BBF Child Outcomes Accountability Team

Thursday, December 17th, 2020

Our Collective Vision

Vermont aspires to realize the promise of each and every child by ensuring that the early childhood system is an integrated, continuous, comprehensive, high quality system of services that is equitable, accessible and will improve outcomes for all children in the prenatal period to age eight and their families.

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In the year 2026, a child is born to a family in Vermont. We will call her baby Mariah. Vermont is a state where all children and families are accepted for who they are and we support this child from the very start all the way through their development and education. This child thrives with the loving care of her parents and caregivers. Her family is safe and stable in their home and have food in their fridge today and on the horizon. Baby Mariah's parents use paid family leave and home visiting to support the physical and mental health of both parents and baby. The family is connected to their diverse community and can access services, resources and support they need including high quality child care, a faith community, healthy food and jobs. Mariah grows into a toddler, preschooler and eventually transitions into the local elementary school. She is resilient to navigate even the difficult days she will face.

Mariah does not know there is a community holding her and her family through a seamless system of support. This is a system where all children have a healthy start. Where families and communities play a leading role in children's well-being. Where families have access to high quality opportunities. And where the early childhood system is integrated, well resourced and data-informed. This is the future.

Introduce yourself and reflect on this vision, how does <u>family engagement</u> improve baby Mariah's life?   What are ways <u>personally or professionally</u> you are involved in family engagement or family partnership?
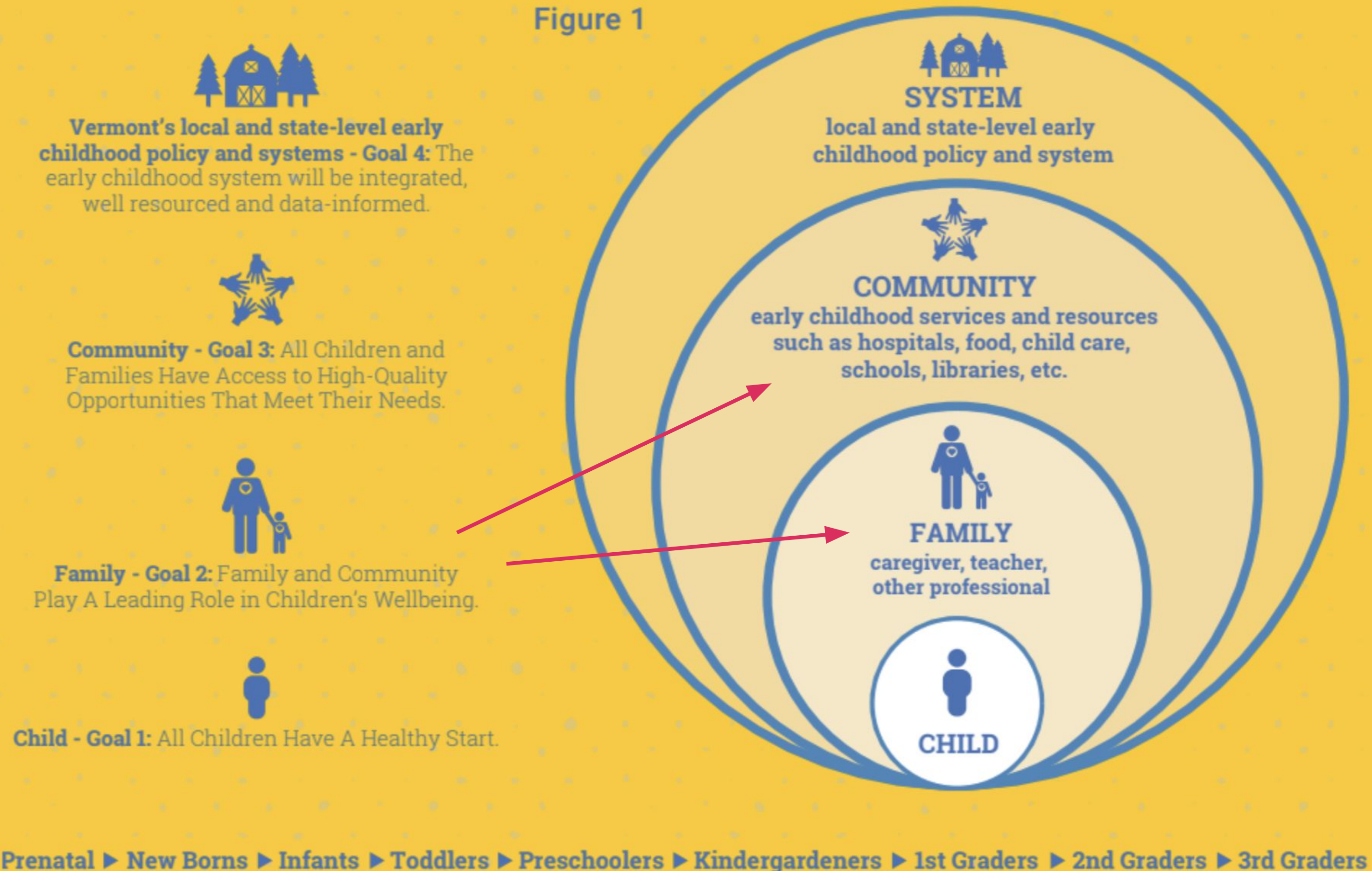
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2. FAMILIES & COMMUNITIES PLAY A LEADING ROLE IN CHILDREN'S WELL-BEING

Vermont's families and communities need to be strong, resilient and have the capacity to identify and meet the needs of children. A priority within this goal is to advance policies, and practices that honor and are supportive of each family's culture, strengths, structure, expertise, and preferences. Building a system that listens to the needs of families, and creates space at the table to make decisions together, are core to success. To achieve this goal, Vermont will work to create safe and stable home environments, economic stability, family friendly workplace policies, parent and family leadership, and communities with social and physical infrastructure to nurture resilient children and families.

Figure 1

Vermont's local and state-level early childhood policy and systems - Goal 4: The early childhood system will be integrated, well resourced and data-informed.

Community - Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.

Family - Goal 2: Family and Community Play A Leading Role in Children's Wellbeing.

Child - Goal 1: All Children Have A Healthy Start.

SYSTEM
local and state-level early childhood policy and system

COMMUNITY
early childhood services and resources such as hospitals, food, child care, schools, libraries, etc.

FAMILY
caregiver, teacher, other professional

CHILD

Prenatal ▶ New Borns ▶ Infants ▶ Toddlers ▶ Preschoolers ▶ Kindergardeners ▶ 1st Graders ▶ 2nd Graders ▶ 3rd Graders

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Use Data to Inform Gaps and Opportunities
Measuring Progress: VECAP Indicators

Goal 2 - Strong Families Outcomes

GOAL 2 – Families and Communities Play A Leading Role in Children's Well-being				
Outcomes	**Goal**	**Intermediate Indicators**	**Goal**	**5-year Indicators**
	▲	% of pregnancies that are intended (VDH)	▲	% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) (NSCH)
	▲	% of women who take 1 month or more of paid or unpaid workplace leave (PRAMS)	▲	% of children age 6 to 8 who are flourishing (meet all 3 criteria for flourishing) - (NSCH)
	▲	% of children with a trusted adult in their lives (DMH)	▲	% of adults with children in the home getting social and emotional support (VDH)
	▲	# of child-serving programs adopting the Strengthening Families Approach or implementing protective factors (CDD)	▼	% of food insecure households with children under 18 (Feeding America)

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Measuring Progress: VECAP Indicators

Goal 2 - Strong Families Outcomes

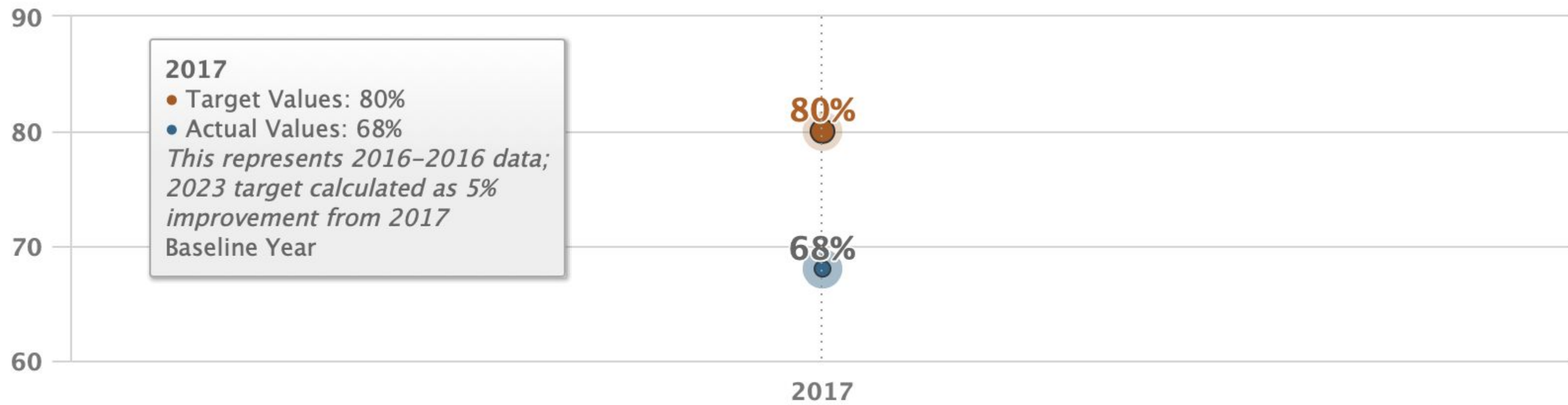| *Strong Families*				
	▬	Rate of substantiated reports of child abuse and neglect per 1,000 children (DCF-FSD)	▼	Rate of children and youth in out-of-home care per 1,000 children and youth (DCF-FSD)
	▲	# of families receiving home visiting services - Strengthening Families Home Visiting, prenatal and postpartum, MESCH, CIS, Head Start. (VDH, CDD)	▲	% of children age 0 to 18 who live in a home where the family demonstrates all qualities of resilience (VDH)
	▼	% of live births to women who used substances (alcohol, tobacco or illicit drugs) during pregnancy (VDH)		
	▬	# of families receiving non-court involved support through DCF-Family Services (DCF-FSD)		

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Goal 2 - Strong Families Outcomes: example

SHIP | % of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) | **2017** | **68%** | **80%** | → 0

Data Source: National Survey on Children's Health (NSCH) - 2 years combined

2017
- Target Values: 80%
- Actual Values: 68%

This represents 2016–2016 data; 2023 target calculated as 5% improvement from 2017

Baseline Year

80%

68%

2017

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Measuring Progress: VECAP Indicators

Strong Communities (See Goal 1 and Goal 3 Outcomes)	▲	% of communities who report access to community-based infrastructure (libraries, parks, sidewalks) (NSCH)	▼	% of households with children under 6 living at or below 200% FPL (U.S. Census)
	▲	# of children served out of school time/summer meals	▲	% population growth of children living in the state (U.S. Census)
			▲	% population increase of non-white children (U.S. Census)
			▲	% Vermont legislators that identify as women and/or BIPOC (National Conference of State Legislatures)
			▲	% of PreK-12 education teachers and administrators who identify as BIPOC (AOE)

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Goal 2 - Strong Communities Outcomes: population of children

Figure 5[3] Estimated No. of Children *(by Age Group 2010-2018)*

Legend: 3 to 5 Yrs (blue), Under 3 Yrs (yellow), 6 to 8 Yrs (orange)

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Measuring Progress: VECAP Indicators

| Family Partnership, Leadership & Decision-making | | TBD: At present, Vermont has not operationalized ways to measure parent/family partnership, leadership and decision-making. By 2026 Vermont will have developed those indicators and monitoring. | | TBD: At present, Vermont has not operationalized ways to measure parent/family partnership, leadership and decision-making. By 2026 Vermont will have developed those indicators and monitoring. |

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Family Partnership and Engagement

Family engagement is important because creating meaningful partnerships leads to better outcomes for children.

Panel of family engagement experts
- Emily Merrill-parent representative on the State Advisory Council
- Jen Fortman-parent co-chair of VECAP Families and Communities Committee
- Charlotte Saffron-Coordinator of the Patient and Family-Centered Care program/UVMMC Children's Hospital and the Family Partnerships Consultant/VDH

2020 Early Childhood Family Engagement Assessment

Conducted by the BBF VECAP Families and Communities Committee

The Families and Communities Committee (VECAP goal #2) collected data from families with children age 0 - 5.

Families were asked to choose a point of contact in the EC system and rate the following questions.

1. I feel that my children and I are treated with kindness and feel comfortable and welcomed.
2. I feel like my providers understand and welcome my family's culture and values.
3. I feel that I'm given the opportunity to make decisions about how to best care for my child(ren) and family.
4. I feel it was easy to communicate my needs to staff at the program
5. For families who had transitioned from PreK to Kindergarten or were in the process of that transition: Before and during this transition, the staff made every effort to understand my needs and the needs of my child(ren).

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How Do Vermont's Families Feel?

My family is treated with kindness

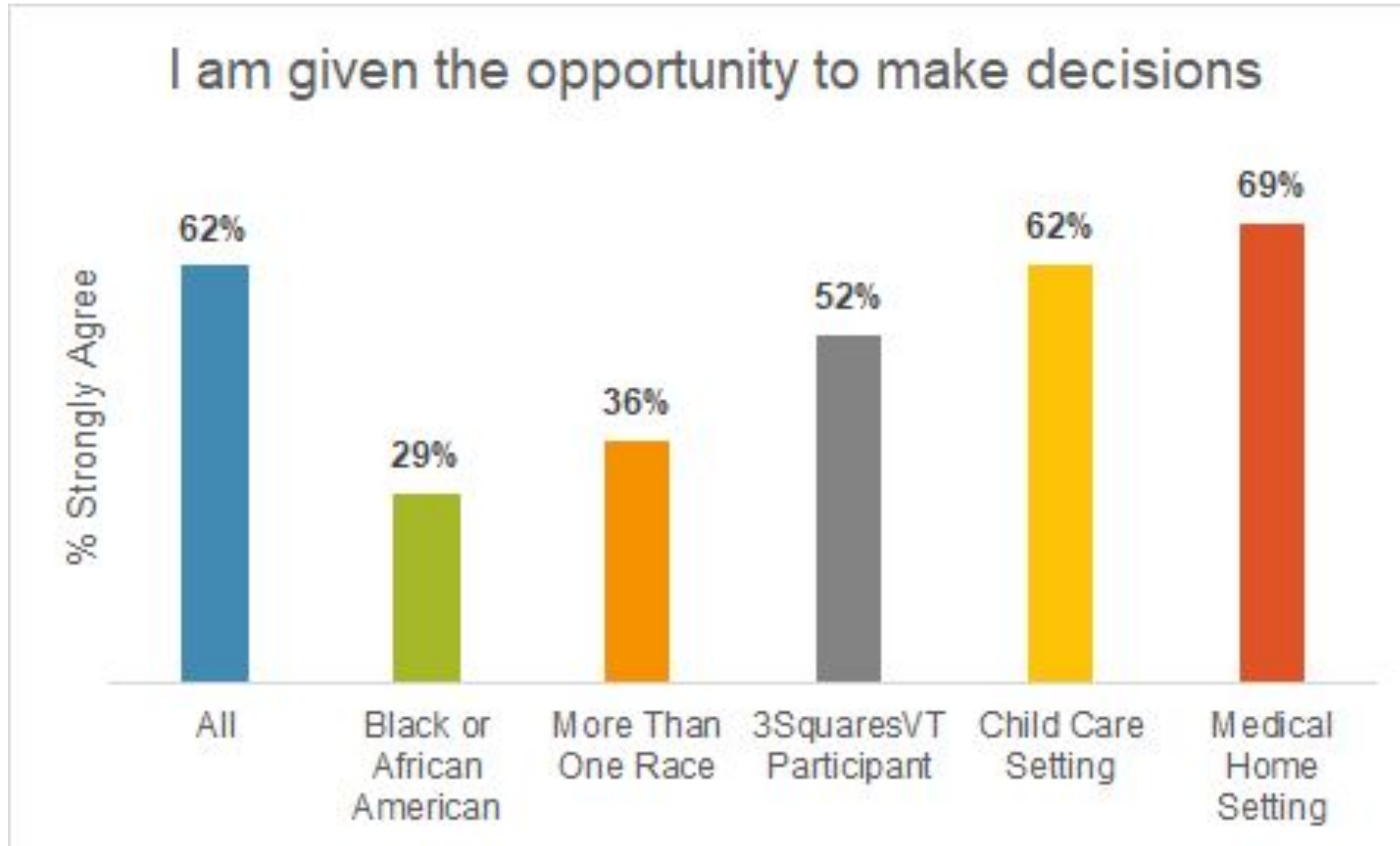| Category	% Strongly Agree
All	76%
Black or African American	50%
More Than One Race	55%
3SquaresVT Participant	63%
Child Care Setting	83%
Medical Home Setting	75%
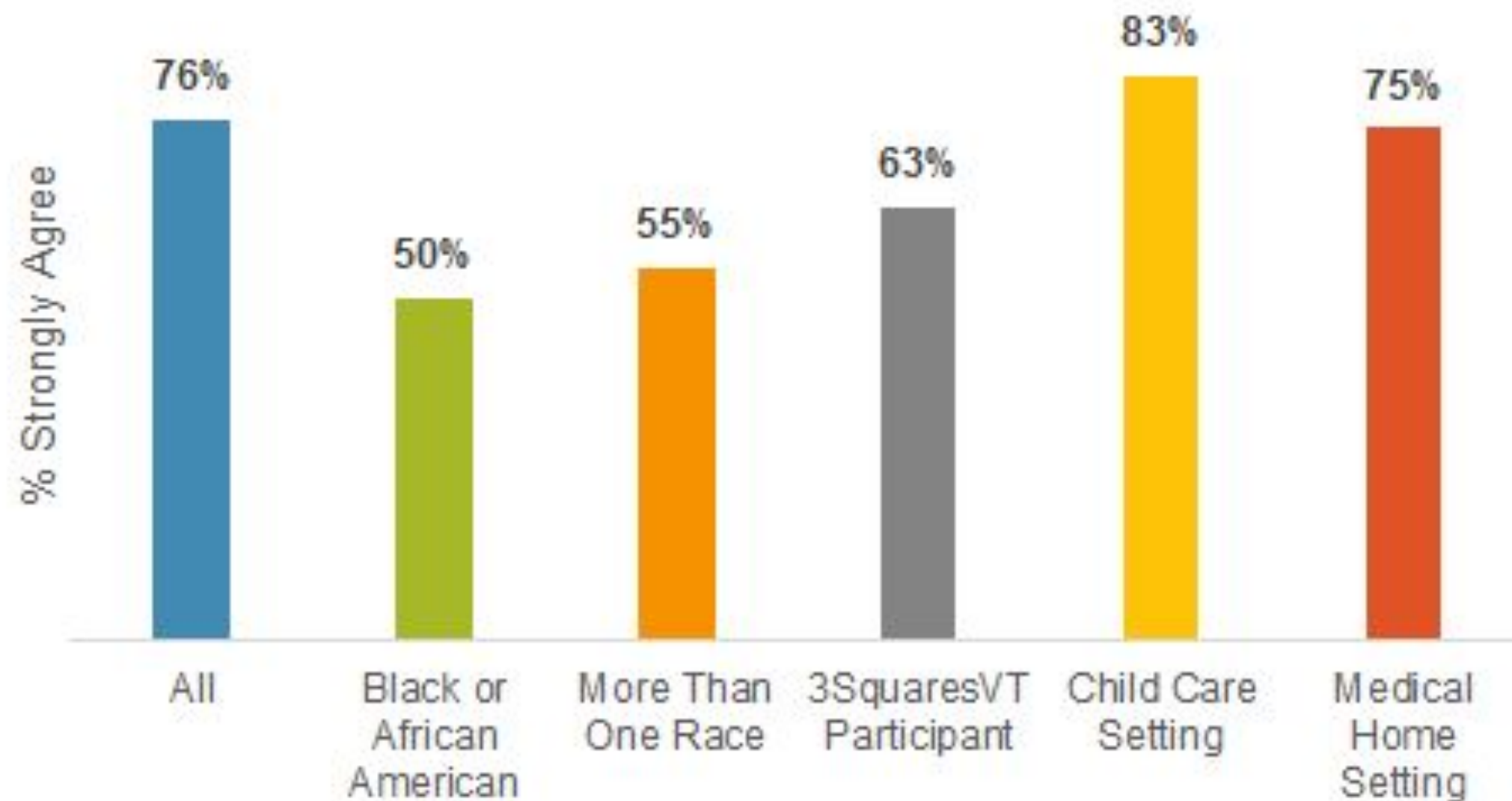
One family replied —

"[REDACTED] *is like a 3rd parent to our children and we couldn't be happier with her involvement in their development"*

Others said —

"I think they have too many kids and don't really give enough attention to each kid"

"Some turnover in staff there lately has been a struggle."

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Partnering and Decision-Making

I am given the opportunity to make decisions

% Strongly Agree

- All: 62%
- Black or African American: 29%
- More Than One Race: 36%
- 3SquaresVT Participant: 52%
- Child Care Setting: 62%
- Medical Home Setting: 69%
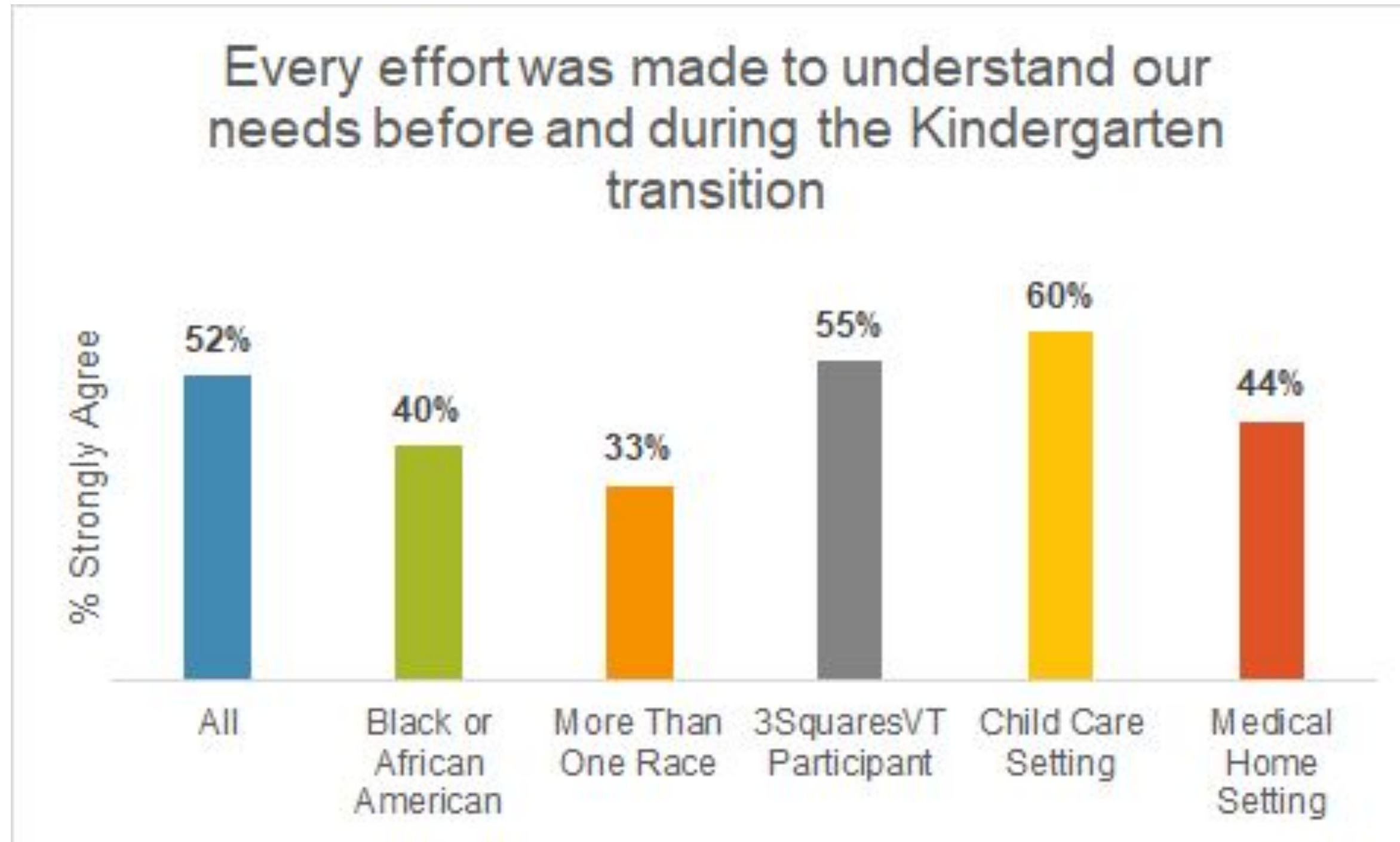
One family said —
"They were open to and non judgemental about our decisions around baby sleep and solids."

Another —
"There is one lead teacher that I dislike because it seems like she tries to overrule parental decisions and assert her own value system…"

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Pre-K to Kindergarten Transition

Every effort was made to understand our needs before and during the Kindergarten transition

% Strongly Agree

- All: 52%
- Black or African American: 40%
- More Than One Race: 33%
- 3SquaresVT Participant: 55%
- Child Care Setting: 60%
- Medical Home Setting: 44%

One response noted —

"This question seems out of context given the current pandemic. The school is doing everything they can to provide for my child at this time but no one yet knows what to expect for a fall semester (and a transition to kindergarten)."

Act Early Needs Assessment Data Review

Partners consistently agreed about needs, potential strategies, and solutions **to identified barriers and inefficiencies for early identification**:

1. Clear **desire for alignment**, increased effectiveness, and better integration of effort
   - Use of the ASQ online system that is integrated with VT's Developmental Screening Registry was identified as immediate solution

2. Need for **shared vision, language and messaging**
   - Vermont Resilience Messaging Project was identified as shared framework and language for promoting family resiliency across programs for collective impact

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Strengths and Opportunities
Addressing Social Determinants

1. Addressing basic needs and social conditions has a **direct impact on family health and mental health** (per all four VT Needs Assessments)
   - For low-income families, meeting basic needs is the highest priority
   - A family's ability to connect with and engage in services is interrelated with their environment, social and economic conditions which has significantly deteriorated for low-income families since the pandemic

2. **Regional differences in levels of care**, impacts vulnerable populations and equity
   - Need for ongoing training and staff support
   - Address funding inequities and incentivize the workforce
   - Increase equitable access to specialists

3. Respondents identified **need for streamlined referral and linkage pathways**
   - Efforts to connect essential workers, families to information, services and resources
   - such as Help Me Grow's Resource Hub to support families ongoing needs during the pandemic

A Key Next Step: Family Leadership and Engagement

1. Utilize **BBF's Families and Communities Committee** to inform the early childhood system and early identification efforts

2. Develop **diverse outreach strategies**, creative and engaging virtual platforms, and address technology and Internet needs of families and caregivers

3. Distribute customized LTSAE materials, including the *Milestone Tracker app,* in a **variety of virtual and print formats** across programs and communities
    -   Families better understand early child development and can easily connect with the HMG Resource Hub for information and referrals
    -   Collect family engagement data and data on how programs are integrating LTSAE materials

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Act Early Needs Assessment Data Review

- COVID-19 had a significant impact on early identification, developmental monitoring, and eyes on kids broadly
  - Timeliness of screening and referrals, different needs (shift from child development to basic needs)
  - Mental health
  - Capacity (providers and families
- Top barriers and challenges
  - Lack of sustainable funding, resources & integration
  - Changing priorities and schedules
- Top emerging needs identified
  - Support for basic needs
  - Mental health
  - Access to technology (connectivity)
  - Workforce capacity and all that comes with it
  - Sustainable braided funding

Act Early Needs Assessment Data Review

Thank you for your responses

Questions?