



Table of Contents

Introduction 2

Education Vision 3

 Goal 1 - Adequate Education 4

 Goal 2 - Access to Schools 5

 Goal 3 - Safe Learning Environments 6

Health and Wellness Vision..... 7

 Goal 4 - Access to Health Care 8

 Goal 5 - Substance Abuse Prevention 9

 Goal 6 - Health Education and Prenatal Care..... 10

Economic Security and Well-being Vision..... 11

 Goal 7 - Economic Self-Sufficiency..... 12

 Goal 8 - Economic Safety Net 13

 Goal 9 - Child Care..... 14

Child Safety and Protection Vision 15

 Goal 10 - Coordination and Funding of Services 16

 Goal 11 - Staffing Standards 17

 Goal 12 - Information Systems 18

Endnotes 19

DEDICATION TO BRUCE FRIEDMAN

The New Hampshire Child Advocacy Network proudly dedicates this first annual Children's Agenda to the memory of Bruce E. Friedman. As a tireless advocate for children and a founding member of the Children's Alliance, Bruce consistently collaborated with others to improve child health and well-being. We miss his voice and his vision while we continue to be sustained and guided by his memory.



INTRODUCTION

The Children's Agenda 2000 is a child-centered plan of action for the legislature, governor, state agencies, social service providers, business sector, and local communities. Its purpose is to focus attention on the needs of the children of our state and to build support for meeting those needs. The long-term goal of the Children's Agenda is to impact state and local policy and budget priorities to enable all children in New Hampshire to live in healthy, nurturing environments which enable them to reach their full potential.

This Children's Agenda is the work of over 50 organizations and individuals who are partners and supporters of the New Hampshire Child Advocacy Network (NH CAN). The mission of NH CAN and the purpose of the Children's Agenda is to create a comprehensive picture of child health and well-being and to build understanding of and support for the changes necessary to assist our children and families.

The slogan of NH CAN— putting the pieces of the puzzle together — reflects both the broad scope of demands placed upon children and families and our goal of building support for wide-ranging, prevention-oriented change.




We hope our Children's Agenda will help the public and policymakers understand how issues as varied as school funding, prenatal care, living wages and affordable housing are **all** children's issues.

The Children's Agenda 2000 is divided into four sections: Education, Health and Wellness, Economic Security and Wellbeing, and Child Safety and Protection. Each section begins by stating an overarching vision for our children. It is followed by three long-term goals, a listing of facts describing the current status of children, and a series of recommended action steps.

NH CAN intends to publish a new Children's Agenda every year— to update the public and policymakers on indicators of child health and well-being, to assess our progress toward long-term goals, and to set new short-term objectives to meet those goals.

We do not anticipate realizing our goals in a single year; rather, the goals should serve to guide long term planning in the state. The action steps listed beneath each goal are intended to guide short-term policy and budget setting. For each of the 55 action steps listed, at least one NH CAN partner or supporter has indicated they have placed that step on their advocacy agenda.

In crafting this Children's Agenda, three action steps emerged under almost every goal:

-  Enhance communication, coordination and collaboration among Governor, Legislature and Administrative Agencies to improve the well-being of children.
-  Enhance communication, coordination and collaboration at the community level.
-  Promote valid use of multiple measures to accurately describe the condition of children.

These action steps are recommended across all goals and subject areas.

Finally, for the year 2000, NH CAN has neither drafted nor sought sponsors for specific pieces of legislation, but has limited its legislative action steps to areas where bills have already been introduced. NH CAN expects that it will take a more active role in this area in the future.

We invite you to use this Children's Agenda as a guide for your own advocacy. And we urge you to adopt the motto of the Children's Alliance of New Hampshire and raise YOUR voice for children.



Education

All children in New Hampshire will receive an equitably funded education that is appropriate to their academic and social-emotional needs, that enables them to become contributing members of society, and that inspires them to achieve their full potential.



Goal 1:

ADEQUATE EDUCATION

Ensure that every child in New Hampshire has the opportunity to receive an adequate education by securing sufficient and dependable funding, by defining and maintaining appropriate curricula standards, and by assessing adequacy using appropriate means and measures.

FACTS

- ☞ Public education plays a seminal role in developing and maintaining a citizenry capable of furthering the state's economic, political and social viability.¹
- ☞ Children who live in poor and rich school districts have the same right to a constitutionally adequate public education.⁵
- ☞ The provision of an adequate education to every New Hampshire child is the duty of the state government, as created by our state constitution.²
- ☞ The scope of program offerings, the condition of buildings, and the quality of learning opportunities differ greatly from school to school and community to community.⁶
- ☞ An adequate education goes beyond reading, writing and arithmetic, to include broad educational opportunities necessary to prepare children to compete in the marketplace of ideas.³
- ☞ The expenditures per pupil in New Hampshire schools vary significantly among school districts. For example, the cost per pupil for elementary school in Waterville Valley for the 1997-98 school year was \$15,658.73 which contrasts with a per pupil elementary school cost of \$3,697.12 in Milan.⁷
- ☞ A constitutionally adequate education includes: oral and written communication skills, knowledge of economic, social and political systems, knowledge of governmental systems, self knowledge and knowledge of mental and physical wellness, grounding in the arts, and training or preparation for post secondary education.⁴

RECOMMENDED ACTION STEPS

- | Administrative Agencies | Legislature, Governor and Council |
|---|---|
| 1.1 Support appropriate preschool programs as a part of an adequate education. | 1.4 Support the constitutional right of all students to an adequate education. |
| 1.2 Support before- and after-school programs for school-aged children as a part of an adequate education. | 1.5 Include early childhood programs and kindergarten as an integral part of the state's overall education plan. |
| 1.3 Comply with legislative mandate to complete a comprehensive assessment, by an independent qualified examiner, of the condition of all public school buildings in New Hampshire. | 1.6 Assess the cost of an adequate education at a level which ensures children will be afforded the skills they require to be successful. |
| | 1.7 Fully fund the provisions of the current educational funding law from sufficient and reliable sources so that all children, including children with special needs, receive an adequate education. |



Goal 2:

ACCESS TO SCHOOLS

Ensure that all children have access to appropriate educational services that provide them with the skills they need to enter kindergarten ready to learn and to leave high school ready to realize their full potential.

FACTS

- ☞ High quality child care and preschool care are often the first steps in a system of learning.
- ☞ Low-income children are less likely to attend preschool than children from more affluent families. In families with income less than \$20,000, only 40-42% of the children attend preschool versus 75% of the children with incomes over \$75,000.⁸
- ☞ Twenty-eight New Hampshire communities have no public kindergarten.⁹ Three New Hampshire communities (Mont Vernon, Londonderry and South Hampton) plan to vote on public kindergarten in March of 2000.¹⁰
- ☞ Twenty-one communities are currently studying the implementation of kindergarten in their communities.¹¹ Four communities (Windham, Pelham, Merrimack and Salem) have no current plans to pursue the establishment of public kindergarten.¹²
- ☞ Parent involvement in their children's school is the single best indicator of educational success.¹³

RECOMMENDED ACTION STEPS

Administrative

Agencies

2.1 Work with the Governor's office and the legislature for increased funding to support universal kindergarten for all children in New Hampshire.

Individuals, Communities and Businesses

2.2 Promote universal kindergarten by (1) publicly applauding those communities that have added kindergarten in the past two years for their dedication to the children and families of their community and (2) contacting legislators, business leaders and advocates in all communities currently studying the issue to express support.

2.3 Encourage parental involvement in local schools.



Goal 3:

SAFE LEARNING ENVIRONMENTS

Ensure that all children have access to an appropriate education provided in an environment that is safe and conducive to learning.

FACTS

- ☞ In a 1999 statewide survey of high school students, 32% reported being in a physical fight one or more times in the last 12 months. 13.4% reported being in a physical fight on school grounds in the last year.¹⁴
- ☞ 16.9% of the students in the 1999 statewide survey reported carrying a weapon (such as a gun, knife or club) on one or more of the past 30 days. 7.5% of the students surveyed reported carrying a weapon on school grounds during the same time frame. 7.6% of the students surveyed reported being threatened or injured with a weapon on school property one or more times during the past 12 months.¹⁵
- ☞ 20% of the students surveyed reported seriously considering suicide during the past 12 months.¹⁶
- ☞ In January, 1999 a 15-year old sophomore attending school in Concord was charged with 2 felonies in juvenile court after bringing a loaded handgun, 400 bullets, and a hit list to the school.¹⁷
- ☞ In March 1999, a Hudson school officer convinced a female high school student to put down a starter gun she pulled against her school counselor.¹⁸
- ☞ The Concord Police Department receives an average of five calls a day from Concord and Merrimack Valley middle and high schools.¹⁹
- ☞ 80% of girls nationwide have reported experiencing some sort of sexual harassment in school, such as inappropriate touching or grabbing, or degrading language.²⁰
- ☞ In a national study of students in public high schools, 97% report regularly hearing homophobic remarks from their peers.²¹
- ☞ Studies on youth suicide consistently find that lesbian and gay youth are two to six times more likely to attempt suicide than other youth and may account for 30% of all completed suicides among teens.²²

RECOMMENDED ACTION STEPS

- | Administrative Agencies | Individuals, Communities and Businesses |
|--|--|
| <p>3.1 Identify and make grants available to communities and school districts for best practice, research-based models of violence prevention training. Training should include mediation skills, conflict resolution, peer mediation, anger management, tolerance and appreciation of diversity.</p> <p>3.2 Develop a statewide media campaign to educate the public about the impact of violence in our society and about violence prevention and firearm safety.</p> <p>3.3 Identify models in New Hampshire and elsewhere that provide appropriate education and support services to students punished with long-term suspensions or expulsions.</p> | <p>3.4 Provide local violence prevention and tolerance promotion trainings.</p> <p>3.5 Promote peer support groups, parent education and support groups, and school-based health and wellness centers.</p> |



Health and Wellness

All children in New Hampshire shall be free of hunger, violence and preventable disease and shall receive appropriate, quality physical, mental, behavioral, substance abuse prevention, and dental services that promote and sustain their well-being.



Goal 4:

ACCESS TO HEALTH CARE

Increase access to and use of preventive and primary health care services, including physical, mental, behavioral and dental health care.

FACTS

- ☞ Approximately 25,000 children in New Hampshire have no health insurance.²³
- ☞ An estimated 74% of those children — 18,500 children— are eligible for but not enrolled in state sponsored health insurance coverage.²⁴
- ☞ 15% of two-year olds in New Hampshire in 1997 were not fully immunized.²⁵ For every dollar spent on immunization, as much as \$29 dollars can be saved in direct and indirect costs.²⁶
- ☞ Our state medicaid plan does not currently provide for reimbursement of school-based preventive health services.²⁷
- ☞ Incarcerated youth are specifically excluded from Medicaid eligibility by federal statute.²⁸ New Hampshire has no current comprehensive program to fund the medical needs of these youth.
- ☞ Fewer than 50% of medicaid-enrolled New Hampshire children received dental care in 1996.²⁹ Lack of appropriate dental care can result in pain and disability, including psychological and speech impairments.³⁰
- ☞ 19% of New Hampshire high school students surveyed in 1999 reported having dental problems. Over 6% reported needing to see a dentist but being unable to get dental care.³¹
- ☞ Fluoride supplements given to infants can reduce decay by up to 50%.³²
- ☞ Fewer than 25% of New Hampshire residents receive the benefits of water fluoridation, placing New Hampshire among the seven least fluoridated states in the nation.³³

RECOMMENDED ACTION STEPS

Administrative Agencies

- 4.1 Improve the health status of all children by reducing barriers to comprehensive health care through (1) screening the health insurance status of all children at the start of each school year, (2) providing all parents or guardians of identified children with information on low or no cost health insurance and on primary care physicians (who can provide a medical home), and (3) increasing medicaid reimbursement levels.
- 4.2 Increase oral health of low-income, under-served children in New Hampshire by (1) increasing medicaid reimbursement for selected services and (2) educating the public regarding the benefits of community water fluoridation.
- 4.3 Assist school systems in developing school-based preventive and primary health care services by identifying funding sources (such as grants, medicaid reimbursement, and reimbursement by private insurers) and by providing technical assistance to secure funding.

- 4.4 Eliminate barriers to the expansion of the role of the school nurse.
- 4.5 Explore funding options to ensure health care for incarcerated youth.

Legislature, Governor and Council

- 4.6 Redirect a portion of existing and future cigarette tax and tobacco settlement money to children's health programs (including school-based prevention programs) and to public education regarding the dangers and costs of tobacco usage.

Individuals, Communities and Businesses

- 4.7 Create partnerships between health care providers, insurers and community schools.



Goal 5:

SUBSTANCE ABUSE PREVENTION

Develop and maintain child mental and behavioral health and substance abuse prevention services and ensure that all children in the state have equal access to such services.

FACTS

Substance Abuse

- ☞ In 1997, of 33 states surveyed, New Hampshire reported the sixth highest rate of high school drinking.³⁴
- ☞ Between 1992 and 1996, there was a 339% increase in arrests of New Hampshire youth under 18 years of age for drug offenses.³⁵
- ☞ A recent survey of 4,406 rural youth in New Hampshire found that drug use begins most often between grade 6 and 9 and that most children who end up using drugs have begun before grade 10.³⁶
- ☞ 30% of 9-12th graders surveyed in 1999 reported having their first drink of alcohol (other than a few sips) prior to age 13. 52.5% of the students reported having at least one drink of alcohol during the past 30 days. And 33.2% reported having at least five drinks of alcohol in a row during the past 30 days.³⁷
- ☞ 28.6% of the high school students surveyed in 1999 reported smoking at least one cigarette every day for the last 30 days. 30.8% of the male teenagers and 37.4% of the female teenagers reported smoking in the last 30 days.³⁸

- ☞ 30.3% of the high school students surveyed in 1999 reported using marijuana one or more times during the last 30 days. 30.5% reported having had someone offer, sell or give them an illegal drug on school property during the last 12 months.³⁹

Prevention

- ☞ In 1995, New Hampshire had the 6th lowest level of overall per capita expenditures for alcohol and other drug services in the nation, a level disproportionate to the high level of ATOD problems in this state.⁴⁰
- ☞ New Hampshire would save about \$3-4 in substance abuse-related costs for each dollar it spent on prevention.⁴¹
- ☞ School-based prevention efforts are enhanced by involving youth in healthy pursuits that reduce their exposure to risky situations and/or situations that promote the use of drugs and alcohol.⁴²

RECOMMENDED ACTION STEPS

Administrative

Agencies

5.1 Identify and support best practice models for school-based and community-based substance abuse prevention, peer acceptance, and self-esteem programs.

Individuals, Communities and Businesses

5.2 Incorporate substance abuse support groups into school settings and establish referral procedures and networks for direct treatment.

5.3 Develop mentoring and job shadowing programs in all communities for junior and senior high school students.



Goal 6:

HEALTH EDUCATION AND PRENATAL CARE

Increase access to health education and prenatal care so that all children in New Hampshire are born free of preventable illness.

FACTS

Pregnancy and Child Development

☞ 17.4% of births in New Hampshire in 1997 were to mothers who smoked during pregnancy— ranking NH 30th in the United States.⁴³

☞ 14% of New Hampshire women of child bearing age report frequent drinking, putting New Hampshire among the bottom 20 states.⁴⁴

Teen Pregnancies

☞ 42.9% of students surveyed in 1999 in grades 9-12 reported engaging in sexual intercourse.⁴⁵

☞ One in four girls have been pregnant at least once by the time they reach 18.⁴⁶

☞ The hours between 3-6 p.m. are the most likely time for youth to engage in sexual intercourse.⁴⁷

☞ 51% of 7th through 12th grade New Hampshire students surveyed in 1999 reported spending five or more hours a week at home alone, with 28% spending ten or more hours, and 8% spending twenty or more hours a week at home with no adults present.⁴⁸

☞ 21.3% of the students surveyed reported using alcohol or drugs before their last sexual intercourse.⁴⁹

Prevention

☞ Teen-pregnancy programs focusing on mentoring, building self-confidence, tutoring, reproductive education, and volunteer/community service have shown greater successes than those providing reproductive health care services alone.⁵⁰

☞ Each public dollar spent to provide family planning services, including education, saves more than \$4 which would otherwise be spent on medical care, welfare benefits, and other social services.⁵¹

RECOMMENDED ACTION STEPS

Administrative

Agencies

6.1 Reduce teen pregnancies and/or promote healthy pregnancies by promoting comprehensive health education, including drug and alcohol education and information on infant care and parenting, as an integral part of K-12 school curricula.

Individuals, Communities and Businesses

6.2 Support community-based sexuality education to provide pregnancy, STD and contraceptive information and services to teens to encourage responsible decision making.

6.3 Support family education models which enhance parent-teen communication.



Economic Security and Well-Being

Children in New Hampshire will have safe and affordable housing, sufficient and nutritious food, heat and other utilities, clothing, adequate income, child care and other essentials necessary to support their physical, social, emotional, psychological and cognitive development.



Goal 7:

ECONOMIC SELF-SUFFICIENCY

Address the problem of children living in poverty by supporting a living wage and by investing in worker training and education.

FACTS

- ☞ The percentage of children living in poverty increased by 25% in New Hampshire from 1985-1996, compared to a national decrease of 5% during the same period.⁵²
- ☞ In 1996, 15,000 children in New Hampshire lived in extreme poverty — at a level below 50% of the federal poverty level.⁵³
- ☞ Economic security for children depends on economic opportunities for their parents.
- ☞ The percentage of children living with parents who do not have full time, year round employment increased by 15% in New Hampshire from 1985-1996.⁵⁴
- ☞ 75% of the jobs with the most growth in New Hampshire pay less than a livable wage and 39% pay less than half of a livable wage — based upon a sole wage earner and a living wage of approximately \$34,000 for a family of four.⁵⁵
- ☞ Between 1985 and 1995, median New Hampshire rent rose 13% while incomes fell 26% for the poorest fifth of New Hampshire families.⁵⁶
- ☞ In New Hampshire, a worker must earn two-and-a-half times the minimum wage in order to afford a two-bedroom "Fair Market Rent" apartment (as defined by HUD). 45% of New Hampshire renters are unable to afford such rentals, placing our state forty-first of the fifty states by this measure of housing affordability.⁵⁷
- ☞ The Earned Income Tax Credit can be a critical wage supplement of up to \$3,800 per family. The EITC Advance Payment Option can increase take home pay by as much as \$115 per month.⁵⁸

RECOMMENDED ACTION STEPS

Administrative

Agencies

- 7.1 Educate the public regarding the federal earned income tax credit which rewards work and helps lift families out of poverty.
- 7.2 Ensure the Workforce Investment Act provides meaningful job training opportunities to low income and disadvantaged workers and provides supports (including child care and transportation) so that those facing barriers to employment can enter and remain in the workforce.

Legislature, Governor and Council

- 7.3 Support efforts to raise the minimum wage in New Hampshire.
- 7.4 Support efforts to create rental assistance and support programs in New Hampshire.



Goal 8:

ECONOMIC SAFETY NET

Protect and expand the existing "safety net" so that children in need have adequate income, housing, health care, education, child care, nutrition and other necessary family supports.

FACTS

- ☞ An eligible single parent with one child in New Hampshire receives \$481/month under TANF — less than 48% of the federal poverty guidelines.⁵⁹
- ☞ A woman receiving TANF with a child under age three is reimbursed \$396/month for licensed child care. The average cost of child care for children under age three is \$507/month.⁶⁰
- ☞ The maximum shelter allowance available under TANF is \$268/month. In 1999, the fair market rent for a one-bedroom apartment was \$566/month. The rent for a two-bedroom apartment was \$730/month.⁶¹
- ☞ In fiscal year 1998, 6,373 homeless people secured transitional housing in NH. Of those sheltered, 985 were adults in families with 1,283 children. 958 persons were victims of domestic violence.⁶² Homeless shelters reported 8,523 turnaways due to full capacity.⁶³
- ☞ 3.5% of NH high school students surveyed in 1999 reported they had been homeless in the past year. Another 4.2% reported having been homeless at some point prior to the last twelve months.⁶⁴
- ☞ Local welfare remains a critical support for individuals who otherwise would have no help.⁶⁵
- ☞ Part-time workers (those working less than 35 hours/week) comprise approximately 19% of the workforce. The vast majority of part time workers are women, teenagers, or adults age 65 or older.⁶⁶
- ☞ The unemployment trust fund in New Hampshire is over \$300 million — making it one of the most solvent trust funds in the country.⁶⁷

RECOMMENDED ACTION STEPS

- | Administrative Agencies | Legislature, Governor and Council |
|--|--|
| 8.1 Increase state outreach and education efforts so that all families eligible for assistance receive it. | 8.3 Support expansion of unemployment insurance coverage to part-time workers. |
| 8.2 Allocate TANF monies to address the critical interests of low-income women and families. | 8.4 Study expansion of unemployment insurance to allow for paid family and medical leave. |
| | 8.5 Uphold existing local welfare obligations which provide for a safety net at the local level. |
| | 8.6 Allow TANF funds to be spent on post-secondary education so that low-income parents have an opportunity to obtain better paying jobs with health insurance coverage. |



Goal 9:

CHILD CARE

Increase access to safe, affordable, quality child care.

FACTS

Child Development

- ☞ Research on brain development has shown the critical importance of a child's early experiences. By age three, approximately 85% of the brain's core structure is formed. The experiences a child has determine what neurological connections will become permanent and which will be discarded. Such neurological connections impact the ability of the child to function cognitively and emotionally.^{6,8}
- ☞ The quality of a child's daily environment can have a major impact on cognitive capacity.^{6,9}

Current Status of Child Care

- ☞ In 1997, 74% of children ages 6 weeks to 13 years in New Hampshire had working parents. An estimated 60% of those children needed care outside of the home.^{7,0}
- ☞ In 1997, New Hampshire had only enough licensed child care slots for 32% of the children needing care.^{7,1}
- ☞ Currently, fewer than 50% of the preschool children in the state attend licensed child care centers.^{7,2}

- ☞ The average New Hampshire family with children in child care spends 18% of its income on child care. Low income families in New Hampshire spend 25% of their income on child care.^{7,3}
- ☞ In a recent survey, 25% of the parents questioned indicated they had to switch jobs or move from full-time to part-time work due to child care responsibilities.^{7,4}
- ☞ New Hampshire companies lose up to \$24 million per year in child care related absenteeism.^{7,5}

Benefits of Renewed Commitment to Child Care

- ☞ High-quality early learning experiences produce a variety of positive results, including higher school achievement, less retention in grade, reduced need for special education, and less crime.^{7,6}
- ☞ The most effective preschool programs can save taxpayers \$13,000 to \$19,000 per child above the cost of the preschool programs themselves.^{7,7}
- ☞ Four standards are most important in assessing quality child care: child-to-staff ratios, group size, preparation and qualifications of staff, and care giver stability.^{7,8}

RECOMMENDED ACTION STEPS

Administrative

Agencies

- 9.1 Implement a sliding fee scale for child care subsidies which would ease parents off of subsidy payments gradually.
- 9.2 Increase reimbursement rates and other incentives for child care providers to levels sufficient to recruit and retain qualified staff.

Legislature,

Governor

and

Council

- 9.3 Create incentives for private sector employers to subsidize the cost of child care for low-income parents — such as by providing matching public funds or tax credits to employers.

Individuals,

Communities

and

Businesses

- 9.4 Encourage businesses to develop family-friendly workplaces, which offer flexible scheduling and child care benefits.



Child Safety and Protection

Families will be supported in their efforts to nurture the healthy development of all children so that each child is able to reach her or his full potential.



Goal 10: **COORDINATION AND FUNDING OF SERVICES**

Promote healthy children, families and communities by encouraging coordination of child protection and family support services and by increasing funding for prevention and support services.

FACTS

- ☞ In 1996, 7% of New Hampshire children were considered to be living in high-risk families, based on their having four or more of the following criteria: child not living with two parents; household head a high school dropout; family income below the poverty line; child living with parent(s) who do not have steady, full time employment; family receiving welfare benefits; and child without health insurance.⁷⁹
- ☞ The number of families with children headed by a single parent increased by 41% in New Hampshire between 1985 and 1996.⁸⁰
- ☞ An estimated 25,000 children in New Hampshire currently lack health insurance.⁸¹
- ☞ In 1998, the Division of Children, Youth and Families (DCYF) received 14,439 reports of suspected child abuse or neglect and referred 6,550 cases to district offices for assessment.⁸²
- ☞ The number of children served by community mental health centers in New Hampshire for severe emotional disturbance or at-risk for severe emotional disturbance increased by 74% from 1995 to the present, from 3,787 to 6,574 children.⁸³
- ☞ 13% of New Hampshire high school students surveyed in 1999 reported having run away from home. Another 29% reported seriously thinking about running away from home.⁸⁴
- ☞ 55% of New Hampshire inmates have children under the age of 18. If present trends hold, over 65% of children with incarcerated parents will enter the juvenile justice system.⁸⁵

RECOMMENDED ACTION STEPS

Administrative

Agencies

10.1 Promote interagency collaboration to meet the needs of children.

10.2 Make parenting education a priority in service design and delivery.

Legislature, Governor and Council

10.3 Make child health and well-being a legislative priority.

10.4 Provide necessary funding for child and family support services.

10.5 Promote efforts to coordinate services for children and families.

10.6 Enact legislation to support and expand home visiting parent education and support programs for all families in New Hampshire.

Individuals, Communities and Businesses

10.7 Create community based programs and resources for children and youth.

10.8 Open community buildings, including school buildings, to child and youth activities.



Goal 11:

STAFFING STANDARDS

Assess current inadequacies in state staffing and develop new state staffing standards (regarding salaries, training and caseloads) to recruit and retain sufficient staff to support children in need.

FACTS

Inadequate staffing undermines the delivery of basic human services that protect the public and promote the health and development of children and families.

When standards are met for child-staff ratios, group sizes, and care giver education and training, young children show better development.⁸⁶

Based on national standards, DCYF has recommended workloads of 12-14 cases per assessment worker and 18 cases per family services worker. At present, child protection cases are substantially above these recommended ratios, resulting in an agency that does not meet best practice standards.⁸⁷

In state fiscal year 1999, the 70 DCYF juvenile service workers and supervisors provided services to in excess of 2,300 juveniles adjudicated delinquent and 800 juveniles adjudicated to be children in need of services. Individual caseloads vary from 45-80 per juvenile service officer — again resulting in an agency that does not meet best practice standards.⁸⁸

RECOMMENDED ACTION STEPS

Administrative Agencies

- 11.1 Annually assess and report on the level and training of family case workers.
- 11.2 Annually assess and report on the family caseload per worker.
- 11.3 Conduct annual quality assurance reviews of child welfare intake cases.
- 11.4 Set reimbursement rates for child-serving providers at levels that allow providers to recruit and retain sufficient, qualified staff.



Goal 12:

INFORMATION SYSTEMS

Improve information systems so that the state can accurately track and report on the numbers, needs and status of children and families.

FACTS

Without accurate data and evaluation, New Hampshire cannot assess the needs of its children and families and how those needs are currently being met.

The state currently cannot determine the number or geographic location of families that have been unable to access licensed child care providers.

Vital Statistics has not issued a full report on a town-by-town basis since 1992.

Without accurate data and evaluation, New Hampshire cannot assess the real costs of prevention versus crisis based intervention.

The state currently cannot determine the number of abused or neglected children by age and school district.

Without accurate data and evaluation, New Hampshire cannot determine the impact of welfare reforms on its children and families.

The state currently cannot determine the number of families that have been unable to access or participate in early childhood support programs.

RECOMMENDED ACTION STEPS

Administrative Agencies

12.1 Identify deficits in current information systems, recommend resources necessary to redress those deficiencies, and support collaborative interagency efforts to collect data.



ENDNOTES

- 1 [Claremont School District v. Governor](#) 142 N.H. 462(1997) (Claremont II).
- 2 [Id.](#)
- 3 [Claremont School District v. Governor](#) 138 N.H. 183(1993) (Claremont I) [and](#) Claremont II.
- 4 Claremont II.
- 5 [Id.](#)
- 6 Northwest Regional Educational Laboratory "How Money Matters to School Performance." [By Request](#). May 1996.
- 7 NH Department of Education, Division of Program Support. [Cost Per Pupil by District, 1997-98](#). Bureau of Information Services.
- 8 Annie E. Casey Foundation, [1998 Kids Count Data Book: State Profiles of Child Well-Being](#). (Baltimore, MD: Annie E. Casey Foundation, 1998).
- 9 State of New Hampshire, RSA 198:15-1 through RSA 198:15-t. [Making Effective Kindergarten Programs Available to All Children in New Hampshire: A Report on the Results of the Kindergarten Aid Program Enacted in 1997](#).
- 10 [Id.](#)
- 11 [Id.](#)
- 12 [Id.](#)
- 13 Northwest Regional Educational Laboratory. "Parent Partners: Using Parents to Enhance Education." [By Request](#). March 1999. [See also](#) <http://www.nwrel.org>.
- 14 NH State Department of Education. [1999 Youth Risk Behavior Survey Results](#). Concord, NH: December, 1999.
- 15 [Id.](#)
- 16 [Id.](#)
- 17 Dandurant, Karen. "NH Officials Prepare for School Emergencies." [Portsmouth Herald](#), 21 April, 1999.
- 18 [Id.](#)
- 19 Marimow, Ann. "A Third-Grade Student Flashes Knife." [Concord Monitor](#) 14 May, 1999.
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