

SELF HELP INC CFCE- FY 2018 CFCE Needs Assessment Report

A. **Community Context:** The FY18 CFCE Needs Assessment creates an opportunity for you to work with families and community partners to take stock of the population and resources available to support children and families in your service areas. Some of what surfaces in this process may fit within CFCE required services, other results may promote dialogue between community partners about potential ideas for addressing gaps in services/supports outside of the CFCE grant.

1. What process did you follow for your needs assessment? Include the following:
 - Data sources used
 - Tools/methods used to frame and inform the process
 - Partners/council members/families – Who participated? What roles did they play?

The data sources used to collect information on the data points requested include: American Community Surveys 2016 (5 year estimates), City-Data.com, Ma Department of Public Health, Department of Elementary and Secondary Education, Department of Housing and Community Development, Strategies for Children, PACE Childcare Works, Quincy Community Action, CACCI/ Child Care Network, Children's Aid and Family Services, Public School Districts, Department of Children and Families, MA Department of Unemployment Assistance, TownCharts.com, NeighborhoodScout.com, MA Coalition for the Homeless, Housing Solutions, KidsCount.org, Local Town Annual Reports, Bureau of Substance Abuse Services and Massachusetts Substance Use Helpline. We collected additional data and needs through our Community Needs Survey, parent satisfaction surveys, attendance records, ASQ, Strengthening Families Self-Assessment, local libraries and other community partners.

Our needs assessment started with a brainstorming session at 3 different council meetings. At each of these meetings members were asked to think about their community and families, and answer the following simple question "What are the family, child, community needs/trends you are seeing in your community?". This question fueled some robust discussions, and revealed some consistent themes/issues across each meeting. There was an extended discussion in regard to this and some of the most pressing needs that came up at the October Meeting include: How do parents talk to children about traumatic world events (what is appropriate), child exposure to trauma and how it negatively impacts behavior, grief resources for families (in light of increasing number of drug overdoses), appropriate screen time for kids and the effects parent screen use has on their kids, and the need for families to remember and practice the importance of play! Members shared some great insights and resources to look at as we move forward in planning for next year and the Needs Survey. Some of the most pressing needs that came up at the December Meeting include: Technology is sometimes getting in the way. Cell phones, screen time, video games, etc. Council members spoke about parents missing opportunities for teachable moments, such as playing car games (i.e. find red cars, license plates etc.), instead of handing their child an iPad or phone for the car ride. Families are rushed, over-scheduled. Increased DCF involvement due to addiction crisis. Grandparents raising grandchildren. The best way to get to the parents is building relationships with them... through teachers. Children experiencing trauma, for various reasons, is increasing behavior issues at home and school. Council members spoke extensively about parent training and feel that engaging parents through training is crucial, and the best way to engage them is through social events that educate but also include free food, child care, etc. Some of the most pressing needs that came up at the February Meeting included: Screen time/social media is 'sucking up' so much of kids time ('screenagers'), parents are losing opportunities for teachable moments, and the negative impact screens/social media are having on gross motor and overall brain development (including decreased empathy and communications skills), increase in family DCF involvement, increase of grandparents raising their grandchildren. The next step included disseminating the discussion information from the meetings and our FY 17-18 Community Needs Survey (CNS) out to our sub-committee members to review and provide additional input. Based on the meeting discussions, the sub-committee recommended the following workshop topics to be added to the CNS for FY 18-19 to get more feedback from the overall community: 1. How to talk to children about traumatic world/community events (what is appropriate), 2. Child exposure to trauma and how it can negatively impact

behavior and development, 3. Family technology use and screen time...what's appropriate...how to manage it and the impact on social development and family relationships, 4. The importance of play for PARENTS and CHILDREN, 5. How to talk to young children about substance abuse/addiction when it is impacting your family and resources to help cope with the effects, 6. Time to slow down: Un-schedule your family's life (benefits and strategies). The FY 18-19 CNS was finalized and prepared for distribution (copy is attached to this report). The FY 18-19 CNS was set up for the communities to complete online or via hardcopy, which would then be entered into the online system by CFCE.

The FY 18-19 CNS was initially distributed via email to families, early education and care providers (all in the mixed delivery), public schools, council members, community service agencies, other community partners and libraries. The electronic survey also had the capability to be translated into any language if needed. All partners were asked to complete the survey and distribute to their consumers and within their communities. Within the email to our partners that service people and families, they were able to either download a printable copy of the survey to distribute and/or download a printable postcard with the link and QR Code to provide to their consumers to access the online survey. CFCE staff also provided each library with signage and postcards for people to access the survey. CFCE staff also distributed the survey to all families participating in CFCE programs during the month of February and the beginning of March. We will continue to accept survey submissions until the end of the fiscal year. Access to the CNS was also posted on our Website, FB, and Twitter accounts. The CNS included the brainstorming question asked at the Council Meetings, in addition to a variety of other information including: demographic information, programing needs (programming type, format, age level, time of day etc.), barriers (transportation/location), CFCE impact data, workshop interest, community needs and areas for comments.

Simultaneously while these brainstorming meetings were going on, and the CNS was being distributed, and CFCE began collecting information on the data points requested, CFCE staff also spoke with our local Librarians and other collaborative partners to glean additional information on needs/gaps in the communities. We also looked at data from our FY 18 programming (level, type, location and attendance of programs), parent satisfaction surveys, ASQ, Strengthening families Self-Assessment. These results of those data sources will be talked about later in this report. Our FY 18-19 CNS collects input from all community members about the top community needs, family needs and service needs. The service need portion specifically asks about the services that SHI/CFCE directly offers, and what services they feel are most critical to families and the community. A comment section is available after each question. Demographic data is also requested to ensure equal representation. The demographics of the respondents to our FY18-19 CNS is consistent with the overall demographics collected through our community data collection, which is discussed in question 2. Our respondents represent: 87.02% are English speaking only, 79.73% white, 3.38 Asian, 7.43% Hispanic, 6.42% African American, 1.1% Indian, 0.68% Native American/Alaska Native and 1.35% other. All 23 towns we currently cover were represented in the responses and 65.66% were Parent/Guardian, 2.32% Librarians, 4.87% Provider of Early Care and Education, 4.87% Professional working in the community, 1.86% Informal Caregiver, 8.35% Grandparents, 5.34% Concerned Community Member, 1.39% Local Business Owner and 5.34% identified as other. There were 96.14% female respondents, 2.46% male and 1.40% prefer not to identify. 78.25% of respondent are married and 11.23% are single. Educational attainment includes 23.51% holding a HS Diploma/GED or less, 9.12% some college, 34.74% Bachelor's Degree and 31.23% Graduate Degree or higher. Our FY 18-19 CNS has identified the following: The top community based programming needs identified include general multi-session playgroups for varied ages, STEAM Groups, Social Skills Groups, Monthly Play-N-Learn, Kindergarten Transition Groups, Yoga, Bucket Fillers and Music & Movement Programs; top programming formats identified include Multi-Session Weekly Groups (3-5 and 6-10 sessions), Monthly Groups, Single Session Programs, and Bi-weekly Groups; top age groups for services include preschool, toddler and school-age.

2. a. Provide an overview of the demographics of your service area, highlighting anything particularly significant. Please see the attached data collection tool to capture the following data elements. Feel free to

add other data elements. Please note: most of the data elements listed can be found through the links provided previously.

- Population (ethnicity, children/families, birth rate, age trends of community residents, etc.)
- Geography (urban, rural, suburban) - include any unique attributes of your service area
- Availability of formal and informal early education and care opportunities
- Socioeconomic status
- Availability of affordable housing
- Access to health care
- Risk factors, such as:
 - i. teen birth rate information
 - ii. substance use data
 - iii. lead poisoning data
 - iv. high school drop-out rates
 - v. number of children currently on EEC's financial assistance waitlist in your service area
 - vi. child abuse and neglect statistics
 - vii. crime rates
 - viii. unemployment rates
 - ix. homelessness data
 - x. percentage of children entering kindergarten with no prior early childhood experience
 - xi. other

The Self Help Inc. CFCE program covers 23 communities in Southeast MA. Based on information gathered from the American Community Survey 2012-2016 (5 yr. estimates), Strategies for Children, and city-data.com there is a total population of 466,931 across these 23 communities with an average of 89.18% Caucasian, 4.34% Asian, 6.53% African American, 0.52% American Indian/Alaskan Native, 0.11% Native Hawaiian/Pacific Islander and 1.65% of the populations identifying as Other. Additionally, across these 23 communities there is on average 7.6% of the population being foreign born. Within these 23 communities, there are 147,224 family households, where 10.71% of the households are headed by a single female parent, and 3.93% are headed by a single male parent and there are 1,933 grandparents who are responsible for their grandchildren. There are an estimated 12.6% of the population living at or below 200% of the poverty level and 6.6% of the children aged 5 and under are living below the poverty line. There are 12,051 subsidized housing units across our service area with representing an average 7.25% of all housing. Canton (12.3%) and Stoughton (11.2%) have the most subsidized housing. More than half of our communities have had some increase in subsidized housing, however 2 communities have had -1% decrease in housing (Randolph/Rockland). The majority of our communities did not have significant numbers of unsheltered point in time homeless residents. Although, Randolph did have a count of 37, Whitman 10 and Rockland 9 and although numbers for Stoughton were not available, there are 37 people at the Evelyn House family shelter in Stoughton. There are also an estimated 15,052 preschool aged children in these 23 communities with an estimated 34.1% not in preschool or engaged in the mixed delivery system. Of the 284,342 total population in these towns ages 25 and older, 32.51% have an educational attainment of high school diploma/GED or less. Of the population ages 5 yrs. and older, 87.95% speak only English and 12.5% speak a language other than English.

Across all 23 communities the average uninsured rate children 0-17 is significantly below the state average for all populations (2.5%), although for West Bridgewater the uninsured rate for children 0-17 is 6%. For non-elderly adults the average uninsured rate is significantly higher than the state at 4.45% and most notably high for West Bridgewater (8.3%) and Avon (9%). Data related to accessing health care services revealed that only half of our communities have access to a health/medical centers within their town, and only 4 communities have hospitals. However, all communities have access to a hospital and/or medical center within 3-7 miles of their town. There are also many elder care services (nursing home, elder health center, home health programs) within all of our communities. The Department of Children and Families data was only available by DCF Office and our

communities fall into 6 different DCF offices (Arlington, Plymouth, Brockton, South Central, Coastal, and Taunton/Attleboro). The Arlington DCF office had the highest increase in 51A reports (from Q1 2015 to Q1 2017) at 12.46%, and this office covers 7 of our towns and a total of 21 towns. Six of our towns fall into Brockton Office which showed a 10.99% decrease in 51A reports and Taunton/Attleboro also had a 6.6% decrease. Plymouth, Coastal and South Central are also showing increases in 51A reports from 5.18%-7.54% and they collectively cover 10 of our towns. Across all 23 communities, data from the Bureau of Substance Abuse Services shows a total of 5,374 admissions for substance abuse treatment with an average of 52.9% of patients identifying heroin as the primary drug of choice. Most notably, Abington had a significantly higher number of admissions as compared to the other communities (586) with 68.8% of those patients reporting heroin as the primary drug. Rockland, Randolph and Middleboro also had high admissions ranging from 407-413. The data also revealed that only 5 towns (Foxboro, Franklin, Middleboro, Rockland and Stoughton) have substance abuse services within their communities. However, Taunton, Attleboro and Brockton have a large variety of both mental health, substance abuse, and other family support programs that service our towns. The lead poisoning data was not significant as no communities had reported lead levels >10ug/dL (>10 is considered elevated), and only a handful had small numbers under 5ug/dL. The average birth rate across all communities is 3.83% with no significant deviations across individual communities and the number of teen births (2015) across all towns was 23, which represented just 3 communities, Randolph (6), North Attleboro (10) and Middleboro (7).

There are a total of 542 children on the EEC Waitlist with Randolph having triple the numbers compared to the other towns, although Randolph also has the largest population, but also has the highest number of children 5 and under living below the poverty line. There are 153 center based programs, 315 family childcare and 26 public preschools across the 23 towns. There are libraries in each town and Dedham and Easton each have 2 libraries. There is also 1 children's museum with in our 23 towns (Easton) and 1 children's museum in Hanover that borders several of our communities. Additional informal education opportunities are at available at several historical museums, 3 Mass Audubon sites and the WWI Memorial Park & Zoo in North Attleboro. The high school dropout rates appear to be very low, with most under 2% and many under 1%. However, Holbrook's dropout rate is 4.2% and Avon is 3.3%. The Crime Index for these communities is on average low, however Avon and Middleboro had rates in the average range 232/241 which is still low when compared to the US average of 280. Most of these communities' demographic data are within the averages previously stated for all 23 communities. However some vary significantly. For example, East Bridgewater has the lowest number of 3 and 4 yr. old children in Early Education and Care Programs at only 44% where most of the other community's at least 50% and Franklin has over 88% of 3 and 4 yr. olds in formal ECE programs. The data collected on single mother and fathers households are significantly higher in Randolph (single fathers 6.4%, single mothers 20%) and Rockland (single fathers 7.6%- highest compared to all other towns) as is the number of grandparents raising their grandchildren (more than double for both compared to the other communities). Randolph also has the highest number of children 5 and under living in poverty, and surprisingly Avon has the highest percent (20%) of the total population living below 200% of the poverty level. Avon also has the highest level of the population 25 yrs.+ with a high school diploma/GED or less at 48.5% where Sharon has 41.2% of the population with Graduate Degrees and beyond. Most of the communities are fairly homogenous with Caucasian being the majority race/ethnicity, however Randolph is significantly more diverse with just 42.8% Caucasian, 42.8% African American and 11.7% Asian residents as compared to the other communities. Randolph also has the highest number of residents who speak a language other than English at 38.1% and 32.6% foreign born. Sharon is also notably much more diverse with 80.3% Caucasian, 3.4% African American and 16.9% Asian with 28% speaking a language other than English and 16.2% foreign born. Holbrook and Randolph stood out for the percent of public school students who are considered high need with Randolph at 65.3% and Holbrook 49.6%. Although these communities all border each other, there are absolute differences in the needs and demographic makeup from town to town as can be seen by the data

- b. What specific needs surfaced in this process?

When looking at the data points collected within the Community Context, some of the overall needs that surfaced included: increase in grandparents raising their grandchildren (most notable in Rockland and Randolph), significant increase in 51A reports from the Arlington DCF office (covers 7 of our towns), high rate of heroin as the primary drug for those entering into treatment (Whitman is the highest at 71.3%), and the highest rate of substance abuse admissions for Abington (586). A large percentage of households in Randolph are headed by single mother and largest % of single father households is in Rockland. The town of Avon is experiencing a significant change in the diversity of their population and an increase in the percent of the population that speaks a language other than English. East Bridgewater has the highest percent of preschool aged children not in early education and care programs (55.6%) and Plainville (60%) and Stoughton (48%) had the highest percentages of children showing up to kindergarten with NO early childhood experience. Randolph also has the most children on the waitlist for childcare assistance. Additionally, through the Council discussions the following needs were identified: child exposure to trauma and its effects on behavior, screen time and social media (how to manage what is appropriate, negative impact on brain/skill development), need for supports and grief resources for families affected by substance abuse, support on ways to address substance abuse issues in a family with young children, grandparents raising their grandchildren, increased DCF involvement due to addiction crisis, need for parent training and effective ways to engage them, helping families get back to play and education around its importance and effectiveness in addressing trauma. Randolph had the highest number of homeless individuals (37) and Stoughton has 39 people in the Evelyn House family shelter. Through our CNS the following top 5 community needs/issues/trends were identified: 1. Lack of concrete support for families who DO NOT meet typical definition of "needy" family (i.e. low income, at-risk, etc.), 2. Affordable quality childcare, 3. Child mental Health/behavior/stress anxiety, 4. Bullying, 5. Parental Substance abuse/Mental Health issues. Respondents to the survey also identified the following as Parent Support Needs: 1. Connecting families to other community supports, 2. Development of family/child at home organizational tools (behavior charts, family scheduling etc.), 3. Kindergarten Transition Supports, 4. Ages & Stages Screening, 5. Special education support/advocacy. Respondents to the CNS also identified the following top 5 parent/community education topics: 1. The Importance of PLAY for Parents and children, 2. Family Technology use and screen time...what is appropriate...how to manage it, 3. Child exposure to trauma and how it can negatively impact behavior and development, 4. How to Talk to children about traumatic world/community events...what is appropriate, 5. Time to Slow down: Unschedule your family's life. Additional parent support needs identified also include: Parent Support Groups, Informal Parent meet and greets, Bullying, Anxiety in kids, Understanding IEP's, tips for parenting children with ADHD/ADD. In addition to the CCCE specific programming needs discussed previously: The top community based programming needs identified include general multi-session playgroups for varied ages, STEAM Groups, Social Skills Groups, Monthly Play-N-Learn, Kindergarten Transition Groups, Yoga, Bucket Fillers and Music & Movement Programs; top programming formats identified include Multi-Session Weekly Groups (3-5 and 6-10 sessions), Monthly Groups, Single Session Programs, and Bi-weekly Groups; top age groups for services include preschool, toddler and school-age. Discussions with our libraries, public schools and other partners included the following specific trends/needs: increase in ELL families, specifically Indian (Plainville PS); increase in grandparents raising grandchildren (Avon PS, Rockland PS, Randolph PS); Rockland Daycare (public school childcare) also requested to work with CCCE on a Parent Café for FY 19; Middleboro and Avon Libraries are interested in Yoga programs; Rockland Library identified teen programming as a need; Norfolk, Rockland, West Bridgewater, Whitman and Wrentham librarians all expressed a need around engaging fathers

3. Provide a general overview of the comprehensive services and supports available to meet the needs of children and families in your service area.

The comprehensive services available to children and families are extensive across the 23 communities we serve. Self Help Inc. is one of the oldest and largest CAP agencies in the state (serving 32 communities), delivering a variety of important programs/services to low income families and the community. Programs include Head Start, Community Outreach, SNAP, Fuel Assistance, Heart-WAP Energy Assistance, Attleboro Food Bank, Weatherization, Utility AMP Programs, VITA Tax Assistance and holiday assistance programs. Additionally, Some of the other

community based resources include: 14 Museums, Cradles to Crayons, 23 public schools, 9 Early Intervention programs, 3 WIC Locations, 2 Family Resource Centers (Community Connections of Brockton & Quincy Family Resource Center), 3 CAP agencies (SHI, South Shore Community Action Council, Inc. and Quincy Community Action Program), 25 Libraries, 3 Mental Health Grantees (Justice Resource Institute, Enable Inc., Community Healthlink), 5 Healthy Families Programs, 1 Parent/Child Home Program (Stoughton Public Schools), 3 Educational Collaborative's (North River Collab., Bi-County Collab., and READS Collab.), 4 Resource and Referral Agencies (PACE Childcare Works, Quincy Community Action, CACCI/ Child Care Network, Children's Aid and Family Services), 2 Regional Consultation Programs, 11 MOM'S Club Chapters, and several Adult Education Programs (Stoughton ABE, The Literacy Center, Blue Hills ABE, Randolph Community Partnerships, South Coastal Adult Learning Center, HarborOneU). Families are also able to access 23 Food Pantry's across 15 of our towns. The following mental health/Counseling programs are either in one of our communities or provide services to our communities including: South Bay Mental Health, South Shore Mental Health, Justice Resource Institute, Community Counseling of Bristol Country, Brockton Hospital and Brockton area Multi-Service. Specifically, 17 of our communities have a mental health/counseling centers within their community, Norfolk has 1 individual mental health practitioner and Abington, Avon, Hanson, Holbrook and Wrentham have no mental health practices in their communities. Only 5 towns (Foxboro, Franklin, Middleboro, Rockland and Stoughton) have substance abuse services within their communities. However, Taunton, Attleboro and Brockton have a large variety of both mental health, substance abuse, and other family support programs that service our towns.

4. Does the availability of comprehensive services and supports match the identified needs of the families in your service area? Describe the assets and gaps.

As can be seen in the previous question there are a plethora of support services available to families within our service area. We inform families and partners ongoing of the scope of our services and our role within SHI/CFCE as a hub of information. Through our many collaborations with the agencies and programs previously listed, we are able to have a good sense of what services are available for families. For services ranging from parent education, to food, to housing, no matter where a parent/provider may reside in the state, we are available to provide them with information and assistance on accessing services that are convenient and appropriate to their needs. With that being said there can also be eligibility barriers (not income eligible, but still in need), wait time barriers, cost, and insurance coverage barriers. Many of the mental health services require pre-authorizations from insurance, and many times exactly what the family is looking for may not be covered by insurance. Additionally, families have expressed that the process to access certain need based services, can be extremely cumbersome, and time consuming. There are also some services that families are in need of, that are either not available within a reasonable distance from their community and/or are cost prohibitive. One of these is therapeutic childcare. I have had several families with either special needs children and/or children with emotional/behavior problems seeking therapeutic afterschool programs with no luck. There are very few programs that provide this, and the ones that do many times there is an out of pocket expense that families cannot afford. Many families contact us with housing needs, and there are programs to address those needs, however the feedback we receive from families is that there are long waits for any sort of housing assistance, and very little emergency assistance for homeless prevention (i.e. rental assistance, mortgage assistance). Many families with Autistic children are also struggling to find services as their children get older. Less support services for teens/young adults who are on the Autism Spectrum, most specifically services to assist them with socialization, making friends and pre-paring them for the workforce.

5. Of the needs/gaps that surfaced in this process, what can be addressed through CFCE funded/supported programming and services?

There are absolutely needs that can be addressed directly through CFCE and/or through collaborative efforts with other community service programs and partners. For instance, Rockland and Randolph had high numbers of grandparents raising their grandchildren, and we will target more services to this population. We already run a

grandparent group in Rockland, and will continue that in FY 19. We will look into running another grandparent group in Randolph, and we will work with the Randolph Public Schools to help us identify families to reach out to. Although some of our communities stand out as struggling more with substance abuse issues, all communities are affected. We hope to gain some great information and resources to share with our communities, after CFCE staff attends the “Supporting Families and Young Children Affected by Opioid and Substance Use Training” on April 24th. We will also look into running some additional Buddy Night Programs for Dad’s/significant male role models in Randolph, Rockland and West Bridgewater. With East Bridgewater having the highest numbers of 3 and 4 year old not in the mixed delivery, we will make sure our FY 19 level programming is appropriate to meet this need. Plainville had the highest number of kindergartners showing up with no ECE experience. We will talk to the library and the public school to determine if additional programming (Kindergarten readiness groups) may be needed. We have recently made a great connection at the Randolph Public Schools and will be talking with them to ensure the CFCE services being provided are appropriate to meet the community needs. We will also look into collaborating on programming with the Family Resource Center and the Preschool Program at the Randolph Public Schools, as Randolph is the neediest community we serve. We will also be looking into possible programming with the Evelyn House family Shelter in Stoughton, to help connect those families to some additional supports.

B. **CFCE Specific:** Understanding the population and available resources in your service area provides a foundation for thinking about the programming, services and supports you provide through the **required services** of your CFCE grant. In addition to the tools and resources described above, there are several resources embedded within the FY18 CFCE grant that can provide additional data to inform future planning.

1. Please describe the strengths and opportunities for growth that surfaced through data gathered from the following resources:
 - Ages and Stages Questionnaires
 - Strengthening Families Self-Assessment
 - Impact Measurement Tools
 - Family Satisfaction Surveys
 - Various outreach efforts
 - Program attendance logs

The data that we gain through the activities and methods described above are reviewed ongoing throughout the program year, and as appropriate and applicable, adjustments to programming may be immediately implemented. The data from our Ages & Stages Screenings do not indicate any significant overall needs. For our ASQ-3 Screenings, 90% of the screenings scored above the cut-off and only 8% scored right at or slightly below the cut-off for fine motor and just 2% scored just below the cut-off (personal-social). Based on the ages of the children and other information gathered from the parents, these skills are emerging and don’t represent any concern or overall trend. Based on the results from the ASQ:SE-2 Screenings only 1 child scored above the cut-off, and mom has since implemented some of the activities and provided, and he will be re-screened in a few months. The parents who have participate in the ASQ are appreciative and have found it helpful in understanding their child. Some feedback received from parents include: ASQ Allowed me peace of mind knowing my son was on target for his age, The ASQ has been helpful at identifying areas of strengths and weaknesses for my child, ASQ input was very helpful as to understanding my grandchildren progress in appropriate skills, behaviors relative to their ages, The Ages & Stages Screening helped me to focus in on what my son needed to work on at each different stage of his development and gave me ideas of what to do to support him, Ages and stages survey helps us make sure the kids are on track and to target areas we might want to work on at home, ASQ was very helpful when I had my first child and wasn’t sure if they were on track. Going into FY 19 we will look at new ways to increase new parents participation in ASQ, and ways to keep parents involved. We would like to increase the number of screenings we do annually and we have many

families who express interest and provide consent and then never follow up and complete the questionnaire. We will look at new strategies to decrease that number. We review our attendance logs quarterly, to determine if programs are being well attended and/or not well attended, and what may be driving low attendance (i.e. location, time of day, time of year, programming type, age focus etc.). Family Satisfaction surveys for all programs are reviewed immediately following the end of the program, and programs are adjusted based on feedback received. A review of our attendance records for programming provided so far in FY 18, revealed that

We scored very well on our most recent Strengthening Families Self-Assessment (Dec. 2017). The SF SAS did reveal some needs in regard to staff professional development, parent training and concrete supports. These items include: 1) 1.8.1-inviting partner organizations to provide workshops for staff on working with diverse families, 2) 3.5-parenting education classes are offered as one among several strategies for increasing parent's knowledge of parenting and child development, 3) 4.8.5 Following up with families on referrals to ensure that they were satisfied with the services they received, and providing help in advocating for themselves if they were not satisfied. Our program scored very well in all of the protective factors areas on the SF SAS, and we feel that our programs strengths come from our dedicated and experienced staff and our commitment to ongoing program evaluation. We are fortunate at SHI/CFCE to have staff who have each been with the program for 10+ years and who have a plethora of skills, experience, knowledge and expertise. We have very little funding for staff training, but in discussion with other CFCE programs we have been able to identify 2 programs that we will reach out to that may be able to meet this training need in FY 19 (Catholic Charities and Wareham Public School staff). The other item that came up in the SF SAS, that we felt warranted a plan, is: (3.5) parenting education classes are offered as one among several strategies for increasing parent's knowledge of parenting and child development. We do not offer parenting classes, and typically refer to DCF Family Centers for this service. We do however offer parent workshops on a variety of topics. Over the last 2 years, registration and attendance at parent workshops has decreased significantly and in FY 17 and in FY 18 required us to cancel several planned workshops. We feel that parent only workshops are an important mechanism for parents to gain knowledge on a variety of parenting/child development topics. It allows them a distraction free environment to ask questions, share experiences (both positive and negative) and gain valuable strategies and skills. However, due to the ongoing low number and cancellations we will be looking at implementing more Hybrid Parent Workshops. This would combine a portion of time for parent/child programming and a separate time for parents only (childcare would need to be provided). The other item that arose from the SFA was our inconsistency with following up with families on referrals we have made (4.8.5 Following up with families on referrals to ensure that they were satisfied with the services they received, and providing help in advocating for themselves if they were not satisfied). The optimal plan for following up on referrals consistently would include CFCE staff providing at least one follow up attempt (either by mail/email/phone), to determine if referral was successful or not. In order to facilitate this plan, at our first full staff meeting in FY 19 the coordinator will explain the importance of following up on referrals. The Coordinator will run a report each month in regard to referrals made. Each staff person who made a referral will be sent an email in regard to follow up and status. Staff will also be made aware that it is imperative that these referrals and follow ups also consistently be entered into our database to be able to track and follow up with families in order to most effectively meet their needs and assist them in becoming a confident advocate for their needs.

Based on our impact measurement tools, one of which is gathered via our Annual CNS, and the other via program evaluations, families identify CFCE services as having a positive impact; with 93.2% of families stating that they gained increased knowledge through participation in CFCE Services. Additionally, through our CNS families identified the following as having the greatest impact of CFCE programming as: My child has learned how to be in a group and socialize and learn, I have had the opportunity to socialize and connect with other parents, my child has gained developmental skills and I have received information/support from CFCE staff. No one responded that CFCE programming did not have any impact. We also looked at the number of programs running within each community we serve, and the high risk home visiting factors, to determine if adjustments

need to be made on the level of programming, as we move into FY 19. Based on this information we will be looking at increasing programming in both Randolph and Holbrook. Programming levels appear to be appropriate in all other communities.

2. Considering the information collected in the Community Context section above and the data collected through CFCE Specific resources, how will the results of this process inform you FY19 CFCE activities? Please be specific.

All of this information will impact our plan for services as we move into FY 19. In addition to continuing our well attended and well evaluated programs, we will be adding and changing some of our programs to meet the needs expressed through all data collection methods. Some of the additions include: Social Skills Thumbs Up to Problem Playgroup (Holbrook), Playful Yoga (Norton), Seasonal Nature Collection Table at home- (online activity), increasing STEM/Stem Programs overall, increasing programs for Dad's such as Buddy Nights (Randolph, Rockland, W.B), increase in overall programming for Randolph and Holbrook, adding a Grandparents Group in Randolph (which borders Avon and other communities with this need), reaching out to determine possible programming with Evelyn House Shelter in Stoughton, adding a Bucket Fillers Group in Canton/Dedham or Sharon, offering at least 2 Bullying Workshops, offering hybrid parent workshops, and adding a Kindergarten Transition group in Plainville. We will also look at changing some of the descriptions for our programs, in order to target needs and certain populations. Although we will be increasing our Grandparent specific programs, we will also be editing the descriptions of some of our groups to include 'grandparents', so that those families also feel included as a focus of the program. Many communities also were interested in Social Skills groups. Which all of our programs work on these skills, we will be editing some descriptions to clearly state this as a priority. We are currently speaking with the Life is Good Foundation to run a Playmaker 101 training for parents, and any other interested community members. This training will talk about the impact of trauma on the developing child's brain and provide simple PLAY strategies and techniques to try and help counteract the negative effects of trauma. We are also looking into trainers to schedule a training to address Family Technology and how to manage it. SHI CFCE will be looking to collaborate with other CFCE's and/or additional partners to fund these 2 trainings. We will be updating our Community Resource Directory to include more information and resources around substance abuse and grief support, and this will then be disseminated to all of our communities and available for download online. CFCE will look into scheduling staff training around diversity and cultural competency to address needs from our Strengthening families Self-Assessment. We will also be reaching out to the DCF offices that cover our communities to provide them with up-to-date information on how we can support the families they work with and those who may be transitioning out of the DCF system. DCF has many great training opportunities available to foster care families, and we are going to connect with DCF to see if any of that training could be available to CFCE staff and/or other families in our communities.