

WISCONSIN'S INFANTS *and* TODDLERS



Wisconsin's future? It's right at our feet (or knees).

It's our infants and toddlers, who in 2050 and beyond will be leading Wisconsin forward in ways we can't yet imagine.

Yet these prized resources face serious threats to their well-being. Poverty, and its associated disadvantages, is the primary adversary here; but the youngest Wisconsinites are vulnerable to other dangers, too—particularly exposure to violence.

Yet, we know a lot about how to support families—even those starting out with disadvantages. Now is the prime time to ensure young children get the best possible start.

BY THE NUMBERS

Wisconsin's infants and toddlers (defined as children less than three years old) are more than 200,000 in number. Seventy-one percent are white/non-Hispanic, and the largest minority group is Hispanic, at 12 percent. Black, Asian American, and American Indian infants and toddlers make up smaller percentages.¹

204,394

**NUMBER OF WISCONSIN
INFANTS & TODDLERS
(2013)**

White, non-Hispanic: 71%

Hispanic: 12%

Black, non-Hispanic: 9%

"Other" race: 6%

Asian, non-Hispanic: 4%

In families with incomes
up to twice the poverty
level: 40%

In families with incomes
below the poverty level: 22%

Percentage living with two
parents: 65%

Percentage living with one
parent: 33%

40%

of Wisconsin's infants and toddlers live in low-income families.

66%

of young black children live in concentrated poverty.

More than

1,000

Wisconsin infants and toddlers were considered victims of substantiated abuse or neglect—the most common type of maltreatment—in 2013.

In 2013, just over

2,600

of Wisconsin's infants and toddlers were in foster care, the highest rate in 10 years.

**POVERTY**

Children are the age group most likely to live in poverty. The youngest children are even more likely to be poor, partly because their parents are often just starting out on their earnings careers.

Poverty has implications beyond a lack of financial resources. Sustained poverty imposes chronic stress on families, affecting the health of both children and parents, and harming relationships between parents and between parent and child. The list of negative child outcomes associated with poverty is long, including increased likelihood of illness and injuries, emotional and behavioral problems, lower cognitive development and school achievement, and shorter life expectancy.²

Data for 2013 show that **more than one in five Wisconsin infants and toddlers (22 percent) lived in households with incomes below the poverty line.**^a Using a broader measure of what it takes for families to meet basic needs, **40 percent of the youngest Wisconsinites (more than 75,000) lived in low-income families** (defined as having incomes less than twice the poverty level).³

Concentrated poverty

Research finds that living in communities where a high proportion of residents are in poverty^b brings additional disadvantages. For example, physical and mental health problems, such as asthma, diabetes, and depression, are more common; crime rates are higher; and the quality of housing and schools is lower.⁴ Thus, concentrated poverty leads to long-term costs for Wisconsin.

Overall, one in five Wisconsin infants and toddlers lives in concentrated poverty. However, this burden falls heavily on minority groups. **While only nine percent of young white children live in these areas, 70 percent of young black children do; 41 percent of Hispanic infants and toddlers live in concentrated poverty.**⁵

INFANTS AND TODDLERS WITH ADVERSE EXPERIENCES

Experts consider serious economic hardship as just one of several “adverse experiences” known to pose threats to young children. In particular, it’s repeated or accumulated experiences that can harm infants’ and toddlers’ well-being. These experiences activate the biological response to threat (“fight, flight, or freeze”) in ways that can actually alter the developing brain, and lead to increased susceptibility to behavior problems and chronic illness.⁶

The youngest children are disproportionately exposed to potentially traumatic experiences, many of which involve violence.⁷ Child maltreatment is perhaps the best known of these. More than 1,000 Wisconsin infants and toddlers were considered victims of substantiated abuse or neglect in 2013.⁸

When it comes to infants and toddlers, neglect, rather than abuse, is the most common type of maltreatment. Neglect, or unresponsive care, can range from occasional inattention, to chronic under-stimulation, to failure to provide for a child’s basic needs. In its more serious forms, neglect disrupts normal brain development and greatly increases the risk for emotional, behavioral, and cognitive problems later in life. A number of factors can play a role in maltreatment, including substance abuse, other forms of domestic violence, mental illness, or even poor knowledge of child development.⁹ Although they occur in families at all economic levels, abuse and especially neglect are more common in poor families than in families with higher incomes.¹⁰

Foster care

When a child is placed into foster care, it’s an indicator of serious family distress, often including a history of child maltreatment. According to national data, nearly two-thirds of the birth families of babies in foster placements had prior involvement with the child welfare system. In 60 percent of the birth families, caseworkers reported active use of alcohol or drug abuse by caregivers; domestic

^a In 2013, the poverty level for a family with two adults and one child was \$18,751.

^b Areas with concentrated poverty are commonly defined as census tracts where 20 percent or more of residents are poor.

violence was reported in 46 percent of cases; and 42 percent of infants were being cared for by an adult with a serious mental health or emotional problem.¹¹

In 2013, just over 2,600 Wisconsin infants and toddlers were in foster care—a rate of 12.7 per 1,000 population, higher than in any of the previous 10 years. Rates for black and American Indian infants and toddlers were each five times as high as the 2013 rate for whites.¹²

Foster placements for these youngest children must be arranged, and monitored, with great care, so that they do not re-experience traumatic stress. Infants are more likely to be placed in foster care than children in any other age group. On average, those who enter foster care as infants will spend more of their childhood years in care than will those who are older when they enter care. However, infants are adopted at higher rates than are older children.¹³

INVESTING IN INFANTS AND TODDLERS

Fortunately, we know a lot about how parents can bring out the best in their youngest children, setting them on a path for thriving now and in the future. One important concept to convey to parents is resilience. **Think of resilience as the capacity to bounce back from adversity.**

For infants and toddlers, resilience depends a lot on having the care of safe, stable, and nurturing adults. In young children, signs of healthy development (and possibly resilience) include being affectionate and tender with parents, expressing positive feelings, showing interest and curiosity in learning new things, and bouncing back quickly after being upset.

Engaging with children

Supportive and responsive relationships are a hallmark of good-quality care for young children. There are many opportunities for this kind of engagement.

Reading to children, singing songs, and telling stories promote literacy and optimal development. Children develop literacy skills and an awareness of language long before they are able to read. Since language development is basic to many areas of learning, skills developed early in life help set the stage for later school success. By reading aloud to their young children, parents help them acquire the abilities they will need to be ready for school.¹⁴

Young children who are regularly read to have a larger vocabulary, are more aware of letter names and sounds, and are more successful at decoding words. The number of words in a child's vocabulary can be an important indicator of later academic success. Their vocabulary at age three is a strong predictor of language skill and reading comprehension at ages nine and 10.¹⁵

Just under half of Wisconsin's infants and toddlers (47 percent) were read to by a family member every day during the past week, according to a 2011–12 survey. Children in families with higher levels of income are twice as likely to be read to regularly.¹⁶

Another shared activity that promotes early literacy skills and provides opportunities for closeness is singing songs or telling stories together. About two-thirds of the youngest Wisconsinites experience these activities every day, according to their parents. However, young children who are poor are less likely than their peers in wealthier families to be sung to or told stories every day.¹⁷ Encouraging parents and other caregivers to read and provide other rich interactions with infants and toddlers is crucial for their optimal development.

DELIVERING EFFECTIVE SERVICES

Parents alone can't be expected to provide everything infants and toddlers need. Along with pediatricians and other professionals, research shows there are specific interventions that can be effective in improving the well-being of even the most vulnerable infants and toddlers.

Concentrated poverty leads to long-term costs for Wisconsin.



▲ Just under half of Wisconsin's infants and toddlers were read to by a family member during the past week.

Home visiting

Home visiting programs share resources and information—about health and safety, child development, and other parenting concerns—with families where they live. Home visits are increasingly part of efforts in many communities to improve outcomes for the most disadvantaged families. When well-implemented, home visiting programs have been shown to reduce rates of low birthweight, child maltreatment, and childhood injuries; to improve access to health care; to increase the interval between a young mother's births; and to improve both parenting and children's learning and behavior.¹⁸

About one in eight (12 percent) Wisconsin families report they received a home visit during pregnancy or before their child's third birthday. Low-income families were about three times more likely to get a home visit than were wealthier families.¹⁹

Child care

Numerous studies have documented an association between high-quality child care and children's positive development.²⁰ Recent research has suggested that a relatively high level of quality is needed in order to affect child outcomes.²¹ **High-quality care for Wisconsin infants and toddlers is expensive:** full-time, center-based care costs, on average, more than \$11,000 per year; family

child care homes provide care that is only slightly less expensive: about \$9,000 annually.²²

Some Wisconsin families can receive a government-sponsored subsidy for child care. However, eligibility is restricted to those who earn less than 185 percent of the poverty level—or about \$36,100 for a family of three.²³ Subsidy payments fall far short of the actual cost of care, so parents and providers have to make up the difference—which further limits access to care for many Wisconsin families.

Subsidy payments reach about 18,000 Wisconsin infants and toddlers,²⁴ and another 3,700 are served in Early Head Start and migrant programs.²⁵ That means less than one in three of all low-income infants and toddlers in the state get this kind of help.

We know more now about infant and toddler development than ever before. We know how fast their brains develop during these first three years of life. We know that infants and toddlers need safe and nurturing environments to learn and grow. And we know that parents, families, caregivers, educators, policymakers, and communities all play important roles in fostering the healthy development of Wisconsin's youngest children.

That's where a prosperous future lies.

REFERENCES

- ¹ U.S. Census Bureau. Population Estimates. Retrieved from <http://www.census.gov/popest/data/state/asrh/2013/SC-EST2013-ALLDATA6.html>
- ² Evans, G. W. & Schamberg, M. A. (2009). Childhood poverty, chronic stress, and adult working memory. *PNAS*, 106(16), 6545-6549.
- Melchior, M., Moffitt, T. E., Milne, B. J., Poulton, R., & Caspi, A. (2007). Why do children from socioeconomically disadvantaged families suffer from poor health when they reach adulthood? A life-course study. *American Journal of Epidemiology*, 166(8), 3966-974.
- Conroy, K., Sandel, M., & Zuckerman, B. (2010). Poverty grown up: How childhood socioeconomic status impacts adult health. *Journal of Developmental & Behavioral Pediatrics*, 31, 154-160.
- Singh, G. K. & Siahpush, M. (2006). Widening socioeconomic inequalities in U.S. life expectancy, 1980-2000. *International Journal of Epidemiology*, 35, 969-979.
- ³ U.S. Census Bureau. American Community Survey, Public Use Microdata Sample.
- ⁴ Bishaw, A. (2011). Areas with concentrated poverty: 2006-2010. American Community Survey Brief. U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/2011pubs/acsbr10-17.pdf>
- ⁵ U.S. Census Bureau. American Community Survey, American Factfinder, Tables: B09001, B01001, B01001B, B01001C, B01001D, B01001H, B01001I, S1701.
- ⁶ Shonkoff, J. P. & Garner, A. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.
- ⁷ Child Trends DataBank. (2015). Child maltreatment. Retrieved from <http://childtrendsdatabank.org/alphalist?q=node/69>
- Chu, A. T. & Lieberman, A. F. (2010). Clinical implications of traumatic stress from birth to age five. *Annual Review of Clinical Psychology*, 6, 469-494/
- ⁸ U.S. Children's Bureau (2014). Child maltreatment, 2013. Administration for Children and Families. <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>
- ⁹ National Scientific Council on the Developing Child. (2012). The science of neglect: The persistent absence of responsive care disrupts the developing brain. Working Paper 12. <http://www.developingchild.harvard.edu>
- ¹⁰ Child Trends DataBank, op. cit.
- ¹¹ Wulczyn, F., Ernst, M., & Fisher, P. (2011). Who are the infants in out-of-home care? An epidemiological and developmental snapshot. Chapin Hall Issue Brief. Retrieved from http://www.chapinhall.org/sites/default/files/publications/06_08_11_Issue%20Brief_F_1.pdf
- ¹² Child Trends' analysis of the Adoption and Foster Care Analysis and Reporting System (AFCARS), and 2013 intercensal population estimates from the Census Bureau, retrieved from <http://www.census.gov/popest/data/state/asrh/2013/index.htmls>.
- ¹³ Wulczyn et al., op cit
- ¹⁴ Child Trends DataBank. (2013). Reading to young children. Retrieved from <http://www.childtrends.org/?indicators=reading-to-young-children>
- ¹⁵ Child Trends DataBank. (2013). Reading to young children. Retrieved from <http://www.childtrends.org/?indicators=reading-to-young-children>
- ¹⁶ Child Trends' analysis of data from the 2011/12 National Survey of Children's Health.
- ¹⁷ Child Trends' analysis of data from the 2011/12 National Survey of Children's Health.
- ¹⁸ Kahn, J. & Moore, K. A. (2010). What works for home visiting programs: Lessons from experimental evaluations of programs and interventions. Child Trends Fact Sheet. Retrieved from http://www.childtrends.org/Files/Child_Trends-2010_7_1_FS_WWHomeVisitpdf.pdf
- ¹⁹ Child Trends' analysis of data from the 2011/12 National Survey of Children's Health.
- ²⁰ Child Trends DataBank. (2013). Child care. Retrieved from <http://childtrendsdatabank.org/alphalist?q=node/97>
- ²¹ Burchinal, M., Vandergrift, N., Pianta, R., & Mashburn, A. (2010). Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly*, 25(2), 166-176. Doi: <http://dx.doi.org/10.1016/j.ecresq.2009.10.004>
- ²² Schulman, K. & Blank, H. (2014). Turning the corner: State child care assistance policies 2014. National Women's Law Center. Retrieved from http://www.nwlc.org/sites/default/files/pdfs/nwlc_2014statechildcareassistancereport-final.pdf
- ²³ Ibid.
- ²⁴ Wisconsin Department of Children and Families. "Wisconsin Shares" Child Care Subsidy Program. <http://dcf.wisconsin.gov/childcare/wishares/reports.htm>
- ²⁵ Head Start Data: HHS/ACF/OHS. (2014). Program Information Reports. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/mr/pir>

Child Trends thanks the Alliance for Early Success for their generous support of this publication.

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