

Burlington District Building Bright Futures Council of Chittenden County Summary of Regional Plan

Building Bright Futures (BBF) seeks to assure that all of Vermont's children are healthy and successful by improving the quality, affordability, and accessibility of early health, care, and education services to all Vermont families with children under the age of six. The BBF Council of Chittenden County is one of twelve regional councils throughout the state which provides infrastructure to Vermont's early childhood system. The 2008-09 Regional Plan is the result of a three-year planning process reflective of the work of the, the BBF Council, representative stakeholder groups, and interviews with key community informants.

Chittenden County encompasses 18 municipalities, including those in the greater Burlington area. With 24% of Vermont's population, the County is home to a mixture of families both rural and urban, long-time residents and recent immigrants. Between 1990 and 2003, the overall population of Chittenden County grew at a faster rate than the rest of the Vermont population.

Quick Facts about Young Children and their Families

- Children under the age of six represent an estimated 5% of the population. Chittenden County (the Burlington District) has about 1,400 births per year.
- Economic stability helps parents care and provide for their children. Families with young children are more likely to experience poverty than other families. Compared to 13% statewide, 10% of children ages 0 - 5 in Chittenden County live in poverty (i.e., in households earning less than the Federal Poverty Level).
- Young parents are less likely to have the resources and skills to nurture their children. Of the state's 188 new families at risk (single parents younger than 20 years with less than 12 years of education), 19% (35) lived in the Burlington District in 2004.
- Most parents of young children are in the labor force, indicating a need for quality early care and education. Yet only 26% of children in child care in Chittenden County are enrolled in a child care program that meets a quality standard—either have national accreditation or 4/5 STARS.
- Vermont measures school readiness with a survey in which kindergarten teachers are asked to report on children's competencies in five domains. In 2008, 22% of children in our region were ready for kindergarten in all five domains compared to the state average of 28%.
- The proportion of children (ages 2-4) enrolled in WIC (the Supplemental Nutrition Program for Women, Infants, and Children) who were overweight or at risk for overweight was 30% for the state and 31% for the Burlington District in 2007.
- In 2006, Vermont's rate for substantiated cases of abuse and neglect among children under five was 84.5 per 10,000. In the Burlington District, the rate was 94.3.

Building Bright Futures Indicators and Strategies

The BBF planning approach uses a Results Based Accountability framework (Friedman), identifying outcomes, indicators, and key strategies and action steps for “turning the curve” toward improved early childhood health, development, and school readiness. Focusing on results-based accountability means: (1) understanding what outcomes/results our region hopes to achieve, (2) selecting indicators to monitor trends, and (3) engaging community stakeholders in efforts to “turn the curve” with proven strategies when the trend is not moving in the right direction.

The following outcomes and indicators were selected by the BBBF Council of Chittenden County. Selected key strategies and action steps from our 2008-09 regional plan—as developed by the Council and an array of community partners—are highlighted below.

Outcome: Children are ready for school (and schools are ready for children)

Indicator: Percent of children ready in all five domains of kindergarten readiness.

Key Strategies and Action Steps:

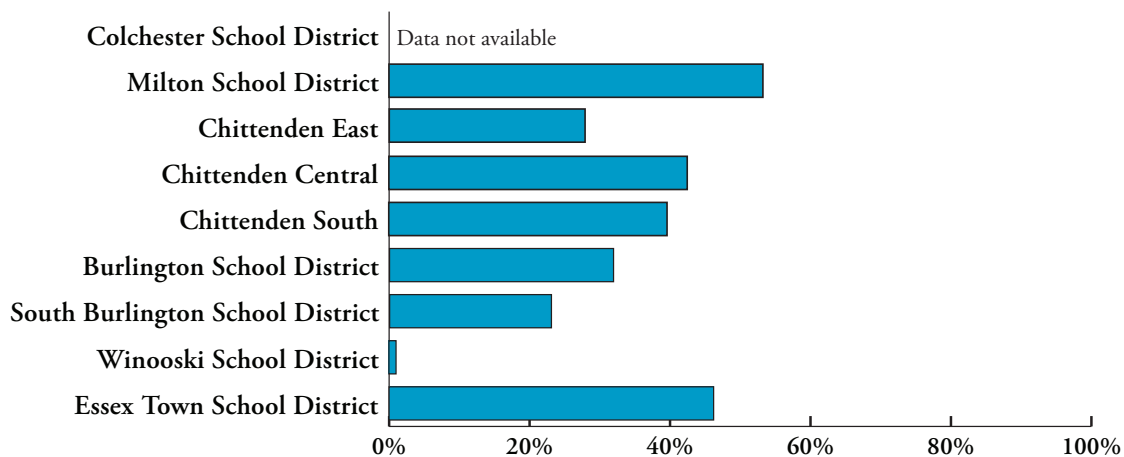
1. Increase opportunities for social networking among parents of young children, particularly mothers under age 21.
 - Conduct what works scan and focus groups to learn directly from families.
 - Expand playgroups to include week-end and summer offerings.
 - Seek funding and partnerships to support and sustain small gatherings of young mothers.
2. Increase family support and access to mental health services.
 - Address need for accessible and available mental health services by including needs of families.
 - Train service providers about community family support and mental health resources.
 - Address family mental health issues among refugee families through professional development.
3. Embed prevention and early intervention services in early care and education programs.
See action steps below this strategy for child abuse and neglect indicator.

Indicator: Percent of children in out of home care who are in a quality environment.

Key Strategies and Action Steps:

1. Increase the number of child care providers who have achieved quality recognition through STARS and /or NAEYC.
 - Conduct outreach, mentoring, and other types of professional development for programs interested in achieving quality recognition.
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**Percent of Children Ready for Kindergarten in All Five Domains of Development,
By Supervisory Union, Burlington AHS District, 2007-08**



- Promote public recognition for programs that have quality recognition.
2. Provide incentives and support for professional development so trained early educators will enter and remain in the field.
 - Advocate for increasing levels of compensation for early care and education providers who obtain advanced degrees.
 - Recruit three new substitute early care and education providers to provide coverage for staff who attend professional development.
 - Develop a Welcome Early Educator Program.
 - Explore use of Vermont Student Assistance Corporation funds to further support professional development.
 3. Increase affordability of quality early care and education programs for all families.
 - Increase the number of partnerships between community-based programs and school districts to provide preschool education.
 - Participate in Kids Are Priority One's three-year subsidy campaign.
 - Advocate for current eligibility guidelines and rates, and a method of increasing these annually.
 - Establish scholarship funds at early care and education programs with quality recognition.
 4. Heighten public and employer demand for early care and education programs with quality recognition.
 - Recruit champions for quality early care and education within the business community.
 - Collaborate with Parents Rising to enlist parent advocates.
 - Distribute outreach materials and conduct parent education related to early care and education quality.
 5. Ensure access to transportation to and from quality early care and education programs.
 - Raise awareness of the need for early care and education transportation.
 - Collaborate with VT RideShare and the Chittenden County Transportation Agency to review the Commute Share Program.
 - Develop a transportation program for a minimum of two early care and education programs with quality recognition.

Outcome: Children live in stable, supported families

Indicator: Rate of substantiated child abuse and neglect for children under age five.

Secondary Indicators: *Number of young children coming into state custody, family-child re-substantiation rates, rates of domestic violence, teen pregnancy rates, and birth weights.*

Key Strategies and Action Steps:

1. Embed prevention and early intervention services in early care and education programs.
 - Build the capacity of early care and education programs to integrate family involvement and home visiting.
 - Provide professional development for Children's Integrated Services (CIS) providers.
2. Increase parent support in work related setting and services.
 - Form an employer group invested in promoting family friendly practices.
 - Partner with Economic Services so that family participation in early care and education programs falls within work/training requirement.
 - Partner with Voices for Vermont's Children to promote paid parental leave.
3. Increase training for early childhood professionals around supports and resources for parents with mental illness and substance abuse problems.
 - Train direct service providers and early educators about supports and resources for parents.
 - Expand current Early Childhood Community Resource Training and add additional specialized workshops.
4. Advocate for increased treatment options for parents with mental illness and substance abuse problems.
5. Increase percent of children receiving specialized child care who are in environments with quality recognition.
 - Increase number of providers qualified to provide specialized child care.
 - Generate resources to reserve spaces for children receiving specialized child care in environments with quality recognition.

For more information, visit www.buildingbrightfutures.org



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