Fact Sheet:
Vulnerable Young Children

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Research shows that prolonged periods of excessive stress (sometimes referred to as "toxic stress") in early childhood can seriously impact the developing brain and contribute to lifelong problems with learning, behavior, and both physical and mental health.[18, 21, 38] Children who grow up in high stress situations during their earliest years are at risk for future problems such as school failure, problematic peer relationships, chronic health issues, delinquency, and mental health disorders.[13, 27, 32, 38, 40] Decades of research show that investing in the lives of vulnerable children earlier rather than later can generate considerable returns for the children, their families and society as a whole. High quality early intervention programs can contribute significantly to improved outcomes in terms of school success, productivity in the workplace, responsible citizenship, and successful parenting of the next generation.[7, 10, 21, 22, 27]

This fact sheet provides data on infants, toddlers and young children who are experiencing high stress as a result of a number of risk factors specifically identified in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), including substantiated abuse or neglect, foster care placement, homelessness, exposure to family violence and prenatal exposure to drugs or alcohol. It should be noted that these risk factors often co-occur with other serious risk factors, such as extreme poverty, environmental toxins, parental substance abuse (post-natally) and parental mental health problems, especially maternal depression.

We begin with a section highlighting a number of factors that have been found to maximize the likelihood of promoting positive outcomes for all vulnerable young children and their families.

Subsequent sections provide data on specific populations of at risk children.

Factors and Policies Found to Promote Positive Outcomes for Young Children At Risk

High quality early intervention programs can improve a wide range of outcomes and yield long-term benefits that far exceed program costs, however poor quality programs generate few to no beneficial effects.[7] Some of the major factors that have been found by the research to maximize the likelihood of promoting positive outcomes for vulnerable young children, their families, and society as a whole are listed below.

- Intervention is likely to be more effective and less costly when it is provided earlier in life, rather than later.[21]
- Key factors to quality in early childhood programs include: the expertise of staff and their capacity to build warm, positive, responsive relationships with young children; small class sizes with high adult-to-child ratios; age appropriate materials in safe physical settings; language-rich environments; and consistent levels of child participation.[7, 21]
- Early, secure and consistent relationships with caring, trustworthy adults contribute significantly to healthy brain development.[1, 19]
- For maximum impact on later academic success and mental health, early childhood programs should give the same level of attention to young children's emotional and social needs, as to their cognitive skills.[17]

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- Expertise in the identification, assessment, and treatment of young children with mental health problems and their families should be incorporated into early intervention programs.[18]
- For young children from families experiencing significant adversity, programs that emphasize both high quality services for children and direct support for their parents can have positive impacts on both.[7]
- Parents of children in the child welfare system are more likely to participate in early intervention services if they understand that Part C is a voluntary program separate from child protective services.[10]
- Providing Part C providers with special strategies, training, and professional support to engage, retain, and successfully serve child welfare families in Part C early intervention services can greatly increase the likelihood of effective service provision with the end result of better child outcomes. [3]
- To best serve vulnerable young children, early intervention programs, the courts, and child protective services should understand each other's roles, work collaboratively and coordinate services. Effective intervention requires interagency collaboration among all relevant agencies, such as Part C, Child Welfare, Medicaid, mental health, public health, maternal and child health, developmental disabilities, Early Head Start/Head Start, education and the courts.[3, 9, 10, 40]
- Successful implementation of early intervention and education programs for young children at risk requires the creative use of multiple funding streams (IDEA funds, private insurance, Medicaid's EPSDT program, MCH Title V funds, Head Start/Early Head Start/ CAPTA, TANF).[9, 10]

Children Who Have Experienced Abuse or Neglect

- Of the 905,000 children in the U.S. who were determined to be victims of child maltreatment in 2006, the youngest children accounted for the largest percentage of victims. 100,142 of the children were under 1 year of age, 172,940 were 1-3 years of age, and 213,194 were 4-7 years of age.[34]
- Nearly 8% of victims of child maltreatment in 2006 had a reported disability (this number may be low, as not every child receives a clinical diagnostic assessment).[34]
- An estimated 1,530 children died as a result of child abuse or neglect in 2006. 78% of these children were younger than 4 years of age and 11.9% were 4-7 years of age. Infant boys and girls (under the age of one) experienced the highest rates of fatalities.[34]
- Approximately 42% of the children who were found to have been abused or neglected in 2006 received no post-investigation services.[34]
- High rates of maltreated infants, toddlers and young children present with significant physical, cognitive, social-emotional, relational and psychological problems.[3, 32, 38]
- Data from a nationally representative sample of very young maltreated children who received developmental assessments suggests that ~ 30% of maltreated infants and toddlers would show a delay using narrow Part C eligibility criteria and ~ 47% would show a delay using moderate Part C eligibility criteria.[24]
- The National Survey of Child and Adolescent Well-Being (NSCAW) found that 35% of infants and toddlers being investigated for child maltreatment demonstrated a measured delay on at least one developmental measure shortly after the time of the investigation, 40% 18-months later, and 41% 36-months later.[35] Almost one in three children 2- to 3-years-old at the time of initial baseline data collection was reported to have a behavior problem by their caregiver.[3] About 12 months after the investigation of maltreatment, 28% of children still younger than 36 months of age were reported by caseworkers to have an IFSP.[3]
- NSCAW data supports previous research showing that children with substantiated maltreatment have similar developmental profiles to those unsubstantiated, suggesting that children involved in child welfare - even those who have not had their maltreatment

substantiated – could benefit from referral to Part C services.[3]

- NSCAW data reinforces the concern that Part C early intervention providers do not have extensive experience or training to work with children and particularly adults with mental health issues.[3] Part C providers may not be familiar with the unique challenges associated with providing services to maltreated children and their families.[3]

Children in Foster Care

- Of the 303,000 new children who entered foster care in FY 2006, over 131, 600 were between 0 and 5 years of age. 47,536 of these children were less than one year old.[33]
- Most children placed in foster care have a history of severe neglect or abuse and have experienced significant stress during critical periods of early brain development.[1, 31, 32]
- Young children in foster care have higher rates of chronic health conditions and special needs than national estimates for children living at home.[1, 28, 31, 32, 36]
- The NSCAW found that 78% of children aged 13 to 24 months who had been in foster care for one year were at medium or high risk for developmental delay or neurological impairment.[31]
- Data from the NSCAW shows that children in group care and nonkinship foster care often fare worse than children placed in kinship care.[32]

Children Who are Homeless

- In the United States, families now make up ~41% of the homeless population.[14] Poverty, lack of affordable housing, and domestic violence are among the primary causes of family homelessness.[16]
- Over 42% of the ~1.35 million children who experience homelessness each year in the U.S. are under the age of six.[15]
- Homeless infants are more likely to have low birth weights and are at greater risk of being exposed to environmental risk factors than other infants.[13]
- Homeless children are twice as likely to experience learning disabilities and three times as likely to experience an emotional disturbance as other children.[4]
- Homeless preschool-aged children are greatly underrepresented in preschool programs.[30] Data from the McKinney-Vento Report to Congress for FY 2000 showed that only 15 percent of preschool age homeless children were enrolled in preschool programs.[29]

Children Exposed to Domestic Violence

- Children exposed to domestic violence are at risk for depression, anxiety, aggressive behavior, and academic problems.[23]
- It is estimated that between 3.3 million and 10 million children in the U.S. witness domestic violence annually.[25]
- Very young children are more likely to be exposed to domestic violence than older children.[5]
- Very young children exposed to domestic violence may experience extreme stress that can have a potentially serious impact on brain development.[2]
- Children who witness domestic violence are at high risk for child abuse or neglect.[26]

Children Exposed Prenatally to Drugs or Alcohol

- During pregnancy, the developing brain is particularly susceptible to neurotoxins such as alcohol, nicotine and cocaine. Early exposure to these substances can have life-long negative consequences.[20]
- Approximately 10-11% of all newborns are prenatally exposed to alcohol or illicit drugs. [39]
- 80-95% of substance-exposed infants are not identified at birth and are sent home.[39]
- Of all the recreational neurotoxins studied to date, alcohol has the most devastating impact on

early brain development.[19] Fetal exposure to alcohol is one of the leading known preventable causes of mental retardation in the United States.[8, 21]

- Growing numbers of adults with children are experimenting with methamphetamine. In the past decade the annual number of new methamphetamine users has increased by 72%. Children whose parents use methamphetamine may experience multiple risks to their safety and well-being, including abuse, neglect and foster care placements.[12]
- Long-term exposure to the chemicals used to make methamphetamine can damage children's nervous system, brain, lungs, kidneys, liver, eyes and skin.[37]

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