# Indicators of child well-being among Reach Up families in 2013 and 2014

Prepared for the Economic Services Division,
Vermont Department for Children and Families
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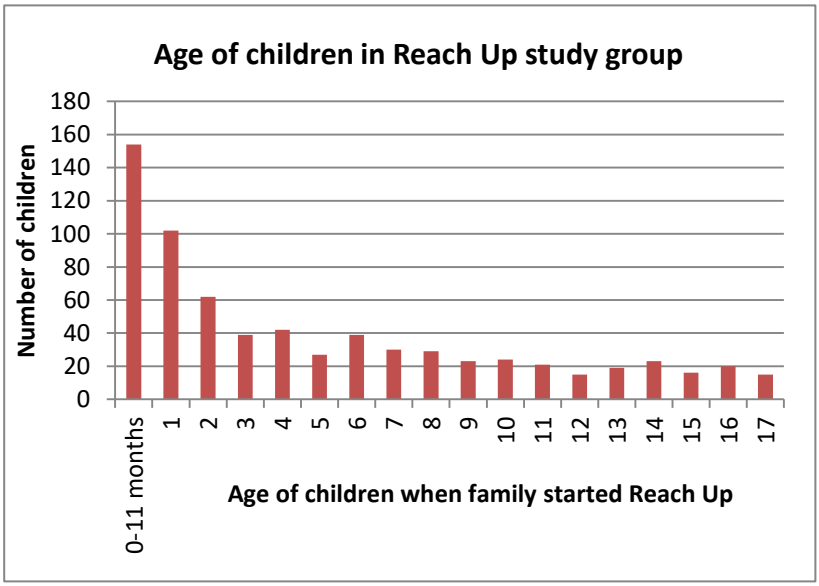
## Introduction

Vermont's Reach Up program is intended exclusively to assist very low-income families with children. For this reason, there has long been interest in identifying indicators of the program's impact on the well-being of children living in families who choose to participate in the Reach Up program. The objective of this study is to find indicators that accurately reflect this impact.

In partnership with the Vermont Department for Children and Families (DCF), Black-Plumeau Consulting reviewed potential child well-being indicators available through statewide electronic data sets. Based on data availability and relevance to the health and welfare of children participating in the Reach Up program, we focused our analysis on (1) the self-sufficiency ratings assigned for Reach Up program participants, (2) use of state subsidized child care and (3) use of state child protection custody. A total of 622 families started participating in the Reach Up program for the first time in 2013 and 2014 and stayed in the program for at least 24 months. When they started Reach Up, these families included 700 children. This analysis focuses on these children.

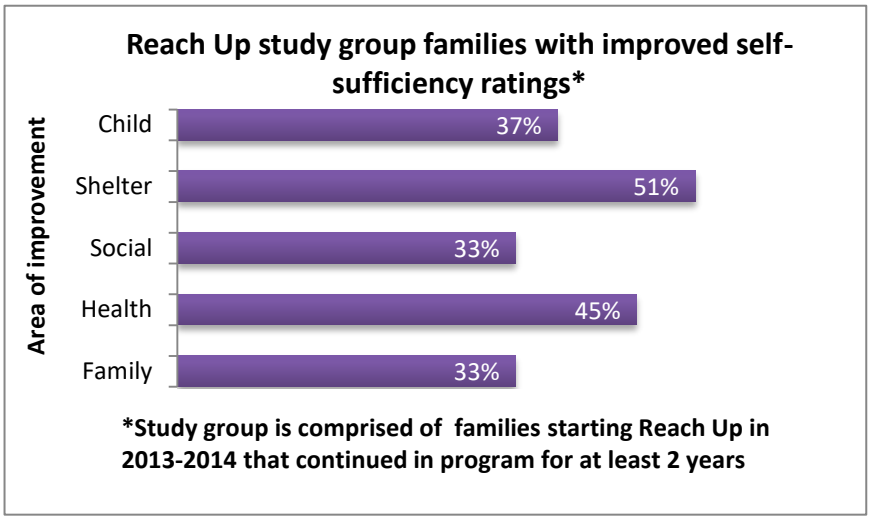



**We found significant improvement after starting Reach Up in the well-being of children as indicated by self-sufficiency outcome ratings and use of state-subsidized child care.** In terms of the use of child protection custody, the small number of families using both programs coupled with the format of this data set limited our ability to identify patterns that might be correlated with the Reach Up program.

Among the 622 families we studied, 83% improved in at least one of the five self-sufficiency ratings closely associated with child well-being. The five areas analyzed with DCF self-sufficiency outcome ratings are:

| DCF self-sufficiency outcome rating areas related to child well-being | |
|---|---|
| **Area** | **Criteria** |
| **Child** | Availability of reliable, affordable child care and school enrollment and attendance |
| **Family** | Parenting, support from and safety among family and friends |
| **Health** | Availability of affordable medical care insurance and effects of disabilities |
| **Shelter** | Stability of housing that is affordable, adequate and safe |
| **Social** | Substance abuse and mental health of parents |

Although indicators improved in each of these five areas after the families we studied started Reach Up, the area in which the most families improved was shelter. Fifty-one percent of the families showed an improvement in the stability of their housing, in terms of affordability, adequacy and safety after they began participating in the Reach Up program.




About a third of the children in the Reach Up group studied were between the ages of 3 and 10—peak years for child care utilization--when their families started participating in the program. Among children in this age group, we found that the rate of utilizing Vermont child care subsidies through DCF rose considerably after families entered the Reach Up program, from 11% six months before to 34% a year after starting the program. The rate of children receiving the highest quality care (as indicated by a 5-star provider rating) rose from 13% beforehand to 29% after starting Reach Up.

With regard to use of state child protective services, about 7% of the children in the Reach Up families studied were in custody at some point during their first 2 years in the Reach Up program, Most of these children were abuse/neglect victims under the age of 2.

## Contents

## Child well-being as demonstrated by Reach Up self-sufficiency ratings

Self-sufficiency ratings are assigned for each family participating in the Reach Up program during their initial 30 day assessment. It is updated at a minimum of every six months thereafter and also when a significant change occurs for the family. The ratings form a self-sufficiency outcome matrix which is used as a tool with which a case manager and parent develop a baseline about where the parent believes they are with regard to 19 domains impacting their ability to achieve financial self-sufficiency and family well-being. Initial self-sufficiency ratings are developed through a meeting of the case manager and families in which they agree on a rating for each domain. The same tool is used throughout the parent's involvement with the program to help document changes needed and provide feedback to the parent and case manager.[1]

### The child care and education rating

The Reach Up self-sufficiency rating focusing exclusively on the well-being of the children in participating families examines challenges and success in the area of child care and education. 37% of the families in our study improved in this area after 1-2 years of participating in the Reach Up program. 9% of the families were experiencing the most serious challenges regarding child care and education when they started the Reach Up program. These families lacked adequate child care or had children not attending cl
asses or school.

**Criteria for self-sufficiency ratings regarding child care and education**

| Most serious challenges | Some challenges | No challenges (goal) |
|---|---|---|
| Needs childcare, but none is available/accessible and/or child is not eligible OR Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available OR | Affordable subsidized childcare is available, but limited AND | Reliable, affordable childcare is available, no need for subsidies OR Able to select quality childcare of choice AND |
| One or more eligible children not enrolled in school OR All eligible children enrolled in school, but one or more children not attending classes | Enrolled in school, but one or more children only occasionally attending classes | Enrolled in school and attending classes most of the time OR All eligible children enrolled and attending on a regular basis and making progress |

[1] Vermont Department for Children and Families Reach Up Services Procedures Bulletin Number 15–14 1/2/15, P – 2346.

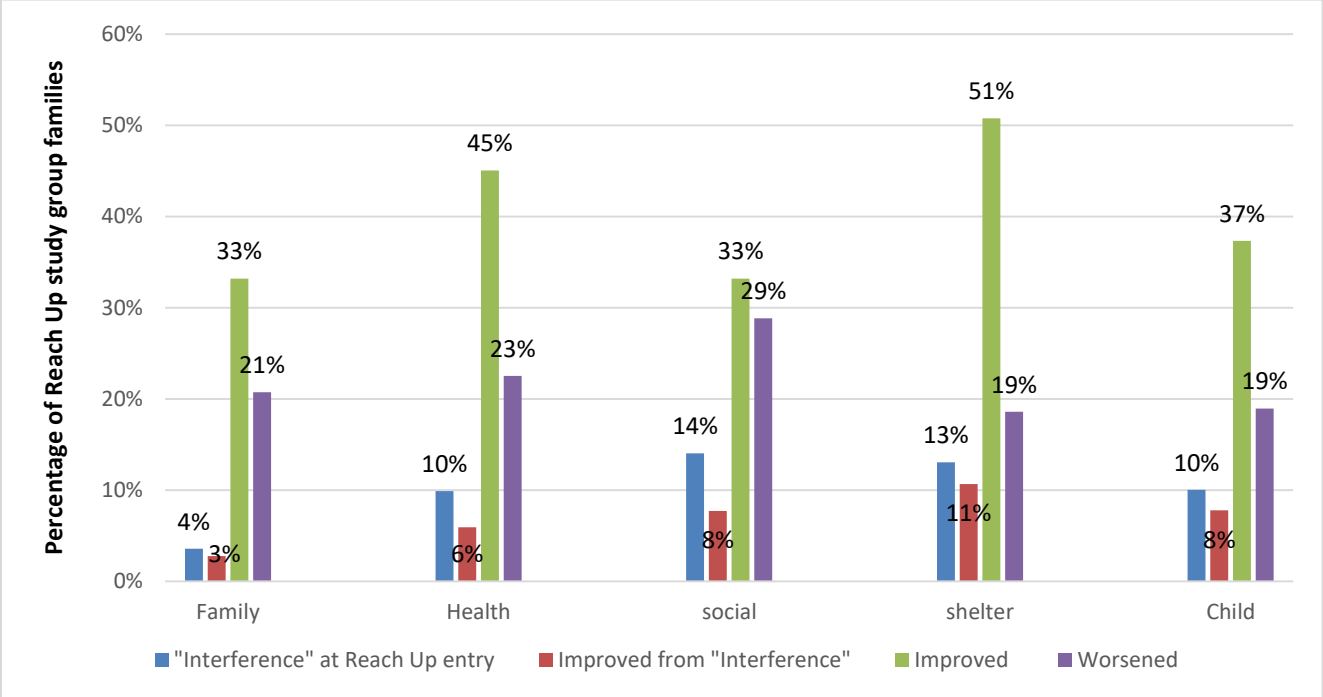
### Other self-sufficiency ratings related to child well-being

A child is affected not only by experiences that happen directly to him or her, but also by the experiences of the family members around her. Numerous studies have shown the impact of adverse child experiences (ACE) on life outcomes, including adverse experiences stemming from housing conditions, health and violence experienced by family members and interactions among family members, as described in Appendix 1. Due to their potential effects on children, this study identified changes in self-sufficiency ratings pertaining to four additional areas: housing, health, social and emotional health and family interactions.

## Criteria for self-sufficiency ratings in other areas related to adverse childhood effects

| Most serious challenges | Some challenges | No challenges (goal) |
|---|---|---|
| **Housing** | | |
| Homeless or threatened with eviction OR In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income) | In stable housing that is safe but only marginally adequate | Household is in safe, adequate subsidized housing OR Household is safe, adequate, unsubsidized housing |
| **Health** | | |
| No medical coverage with immediate need OR No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health OR Some members (e.g. children) on medical, but adults lack coverage OR Acute or chronic symptoms affecting housing, employment, social interactions, etc. OR Sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc. | All members can get medical care when needed, but may strain budget AND Rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc. | All members are covered by affordable, adequate health insurance AND Asymptomatic - condition controlled by services or medication OR No identified disability |
| **Social and emotional health** | | |
| Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems OR Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms OR | Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems AND | Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning OR Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns AND |
| Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary OR Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month | Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use | No drug use/alcohol abuse in last 6 months |
| **Family interactions** | | |
| Home or residence is not safe, lethality is high OR Safety is threatened, temporary protection is available, lethality is high OR Safety is minimally adequate, safety planning is essential OR | Home is safe, however, future is uncertain, safety planning is important AND | Home is apparently safe and stable AND |
| Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect OR Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect OR | Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support AND | Strong support from family or friends. Household members support each other's efforts OR Has healthy/expanding support network; household is stable and communication is consistently open AND |
| Parenting skills are lacking and there is no extended family support OR Parenting skills are minimal and there is limited extended family support OR Parenting skills are apparent but not adequate | Parenting skills are adequate | Parenting skills are well developed |

**Self-sufficiency rating changes among study group families during first 1-2 years of Reach Up**




13% of the families studied were homeless or in unstable housing (cost burdened or in inadequate or temporary housing) when they began participation in the Reach Up program. Another 62% had marginally adequate housing. After 1-2 years in the program, 51% of the families experienced improvement in their housing.

Health challenges were almost as prevalent as inadequate housing at the time the families started Reach Up, with 10% lacking medical coverage, health care or relief from interfering medical conditions when they started Reach Up. After 1-2 years, 45% of the families had improved health care, service and conditions.

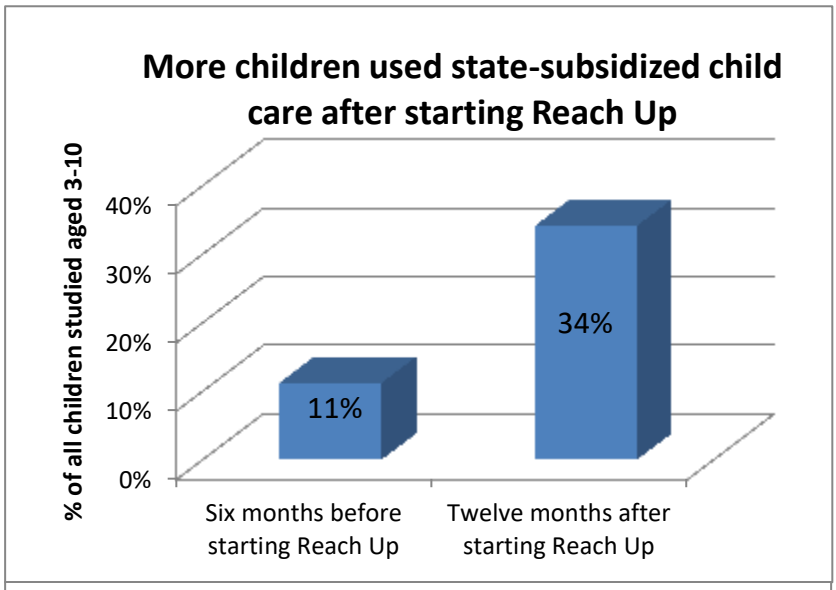
Social and emotional challenges were the most prevalent type of self-sufficiency challenge plaguing families starting Reach Up (14%). Unfortunately, these challenges were less likely to improve after 1-2 years of Reach Up program participation than housing, health or child care/education challenges. One third of the families experienced an improvement, while almost as many experienced a worsening in this area.

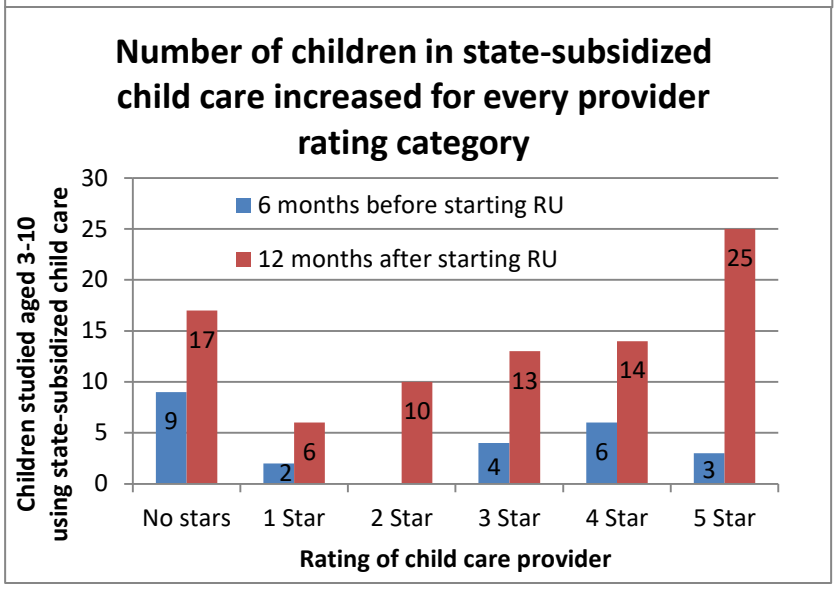
The experience of worsening in a particular area during a family's first two years on Reach Up may occur for several reasons, not all of which are well understood yet. However, it is quite possible that some challenges faced by a family are not evident to a case manager or disclosed by the parent when the family first enters the Reach Up program. As the relationship between the family and case manager develops, the case manager may realize that a challenge that was not identified at the start confronts the family. In this case, the family may have received a "neutral" rating when they entered Reach Up, but later received a more accurate "interference" rating after the case manager and family become more familiar with each other. It is the expectation of the Reach Up program that once an interference is

discovered, a family and manager will work to garner the tools and resources necessary to address it. This study, however, looked exclusively at the experiences of families up through their 2nd year in the Reach Up program. So if an interference does not become apparent until months after starting Reach Up, the family's progress toward improvement might not occur until a point beyond 2 years of participation.

## Use of state-subsidized child care

About a third of the children in the Reach Up group studied were between the ages of 3 and 10—peak years for child care utilization--when their families started participating in the program. Among children in this age group, we found that the rate of utilizing Vermont child care subsidies through DCF, the Child Care Financial Assistance Program, rose considerably after families entered the Reach Up program. Of the study group children who were aged 3-10, 24 children (11%) used state-subsidized child care six months before starting Reach Up. Among those in that age group 12 months after starting Reach Up, 85 children (34%) used state-subsidized child care.




Children receiving care from providers who have earned ratings through the STARS program may benefit the most from their care. These programs are assessed in five areas: regulatory history, staff qualifications, families and communities, program practices and administration.[2]

The number of children using state subsidized child care increased in every star category. However, the number of children receiving the highest quality child care (as indicated by a 5 star provider rating) rose the most substantially after their families

[2] *STARS: Information for Parents & Programs*, http://dcf.vermont.gov/sites/dcf/files/CDD/Brochures/STARS_Brochure.pdf

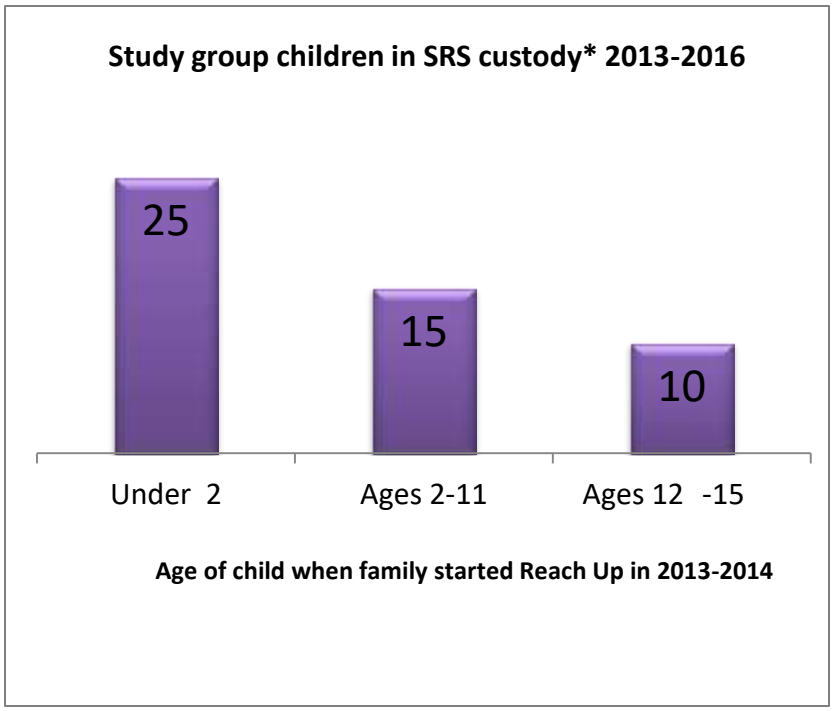
started Reach Up, from 3 to 25. According to DCF, 5 star programs are outstanding in all five areas and many are also nationally accredited.[3]

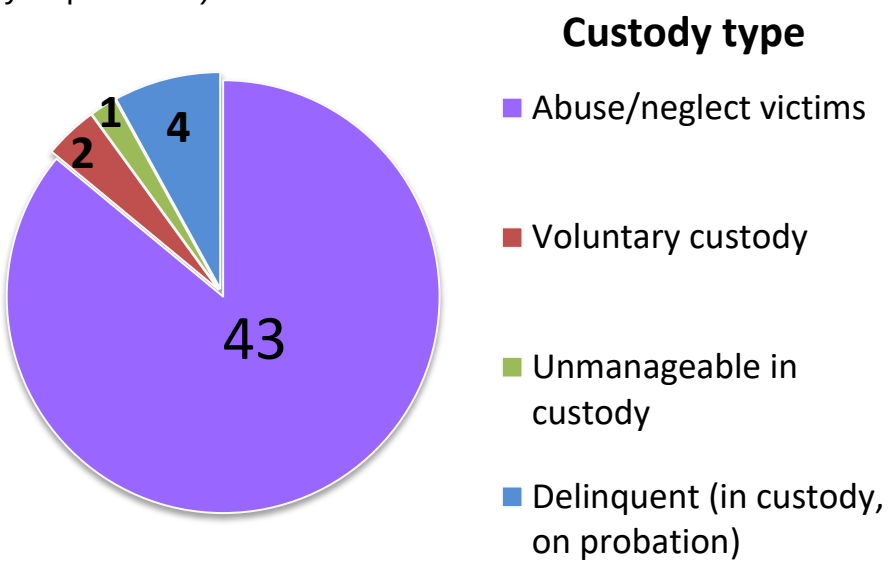
## Use of state child protection services

Fifty of the Reach Up study group children (7%) were in SRS custody at some point during the first two years after their family began participating in the Reach Up program.

40 of these children were under the age of 12, comprising the vast majority of the children in the Reach Up study group that also used child protective services. Although two of the children under 12 were in voluntary custody, all others were in custody due to abuse/neglect.

Five children aged 12-15 were involved with state child protective services due to being "unmanageable in custody' or delinquent (in custody or probation).



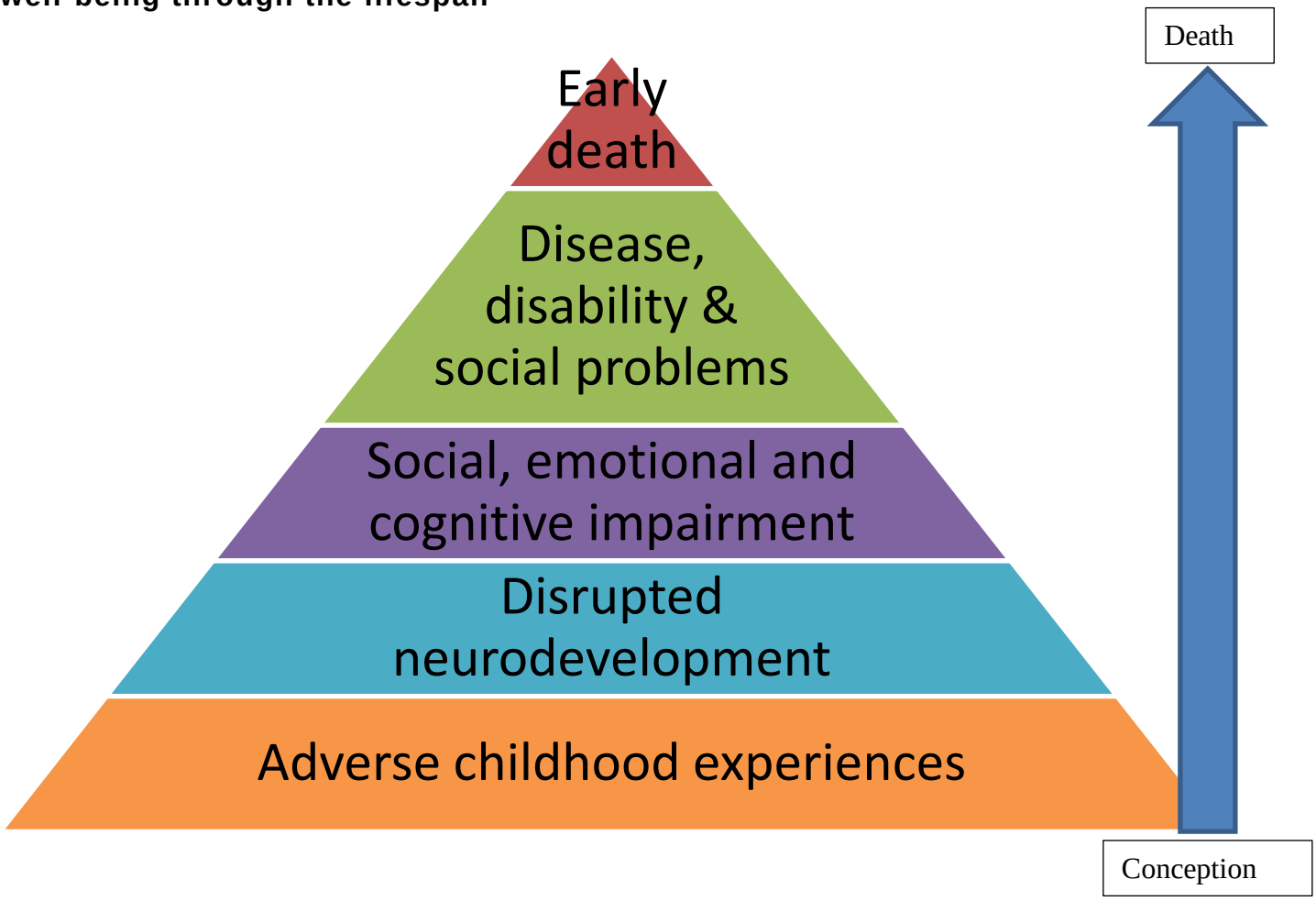

**Study group is comprised of families that started Reach Up for the first time in 2013-2014 and continued for at least 2 years.*

[3]Vermont Department for Families and Children, http://dcf.vermont.gov/childcare/parents/stars

## Appendix 1: Implications of the Adverse Childhood Experiences framework on studies of child well-being

Childhood experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. The Adverse Childhood Experiences (ACE) Pyramid represents the conceptual framework for used in the pivotal ACE study that has uncovered how ACEs are related to development of risk factors for disease and well-being throughout life.

**Mechanism by which adverse childhood experiences influence health and well-being through the lifespan**




Adverse childhood experiences are common. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.

According to the U.S. Center for Disease Control, each of the following experiences during someone's first 18 years of life constitute an ACE:

- Abuse
    - **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
    - **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
    - **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.
- Household Challenges
    - **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
    - **Household substance abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.
    - **Mental illness in household:** A household member was depressed or mentally ill or a household member attempted suicide.
    - **Parental separation or divorce:** Your parents were ever separated or divorced.
    - **Criminal household member:** A household member went to prison.
- Neglect
    - **Emotional neglect:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.[2]
    - **Physical neglect:** There was someone to take care of you, protect you, and take you to the doctor if you needed it[2], you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes.[4]

The "ACE score", the sum of the number of different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Studies have also shown that as the dose of the stressor increases the intensity of the outcome in terms of negative health and well-being outcomes throughout life also increases.[5]

[4] https://www.cdc.gov/violenceprevention/acestudy/about.html

[5] http://healthvermont.gov/stats/surveys

## Appendix 2: STARS (STep Ahead Recognition System)

According to DCF, STARS is Vermont's quality recognition system for child care, preschool, and afterschool programs. Programs that participate in STARS are going above and beyond state regulations to provide professional services that meet the needs of children and families.[6]

### What Each STAR Means

The more stars a program has, the more it is involved in a wide range of practices that support children, families, and professionals.

Programs may apply for recognition in five areas:
1. Regulatory history;
2. Staff qualifications;
3. Families and communities;
4. Program practices; and
5. Administration.

**One-star programs** are examining their practices to enhance the services they provide. They may be fairly new, just starting on a path of improvement and growth, or be stronger in one area.

**Two-star programs** are making a commitment to strengthen their practices. They may have made some progress in many areas or more progress in one or two areas.

**Three-star programs** have made improvements and are working to reach specific goals. They have either made substantial progress in two or three areas or have made some improvements across all five areas.

**Four-star programs** are established programs that have met several standards of quality in all five areas. Many four-star programs are also nationally accredited.

**Five-star programs** are outstanding in all five areas. Many five-star programs are also nationally accredited.

[6] http://dcf.vermont.gov/childcare/parents/stars