VI. SUMMARY OF ENVIRONMENTAL SCAN – Fall 2012

The environmental scan consisted of internal and external stakeholder interviews, a SWOT Analysis, secondary data review, and client surveys.

Strengths

By far, the strengths identified by stakeholders through interviews and the SWOT analysis, far outweighed weaknesses/challenges cited. In particular, stakeholders identified the following strengths and opportunities associated with the Pettengill House:

- **Communications**: Stakeholder identified communications with clients and service providers as a primary strength of staff at the Pettengill House.
- **Responsiveness** to children and family needs was also cited as a major strength of the Pettengill House. In particular, timely response of staff to client needs, meeting people where they’re at, home visitations/assessments, helping children most in need, responsiveness to schools, and ability to assess risks and concerns of children and families in need.
- **Collaboration** with other agencies was cited as a major strength of the Pettengill House, in particular with school intervention teams and local and regional agencies, to enhance and provide services for children and families.
- **Values** including honesty, trust, dedication, commitment were cited often as strengths of the staff of the Pettengill House.
- **Reputation** among organizations in the community with regard to reliability and efficient use of donor dollars was cited as a strength of the Pettengill House.
- **Highly competent staff**, including the Executive Director, were cited often by stakeholders as a strength of the Pettengill House.

Challenges/Weaknesses

Stakeholders identified marketing/public relations most often as the primary challenge/weakness of the Pettengill House. In particular, stakeholders noted:

- **More awareness** to the community of who PGH is, what services are provided and how to access them.
- **Promote services** more aggressively and to all communities.

Strategies/Methods

Stakeholders identified many strategies/methods for the Pettengill House to consider.

- **Prevention education** such as: teaching/coaching families how to help children with organizational skills; knowledge about resources that are available to them (summer camps, after school programs, counseling, etc.); how to support and encourage their children; teaching parents how to use technology to support children in school; addressing stress issues of parents; preventing crisis through education and services; addressing mental health issues; parenting skills (cognitive behavior support, coping skills, homework support); counseling for families; family/child mentoring.
• Continued needs assessments to allow for the best focus of resources and services to where the need is the greatest.
• Combine resources with other similar organizations to avoid duplication and maximize resources.
• Increase resources through fund raising, volunteers, coordinated grant applications.

Trends, Issues and Threats

Stakeholders identified trends, issues and threats in three major categories:

• Poverty including increased homelessness, lack of affordable housing, food/hunger, safety net.
• Safety primarily increases in domestic violence.
• Health/mental health issues, including substance abuse, support for children of single parent families, parent/family stress and coping skills.

Secondary Data Review

The researcher reviewed and discussed the secondary data collected with the Committee. A more detailed summary of the data research can be found in Appendix B.

General Population/Diversity

Per the 2010 US Census Bureau’s Redistricting data, the following are population counts for the three primary cities in PGH’s service area:

- Amesbury 16,283
- Newburyport 17,416
- Salisbury 8,283*

The primary ethnic group in the service is White (93.2% average in 3 primary communities) compared to 67% statewide. It was noted that the Hispanic population has steadily increased, particularly in Amesbury, over the last decade. Multi-race and other ethnic groups have also increased in the region. The vast majority of people in the service area speak English as their first language, so language barriers are less of a concern for service delivery than other parts of the state.

It was noted by the Strategic Planning Committee that the Pettengill House serves 10% of the entire school-aged population in Amesbury.

* The population in Salisbury fluctuates by season. In the summer, the population nearly doubles because it is a beach community. There is also an influx of homeless people in the winter who live in hotels and motels with off-season rates. This transition of families poses many challenges with moving children in and out of schools. According to the Triton School District, 221 students are homeless, 71 of who are elementary school children.

Education/Literacy

It was observed that there are a significantly higher percentage of students in special education programs in Amesbury (19.5% compared to 14.7% in Newburyport, 14.9% in triton and 17% statewide).

High school dropout rates are lower in Amesbury and Newburyport than the state average. However, Triton’s dropout rate of 8.3% is higher than the state average of 7.2%. It was noted by the Committee that students over age 20 who have not yet graduated are counted as drop outs.
Students in grades 4-10 in all three communities, overall have fewer “needs improvement” or “warning/failing” MCAS scores in English and Math, versus statewide averages.

Poverty

Salisbury has the highest percentage of poverty in the overall populations (7.6%) compared to Amesbury (3.7%) and Newburyport (5.8%). However, all three communities have lower poverty rates than the state average of 11.6%. The higher poverty rate in Newburyport compared to Amesbury was a surprise to the Committee and was discussed at length, especially when considering the free and reduced school lunch percentages, where Amesbury schools have many more low income children than Newburyport. The consultant rechecked the data from the US Census American Fact Finder, American Community Survey 5-Year Estimates (2006 – 2011) and verified the data (Data Report # S1701). One reason for higher poverty rates in Newburyport vs. Amesbury could be the higher percentage of people age 60 and older (Amesbury 18.4%, Newburyport, 24.5% and Salisbury 25.5%) who live on fixed incomes.

Poverty rates increase significantly with population aged 25 or over who have less than a high school diploma, with Amesbury at 11.7%, Newburyport at 36.5%, and Salisbury at 29.9%. The higher percentage of people in poverty in Newburyport compared to the other two communities could correlate again with higher numbers of senior citizens on fixed incomes.

School District Poverty Indicators report that 24% of students in Amesbury schools, 9.6% in Newburyport schools and 19.4% in Triton schools are low-income. The committee pondered the reasons why the overall poverty rates in Amesbury are lower than the other communities yet the school district poverty indicators show Amesbury with the highest percentage of students in poverty among the three communities. This could be a reflection of the overall younger population in Amesbury compared to the other two communities.

Employment

The unemployment rates in Amesbury (5.8%), Newburyport (4.8%) and Salisbury (6.1%) are lower than the state average of 6.4%, in August of 2012. Unemployment rates in the three cities have declined by almost 1 percentage point since August of 2011.

Childcare

Childcare continues to be a barrier for families who need education, training or employment. There are approximately 1,293 licensed childcare slots in Amesbury, Newburyport and Salisbury. Head Start Programs continue to have a waitlist of people from Amesbury and Newburyport. The median weekly rate for center-based childcare in the region is $350 for infants and $240 for preschoolers. The median weekly rate for family childcare is $178 for infants and $175 for preschoolers. The Merrimack Valley region had a childcare voucher caseload of 8,203 children and waitlist of 4,800 children.

Health/Disabilities

Prevalence of HIV/AIDS is greatest in Salisbury (crude rate 96.8) compared to Amesbury (crude rate 78.2) and Newburyport (crude rate 63.2).

Substance Abuse Indicators are also highest in Salisbury for admissions to DPH funded treatment programs, injection drug user admissions to DPH funded treatment programs, and alcohol and other drug related hospital discharges, compared to Newburyport and Amesbury.

Domestic Violence, Child Abuse and Neglect
From 2006 to 2009 (the most recent data from the Anne. E. Casey Foundation-KidsCount), Amesbury had the highest number of children reported as abused or neglected, compared to Newburyport and Salisbury. The Amesbury Police Department reported 449 cases of domestic violence in 2009 of which 175 had children witnessed or in the home, 443 in 2010 of which 186 had children witnessed or in the home, and 416 in 2011 of which 174 had children witnessed or in the home. (Information could not be obtained for these years from Newburyport and Salisbury). Also, in 2011, the Massachusetts Department of Children and Families designated Amesbury as a “high risk community for child maltreatment.”

The Jeannie Geiger Crisis Center serves victims of domestic violence in northeastern Massachusetts. Of the 12 primary communities where clients residing at the Crisis Center live, in 2012, 26% of residents were from Amesbury, 13% from Newburyport and 11% were from Salisbury. In 2011, 24% were from Amesbury, 16% were from Salisbury and 16% were from Newburyport.

**Surveys**

Surveys were distributed to students and parents receiving School Linked Services (SLS) and clients who visited the organization for various services, including the food pantry. One hundred and four (104) surveys were collected. Surveys included questions on demographics, services needed and receiving, and on the parent/student survey, additional questions were included about risk factors that can help to identify areas and topics for prevention education. The questions and a summary of the two surveys can be found in Appendix C.

**School-based Parent Survey**

The **average age** of those completing the school-based survey was 43.

Respondents were from:

- Amesbury - 42%
- Salisbury - 23%
- Newburyport - 10%
- Other communities - 25% (Georgetown, Groveland, Merrimac, Rowley)

**Ethnicity** of the vast majority was White and most reported speaking, writing and understanding the English language well.

The **marital status** of respondents indicated:

- Married-25%
- Single - 25%
- Partnered - 2%
- 1 respondent was widowed.

All respondents had children living in the house, most of which are school aged.

Almost **70% reported incomes of less than $30,000** per year. Only 12 respondents reported incomes of more than $30,000 per year. Of all respondents, **38% reported their source of income as Work Wages** and the remaining reported wages from the **SSI/SSDI (40%)**, **TAFDC (13%)**, **Unemployment (5%)**, **Child Support/ Alimony (24%)**, **Retirement/Pension or Other (18%)**. Of those who are working, **only 16% work full time**.

When asked about their **highest level of education**:
43% - Associates Degree or higher level of education
28% - Some college
31% - High school/GED
10% - Less than high school

Respondents reported they are currently using all the major public subsidies including MassHealth (47), Food Stamps (43), Fuel Assistance (38), AAI/SSDI (25), Housing Assistance (20), TAFDC (11), Medicare and WIC (10), Mass Rehab (9), After School Programs (9), Dept. of Mental Health (7), and Other (6).

All respondents have used a service for themselves and/or a family member at Pettengill House, with the highest of percentage of people using the Food Pantry, followed by Operation Backpack, Saturday Night Meals Program, Emergency Assistance, Coat Program, referrals to local or state agencies, meetings with Pettengill staff, and help in crisis situations.

A series of questions were asked on the survey that will help PGH to identify the most needed prevention services. Significant percentages (20% - 25%) of respondents indicated that they have difficulty pulling together as a family during stressful times, solve problems together, or have others to talk to about problems. When asked to agree or disagree with the statement “There are many times I don’t know what to do as a parent,” 38% either agreed or strongly agreed.

A high percentage (85%) feels comfortable visiting their children’s school and most visit school 4 or more times a year. The school service used most were Special Education services (42), Guidance or other Counseling (34), and School Nurse (19).

Most respondents (42) reported they help their children with homework often, 16 reported they help them sometimes.

When asked what services they currently have or need for themselves or their children, many reported that they need after school program, dental services, Food Stamps, and housing.

Poverty was reported as the item of most concern for respondents’ child or children, followed by the economy, housing, unemployment, domestic violence and alcohol and drug abuse.

Clothing and food assistance was reported as the resources that would be most helpful to respondents, followed closely by housing assistance and transportation. Significant numbers reported that college preparation and computer training would be most helpful as well as parent support groups and child care assistance.

In order for their child or children to do better and school, respondents identified the top three services most needed are (1) after school homework help (2) tutoring (3) after school activities. Other services or resources identified as most needed include recreational activities, mentoring, social skill groups and counseling.

Respondents reported they would like information on how to handle their children’s behavior, out of school activities, coping skills, social skills, help with homework, child care resources.

When asked what prevents respondents from using PGH services, reasons most noted were that they don’t know about them, and they need transportation. The best way respondents noted to hear about services was via email, but responses ranged from local newspaper, telephone, at their child’s school, posting on the internet, through friends and family, on PGH bulletin board. They are least likely to use radio or TV for information.

Client Survey

PGH received 21 surveys from clients visiting the organization. Respondents were from:
Salisbury - 14
Amesbury – 3
Newburyport – 3
Rowley – 1

The average age of respondents was 51. Most reported their ethnicity as White, with 2 American Indian/Alaska Native and 1 Latino. Their primary language is English and all reported they speak and read English well.

The marital status reported by respondents was:

- Single – 10
- Married – 3
- Partnered – 1
- Divorced/Separated – 4
- Widowed – 3

Twelve (12) respondents reported having school aged children in the household.

All respondents reported incomes of less than $30,000 per year, with 14 receiving their income from SSI/SSDI, 4 from Retirement/Pension, 3 from Work Wages, 1 from Unemployment, 1 from Child Support, and 1 from Other. Most (15) were not employed, and 3 reported working either part time or full time.

The highest level of education for most respondents was high school. Eleven (11) respondents reported some college or a college degree.

Respondents reported using Food Stamps, Medicare, Fuel Assistance and Housing Assistance.

Twenty (20) of the 21 respondents currently use PGH’s food pantry and 11 use the Saturday Night Meals program.

Most respondents (15 out of 17) felt that their family pulls together when things are stressful. However, 7 out of 17 felt their family is not able to solve their problems. But 17 out of 19 said they have people they can talk to if they have a problem.

When asked if they knew where to turn if their family needed food or housing, 7 out of 20 said they would not know where to turn. However, 20 of 21 clients surveyed reported they use PGH’s food pantry.

The services needed as reported most by this group of clients include dentist, food stamps, college tuition assistance, however, others reported needing most services listed in the survey.

When asked what items are of most concern to them or their children, the economy and unemployment ranked #1, followed by housing and poverty (#2), child neglect/abuse (#3), and alcohol and drug abuse (#4).

Respondents listed food assistance as the service or resource that would be most helpful to them, followed by housing assistance.

When asked what prevents them from using services at PGH most reported “nothing”, followed by “need transportation.”

Most respondents would like to learn about PGH’s services by postings on the PGH bulletin board, on the internet/PGH website, in local newspapers, by telephone. None reported using Cable TV or radio as a way to learn about the services.
Executive Director Interview

The strategic planning consultant met with the Pettengill House’s Executive Director, Deb Smith, for an in-depth interview to gain insight into the inner and outer workings of the organization and to obtain her valuable input about the strategic direction of PGH.

Ms. Smith has been the Executive Director for 14 years and has led the organization through reorganization and revamping of services during this time. During this infrastructure building, Ms. Smith has been a “working executive,” performing direct services with clients on a regular basis. This has allowed her to develop and model effective service delivery methods for individuals and families while providing valuable teaching to staff and the community. As staff develops their skills and receives formal education and credentials, Ms. Smith delegates more responsibility to them, including decision making. This approach has been extremely effective in developing a team of highly qualified and dedicated staff.

Ms. Smith’s modeling approach applies to the overall framework she has built for the Pettengill House over her 14 years. Through necessity at the beginning of her tenure when funding was extremely limited, Ms. Smith performed direct services for individuals and families in need. Her prior experience working in a school system led to her focus on providing those needed services through a School-Linked Services (SLS) model. This model is still in place and has been enhanced over the years. SLS involves key people and organizations working together to ensure that “every child comes to school every day ready to learn.” By working with school personnel, children are identified with social-emotion issues, or who indicate a variety of needs at home, including basic needs of food, clothing, shelter, health-medical, and safety. A whole-family approach was developed to address the root causes of the child’s difficulties in school and to identify core, and many times “hidden” issues in the family. In order to operate an effective SLS model, strong community partnerships and collaborations must be in place so that children and families can receive the services needed to address their issues. Ms. Smith developed these partnerships and collaborations so that the model is now a well oiled machine that efficiently and effectively assesses the needs of individuals and families and deploys the community resources needed to stabilize them. Volunteers and donors play a key role in ensuring the SLS model continues to operate efficiently and effectively. Ms. Smith pointed out that PGH is blessed with more than 3,500 donors and volunteers. One of Ms. Smith’s goals is to develop a replication plan that will train organizations, networks and whole communities to implement the SLS model and to document it as an exemplary practice.

Ms. Smith’s vision is for the Pettengill House to be the nucleus of a formal and dynamic community partnership, where key organizations utilize their strengths and expertise to provide all the basic needs of food, clothing, housing, health, safety to stabilize families, while providing prevention education to support families in their journey toward growth and self sufficiency. The services provided through PGH and community partners will encompass a comprehensive approach that includes stabilization, assessment, intervention, case management, needed services based on evidence-based and best practices, and follow up to ensure families are reaching their goals.

Following are the elements that Ms. Smith has identified as necessary to sustain, expand and further professionalize the SLS model that she has developed at the Pettengill House:

Components of a Comprehensive Services Model

1. **Stabilize** a family or individual in crisis, including provision of basic needs.

2. **Assess** the family or individual including comprehensive intake, home visits where appropriate, and needs assessments. Break down barriers and determine the root causes of the issues presented.
3. Assist individuals to **set self-determined goals and objectives** based on the comprehensive assessment and self-determined goals and objectives.

4. Implement **intervention** strategies and services utilizing community resources and in-house programs and services.

5. Provide needed **prevention education and basic needs** services based on evidence-based and best practices.

6. Provide **ongoing follow up** with individuals and families to ensure stabilization and support personal growth and development.

All of these components, with the exception of prevention education, are currently offered at PGH. Prevention education programs including violence prevention, anti-bullying, social skills and parenting education, were a primary focus of PGH for many years. With the economic downturn in 2007, PGH saw a huge increase of clients at the crisis level needing basic supports. Resources were redirected from prevention education to basic needs based on an assessment of community needs. Since that time a more comprehensive and formalized approach to providing basic needs was put into place so that the focus can now be on reinstituting prevention education. The need for prevention education has been reiterated through the environmental scan conducted through this strategic planning process.

**Professionalization of Staff**

In order to effectively assess and provide services for individuals and families in need, direct services staff is required to have appropriate licenses, certifications or credentials (or are pending license, certification or credential). This professionalization of staff ensures the highest quality of services for the maximum impact. Ms. Smith’s goal is to increase professional support staff by at least four (4) and to increase development/fundraising capacity by hiring a Development Specialist.

**Partnerships**

The Pettengill House realizes that no one organization can provide all the services that will stabilize an individual and family as well as support them to become independent. The Pettengill model is based on strong and relevant partnerships with existing networks and organizations.

Ms. Smith has identified two tiers of partnerships:

1. Regional partnership comprising of representatives of all the major service providers in the service area such as schools, state office, community based organizations, public safety, policy makers and public officials, that work with PGH on regional and community planning and partnership development.

2. Community partnerships comprising of key representatives including local service agencies, businesses, residents, donors, volunteers, public and municipal agencies, that work with PGH on individual and family interventions.

**Facility**

PGH has discussed and researched larger facilities to house operations and direct services including co-locating representatives of key partnering organizations who can provide direct services at a PHG site. Another strategy is to develop agreements with key partners in each of the primary communities to provide in-kind (or low cost) space for PGH staff and partners to provide services in their communities. However, Ms. Smith stressed that if resources were an issue and there had to be a choice between acquiring a new facility and hiring additional staff, she would chose to hire the staff and work with the community to place them in strategic locations such as schools.