STORIES OF

New Hampshire Caregivers

Why NH families need stronger caregiving support—told in their own words.

SUPPORT SB 608:

FAMILY CAREGIVERS IN NEW HAMPSHIRE

THE INVISIBLE BACKBONE OF NH'S CARE SYSTEM

Family caregivers are essential to New Hampshire's care system. One in four Granite State adults—that's 281,000 people—provide unpaid care valued at $2.8 billion annually. These caregivers support older adults and raise grandchildren when parents cannot, providing essential support that keeps loved ones together at home.

While caregiving can be rewarding, caregivers face significant challenges and often lack the resources they need to sustain their critical work. This gap in support takes a serious toll on their physical, mental, and financial well-being.

HOW SB 608 SUPPORTS CAREGIVERS

SB 608 addresses critical gaps in New Hampshire's caregiver support systems through:

Family Caregiver Support

SB 608 provides support services for people who care for individuals enrolled in two Medicaid wavier programs: the Acquired Brain Disorder (ABD) and Choices for Independence (CFI) programs. This support may include counseling, education and training, peer support, caregiver assessment, and other supports that help caregivers continue providing cost effective care in the community.

Child Care Support for Kinship Caregivers

SB 608 improves access to affordable child care for grandparents and other relatives raising children. Adults of retirement age (67+) will no longer need to work to qualify for the NH Child Care Scholarship Program, and families won't have to pay the cost-share for children in kinship care.

BY THE NUMBERS: THE CHALLENGES CAREGIVERS FACE

Training Gap

99%

of caregivers assist with daily tasks, but only **11%** have received training

55%

manage complex medical tasks, but only **22%** have formal training[3]

Emotional and Social Toll

1 IN 4

caregivers report social isolation

43%

experience moderate to high emotional stress

Financial Strain

44%

have faced negative financial impacts (debt, depleted savings, inability to afford basics)

$54,000

the median income of grandfamilies—less than half the state's typical family income of $119,000

> This legislation makes caregivers visible and offers important support that acknowledges their work, addresses their needs, and ensures they have the resources to continue providing care without sacrificing their own well-being.

SUSAN L.

Bedford, NH

On March 24, 2022, our five-month-old great-nephew, TJ, came to live with us. We received support from the Division of Children, Youth and Families (DCYF), but **once our guardianship was finalized, that support disappeared.**

With the help of our kinship navigator at Waypoint, we were able to secure preventive child care. With that support, **TJ was able to attend daycare—what he proudly calls 'school.' He thrived.** I was hopeful.

That hope lasted one year.

Ten months later, I received a letter saying child care payments would stop. We were told the state only pays for one year. **You do not put a young child into daycare—where they form friendships, routines, and a love of learning—only to remove them after a year.**

We were told assistance could continue only if we proved we were working, volunteering, job searching, or in school full-time. I am 78. My husband is 79 and in poor health.

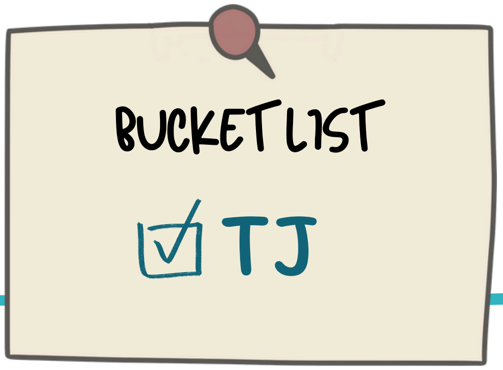
We chose school. **I enrolled in college** to learn sign language. Because I could not enroll full-time, the state reduced its contribution to $113 while the actual cost was $325. **We paid the rest out of pocket.**

The barriers kept coming: securing financial aid, tracking down transcripts from three high schools I attended over 60 years ago, and navigating unfamiliar technology, academic demands, and physical exhaustion. In the end, I did not pass my courses.

To keep TJ in the child care environment where he is thriving, we will have to withdraw from our already depleted 401(k). I will not remove him from daycare. He would not understand why his 'school' suddenly disappeared.

And at my age, caring for him full-time without child care is physically exhausting. **We both need this support—he needs the structure and socialization, and I need the ability to remain healthy enough to care for him long-term.**

When people say, 'He is so lucky to have you,' I say we are the lucky ones. **When we retired, we had a bucket list. That list is gone. We made a new one, and it has only one word on it: TJ.**



JEFFREY S.

Nashua, NH

I am 65 years old and retired. I don't have a typical retirement as many of my friends do. I am the legal guardian of my grandson Eli, who is 8 years old. He lives with me and my wife in our home in Nashua. We are his primary caregivers.

As you can imagine, it is very challenging raising a child while in the older years of your life. Sometimes I look ahead to the next five or ten years and I know that it will become even more challenging.

One of the difficulties that I deal with is child care. Whether it's after school, winter break, summer break or whatever, **the difficulties surrounding child care are significant: finding child care, holding on to child care, paying for child care – we are on fixed income now**!

I do a lot of child care for Eli myself. It's tiring. **I no longer have the option of dropping Eli with my parents if I need a break or need to get something done like I did thirty years ago. When I have outside child care it helps me a great deal both mentally and physically.** I don't take it for granted.

There is a good after-school program I am using presently. Eli goes three days a week and it costs me $300 per month. I also use private child care on occasion and sign Eli up for various camps in the summer. These have varying costs. **I use this time to take care of myself; get to doctor's appointments; go grocery shopping; manage my finances** and a whole host of other things. I am grateful for outside child care.

When I heard about this bill, I got excited. Here was a group of people recognizing that there is a large group of people like me, **raising children for a second time in their lives**, and proposing to offer help. **There are a lot of us. We're older now. We need more help** than we did when we were in our twenties and thirties and we are very grateful for any help that we can get.

Jeff and his wife, who care for their grandson, Eli (8 years old).

KATHY

Bow, NH

My husband, Jon, and I are raising four of our grandchildren: Emmitt (9), Bella (6) Joshua (4) and TJ (3). Emmitt came to live with us when he was just 10 months old. It was such a joy, but Jon and I were both working full time.

When we planned our retirement, we included Emmitt in those financial plans. We retired in 2018—I worked as a registered nurse for over 40 years and Jon worked in insurance.

Five years into our retirement, DCYF placed our three younger grandchildren with us due to trauma and neglect. At the time, they were ages 3, 2, and 5 months old. **All three were still in diapers.**

TJ was still being bottle fed and waking at night for feedings. **To say we were overwhelmed is an understatement.** We certainly had the love for these precious children, but **as a retired couple on a fixed income, we wondered and worried how we could possibly provide what they needed**. The diapers, formula, food, clothing and child care.

Fortunately, DCYF covered child care costs. **It was life changing for all of us. The children have thrived in the safe and positive environment of child care**. They learned social skills and how to interact with other children. They received speech and occupational therapy. They improved their language skills and built confidence in themselves. **It has been such a joy to see them blossom.**

It takes a village to raise four grandchildren and child care is an essential part of our village.

We are now moving forward with being their legal guardians. Once we are, DCYF will no longer cover child care costs. **We researched the NH Child Care Scholarship program and discovered we are not eligible as we do not work.** Jon will be 74 in March, and I will be 71 in May. It is not feasible for us to return to work so our grandchildren can remain in child care.

We are doing the very best we can, parenting the second time around to provide our beloved grandchildren every opportunity to continue to develop their social and emotional skills and **provide the foundation for them to become healthy, happy successful adults**.

Kathy, Jon, and their grandchildren (they care for four of the five).

LOIS C.

Manchester, NH

In 2000, I moved in with my widowed father to care for him. He was in his mid-80s, losing his eyesight, and entering the early stages of dementia. None of this was properly diagnosed at first, so I worked only a few hours a week for many months while I helped doctors understand what was happening and worked toward diagnosis and stabilization.

When I finally returned to work, which I needed to do, it was at three-quarter time. But within a year, as his decline accelerated, it was no longer safe for him to stay alone while I was at work. **He entered a nursing home because there were no home-based options** available for him. **For me to keep him at home, I would have needed to stop working entirely, which was impossible as a single, self-supporting woman.**

It is from my personal experience that I support any legislation that promotes and funds home-based care, which includes supporting caregivers. **I truly believe my father might have lived longer if he had been able to remain in his own apartment—the place he knew, loved, and felt safe.**

FAMILY CAREGIVER

Portsmouth, NH

I cared for my father with progressive dementia for almost three years. For the first two years, I supported him with medication management and meals, helping him with doctors' appointments as a medical advocate, and taking over his finances as his POA.

I found myself not knowing how to approach him. Dementia training would have been incredibly helpful — both to avoid upsetting him and to better understand how he was perceiving the world around him.

Later on as his condition worsened, it became apparent that he would have to enter a facility. The personal care needs were beyond what we could safely handle without risking injury.

There were many weeks when I spent 10–20 hours on direct care, errands, laundry, cooking, and organizing medications. I don't know how we would have managed that load if my husband and I had still been working full-time; we had previously owned our own small business.

Some training and assistance with supports would have been wonderful. Caring for an older adult, while a labor of love, is extremely exhausting and stressful. Any conversation about how to help family caregivers is very important.

ANNE MARIE S.

Seacoast, NH

Recently, I met with a husband who had been caring for his wife since her Alzheimer's diagnosis. Her needs were escalating quickly — appointments, medications, meals, personal care — and **he was determined to keep her at home**. **But the cost to his own well-being was undeniable. He was sleep-deprived, depressed, and beginning to experience cognitive decline himself.**

As director of the Referral Education Assistance & Prevention (REAP) program at Seacoast Mental Health Center, I hear stories like his every week. His experience is far from unique.

REAP provides short-term counseling, education, and support for older adults, caregivers, and the professionals who support them. We address concerns around mental health, substance use and cognitive functioning. **After 21 years working with caregivers, I have seen how inadequate support directly harms families. Caregiving takes a serious toll — emotionally, physically, socially and financially.**

In REAP's own data from 2024:
- 50% of caregivers reported moderate to severe depression
- 29% reported suicidal ideation in the past two weeks
- 25% screened positive for at-risk drinking

Caregiving goes far beyond tasks like medication management and meal preparation. Caregivers interpret moods, manage behavioral changes, ease emotional triggers, and create meaningful engagement for the person they love. **Their world revolves around the care recipient — often leading to isolation, loss of identity, guilt, and ongoing grief.**

Professional counseling helps caregivers process the complex emotions of watching a loved one decline or manage the stress that comes with it. Peer support connects them with others navigating similar challenges. Caregiver assessment identifies individual needs before families reach crisis.

There is a direct and measurable link between caregiver training and caregiver well-being. The spouse I mentioned earlier is proof. **Through REAP, he received education about his wife's diagnosis, guidance on communication and behavior, and strategies to manage his own stress**. Within weeks, his depression decreased from moderate to mild without medication. He was sleeping through the night and thinking more clearly. His frustration with his wife dropped significantly because he finally understood what she was experiencing and how to respond compassionately.

Anne Marie, LICSW, CDP
Staff therapist & director
of REAP at Seacoast
Mental Health Center

DEBBIE KRONER

Portsmouth, NH

My life's journey has included the personal heartache of **losing my mother as I always knew her**. I walked beside her as her daughter and as her care partner, advocating for her through every stage of dementia. That experience was an amazing gift that I have felt is my responsibility to share.

Through my experience, I learned that **empathy alone is not enough. Care partners need tools, skills, and an understanding of what dementia is**. This led me to pursue professional dementia consulting training so I can help people living with dementia and their families thrive and even appreciate each stage of their journey. I then founded Monarch Care Partners to do just that.

For many years, I have had the honor of educating, supporting, and walking alongside caregivers of people living with dementia through my work at Monarch Care Partners. I have found there to be so much humanity, grace, and wisdom in a person living with dementia.

Care partners of people living with dementia are on a very difficult journey. Senate Bill 608 would help in three primary ways:

- It would **address the social isolation and ambiguous grief** that caregivers of people living with dementia experience by providing peer support programs and counseling.
- It would make sure that caregivers have the **necessary education regarding dementia and skill building** to help the caregivers cope with the brain changes that happen with dementia.
- It gives us the opportunity to **keep our caregivers supported, healthy, and safe**.

I am hopeful that Senate Bill 608 will pass because it will help both our caregivers and the aging loved ones they support.

Debbie Kroner is the founder and owner of Monarch Care Partners, a dementia consulting service in NH.

SB 608: SUPPORTING NH CAREGIVERS

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