



# How Are Vermont's Young Children & Families? 2017 Report Release



# Who We Are | Our Charge

- Vermont's early childhood statewide public-private partnership
- Designated Early Childhood Advisory Council to the governor and legislature
- Act 104 – Vermont statute that authorizes BBF's role
- Backbone organization to the early childhood system, vehicle for collective impact



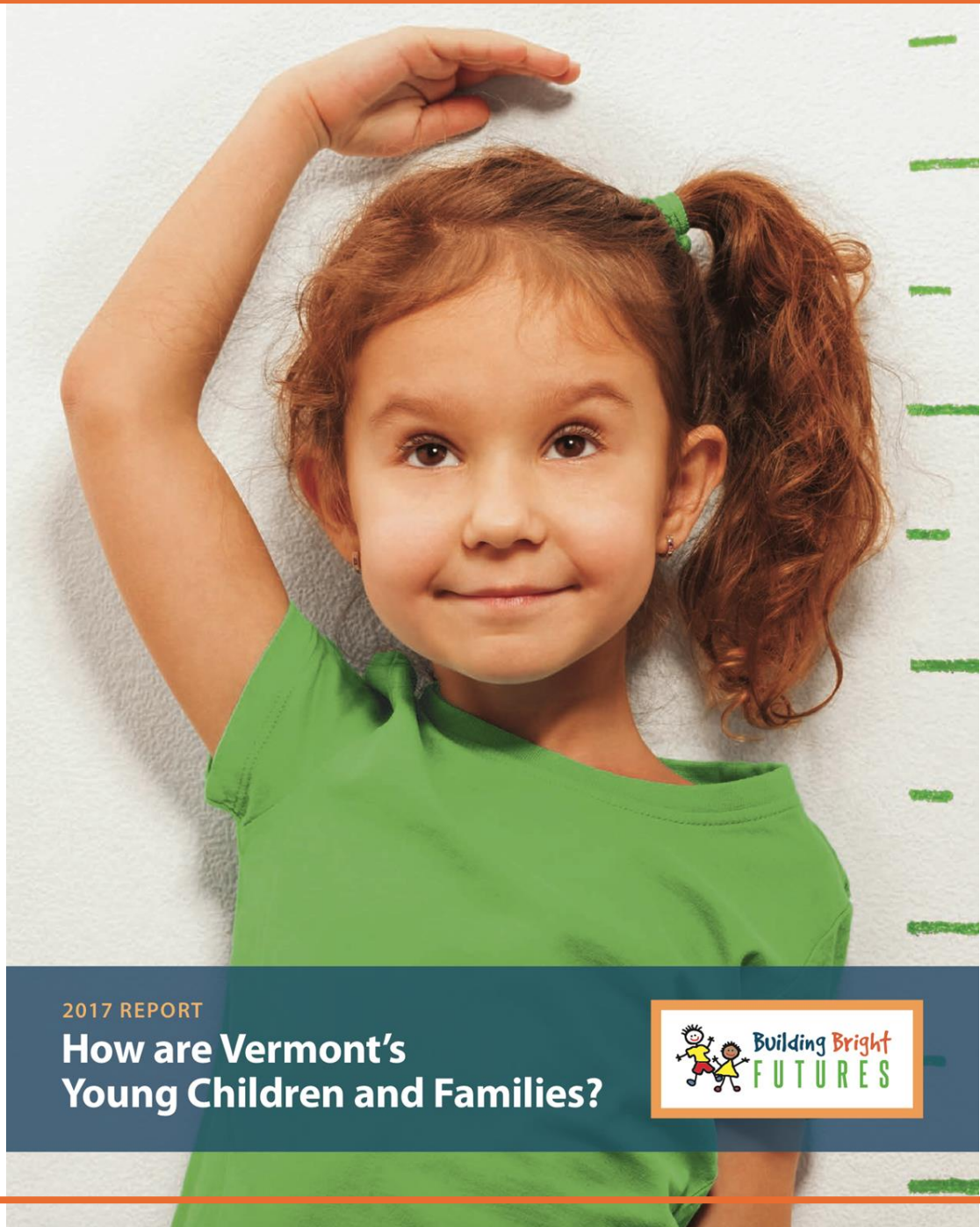


**“HOW ARE VERMONT’S YOUNG  
CHILDREN AND FAMILIES?”**

**2017 REPORT OVERVIEW**







2017 REPORT

# How are Vermont's Young Children and Families?



# Report Sections

Family & Social Relationships

Safety

Health & Development

Early Care & Learning

Family Economic Well-Being

Regional Profiles

Recommendations

# Key Findings

A woman with long dark hair, wearing a white lace top, is sitting on a bed and talking to a young child with blonde hair. The child is also sitting on the bed and looking towards the woman. They are in a bright, indoor setting, possibly a bedroom, with a window in the background.

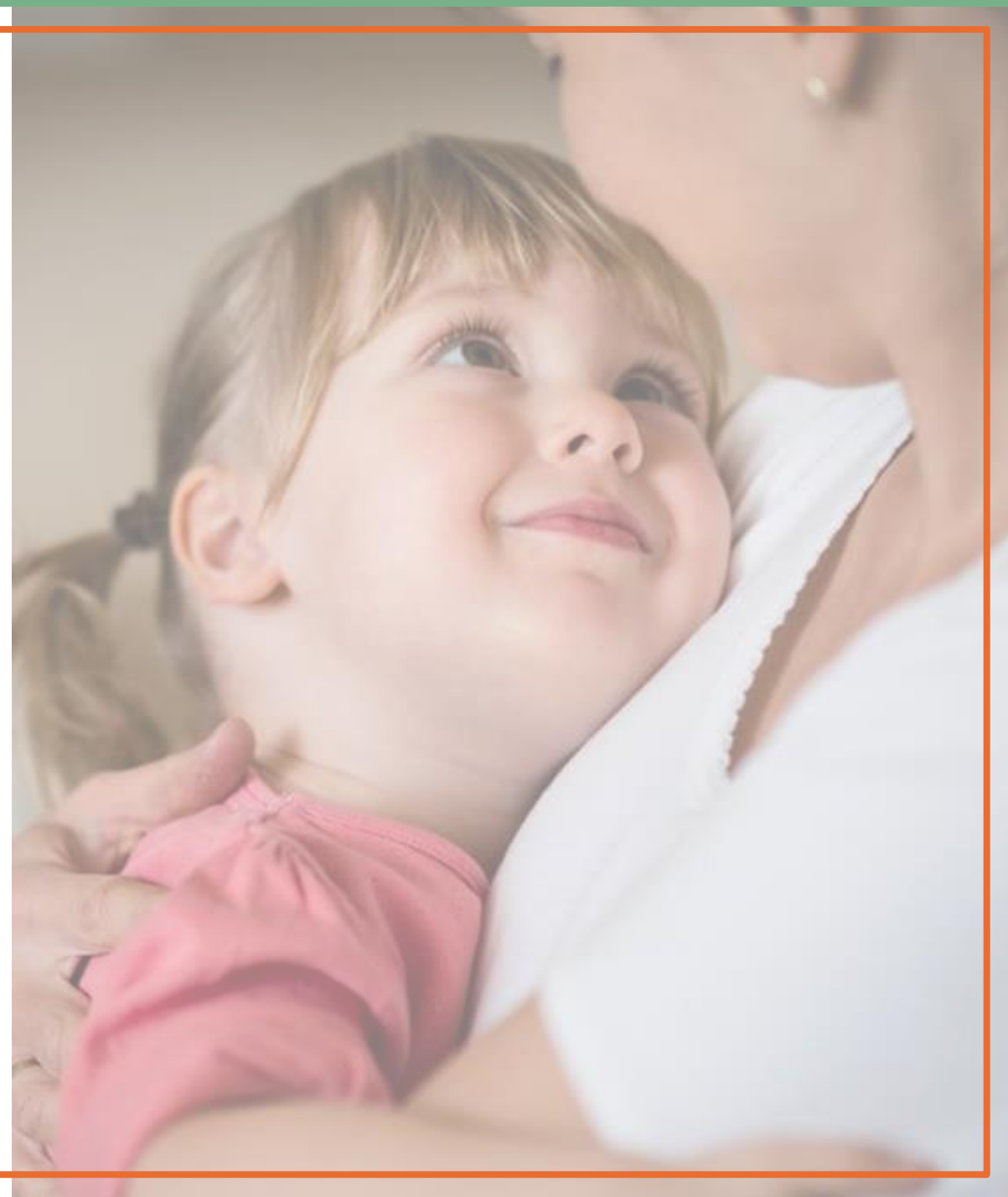
- **Family & Social Relationships**

- **Adverse Childhood Experiences:** There are a greater percent of young children in Vermont who have experienced two or more adverse childhood experiences than the national average.
- **Spotlight on Substance Abuse:** Parental substance use disorder both contributes to the incidence of ACEs in young children, and ACEs contribute to the likelihood of substance use disorder later in life.
- **Multi-generation programs:** Vermont's range of whole-family support programs are working to support parents and children and helping young children thrive.

# Key Findings Continued

- **Safety**

- **Increase of young children in DCF custody:** There has been a major increase in the rate of young children in DCF custody.
- **Spotlight on Substance Abuse:** Between 2010 and 2015, substance abuse was the most frequent child abuse and neglect risk factor identified by reporters calling the Child Protection Line.





# Key Findings Continued

- **Health & Development**

- **Access to Health Care:** Vermont continues to have one of the highest rates of insured children in the country. 94% of all Vermont children have a preventative health visit in first five years of life.
- **Infants Exposed to Opioids:** Between 2008 and 2015, Vermont saw an overall increase in the rate of infants exposed to opioids. While there was a decline in the rate between 2014 and 2015, the numbers remain high.
- **Smoking During Pregnancy:** Of the 17% of Vermont women who smoked during pregnancy in 2014, only 4% received private insurance, compared to 31% who received Medicaid, 14% who received another form of public insurance, and 17% who were uninsured.



# Key Findings Continued

- **Early Care & Learning**

- **Child Care Successes and Challenges:** The quality of child care is increasing, with 76% percent participating in STARS, up from 28% in 2010. However, 47% of infants and toddlers likely to need child care do not have access to regulated early care and learning programs.
- **Kindergarten Readiness:** 75% of students eligible for Free and Reduced Lunch were considered ready for kindergarten in 2016-2017, compared to 91% of those not eligible.
- **Universal Prek:** Over 8,800 age-eligible children were enrolled in publically funded pre-k programs during the 2016-2017 school year



# Key Findings Continued

- **Family Economic Well-Being**

- **Families living in poverty:** The percent of single mothers with children under 5 living in poverty is three times more than that of all families with children under 5 living in poverty.

- **Cost of living :**

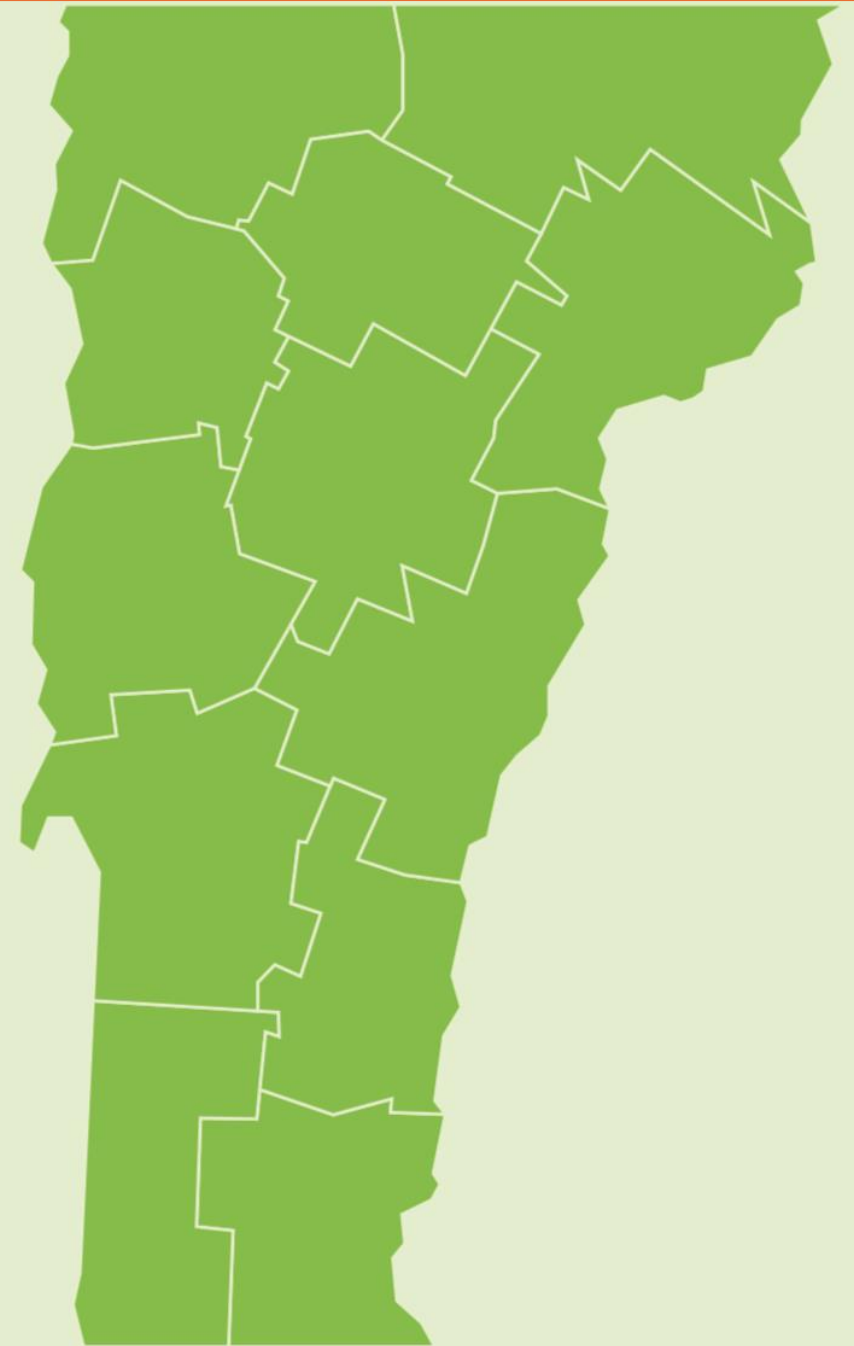
- Middle-income families not receiving Child Care Financial Assistance are spending 43% of their household income on childcare.

- **Housing**

- In Vermont in 2016, 51% of families who rented and 33% of families who had a mortgage spent more than 30% of their household income on housing .

# Regional Profiles

- Five data indicators:
  - Child population
  - Participation of regulated early care and learning programs in STARS
  - Immunization rates for children 19 – 35 months
  - Children in DCF custody
  - Ready for Kindergarten! Survey findings
- Narrative description of key regional successes from the past year and priorities for the coming year.





# RECOMMENDATIONS

- BBF SAC Substance Abuse Task Force Recommendations
- Building Vermont's Future from the Child Up Summit Next Steps



# BBF Substance Use & Opiate Task

## Force

- Impacts entire family system and puts children's health and safety at risk
- Parental substance abuse recognized as a risk factor for child maltreatment and child welfare involvement
- Contributes to ACES in young children, ACES contribute to the likelihood of substance abuse
- Gap in coordination and increased challenges in our current delivery system



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## SUBSTANCE USE & OPIATE TASK FORCE

REPORT AND 2017 RECOMMENDATIONS



11/22/17

Report and 2017 Recommendations

## Task Force Recommendations

1. Systems integration and care collaboration across adult and child systems
2. Multi-generational treatment services and family friendly care settings
3. Cross-training, cross-system information sharing and shared practices

**KEY STRATEGY |** Develop recommendations to address barriers to accessing treatment and support family engagement





# Building Vermont's Future from the Child Up

- Blue Ribbon Commission charge
- Statewide community process to design Vermont's future early care and learning system
- Raising the barn for Vermont's children
- Developed a core framework for the **blueprint** for VT's 0-5 early care & learning system





## Report Availability

1. Printed copies are available at BBF's office in Williston and from BBF Regional Coordinators.
1. The report is also available as a PDF on BBF's website at:  
<http://buildingbrightfutures.org/initiatives/how-are-vermonts-young-children/>
1. Additional information on many of the topics covered by the 2017 edition is available through Vermont Insights, a program of Building Bright Futures:  
[www.vermontinsights.org](http://www.vermontinsights.org)





# Q&A

