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Acknowledgement

To the twenty-six key informants who contributed their time and wisdom to this report, we offer our thanks for your generosity, and our admiration for your efforts on behalf of NH’s children and families.
Assessing NH’s Early Childhood field using the Field Assessment Tool (FASST)

The Behavioral Health Improvement Institute (then the Center for Behavioral Health Innovation at Antioch University) was asked by the Endowment for Health (EH) to develop an assessment process that could inform strategic allocation of resources in EH’s priority areas. The resulting Field Assessment Tool (FASST; Fauth, Phillips, & Nordstrom, 2016) estimates field development across 7 domains and 32 items based on key informant interviews. The FASST was first used to assess the conditions of NH’s Early Childhood (EC) field in 2018 (Fauth, Boucher, & Warden); this report examines the results of a repeat assessment three years later.

The Early Childhood field has matured well into the Action stage of development

In 2018, New Hampshire’s EC field was on the verge of transitioning from the Preparation to the Action stage of development, with a broadly shared sense of purpose coinciding with shared awareness of challenges in formalized governance, common data metrics and infrastructure, and the workforce pipeline. The 2021 EC FASST demonstrates progress in all of these areas. State government has established Early Childhood Integration Teams from DHHS and DOE to collaborate under the umbrella of the Governor-appointed Council for Thriving Children, which is intended to guide a coordinated Early Childhood Care and Education system (ECCE). Regional EC coalitions have brought local wisdom and resources to addressing local needs. Informants highlighted key investments in infrastructure, several of which were catalyzed by the $26.8M Preschool Development Grant (PDG). Quality of EC services is being elevated in pockets via infusion of evidence-based models and measures, supported by grant-funded technical assistance and coaching. The State partnered with EH and the NH Charitable Foundation to study workforce challenges in center-based child care. The disruptions of the COVID pandemic both dramatically illustrated the importance of reliable child care, and demonstrated the extraordinary adaptive capacity that could be mobilized when federal and state government responded to the closure of schools and workplaces.

Less progress has been made toward developing financing models that could expand access to and quality of EC services, and there is broad agreement that the EC field has yet to grapple meaningfully with equity in access to services, cultural competence of services, inclusiveness in decision making or in the workforce.

Recommendations for EC field development

Support New Hampshire’s Strategic Plan for Early Childhood (NH Council for Thriving Children, 2020), which is strongly aligned with the purpose and vision described in this EC FASST.

Support the Council for Thriving Children to fulfill its anticipated leadership role; informants perceive it as hesitant to step assertively into what they perceive as leadership gaps (particularly engagement with broad spectrum of stakeholders).

Explore child care financing models that could reduce reliance on tuition revenue.

Promote understanding racism as a social determinant of health, and commit to prioritizing inclusiveness and cultural competence within the EC field.

Executive Summary
Endowment for Health’s field building activities

The Endowment for Health (EH) is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire’s people, especially the vulnerable and underserved. EH engages in “field building” by providing resources to develop systems-change capacity within its priority areas (“fields”). Howard and Wu (2009) define a field as “a community of actors who engage in a common set of core practices with a common goal for their work” (p. 10). EH’s field building involves creating strong coalitions and networks, enhancing the NH knowledge base, growing leadership and advocacy capacity, developing shared measures and data-based decision making, and supporting other systems change capacities. EH currently supports five fields: children’s behavioral health, early childhood, health equity, healthy aging, and health policy.

Highlights from New Hampshire’s Early Childhood Field

In 2007, federal law required all states to create early childhood advisory councils to promote coordination and collaboration among federal, state and local early childhood (EC) programs and services. Spark NH was established in September 2011 by Executive Order to fulfill this requirement, creating a formal infrastructure for the early childhood field. The EH identified Early Childhood as a targeted initiative in 2014 and has since partnered with and supported Spark NH and other EC field actors through strategic grantmaking to expand and enrich their work. Among the products of these partnerships was the Framework for Action for New Hampshire’s Young Children in 2015, the creation of Spark’s community of practice and 11 regional EC coalitions, successful advocacy for statewide full-day kindergarten in 2017, and in 2020 a workforce assessment, NH’s Strategic Plan for Early Childhood, and securing the $26.8M Preschool Development Grant to build a comprehensive EC system in NH.

The figure on the next page depicts some of the milestone events in the recent history of NH’s EC field.
### Milestone Events in NH’s Early Childhood Field

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Federal law requires all states to create Early Childhood advisory councils.</td>
</tr>
<tr>
<td>2011</td>
<td>Gov John Lynch enacts Spark NH by Executive Order to “provide leadership that promotes a comprehensive, coordinated, sustainable early childhood system . . .” EH serves as philanthropic representative to the Council.</td>
</tr>
<tr>
<td>2014</td>
<td>EH launches EC as new targeted initiative.</td>
</tr>
<tr>
<td>2015</td>
<td>With support from EH, Spark NH releases <em>A Framework for Action for New Hampshire’s Young Children</em>; convenes regional EC initiatives; disseminates public awareness toolkit; hosts a Business Leaders’ Summit with national EC experts.</td>
</tr>
<tr>
<td>2016</td>
<td>EH supports the creation of Spark NH’s community of practice to share, align, and support 11 Regional EC Coalitions throughout NH. Spark NH co-hosts the first-ever Gubernatorial Forum on Early Childhood.</td>
</tr>
<tr>
<td>2017</td>
<td>HNH Foundation, NH Charitable Foundation, and EH join forces with New Futures to invest in enhanced advocacy capacity, ultimately securing funding for full-day kindergarten, $10M for child care assistance, and other policy wins.</td>
</tr>
<tr>
<td>2017</td>
<td>Publication of RAND’s <em>Advancing Investments in the Early Years: Opportunities for Strategic Investments in Evidence-Based Early Childhood Programs in New Hampshire</em>.</td>
</tr>
<tr>
<td>2020</td>
<td>NH Council for Thriving Children est by Executive Order of Gov Chris Sununu - replaces Spark NH as EC advisory council, releases New Hampshire Strategic Plan for Early Childhood; Publication of EC/Fam MH Workforce assessment, sponsored by EH and NH Children’s Health Foundation</td>
</tr>
<tr>
<td>2020</td>
<td>NH secures 3-yr, $26.8 M Preschool Development Grant to build a comprehensive EC Care and Education system.</td>
</tr>
</tbody>
</table>
In 2015, EH commissioned what is now the Behavioral Health Improvement Institute (BHII) at Keene State College to develop a field assessment tool. The Field Assessment Tool (FASST; Fauth, Edwards, & Nordstrom, 2016) assesses seven domains: Adaptive Capacity, Adequate Funding and Policy, Equity, Leadership and Community Support, Quality Programs and Services, Shared Purpose, and Shared Knowledge. The FASST has since been used each year with one of EH’s priority areas.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Item</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Knowledge</td>
<td>Applied Knowledge</td>
<td>The extent to which scholarly theory and research, and/or local, credible information is leveraged to support efforts in the field</td>
</tr>
<tr>
<td></td>
<td>Knowledge Sharing &amp; Dissemination</td>
<td>Effective sharing of relevant knowledge among field actors and to external audiences</td>
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<tr>
<td></td>
<td>Professional Standards</td>
<td>Presence and use of standards of practice in the field, such as practice guidelines, credentialing processes, and reporting standards and platforms</td>
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<tr>
<td>Leadership &amp; Community Support</td>
<td>Knowledgeable, Ready, Supportive Leaders</td>
<td>Identifiable leaders/exemplary organizations that are knowledgeable, actively supportive, and ready for collective action</td>
</tr>
<tr>
<td></td>
<td>Diverse, Representative, Knowledgeable Actors</td>
<td>A representative, knowledgeable, and culturally competent set of field actors</td>
</tr>
<tr>
<td></td>
<td>Empowered Beneficiaries</td>
<td>The group(s) whose needs the field is intended to address are engaged and empowered to self-advocate at all levels of the field</td>
</tr>
<tr>
<td></td>
<td>Aware, Supportive &amp; Engaged Communities</td>
<td>A receptive community atmosphere/context that supports effective field action; communities that are aware of field issues/needs and supportive of field efforts</td>
</tr>
<tr>
<td>Adaptive Capacity</td>
<td>Monitoring</td>
<td>Ability to monitor and assess external environments in order to identify needed shifts relevant to field strategies, tactics, and needs</td>
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<tr>
<td></td>
<td>Adaptation</td>
<td>Ability to alter strategies and tactics in response to new information in a timely manner</td>
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<tr>
<td></td>
<td>Flexibility of Resources</td>
<td>Degree to which resources are reallocated, shared, leveraged among higher- and lower-resourced actors to successfully cope with changing conditions</td>
</tr>
<tr>
<td>Shared Purpose</td>
<td>Outcome/Goal Consensus</td>
<td>Agreement on a set of clearly articulated shared goals, with a process for collaborative, ongoing revision</td>
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<td></td>
<td>Shared Values</td>
<td>Common values that guide the public face and private actions of field actors</td>
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<tr>
<td></td>
<td>Strategy Alignment</td>
<td>A portfolio of coordinated, complementary, and purposive strategies to achieve shared goals</td>
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<tr>
<td></td>
<td>Network Connectivity</td>
<td>A network of highly engaged, interactive actors who seek to leverage collective resources and capacities</td>
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<tr>
<td></td>
<td>Trust</td>
<td>The extent to which actors feel that others in the field with whom they interact are reliable, support field goals/actions, and are open to discussion</td>
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<td></td>
<td>Governance Structure &amp; Process</td>
<td>The level of intentional hierarchy and centralization of leadership, and formality of process, within the network that helps to facilitate and sustain communication, cooperation, and decision-making</td>
</tr>
<tr>
<td>Domain</td>
<td>Item</td>
<td>Definition</td>
</tr>
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</tr>
<tr>
<td>Quality Programs &amp; Services</td>
<td>Reach</td>
<td>The percentage of the relevant population of the field’s potential beneficiaries who are reached by evidence-based and promising practices</td>
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<tr>
<td></td>
<td>Implementation</td>
<td>The extent to which drivers of high-fidelity, high quality implementation of program and services are in place in the field, such as training, coaching, and evaluation/performance monitoring</td>
</tr>
<tr>
<td></td>
<td>Comprehensiveness</td>
<td>The extent to which the array of programs and services in the field is sufficient to meet the needs of potential beneficiaries</td>
</tr>
<tr>
<td></td>
<td>Linkages</td>
<td>Presence of linking mechanisms that allow beneficiaries to successfully transition from one related program to another</td>
</tr>
<tr>
<td>Adequate funding &amp; Support for Policy</td>
<td>Shared Measurement</td>
<td>Existence and utilization by field actors of shared measures and a common data sharing platform, to monitor progress and inform decision making</td>
</tr>
<tr>
<td></td>
<td>Funding</td>
<td>The availability and security of the resources and funding to support effective collective action in the field</td>
</tr>
<tr>
<td></td>
<td>Technology</td>
<td>Existence and utilization of needed technologies to support effective action in the field</td>
</tr>
<tr>
<td></td>
<td>Policy Environment</td>
<td>Presence of an enabling policy environment to support effective action in the field</td>
</tr>
<tr>
<td></td>
<td>Policy Knowledge</td>
<td>Field actors have the knowledge necessary to inform and shape an enabling policy environment</td>
</tr>
<tr>
<td></td>
<td>Policy Advocacy</td>
<td>Presence of a sustainable advocacy infrastructure to support effective action in the field</td>
</tr>
<tr>
<td>Equity</td>
<td>Equity Lens</td>
<td>An equity perspective, including recognizing root causes of disparities, is infused throughout the field’s vision, values, goals, and strategies</td>
</tr>
<tr>
<td></td>
<td>Equity Related Data and Shared Measures</td>
<td>Equity-related data, including disaggregated data about vulnerable populations in the field, and shared measures are available and used by field actors to understand ingrained and emergent issues facing communities of color and to guide strategy and action</td>
</tr>
<tr>
<td></td>
<td>Informed Policy Makers</td>
<td>Leaders and decision-makers understand the importance of cultural competence, social determinants of health, and health equity to the field</td>
</tr>
<tr>
<td></td>
<td>Inclusive Participation</td>
<td>A growing quantity and variety of partnerships with representatives from vulnerable populations, in particular communities of color, are fostered / valued in the field</td>
</tr>
<tr>
<td></td>
<td>Cultural and Linguistically Competent Programs</td>
<td>Culturally and linguistically appropriate programs are accessible to vulnerable populations in the field</td>
</tr>
</tbody>
</table>
FASST Method

Key Informant Interviews
FASST ratings and qualitative themes are developed based on key informant interviews. BHII and EH collaborate to identify the most knowledgeable and involved informants, with the broadest perspectives on the field. Thirty-two potential informants were identified, of whom 26 ultimately took part in hour-long, semi-structured telephone interviews with an experienced evaluator in January–February of 2021. Informants represented the following sectors in the EC field: advocates, service providers, technical assistance providers, and government.

Quantitative Scoring
FASST includes a set of quantitative, anchored rating scales for scoring each (audio-recorded) key informant interview. Six interviews were scored by both the interviewer and a second rater. The interviewer and second rater came together to review and achieve consensus on the ratings. Confident by that point in our inter-rater reliability, the interviewer scored the remaining 20 interview recordings alone.

Qualitative Themes
In parallel with quantitative scoring, raters culled qualitative themes from the key informant interviews for each FASST item, using thematic analysis. The qualitative themes supplement and elaborate the quantitative ratings and resulting recommendations.

Understanding the Findings
FASST scores are summarized at the item level by averaging scores across key informants. Likewise, domain scores are computed by averaging scores across items. Finally, the domain- and item-level scores are classified into one of three stages of field development – Preparation, Action, or Maintenance – used by the EH. The Preparation stage is characterized by absent, conflicted, fragmented, or undefined field properties. Field properties in the Action stage are underway and emergent, but not yet comprehensive or stable. The Maintenance stage is characterized by mature, sustainable field properties with collective, wide-reaching impacts. Scores in the lowest, middle, and highest portion of the five-point scale map onto the Preparation, Action, and Maintenance stages, respectively. The FASST charts display the average score for each item/domain along the five-point continuum through the placement of a colored circle; baseline (2018) scores are in light font and follow-up (2021) scores are in bold font, and arrows show the direction of score changes across the follow-up period. Preparation, Action, or Maintenance stages of development are bounded by dashed vertical lines. Qualitative themes contextualize the ratings and provide the basis for a narrative explanation of the findings.
The chart below displays the average domain scores across items for the EC field, from both the 2018 and 2021 assessments. Overall, the EC field has matured well into the Action stage of development. As we’ve seen with other fields, Shared Purpose leads the way. Knowledge Sharing has been static, perhaps attributable in part to chronic preoccupation of EC service providers with just keeping their heads above water. Advancements in Funding and Policy are very close behind Shared Purpose – a major dimension of progress since 2018, and a signal achievement for the EC field, about which we will have more to say later. Adaptive Capacity made a very impressive showing in response to the 2020 pandemic. Key informants expressed some concerns about the readiness of Leadership to herd NH’s diverse EC initiatives toward collective impact. Quality of Programs and Services typically lags behind the capacities needed to elevate it, yet here, too, we see some gains since 2018. Health Equity is gaining ground as a shared aspiration, but less as an attainment. In the pages that follow, we’ll explore each of these domains in greater depth, in the order depicted in the chart below.

<table>
<thead>
<tr>
<th>All domains (2018 vs. 2021)</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Purpose</td>
<td>2.8</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>Shared Knowledge</td>
<td>2.9</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Funding &amp; Policy</td>
<td>2.3</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Adaptive Capacity</td>
<td>2.2</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Leadership &amp; Community Support</td>
<td>2.4</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Quality Programs &amp; Services</td>
<td>2.1</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td>2.0</td>
<td>2.2</td>
<td></td>
</tr>
</tbody>
</table>
Shared Purpose is the degree to which the field is 1) galvanized around a shared vision; and 2) works systematically, collaboratively, and effectively. This domain includes governance, strategy alignment, goal consensus, trust, network, and shared values. Shared Purpose was the highest rated of all FASST domains at both baseline (2018) and follow-up (2021) assessments, driven by a growing consensus across the political spectrum concerning the priority that should be attached to thriving in early childhood.

One informant encapsulated the **Shared Values** of NH’s EC field as, “Society as a whole is better off when children have a healthy start.” Pragmatic and compassionate considerations merge into a compelling case for the return on investment in EC, supported by a growing body of research linking early supports to long term outcomes.

**Outcome/Goal Consensus** has coalesced in the past three years into a vision of a statewide, coordinated system of child care, early learning and family well-being services. A key component of that vision is enhancing workforce capacity, especially in child care, where chronically low compensation and difficult conditions are said to divert or burn out qualified workers.

**Network connectivity** – the extent to which field actors pool their resources and capacities to achieve shared goals – saw a meaningful increase compared with 2018. There is a consensus that NH’s $26.8M Preschool Development Grant (PDG) and other grant funding has stimulated collaboration across traditional siloes, with more coherence at regional than statewide levels. Pandemic-mandated shifts to videoconferencing platforms have lowered the costs of meeting attendance, resulting in more inclusive participation.

**Trust** saw a slight decline, with some respondents perceiving intensifying competition among agencies and sectors not only for resources, but also for legitimacy. Others noted that the displacement of SPARK NH by the Governor-appointed Council for Thriving Children prompted some distrust as state government maneuvered – somewhat haltingly from their perspectives – into a leadership role.

**Strategy alignment** grew slightly since the previous assessment, seemingly encompassing divergent trends. On the one hand, informants credited infusion of funding (such as the aforementioned PDG) with a proliferation of good strategies. On the other hand, coordination is experienced as weak. One respondent distinguished between “horizonal alignment” or “boundary spanning” versus “vertical alignment” (crossing local, regional, state levels), suggesting that more progress is being made with the former than the latter.

As indicated above, **Governance** is in transition across the EC field. There is a consensus that the Council for Thriving Children, intended to guide a coordinated EC Care and Education system, holds much promise but has yet to ‘get its feet under it.’ In particular, the Council is perceived as not yet fulfilling the convening or facilitating functions where the departure of SPARK left a vacuum. Concurrent establishment of EC Integration Teams to support coordination between DOE and DHHS is viewed as a positive development, as is the projected UNH EC Center for Excellence to help infuse NH’s EC field with scholarly evidence and best practices.
Shared Knowledge is the degree to which applied knowledge exists, is used to guide action, and is translated into professional standards that advance children’s well-being. The domain includes knowledge sharing, applied knowledge, and professional standards. Shared Knowledge was the highest-rated EC domain in the 2018 FASST, but has remained remarkably unchanged across all three component elements since then.

Applied knowledge is the extent to which scholarly theory and research and/or local, credible information is leveraged to support efforts in the EC field. Respondents describe quite a lot of innovative activity in the field, but also a diffusion of effort that detracts from its impact. There is growing expectation of evidence-based practices, but limited understanding of how to translate evidence into local practice. The resources to implement EBPs with fidelity are limited primarily to grant funded projects.

Professional Standards can help to support the penetration of evidence into practice. Standards include training and credentialing for the workforce, as well as credentialing/accreditation at the agency level.

While professional development classes/workshops have proliferated, informants lament that ‘one-off’ events struggle to have any impact on routine practice (recapitulating seminal work in Implementation Science; Fixsen et al., 2005). What is needed are sustained opportunities for reflection and improvement (i.e., some form of coaching), as well as access to and incentives for a career ladder. Both coaching and career advancement opportunities are better developed in K-12 education than in preschool child care. Absent the promise of better compensation and career advancement for professional development, credentialing requirements exacerbate the challenges of workforce recruitment in child care settings.

Knowledge Sharing reflects the existence of forums where local learning is shared across actors within NH’s EC field and disseminated to their stakeholders. Respondents cite meetings of regional coalitions and advocacy groups as offering opportunities for knowledge sharing, while returning to the observation that child care centers, in particular, lack the resources to send representatives to such meetings, much less to implement practice innovations.
Shared Knowledge (2018 vs. 2021)

- **Preparation**
  - Applied knowledge
    - 3.1
  - Professional standards
    - 3.0

- **Action**
  - Knowledge sharing
    - 2.7

- **Maintenance**
  - 3.1

The Funding and Policy Support domain reflects the degree to which the resource and policy environment supports the field. This domain demonstrated remarkable progress over the past three years, reflecting both the fruition of long-term efforts, as well as a surge of pandemic related policy flexibility and resources.

**Policy Advocacy** and **Policy Knowledge** are widely regarded as robust. The field shares a growing common understanding of how to strategically inform policy, though there is some concern that this knowledge is concentrated in relatively few actors (New Futures and Early Learning NH in particular, supported by the Endowment for Health and the NH Charitable Foundation). One informant summarized by observing that NH’s EC field “is not short of advocacy expertise; what we need is a bigger pie.”

The two years preceding this assessment brought widely recognized **Policy Environment** and **Funding** victories . . . along with fears that these gains could retract with the next state budget biennium. Notable infusions of funding have included the federal Family First Prevention Services Act of 2018, which strengthens supports for families in distress; the 3-yr Preschool Development Grant (PDG), which supports strategic planning and implementation of the state’s early childhood care and education system; as well as continuing support from several philanthropic organizations. As influential as these inputs have been, respondents expressed concern that alignment of EC efforts with a coherent, long-term vision will depend on sustained state investment and coordination. Many informants emphasized a desperate need for an alternative child care financing model, noting that current dependence on tuition is suppressing access to care (via high costs to families), driving workforce shortages due to low wages, and consequently hampering the quality of services.

Informants tended to address **Technology** primarily in terms of limitations in broad band internet access and integrated data systems. One intriguing exception is a proposal (being explored by the NH Community Loan Fund) to leverage capacity of child care centers by developing collaborative ‘back office’ functions, such as human resources documentation, licensing records, and billing operations.

**Shared Measurement** is gaining on the strength of progress toward common measures as part of the PDG, within the Child Development Bureau, and by the NH Children’s Trust on behalf of family resource centers throughout the state.
Adaptive Capacity is intended to address the degree to which field actors monitor and adapt to barriers and take advantage of emergent opportunities in an ever-shifting environment. The unique context of the COVID pandemic so dominated participants’ reflections this year as to tilt the meaning of this domain away from detecting and maneuvering around subtle winds of change, to responding to a crisis. From that perspective, informants were full of praise for the efforts and successes of state government and other players during the Summer and Fall of 2020.

Defined as the ability to alter strategies and tactics in response to new information, Adaptation advanced well into the Action stage at this assessment. COVID precipitated state-level policy shifts that many had advocated for years: recognition that EC staff are ‘essential workers,’ paying essential workers for hazard duty and COVID-related absences, lowering or even suspending eligibility thresholds for subsidized services, reimbursing service providers on the basis of enrollment rather than attendance (enabling child care centers to hold open slots for families even when their attendance was not entirely predictable).

Monitoring showed moderate improvement over the past 3 years, although that capacity is dependent on regional collaboratives, communities of practice, support from backbone organizations in some segments of the service continuum. Service providers themselves were said to often lack the capacity to lift their gaze from the ground at their feet (urgent momentary needs).

Resource Flexibility, previously early in the Preparation stage, reached well into the Action stage with this assessment, as typically rigid funding strictures were hastily (and often temporarily) loosened in 2020 to facilitate the flow of federal and state pandemic relief.

Overall, respondents were stunned by the agility of the EC field in response to the pandemic. Reflecting on what made this possible, consensus favored two drivers, neither of which is seen as reliably stable. One was the urgency of social disruption and consequent valuing of EC services; it remains unclear how much of the insight inspired by the pandemic will endure beyond it. The second was leadership, which varies across the EC service landscape. Family Resource Centers, for example, benefited from their developing backbone organizational structure, through which the NH Children’s Trust and Family Support New Hampshire contributed monitoring and strategic planning resources. The child care sector demonstrated more variable adaptation capacity, with better resourced centers securing relief funding and adopting creative solutions such as outdoor programming, while other centers were never able to capitalize on pandemic relief programs for which they may have been eligible; leaders lamented that some available funding was underutilized.
Adaptive Capacity (2018 vs. 2021)

- **Preparation**
  - Adaptation: 2.4 -> 3.0
  - Monitoring: 2.3 -> 2.7
  - Resource flexibility: 1.9 -> 2.5

- **Action**
  - Adaptation: 2.4 -> 3.0
  - Monitoring: 2.3 -> 2.7
  - Resource flexibility: 1.9 -> 2.5

- **Maintenance**

1 2 3 4 5
Leadership and Community Support reflects the degree to which formal and informal leaders actively support the field, and include representation from grassroots and racially and ethnically diverse actors. This domain includes items addressing empowered beneficiaries, diverse actors, knowledgeable leaders, and engaged communities. Interview responses in 2021 placed Leadership and Community Support toward the lower boundary of the Action stage, unchanged overall from 2018, although we do see some variation in the component elements (below).

The consensus seems to be that there are pockets of very **Knowledgeable and Supportive Leaders** scattered about the state ("...an amazing group of 15-20 ladies who have the knowledge, assertiveness, collaborative inclination..."), but that these capacities are not yet evident at the statewide level. In particular, respondents lamented too little pursuit of collective impact. In the words of one respondent, "We need the capacity to facilitate difficult conversations and drive them to conclusion..."

This year’s assessment of **Aware, Supportive, and Engaged Communities** saw a very slight decrease since baseline: while emphasizing wide variability across communities, interviewees see community support as broadly inadequate, highlighting oppressive regulatory burdens and insufficient financial investment for child care.

Similarly, **Beneficiaries** are described as lacking voice or representation in the EC system. As much as regional coalitions strive to engage families, participation in child care and other services coincides with the very developmental period when families tend to be maximally stressed and under-resourced. Thus, families exert less leverage in the EC field than might theoretically be available to them. Several informants cited Headstart as a model for meaningfully engaging families despite these misaligned trajectories of motivation and capacity.

Engagement of a **Diverse, Representative, Knowledgeable, and Culturally Competent set of Field Actors** was both the lowest rated component of this domain and the most improved since 2018. Diversity in the EC workforce remains far behind the expanding diversity in New Hampshire’s child population. A child care agency administrator proposed that the greatest barrier to workforce diversity is the relatively recent requirement (for agency licensure) that care workers must complete 9 college credits in order to be the only staff member in a room with children.
Leadership & Community Support (2018 vs. 2021)

- **Knowledgeable, ready, support leaders**
  - Preparation: 3.0
  - Action: 3.1

- **Aware, supportive community**
  - Preparation: 2.6
  - Action: 2.8

- **Empowered beneficiaries**
  - Preparation: 2.1
  - Action: 2.2

- **Diverse, representative actors**
  - Preparation: 1.5
  - Action: 1.9

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Quality Programs and Services indicates the availability of effective, comprehensive, and coordinated EC services and supports. This domain involves the reach, quality of implementation, linkages among, and comprehensiveness of the EC support and service array. Quality of Programs and Services resides near the furthest reaches of the field development theory of action (it is what all the other field development domains are meant to support), and is consequently often among the last domains to demonstrate improvement. Although this domain achieved the second lowest rating of all domains in both 2018 and 2021, it did show substantial improvement across this interval, advancing from “Preparation” into the early “Action” stage of development.

The Comprehensiveness of the service array - or the sufficiency of services across the entire scope of need - showed the largest improvement in this domain. Gaps in services are closing, with the most progress for the Birth-3 age group, while high risk families with children aged 3-5 remain more vulnerable to falling out of eligibility for services, and there is a further decrement in access when they age out of the Supplemental Nutrition for Women, Infants, and Children (WIC) program upon reaching 5 years. Health care services are seen as easier to access than other family supports.

While awareness of high-quality Implementation drivers for ‘best practice’ service models is growing, it remains concentrated in grant funded projects such as the PDG, the Pyramid Model, and Child-Parent Psychotherapy, to name a few. The expansion of these drivers from federally funded to state funded contracts is recognized as a promising development. The state, for example, is encouraging Family Resource Centers (FRCs) to pursue designation as FRC’s of Quality, which entails demonstration of staffing credentials and other quality drivers.

Respondents report pilot efforts under way to develop Linkages that increase the likelihood of families successfully transitioning between services, and reduce communication and scheduling burdens. In the child care arena in particular, linkages are said to depend on “voluntary case management” by service providers.

Notwithstanding the practice enhancements noted above, the penetration of high-fidelity services into the overall population (Reach) continues to be “the bane of Early Childhood”: most respondents estimated that less than 20% of families had access to high quality child care or other family support services. As mentioned above, high quality health care is seen as more available, reaching an estimated 40-60% of the population.
Quality Programs & Services (2018 vs. 2021)

Preparation | Action | Maintenance

Comprehensiveness
- 2018: 2.0
- 2021: 3.0

Implementation
- 2018: 2.3
- 2021: 2.6

Linkages
- 2018: 2.0
- 2021: 2.3

Reach
- 2018: 1.8
- 2021: 2.2
Health Equity

Health Equity is the degree to which everyone has a fair opportunity to achieve their full health potential. EH emphasizes health equity throughout its field-building work. This domain consists of items designed to tap the equity dimension of each of the other domains: equity lens (Shared Purpose), equity-related data (Shared Knowledge), informed policy makers (Funding and Policy), inclusive participation (Leadership and Community Support), and culturally and linguistically competent programs (Quality of Programs and Services).

Equity is the lowest scoring domain from the 2021 assessment, as it was in 2018 as well. Interviewees perceive progress in leaders recognizing the importance of social determinants of health and health equity (Informed policy makers), and in the infusion of an equity perspective into the field’s vision and strategies (Equity lens), both of which have moved well into the Action stage of development in 2021. Several respondents expressed appreciation for the Endowment’s public engagement around implicit bias, their Race & Equity symposia, and for the contributions of the NH DHHS’s Office of Health Equity.

The remaining three indicators - development of Culturally and Linguistically Competent Programming, the availability and use of Equity-related data/measures, and the degree to which diverse groups and individuals are involved in decision making (Inclusive Participation) - reveal persistent challenges for EC and every other field to which the FASST has been applied. The ability to break down and report data by race, ethnicity, and language is lacking, equity-related resources are hard to come by, and implementation is perceived as lacking in quality, especially beyond more racially diverse (urban) areas of the state. Respondents point to pockets of innovation and success: Head Start for engagement with diverse families, Manchester and Concord for investment in local equity data and CLC programing, NH Family Resource Centers for sensitivity to their local contexts. Beyond these pockets, the equity landscape is characterized by improving intentions but limited operational expertise and commitment. These indicators have not budged from their 2018 position in the Preparation stage of development.

Workforce limitations surface repeatedly in virtually all domains of this field assessment. In the context of equity, respondents point to credentialing requirements for child care workers as illustrative of dilemmas related to equity and inclusion: how do we balance the value of elevating practice quality (the expressed rationale for raising credentialing thresholds) with the value of culturally competent and inclusive decision making (for which escalating thresholds present barriers to entry)?
Equity (2018 vs. 2021)

Informed policy makers

Equity lens

CLC programs

Equity data/measures

Inclusive participation

Preparation

Action

Maintenance

1.8 1.9

2.3 2.8

2.8 3.1

1.4 1.5

1.7 1.8
“Most Important Developments in past 3 years . . .?”

In follow-up administrations of the FASST, we add a final question asking respondents to reflect on changes in the field since the previous assessment (2018). Responses this year converged on the following developments.

**Key investments in infrastructure**

- Preschool Development Grant
- EC Needs Assessment (Karoly et al., 2020) and Strategic Plan NH (Council for Thriving Children, 2020)
- Elevation of Family Resource Centers in greater collaboration with DHHS
- Implementation of MTSS-B in NH schools
- DCYF reorientation toward prevention (supplementing mandated services with funded optional services to families)
- Infusions of funding from the Federal Families First Act
- Increasing NH Medicaid reimbursement rates to support access to services
- The promise of the Governor-appointed Council for Thriving Children as a locus for full breadth of the Early Childhood Care and Education field
- Maturation of NH’s regional EC Coalitions
- The COVID pandemic vaulted recognition of child care as an essential sector for the broader culture/economy; can this pave the way for investments in EC as a public good, rather than a private need (Karoly, 2017; 2019)?
This follow-up assessment of New Hampshire’s Early Childhood field offers a snapshot of field development in 2021, as well as a perspective on where field actors have exerted the most leverage over the past three years. The policy, funding, and other victories described in this report position the EC field almost fully in the Action stage of development. Key challenges at this time include realizing the potential of the Council for Thriving Children to facilitate a comprehensive system of supports for EC Care and Education, relieving the burden of child care costs on families and care providers, and enhancing the inclusiveness and cultural competence of the EC field.

Informants are not naïve about these challenges, yet they also recognize elements of opportunity in this historic moment. The COVID pandemic has thrust child care, in particular, into the public spotlight as an essential service; can this awareness be leveraged to recruit support (from the business sector, for example) for broader public investment in access to child care? The extraordinary demonstration of adaptive capacity during the pandemic has shown us what public will and strategic leadership can achieve; can these bold experiments guide the field toward effective advocacy and policy pathways to a comprehensive system of supports across EC Care and Education? Finally, informants appear to regard the new Council for Thriving Children with cautious optimism; can it harness and align NH’s fragmented initiatives to support a coherent vision?

New Hampshire’s Strategic Plan for Early Childhood (NH Council for Thriving Children, 2020), among the first products of the Council with funding from the PDG, would seem to offer promising early validation for that optimism. The Plan articulates a governance structure and strategic objectives organized around four broad goals:

- Positive Learning Experiences
- Healthy Children and Families
- Strong Families
- Statewide Coordination

The Plan aligns well with the purpose, values, and vision conveyed by EC FASST participants; it is an excellent foundation for evolution of NH’s EC field. The specific priorities emerging from this EC FASST that we propose for focused attention are:

- Financing models for child care services that hold the potential for sustainably reducing burdens on providers and families.
- Promote understanding racism as a social determinant of health, and commit to prioritizing inclusiveness and cultural competence within the EC field.


