



Summary of 2024 Early Childhood System Needs Assessment

Executive Summary

What is the Preschool Development Grant Birth–5 (PDG B-5) needs assessment?

All PDG B-5 grantees are required to conduct a comprehensive statewide B-5 needs assessment. The needs assessment is meant to serve as the rationale for a state's strategic planning and guide its development. The needs assessment should identify areas that need to be strengthened to maximize the availability of high-quality early childhood care and education (ECCE) options for low-income and disadvantaged families and to foster improvements of other cross-sector systems that provide support for young children and their families.

Vermont's approach in 2024:

Under the three-year Preschool Development Renewal Grant (2023–2025), Building Bright Futures (BBF) led Vermont's work on the federally required needs assessment activity. Instead of conducting new primary data collection, BBF developed and implemented a replicable meta-analysis protocol using 12 needs assessments conducted across the broad early childhood system within the last five years (2019–2023).

This protocol will reduce duplicative data collection, elevate urgent and long-standing needs in Vermont's early childhood system, and serve as a model for the monitoring and continuous identification of needs across complex systems over time.

Why a new approach?

Needs assessments are conducted by each sector of the early childhood system of care (prenatal through age 8) on a routine basis. The majority of these needs assessments are required by federal funding to inform strategic planning and grant activities. Unfortunately, the majority are completed as a deliverable and remain "on the shelf" rather than being continually referenced and used to inform priorities and funding. This leads to significant duplicative data collection, placing additional strain on partners across the system.

Methodology:

The meta-analysis protocol included the following steps: articulating inclusion criteria; reviewing existing data sources; carrying out in-depth, paired, qualitative coding and thematic analysis; completing final coding and consolidation; and synthesizing the findings.

Results:

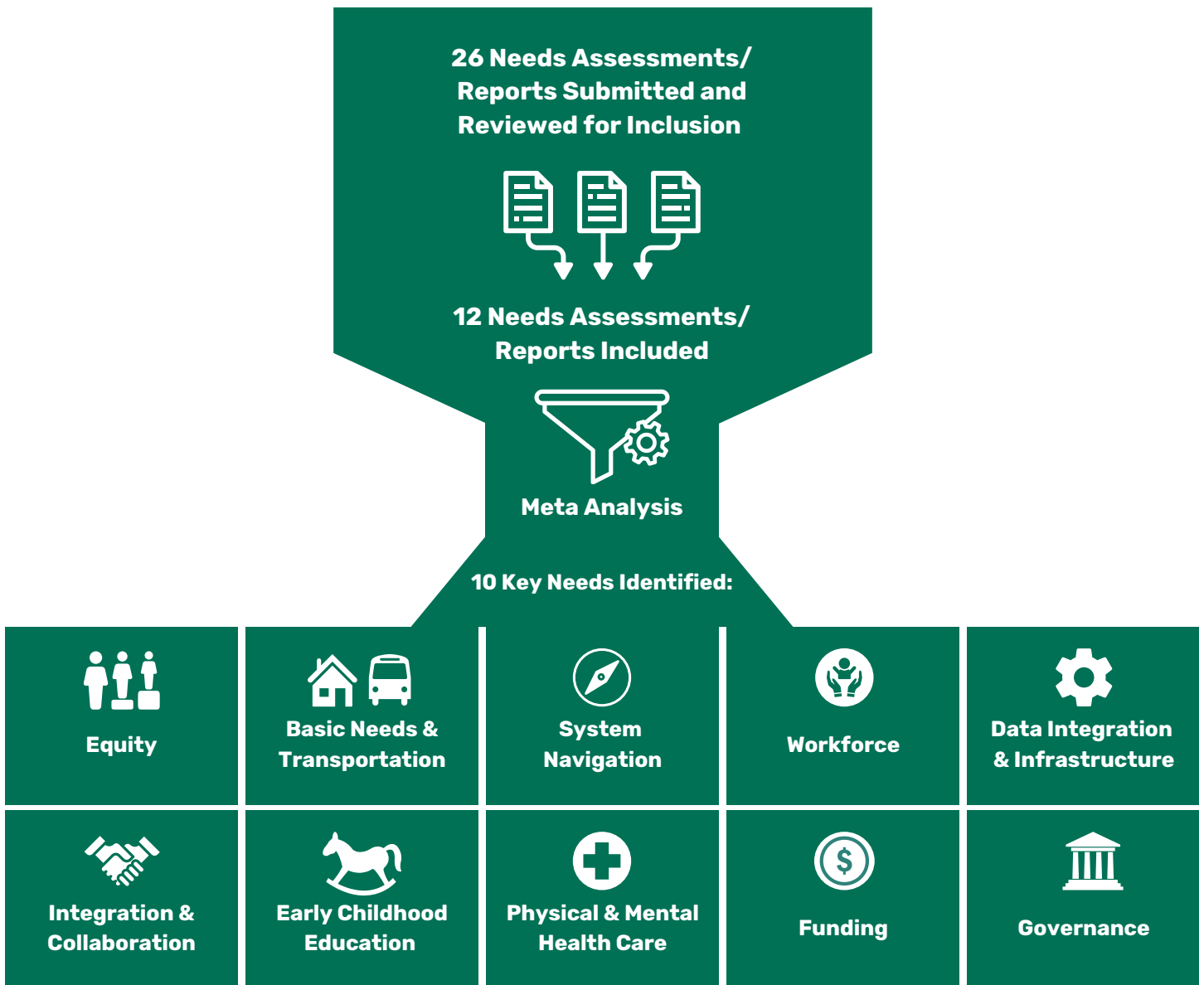
Ten key needs were identified through the qualitative coding process: equity, basic needs and transportation, system navigation, workforce, data integration and infrastructure, integration and collaboration, early childhood education, physical and mental health care, funding, and governance.

Dissemination:

BBF developed the [Early Childhood Needs Assessment Directory](#) to make this information publicly available and to reduce the need for additional needs assessments when possible. This dashboard is part of [Vermont's Early Childhood Data & Policy Center](#), a centralized hub of the most high-quality, up-to-date information on the status of children and families across sectors. The dashboard is designed to be used to inform policy, funding, grant writing, and advocacy efforts.

Future iterations:

The meta-analysis protocol will be conducted on a regular basis to include recently completed needs assessments and to remove those completed outside of the five-year look-back. The Early Childhood Needs Assessment Summary and Directory will be updated with the resulting information.





Child, Family, and System Needs in Vermont

Ten key needs were identified through the qualitative coding process. Each need is briefly described below, in descending order of the number of needs assessments that identified it as a need.



Equity

Needs assessments highlighted language barriers and differing levels of staff capacity and resources across the state as contributing to inequitable access to services.

“Language barriers were repeatedly stated as one of the most important cultural obstacles to engage in any type of health care services, including mental health services.”¹

“Vermont’s rural nature means that many kinds of health and human services are concentrated in a few larger towns. In Vermont’s most remote counties, residents may have to travel outside of their region to receive services... Services that are provided via contracts with local service agencies may be especially likely to provide different levels of care for similar services.”²

Additionally, limitations of data were referenced as factors contributing to the marginalization of small populations.

“In this assessment, MCH [maternal and child health] providers and services users rarely discussed the health needs and concerns among BIPOC [Black, Indigenous, and people of color] communities who are not immigrants or refugees. The low visibility for the health concerns that BIPOC mothers, infants, children and adolescents face warrants continued investigation.”²

“In rural Vermont, conditions for low-income women and families can be obscured by state and county-level data because of their small proportion of the population.”²



Basic Needs and Transportation

Access to basic needs, including housing and nutritious food, was a key theme in more than half of the included needs assessments. Nurse Home Visitors and Title V survey respondents² stated that:

“[F]amilies have more complex needs than ever before, and for low-income families meeting basic needs such as stable housing and access to food are critical.”³

In addition, access to services and resources is directly impacted by the lack of reliable transportation. Identified barriers to transportation included “[a] lack of public transportation in rural areas, no usable vehicle... [and] difficulty accessing family-friendly transportation for low-income households where a child or adult has special health needs.”²

Transportation was also identified as “the single greatest challenge LEAs [Local Education Agencies] confront in McKinney-Vento implementation... difficulty implementing the requirements when both school and community transportation systems are under-resourced, and challenges related to understanding how to implement McKinney-Vento transportation obligations effectively and efficiently for growing numbers of students.”⁴



System Navigation

Vermont's early childhood system is complex and can be difficult to navigate for those receiving services and those providing services.

“Respondents highlighted challenges including knowing where to go for information, understanding which services and supports were available and how they connect to each other, difficulties with paperwork and communication.”⁵



Workforce

Across the early childhood system, workforce shortages and turnover continue to be a challenge.

“Nurse home visitors, CSHN [Children with Special Health Needs] staff, and other MCH [maternal and child health] providers identified workforce shortages as a significant issue. Concerns related to this theme included high turnover . . . need to protect staff from burnout . . . and a desire for greater flexibility and autonomy within their roles.”²

These same challenges are echoed by those in the early childhood workforce who are still not paid in alignment with their value, skills, and competencies. Disparities in pay exist across private and public settings.

“The low pay for early childhood professionals makes it hard to attract talented staff, and most communities cannot afford to support local coordination and collaboration.”⁶

Given the increasing and varied needs of children and families, “All [Head Start] recipients indicated a need for additional professional development on behavior management strategies, trauma-informed care, and supporting children with disabilities.”⁷



Data Integration and Infrastructure

Early childhood partners reported that Vermont currently lacks the resources to sufficiently collect data to answer key policy and program questions. Vermont's technological infrastructure is “antiquated, siloed and duplicative”⁸ and there is limited staff capacity and time to collect, analyze, and report data. Additionally, the culture does not promote data literacy at all levels of the system or cross-sector collaboration.

“There is a clear need for an integrated early childhood (prenatal period to 8 years) data system that is connected to a longitudinal data system and other related public, non-profit and private data sources and systems (e.g. child welfare, health, families and communities.)”⁹

“Stakeholders agreed that more could be done to improve data collection. Making data useful to the programs actually collecting information would be important to improving the accuracy of data. Moreover, those providers need better supports and training – and the data systems they are using need to be more user-friendly.”⁶



Integration and Collaboration

System integration and collaboration needs include supportive transitions between programs, aligned messaging across the early childhood field, and strong governmental and state agency partner leadership and partnership.

“One of the most commonly mentioned barriers to participating in the CACFP [Child and Adult Care Food Program] is the fact that early childhood providers have to take attendance for the meal program separately from all of the other programs they have to take attendance for on a day-to-day basis.”⁸

“Providers stated that in most regions of Vermont families with Children with Special Health Needs encounter difficulty when children reach any transition point, including as CSHN [Children with Special Health Needs] age... as well as when families are “handed off” from and/or served by multiple systems.”²



Early Childhood Education

Access to child care has been highlighted as a key need. Capacity in programs remains lower than the need, especially for infants and toddlers and children with specialized needs. Access to early childhood education impacts access to services and resources and the overall Vermont workforce.

“Providers and consumers described difficulty finding local childcare providers who are trained and registered to provide care for CSHN [Children with Special Health Needs]; issues with providers “expelling” young children with CSHN (and especially CSHN with spectrum disorders) from care.”²

“There are some communities that are simply underserved by CCECE [child care and early childhood education] programs, and the lack of data and coordination at the state level has made it harder to systemically address those service gaps.”⁶



Physical and Mental Health Care

Physical and mental health care were identified as areas with high need with systems which are currently unable to meet the need. This is partly due to an increase in individuals needing services paired with a workforce shortage.

“Many MCH [maternal and child health] providers stated that mental health support[s] for children, including screening, psychiatric evaluations, outpatient counseling, and intensive/inpatient treatment services[,] are largely unavailable, or that there are long waitlists for pediatric mental health specialists.”²

Additionally, there has been an increased awareness around perinatal mood and anxiety disorders (PMADs). Barriers to perinatal mental health support include challenges finding a practitioner who accepts insurance, lack of knowledge about resources, and difficulty finding a provider who specializes in PMADs.

“The interviewees disclosed symptoms of perinatal mental health problems such as exhaustion, feeling sad, anxious, trouble sleeping and difficulty managing daily life situations, but did not recognize these symptoms as perinatal mental health problems.”¹

Stigma was a factor in seeking both mental health and substance use treatment services.

“Throughout the state, there is a need for family-centered, accessible substance use treatment designed for mothers of young children, and offered in settings and approaches that reduce stigma associated with seeking treatment.”³



Funding

Vermont’s early childhood services rely on a complex mix of funding sources. Many of these sources are time-limited or have other limitations. Early childhood services are frequently underfunded and therefore struggle to meet the demand. Having multiple funding sources also highlights the importance of reducing duplicative procedures, a barrier many early childhood programs have reported.

“Vermont’s EC [early childhood] system is chronically underfunded, which impacts the ability to meet the needs of each and every child and their family.”⁹

“There are several examples of incredible programs and initiatives... that have had strong initial investment, sometimes through legislative allocation and federal dollars, that are challenged to reach their full potential due to lack of sustainable funding sources.”⁹



Governance

Vermont’s broad early childhood system is complex, with multiple agencies tasked with oversight and implementation of different and intersecting pieces. In the last five years, governance and oversight of the early childhood system was such a significant theme that the legislature commissioned an early care and education system assessment to document the current status and make recommendations on how to improve governance. The assessment primarily found that the structure of dual agency oversight of early childhood education programs was problematic and offered multiple strategies and solutions to address governance challenges.

“In sum, neither agency has an empowered senior leader focused solely on early childhood. Some of the problems that have festered in the system... seem to us symptomatic of that lack of high-level focused leadership.”⁶



The mission of Building Bright Futures (BBF) is to improve the well-being of children and families in Vermont by using evidence to inform policy and by bringing voices together across sectors and within regions to discuss critical challenges and problem-solve. BBF is Vermont’s early childhood public-private partnership, charged under Vermont Title 33 § Chapter 46 and the Federal Head Start Act (Public Law 110-134) as Vermont’s Early Childhood

State Advisory Council (SAC). The SAC advises Vermont’s Governor and Legislature on the well-being of children in the prenatal period through age 8 and their families. BBF’s network includes 12 Regional Councils, seven VECAP Committees, and the State Advisory Council. BBF maintains Vermont’s Early Childhood Action Plan (VECAP), the vision and strategic plan for Vermont’s early childhood system. BBF is responsible for ensuring accountability and measuring the success of the VECAP and Vermont’s Act 76, a child care law passed in 2023. BBF supports accountability through Vermont’s Early Childhood Data & Policy Center, which serves as a nonpartisan, independent source of data, research, and publications for policymakers, researchers, and the public. Learn more at buildingbrightfutures.org.

Suggested Citation

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Citations

- 1 Parent, Julie K., Vermont Child Health Improvement Program (VCHIP), Larner College of Medicine, University of Vermont. (2023). [Improving Screening, Treatment and Access to Perinatal Mental Health Services for Refugee Women - Perspectives of Pregnant and Postpartum Refugee Women Living in Vermont, United States.](#)
- 2 Vermont Department of Health. (2020). [Vermont Department of Health Maternal and Child Health Division - Title V Five-Year Needs Assessment.](#)
- 3 Vermont Department of Health. (2020). [Vermont Maternal, Infant, Early Childhood Home Visiting Program Statewide Needs Assessment Update Narrative.](#)
- 4 Vermont Agency of Education. (2024). [Vermont Agency of Education McKinney-Vento Services Assessment.](#)
- 5 Vermont's Early Childhood Data and Policy Center. (2023). [2022 Early Childhood Family Needs Assessment.](#)
- 6 Regenstein, E., Patel, N. (2022). [Vermont Child Care and Early Childhood Systems Analysis Final Report.](#)
- 7 Vermont Head Start Collaboration Office. (2023). [2022 Vermont Head Start and Early Head Start Needs Assessment Report.](#)
- 8 Hunger Free Vermont. (2022). [Providing Meals in Early Childhood Settings.](#)
- 9 Building Bright Futures. (2020). [2020 Early Childhood Systems Needs Assessment.](#)