The majority of focus group participants became aware of Whole Village through family members and friends who had used their services rather than professional referrals or online resources.
- Caregivers are not able to connect with WIC staff in the ways that would help them access services such as over the phone or in person.
- The SNAP application process is difficult to navigate.
- Caregivers are not able to access the behavioral health services they need for themselves and for their children. Those that have been able to access behavioral health services had an extenuating circumstance or already knew a provider.
- Caregivers would like to have someone they can turn to for help with connecting with services and supports as well as check in on them.

Communication and trust with service providers

- Caregivers are frustrated with staff interactions with various programs and organizations, particularly at the local level.
- Caregivers are looking for more frequent and compassionate communication.
- The preferred mode of communication depends on the family's preference and things like cell phone reception and internet access in the home.
- Home visiting and telehealth is generally viewed favorably by caregivers who engage in these services.
- Caregivers of young children do not see the school as a source of support and some have a lot of distrust and do not feel comfortable reaching out to the school when they need help for fear of DCYF involvement.

Benefits Cliffs: families become ineligible for services due to income limitations

- Suitable and affordable housing for families is difficult to find in the area. Some families cannot afford market housing prices but also do not qualify for subsidized housing.
- Families often earn too much for certain benefits.
- Dental care for caregivers with Medicaid is a significant expense.
- Some families are not eligible for SNAP despite needing the support.



Peer support

- Caregivers engage in informal peer support but are looking for formal peer support opportunities as well.
- Caregivers are interested in the need for play groups not only for children but to create a sense of community among caregivers as well. These opportunities need to be at a time convenient for caregivers.

Themes and Recommendations

Based on survey data, and contextualized by focus groups and key leader input, four key themes emerged around the needs of families with young children in Lower Grafton County.

Supports intended to strengthen families often provide greater challenges and stifle growth and economic wellness.

CHI/JSI found that families often struggle with knowing how to apply or request services and support. They also find applications and enrollment requirements sometimes difficult to understand. Even once families have access to services – like child care – the added expense, limited hours, and lack of transportation provide added challenges. Finally, families often face a zero-sum game when it comes to applying for services and support. They risk losing some benefits to gain others when income, employment, or other statuses change. These “benefit cliffs” are a well documented issue in NH (see the NH Department Health and Human Services September 2021 report ["Helping Business Thrive and Families Prosper"](#) and the related [economic analysis](#)).

There is insufficient capacity to meet the demand from families.

Families shared that there is insufficient capacity in the region to meet their needs in many areas. Specifically child care, behavioral health services, transportation, and affordable housing emerged as the most pressing needs. In the community survey, the top three reasons why families didn't have their children in day care were cost, no open availability, and not feeling as though they could find a high enough quality program. In the focus groups, caregivers specifically referenced wanting more seats and available hours at Head Start, and wanting to have more connections/time to meet with WIC staff. Key leaders also reported capacity issues in these areas, and a need for services that are truly trauma informed.

Families desire more compassionate and better coordinated communication about available services.

This key finding ties back to the first theme concerning confusion or lack of awareness of available services and supports. This finding came out primarily in focus groups, where families expressed positive feedback about certain community programs and their staff, while also having variable

experiences with other similar programs. Families also expressed the desire for programs to shift to modes of communication that are more convenient to them: for some families, cell phones and text messaging are great while for others – with limited service or for a desire for face-to-face interaction – that can be more challenging. Families shared that they just want to have someone they can turn to for help with finding and connecting with supports and with whom they can build a trusting relationship.

Caregivers want to feel greater trust and connectedness with their community (schools, peers, etc.).

Finally, CHI found that caregivers expressed a desire to build a sense of trust and connectedness with their community – peers, schools, service agencies, and more. Tied closely to stigma, caregivers often reported feeling hesitant to ask for help because they feared how they'd be perceived or treated. This was shared in both the focus groups and in the community survey, where respondents also reported not always feeling comfortable asking for the help they needed. There is a fear of being judged, and even perhaps getting referred to the Division of Children Youth and Families (DCYF). Families and caregivers are also looking for social spaces to strengthen their connections to others. 66% of community survey respondents said they'd be interested in having more playgroups for their kids where they can interact with other caregivers. Similarly, in focus groups, caregivers shared that those kinds of playgroups can also create a stronger sense of community among caregivers. Another element caregivers shared regarding growing a relationship of trust was for agencies to be able to “meet them where they are,” by tailoring communications, offering more or different office hours, etc.

From these themes, CHI drafted a set of recommended goals and objectives for LGCYCF to consider as a starting point for their strategic planning process.

Goal 1: Caregivers are aware of and able to access supportive programming and resources to keep their family strong without sacrificing their families' economic growth and development.

- Objective 1.1 Build awareness of available supportive programming and resources.
- Objective 1.2 Create opportunities for better access coordination.

- Objective 1.3 Provide education to policy makers about the impact of benefit cliffs on the community.

Goal 2: Programs that support families with young children are resourced to meet the needs of those they are intended to serve.

- Objective 2.1 Educate policy makers on the importance of funding family strengthening and early education programs.
- Objective 2.2 Provide coordinated training opportunities to support a well-trained workforce.
- Objective 2.3 Promote and partner with existing workforce development initiatives to strengthen the pipeline.

Goal 3: Caregivers feel a sense of trust and connectedness with their community, including peers and providers.

- Objective 3.1 Create more opportunities for peer connection through parenting and caregiving groups, as well as play groups.
- Objective 3.2 Engage family leaders in planning and implementation work.
- Objective 3.3 Provide a networking space for service providers in the region to share updates, knowledge, and to problem solve.

Next Steps

In December 2021, LGCYCF will convene partners to engage in a three-part strategic planning session facilitated by CHI. The focus of those sessions will be:

- Session 1: Setting the Vision
- Session 2: Identifying Strategies / Evaluation, Impact, and Feasibility
- Session 3: Organizing Strategies: Prioritize, Identify Leads, Set Timelines

LGCYCF will use the resulting strategic plan to inform its priorities over the coming years, and allow the group to integrate its work with the Tilton and Laconia area early childhood coalitions funded by the Preschool Development Grant.

