

Voices
for Vermont's Children



Respectfully submitted to House Human Services Committee
By Amy Brady, Policy Associate, Voices for Vermont's Children
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For the record, I am Amy Brady, a policy associate with Voices for Vermont's children.
I deeply appreciate the opportunity to testify this morning.

Similar to the question "*How are you?*", the question "*How are the children?*" carries different weight, meaning, and consequence than it did this time last year. Our children's health and well being are intimately tied to the health and well being of the adults in their lives and to the resources they have available to them, something that we have seen play out broadly in the context of this pandemic. We live in a state that has done a remarkable job of minimizing the spread of the virus and maximizing relief to children and families. Since you have already received data and testimony from the state, providers, and advocates about child care capacity and practice, we would like to use some of our time today to talk about the children and families who are being served by our early care and education system and as we know, many of these children interact with multiple systems.

When it comes to serving the needs of children, we've learned an extraordinary amount about how and where we need to do better. While Vermont has stepped up its response for children and families, the pandemic has clearly exposed the cracks in our systems and helped us to understand how deep those cracks go. We have seen that a strong social safety net protects individual people from extreme hardship, and in doing so strengthens communities and Vermont as a whole. We have learned that early childcare and education is a necessity for a functioning economy, and that family needs in this domain often extend beyond the hours provided by centers. Perhaps most importantly, we have come to understand that our health and wellbeing as a community is intimately tied to that of the individuals that comprise it.

Across the board, we know that families are struggling right now.

A recent report issued by the [Annie E Casey foundation](#) found that in Vermont, 22 percent of respondents with children in their households reported feeling down, depressed, or hopeless in the previous week, one point higher than the national rate of 21 percent. For many families, options are exceedingly restricted, and room to maneuver is almost non-existent. There is clear evidence that the way families are existing now is unsustainable.

However, it is critical to acknowledge that within this group there is a significant portion of families for whom that pressure was already unsustainable. When we think about what it means to survive this pandemic, and what it will mean to heal collectively, we must think comprehensively. We know that when resources are limited, people have to struggle to get their needs met. And right now, resources are limited for everyone. As we look to the next steps in our COVID response, we must ensure that the needs of those families who have historically had access to the least don't become obscured by the families who continue to have privileges and supports that are not available to everyone.

As the compounding pressures of COVID-19 increased over the past 10 months. Vermont has taken important steps to provide an essential lifeline for marginalized families. The state's approach to housing during the pandemic has been a model for the country, and makes a clear case for continuing strong investments and removing barriers to access for families. In recent years, DCF has reduced the administrative burden on families, and to their credit have further simplified application and redetermination procedures during the pandemic. In addition, the pandemic response has led to a more family-centered and flexible approach to benefits determination and program requirements in programs like Reach Up. Yet we know these benefits still don't come close to meeting basic needs, and there are still significant issues around the surveillance of TANF and other safety net programs, tactics that are rooted in racism, sexism, and distrust in economically disadvantaged people to make the right decisions for their family. There is no evidence that these excessive controls improve program outcomes. Moving forward, the most effective policies to support children for the duration of the pandemic and beyond will remove barriers to housing, food security, and income support.

Families continue to be held back by the underlying limitations of our state infrastructure, from inadequate housing stock and barely-functional IT systems, to the perpetual underfunding of Child Care Financial Assistance Program, economic supports, and other essential programs. For example, we know that there are 400 children who are still living in hotels, and that periods of childhood homelessness can have *lifelong negative impacts*. We know that there are a significant number of children not receiving the level of developmental and learning support they need to keep up with their peers. We know that many in rural communities still must contend with the effects of extreme isolation and a lack of access to broadband internet or

accompanying technology. We know that many families still cannot take advantage, for one reason or another, of the care and learning programs that are open, or do not have any readily available to them. We know that many direct service providers are scrambling to connect families with critical resources, and finding that the need is much greater than their capacity. We know that there are still families falling through the cracks.

In times of crisis, we often speak of our belief in the resilience of children. But leaning on children's ability to endure the untenable should not be our primary strategy. Repetitive trauma is harmful. We need parents, neighbors, care givers, and early educators who can wrap children, youth, and families in support. We need to listen to children when they are showing signs of stress, and act decisively to reduce it. We need to allow them to express their full range of emotions and create an environment where healing is possible. When we assess the broader picture of our resilience as a state, and the degree to which our children, families, and childcare providers have been able to weather the pandemic, we must include *everyone* in that picture – not just the most visible.

As we look to the state's pandemic response in the coming month, Voices offers the following recommendations:

- Ask questions during the budget process that will center child wellbeing. How many children are living in deep poverty? What would it take to eliminate this hardship for kids? What is happening to youth who are exiting the child protection system?
- Create opportunities for impacted individuals to share their experiences in a comfortable way. This process is intimidating. Participating in systemic change can be healing and empowering. Yet, it doesn't always feel safe.
- The entire Agency of Human Services requires updated and integrated data systems. These systems were problematic prior to the pandemic and have become more so as new shortcomings emerge. Voices supports investments in data systems that will set our state workers, our providers, and our children up for success. Taking this step will help ensure equitable access to childcare and will give us better data as we evaluate our outcomes.
- Vermont must take a responsive approach to vaccine distribution that centers equity and reflects our evolving understanding of the virus. Data about the emerging COVID variant points to an increase in transmission rates at all ages of 30 to 50%. We can't proceed any longer as though teachers and caregivers in direct contact with children and youth are

somehow more protected from virus exposure. If we are committed to keeping school and care environments healthy and open throughout the pandemic, the state should prioritize vaccines for all front line staff.

- Vermont needs to engage in a comprehensive response to the extensive trauma and mental health impacts of the pandemic on every level- including children, parents, caregivers, and providers. In a time of immense and compounding stress, the state should expand its support for those programs that take the additional step of providing mental health services and therapeutic care. Evidence shows that nationally, Pre-K has a rate of expulsion that is 3 times that of students enrolled in K-12 prior to the pandemic. As stresses on families and children increase, it is likely that this number will likewise continue to rise. If we neglect to provide funding to incentivize and sustain programming beyond basic services, children who are unable to have their needs met may lose access entirely to essential services at a critical age. We must consider what supports are needed to ensure that our youngest children are not excluded from the programs that allow them to remain and thrive within their families and communities throughout the pandemic and beyond. This committee has played a major role in the closure of Woodside and has committed to exploring ways to prevent the need for juvenile detention settings. The work that you are doing now to look at child wellbeing is a critical part of that effort.
- Remove the ratable reduction for Reach Up base grants and fund the program at 100% of basic needs with automatic adjustments for inflation. We can change the deprivation level associated with deep poverty for children by providing adequate Reach Up grants and housing assistance.
- Establish an Office of Child Advocate.
- Educators for all ages consistently report that their ability to teach is dependent on what the children and youth bring to the classroom from their home environments. Voices fully supports universal child care as well as universal school meals, ending child homelessness, and the family supports that offer families choice, dignity, and the ability to raise their children.

Families First Prevention Services Act

This afternoon, your committee will take testimony on the Families First Prevention Services Act which went into effect on 10/1/2019. Vermont delayed implementation by two years, which was allowed by law. Other states have found ways to draw down IV-E funds from Families First to support child care as child care is particularly relevant to recruiting foster parents and kinship caregivers.

The passage of Family First is an opportunity moment that offers exciting possibilities for us to be responsive to the specific needs of children, teens and families. The law's name reflects its most critical components: A family first for children and teens with prevention services to keep kids safe and growing up in their families.

New federal funding available under the Family First Act could support:

- home visiting programs;
- substance use treatment for caregivers;
- mental health treatment for caregivers;
- behavioral health services that address trauma and support early brain development for children, including services for infants and toddlers; and
- supports and services for parenting youth in foster care.

In addition to the information you will hear today, there is a wealth of information about this Act on the [Children's Bureau's webpage](#), including their [information memorandum](#), which outlines best practices. FFPSA is complex, and there are many tools for understanding it better and many resources available to work through questions. [The Children's Defense Fund](#), and [CHAMPS](#), and [NCSL](#) have many resources including a [database of other state legislation](#). I would also suggest connecting with the [Root Social Justice Center](#) to hear more about how current practice impacts youth in VT.

In addition, it might be helpful to know that the recently enacted Consolidated Appropriations Act (2021) waives the state matching requirement for FFPSA prevention plans through the end of federal fiscal year 2021 (so through Sept 30, 2021). VT might not be able to take advantage since it would take some time to get our FFPSA plan approved and that might not happen before Sept 30, but it is worth exploring. The longer we delay, the more opportunities we lose and there is always the possibility that such benefits might be extended.

Congress also enacted the Family First Transition Act a year ago and provided \$500 million in federal funding to help states with implementation costs. It will be interesting to see how VT spent its allocation.

“As child welfare leaders and policymakers rebuild from the impacts of COVID-19, they will also need to account for the historic and current impacts of structural racism. It will be important that these decision makers create more equitable systems and supports for children and families who have experienced racism. The prevention provisions of the Family First Act can be a powerful tool in that work.”

“Children who become child welfare-involved disproportionately struggle with homelessness, incarceration, unemployment, lack of education and addiction. They’re also more likely to suffer from PTSD and to consider suicide. The United States invests close to \$80 billion a year in child welfare, ultimately buying terrible outcomes.”

Jerry Milner, former Associate Commissioner for The Children’s Bureau recently testified, “we must re-envision child welfare in the United States as a system that strengthens families and breaks harmful cycles of trauma and family disruption, rather than waiting until children are hurt to respond. Foundational principles and values should guide our work in child welfare, including the recognition that all parents and families could become vulnerable with a twist of fate, that all families are worthy and deserve respect, that all children love their parents, and that everyone needs a little help at times in overcoming life’s challenges.”

Our healing is dependent on our collective ability to care for each other. We must be transparent, we must listen deeply, and with empathy - and we must take action.

Again, many thanks for your time and consideration.