



*Restructuring the Federal Child Welfare System:*

## **Assuring the Safety, Permanence and Well-Being of Infants and Toddlers in the Child Welfare System**

The rapid rate of development in the first three years of life, coupled with the growing number of babies entering foster care, combine to pose an alarming situation for our nation which demands urgent attention. By age 3, the brain has already attained 85 percent of its adult weight,<sup>1</sup> leaving infants and toddlers *extremely* vulnerable to the effects of maltreatment. Its impact on their emotional, developmental, and physical health can have life-long implications if not properly addressed. These risks become particularly worrisome when coupled with the fact that infants and toddlers comprise the largest cohort of young children entering foster care – accounting for 28% of new admissions in 2005.<sup>2</sup> Once they have been removed from their homes and placed in foster care, infants stay there longer than older children.<sup>3</sup> In addition, once they have been removed from their homes and placed in foster care, infants and toddlers are more likely than older children to be abused and neglected.<sup>4</sup> And half of all babies who enter foster care before age 3 months, spend 31 months or longer in placement.<sup>5</sup> In other words, these babies are spending most of the critical period of development in an unsettled living situation with inconsistent caregiving.

Although the developmental impact of child abuse and neglect is greatest among the very young, research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children. And intervening in the early years can lead to significant cost savings over time through reductions in child abuse and neglect, criminal behavior, welfare dependence, and substance abuse. In view of the rapid rate of development for infants and toddlers, the substantial damage they can sustain in a short time, and the bleak outlook for long stays in out-of-home care (which amount to a substantial portion of their lives), it is critical that Congress, the Department of Health and Human Services, and the states act now to ensure that the unique needs of this vulnerable group of children are met.

### ★ FAST FACTS

- 46,954 children under age 1 entered foster care in 2005.<sup>6</sup>
- A study of 690,000 children in 11 states over an eight year period found that 45 percent of infant placements occurred within 30 days of the child's birth.<sup>7</sup>
- 81 percent of all children who died from abuse and neglect were younger than 4 years of age.<sup>8</sup>
- Of the 311,000 children who entered foster care nationwide in 2005, 28% were infants and toddlers.<sup>9</sup>
- 40 percent of young children in foster care are born low birthweight and/or premature.<sup>10</sup>
- Approximately 42% of children in foster care are developmentally delayed, many of them so delayed that pediatricians consider them developmentally impaired.<sup>11</sup>
- Data from the National Multi-State Foster Care Data Archive indicate that 27 percent of the infants admitted to foster care and subsequently discharged eventually returned to foster care.<sup>12</sup>

## Summary Recommendations:

### 1. Invest More in Primary Prevention Efforts and Ensure That Children Receive Adequate Out-of-Home Care When Necessary By:

- Maintaining Title IV-E Foster Care Maintenance Payments and Adoption Assistance as Open-Ended Entitlements.
- Allowing States to Reinvest Federal Dollars that Would Have Been Expended on Foster Care to Prevention and Training Efforts if States Safely Reduce the Use of Foster Care Maintenance.
- Expanding and Designating Substantial Funding to Build Early, Preventive Services and Post Permanency Services to Preserve and Support Families.
- Expanding Funding for Early Head Start, a Program Proven Effective in Reaching Pregnant Women and Families with Infants and Toddlers and in Promoting Good Parenting Practices and Healthy Child Development.

### 2. Require the Department of Health and Human Services to Promote Greater Awareness of the Unique Needs of Infants and Toddlers and Improve their Care While in the Child Welfare System:

- Provide Guidelines for States for the Care of Infants and Toddlers in the Child Welfare System in the Child and Family Service Reviews (CFSRs) Including:
  - Visitation Standards and Developmentally Appropriate Visitation Practices for Infants and Toddlers in Out-of-Home Care; and
  - Minimizing Multiple Placements While in Out-of-Home Care.

### 3. Provide Incentives and Adequate Funding For States To:

- Promote Timely Permanent Placements for Infants and Toddlers in Foster Care by Creating a New Permanence Incentive that Includes Reunification with the Child's Biological Family, Adoption, or Guardianship.
- Provide Training for Child Welfare Workers and Staff of Related Agencies Who Work with Infants in Foster Care Around the Unique Needs of Infants and Toddlers.
- Improve the Courts' Ability to Address the Needs of Infants and Toddlers Through Training for Juvenile and Family Court Judges and Cross-Systems Approaches to Building Community Capacity to Address These Cases.
- Implement the CAPTA and IDEA Mandate Requiring States to Develop Provisions and Procedures for Referral of a Child Under Age 3 Involved in a Substantiated Case of Child Abuse and Neglect to Part C of IDEA.
- Increase Access to Early Intervention Screening and Part C Services for Infants and Toddlers in Foster Care.
- Increase Access to Preventive and Treatment Services for Families in the Child Welfare System for Whom Substance Abuse is an Issue.

### 4. Require State Child Welfare Agencies To:

- Include in their State Plans a Description of Their Approach to Addressing the Specific Needs of Infants and Toddlers Including the Items Addressed by the Department of Health and Human Services Guidelines Regarding Care of Infants and Toddlers in the Child Welfare System.
- Establish Cross-System Commissions on Young Children in Foster Care to Ensure that they Receive Comprehensive, Developmentally Appropriate Health Care, Mental Health Assessment and Access to Mental Health Services, and Access to Quality Early Care and Learning Experiences.

## Detailed Recommendations:

### 1. Invest More in Primary Prevention Efforts and Ensure That Children Receive Adequate Out-of-Home Care When Necessary By:

- **Maintaining Title IV-E Foster Care Maintenance Payments and Adoption Assistance as Open-Ended Entitlements.**

An open-ended entitlement program, Title IV-E is the largest source of federal funding for child welfare, providing 49 percent of all federal funding for child welfare in 2002.<sup>13</sup> Other programs that support child welfare services for the most part are not entitlements and in recent years, funding for these programs has been reduced or held constant. Title IV-E has increased each year because of the growing number of children in need. Title IV-E's open-ended funding ensures that caseworkers always have the option of removing eligible children from dangerous situations in their homes when other approaches have not worked. This open-ended entitlement is also an assurance for states and allows them to turn their attention and resources to preventive services. Without the assurance of federal funds for foster care maintenance payments, states will not be able to invest in front-end services which enable them to reduce the number of children going into foster care. It is critical that Congress maintain Title IV-E Foster Care Maintenance payments and Adoption Assistance as open-ended entitlements to ensure an ongoing and stable federal commitment to supporting the needs of abused and neglected infants and toddlers.

- **Allowing States to Reinvest Federal Dollars that Would Have Been Expended on Foster Care to Prevention and Training Efforts if States Safely Reduce the Use of Foster Care Maintenance.**

Under current law, when states reduce their foster care expenditures, they lose the federal share of savings associated with the reduction. However, keeping a child out of foster care can involve significant investments for states in early intervention, treatment, and support once a child leaves foster care. States should be allowed to reinvest the federal dollars that would have been expended on foster care to prevention and training efforts if states are able to safely reduce the use of foster care maintenance payments. The additional funds would provide an added incentive to states to move away from relying on foster care by allowing them to transfer the federal savings into a broad range of prevention and training efforts to further reduce the need for foster care.<sup>14</sup> States should then be required to match the federal dollars that they transfer to prevention and training efforts.

- **Expanding and Designating Substantial Funding to Build Early, Preventive Services and Post Permanency Services to Preserve and Support Families**

The structure of child welfare funding must ensure a continuum of services, beginning with those that can help prevent abuse and neglect and keep families together. Currently such “front-end” services must compete for funding with more crisis-oriented services. Services to preserve and support families are particularly important for families with infants and toddlers who may need extra support in parenting. We know that young children in foster care are at heightened risk for premature or low birthweight births (one study found that 40% of young foster children had been born prematurely or with low birthweight),<sup>15</sup> suggesting challenging behaviors for which parents may lack the skills to cope. Reunification or adoption may bring additional challenges for parents. We know that foster children who have returned home to their biological families or have been adopted often exhibit difficult behaviors as well as emotional issues and medical conditions that may impact their development—often due to a history of maltreatment and extended stays in foster care. While the Promoting Safe and Stable Families Program currently requires states to spend “significant portions” of funds for Family Preservation and Family Support programs, this

vague standard and the level of funding for the program do not meet the need for supporting families. Greater investment and more direction to states are needed to create a system that begins with preventive and supportive services. Such services may include home visiting services and family support services for families struggling with substance abuse and maternal/ paternal depression while the child is in out-of-home care and once the child returns home.

- **Expanding Funding for Early Head Start, a Program Proven Effective in Reaching Pregnant Women and Families with Infants and Toddlers and in Promoting Good Parenting Practices and Healthy Child Development.**

All babies and toddlers need positive early learning experiences to foster their intellectual, social and emotional development and to lay the foundation for later school success. Infants and toddlers who have been abused or neglected, and are at increased risk for adverse outcomes as a result, need additional supports to promote their healthy growth and development. Comprehensive early childhood programs, such as Early Head Start that combine home visitation, comprehensive services, and technical assistance, can provide the specialized services that very young children in the child welfare system need. Yet, Early Head Start reaches less than three percent of eligible children.<sup>16</sup> Congress should expand funding for Early Head Start, which has been proven effective in reaching pregnant women and families with infants and toddlers and in promoting good parenting practices and healthy child development. Congress should also consider continuing to fund the Early Head Start/Child Welfare Services Initiative – a unique initiative for a selected group of Early Head Start grantees, in partnership with their local Child Welfare Agency, to demonstrate how to best serve children in the child welfare system using the Early Head Start Model. Funding for the original 24 demonstration projects, begun in FY2002, has come to an end.

**2. Require the Department of Health and Human Services to Promote Greater Awareness of the Unique Needs of Infants and Toddlers and Improve their Care While in the Child Welfare System:**

- **Provide Guidelines for States for the Care of Infants and Toddlers in the Child Welfare System in the Child and Family Service Reviews (CFSRs) Including:**

- **Visitation Standards and Developmentally Appropriate Visitation Practices for Infants and Toddlers in Out-of-Home Care.**

One of the major challenges faced by young children in foster care is building stronger relationships with their parents. Current visitation practices usually consist of brief encounters that occur anywhere from once a month to once or twice a week. For very young children, infrequent visits are not enough to establish and maintain a healthy parent-child relationship. Infants and toddlers build strong attachments to their biological parents through frequent and extended contact. One month in the life of a baby is an eternity. Parental visitation can and should be looked at strategically. Visits can play an important role in concurrent planning and can be used to assess the parent-child relationship and how the family is progressing. The frequency and success of visits between children and parents can provide a caseworker with evidence for either movement to an alternative plan for the child (i.e. adoption or guardianship) or movement for early reunification. Visits should occur frequently, in a safe setting that is comfortable for both parent and child, and should last long enough to allow a positive relationship to develop and strengthen. Guidelines should be developed for states on visitation standards and developmentally appropriate visitation practices for infants and toddlers in out-of-home care. In addition, training for child welfare workers and foster parents should be developed since the challenges of seeing and losing a parent during a visit can be painful for all involved.

- **Minimizing Multiple Placements While in Out-of-Home Care.**

In the first year of life, babies need to have the opportunity to develop a close, trusting relationship or attachment with one special person. The ability to attach to a significant caretaker is one of the most important emotional milestones a baby needs to achieve in order to become a child who is trusting, confident, and able to regulate his or her own stress and distress. For babies in foster care, forming this secure attachment is difficult. Multiple foster care placements present a host of traumas for very young children. When a baby faces a change in placement, fragile new relationships with foster parents are severed, reinforcing feelings of abandonment and distrust. Babies grieve when their relationships are disrupted and this sadness adversely affects their development. All placement decisions should focus on promoting security and continuity for infants and toddlers in out-of-home care. Guidelines should be developed for states on how to minimize multiple placements for infants and toddlers in out-of-home care. For example, a state can develop specialized foster homes for infants who come into the child welfare system. A system for tracking the number of moves an infant makes while in foster care is another step toward addressing this problem. When a change in placement is necessary, child welfare workers and foster parents should receive training and information on how to handle transitions with infants and toddlers.

### **3. Provide Incentives and Adequate Funding For States To:**

- **Promote Timely Permanent Placements for Infants and Toddlers in Foster Care by Creating a New Permanence Incentive that Includes Reunification with the Child's Biological Family, Adoption, or Guardianship.**

States should be provided with a permanence incentive to promote timely permanent placements for infants and toddlers in foster care. As previously discussed, when a baby faces a change in placement, fragile new relationships with foster parents are severed, reinforcing feelings of abandonment and distrust. Creating a permanence incentive would help to ensure babies are placed in a stable foster care arrangement that could lead to a permanent placement if reunification with the biological family is not possible. Post permanency services should also be made available for families to facilitate the child's successful transition into his or her permanent family.

- **Provide Training for Child Welfare Workers and Staff of Related Agencies Who Work with Infants in Foster Care Around the Unique Needs of Infants and Toddlers.**

There is a wealth of scientific knowledge available about very early child development which can be used to make informed decisions about babies in the child welfare system. However, child welfare workers are overburdened and do not have the time or means to seek the training that would provide them with this scientific knowledge base. Congress should provide grants to states to enable them to develop and provide training for child welfare workers and other staff around the unique needs of infants and toddlers. Staffs of related agencies who work with infants in foster care include mental health specialists, child care providers, Early Head Start teachers, and early intervention specialists. Funds are needed not only to support the development of the training, but also to provide reprieve for the caseworkers and other agency staff so they can have time off to attend training.

- **Improve the Courts' Ability to Address the Needs of Infants and Toddlers Through Training for Juvenile and Family Court Judges and Cross-Systems Approaches to Building Community Capacity to Address These Cases.**

Juvenile and Family Court Judges are uniquely positioned to improve the well-being of infants and toddlers in the child welfare system and to ensure that they are receiving the

resources and supports they need to address their special needs. In fact, judges have an opportunity, perhaps the last one for these most vulnerable infants and toddlers, to focus on healing in the process of adjudicating the case.<sup>17</sup> A groundbreaking effort has been developed in the Miami-Dade Juvenile Court to address the well-being of infants, toddlers, and their families. Three years of data in the Miami-Dade Juvenile Court show substantial gains in improving parental sensitivity, child and parent interaction, and behavioral and emotional parental and child responsiveness. Congress should provide incentives and adequate funding for states to improve the courts' ability to address the needs of infants and toddlers through training for Juvenile and Family Court Judges and cross-system approaches to building community capacity to address these cases.

- **Implement the CAPTA and New IDEA Mandate Requiring States to Develop Provisions and Procedures for Referral of a Child Under Age 3 Involved in a Substantiated Case of Child Abuse and Neglect to Part C of IDEA.**

Congress established the Part C Program under the Individuals with Disabilities Education Act (IDEA) in 1986 to address what they believed to be an “urgent and substantial need.” The purpose of Part C is to enhance the development of infants and toddlers with disabilities, reduce education costs by reducing the need for special education through early intervention services, minimize the likelihood of institutionalization, and enhance the capacity of families to meet their children’s needs. Amendments to the Child Abuse and Prevention Treatment Act (CAPTA) in 2003 and to IDEA in 2004 require states to develop procedures to ensure that all children under age three who are involved in a substantiated incident of abuse or neglect are referred to Part C services.

As states work to implement the CAPTA and IDEA mandate, they face new challenges in trying to ensure that the Part C system is able to respond to these new referrals. Impacts will vary substantially from state to state because of significant differences among states’ Part C systems. In some states, very large increases in workload for providers of Part C evaluation, assessment and intervention services are likely as a result of this legislation. In all states, a need to enhance the capacity of the Part C system to respond to social-emotional and behavioral problems (early childhood mental health) is likely. And in most or all states, the cost of responding to this federal mandate will be a problem, given very tight state budgets, unless the federal government significantly increases funding for Part C. Congress should provide incentives and adequate funding for states to implement the CAPTA and IDEA mandate.

- **Increase Access to Early Intervention Screening and Part C Services for Infants and Toddlers in Foster Care.**

Because of the rapid rate of development in the first three years, developmental screening in early childhood needs to be repeated on a regular basis with infants and toddlers in the child welfare system. These babies have ongoing risk factors that predispose them to developmental delays. We know that different domains of development have key milestones emerging at different times in early childhood. For example, a six-month-old may have age appropriate scores in motor and speech-language development; however, when that child is 18-months-old and the demands of communication are more sophisticated, a significant language delay may be present. This delay may not be picked up without repeat screening. Congress should provide incentives and adequate funding for states to increase access to early intervention screening and Part C services for infants and toddlers in foster care. They should receive developmental evaluations every six months before one year of age and then annually until three years of age.

- **Increase Access to Preventive and Treatment Services for Families in the Child Welfare System For Whom Substance Abuse is an Issue.**

Millions of children and families are impacted by the growing epidemic of substance abuse. In fact, an estimated 11 percent of all children live in families where one or more parents abuse alcohol or other drugs.<sup>18</sup> This issue is even more pressing for families in the child welfare system – up to 80 percent of children in the child welfare system are affected by substance abuse.<sup>19</sup> Families need access to a community-based, coordinated system of comprehensive family drug and alcohol treatment. Congress should increase access to prevention and treatment services for families in the child welfare system for whom substance abuse is an issue. Prevention and treatment services should include: prevention and early intervention services for parents at-risk of substance abuse; a range of comprehensive treatment options including home-based, outpatient, and family-oriented residential treatment options; aftercare support for families in recovery; and preventive and early intervention services for children that address their mental, emotional, and developmental needs.

#### **4. Require State Child Welfare Agencies To:**

- **Include in their State Plans a Description of Their Approach to Addressing the Specific Needs of Infants and Toddlers Including the Items Addressed by the Department of Health and Human Services Guidelines Regarding Care of Infants and Toddlers in the Child Welfare System.**

Infants and toddlers in foster care have needs that are very different than older children. They also move through the child welfare system in ways that differ from older children – they stay in care longer, they are less likely to be reunified with their parents, and they are more likely to be abused and neglected while in foster care. State child welfare agencies should address the unique needs of infants and toddlers in their state plans, with a detailed description of their approach to dealing with issues for babies in foster care such as reducing multiple foster care placements, assuring regular visitation with biological parents, assuring that all infants and toddlers have access to early childhood and family mental health services, addressing the effects of trauma and separation on infants and toddlers, and promoting interventions that can help promote their healthy development across all domains.

- **Establish Cross-System Commissions on Young Children in Foster Care to Ensure that they Receive Comprehensive, Developmentally Appropriate Health Care, Mental Health Assessment and Access to Mental Health Services, and Access to Quality Early Care and Learning Experiences.**

Children in foster care often have needs that extend beyond the scope of the child welfare agency and receive services from a variety of mental health, health, and early learning programs. If these various agencies that provide services and supports to at-risk children and their families were in close contact, we would be better able to ensure that the children’s physical, social, emotional, and cognitive needs were met. Congress should require that states establish multi-disciplinary commissions on young children in foster care to ensure that they receive comprehensive, developmentally appropriate health care, mental health assessment and access to mental health services, and access to quality early care and learning experiences. These commissions should also provide interdisciplinary cross-system training for case workers, home visitors, foster parents, advocates, child care providers, and early intervention specialists and others who work with children in the child welfare system so that all public programs available for babies, toddlers, and their caregivers (i.e. WIC, Early Head Start, Child Care, TANF, Medicaid, Part C, home visitors, Title V Maternal and Child Health, and State Children’s Health Insurance) can come together to support early development.

- Attachment is One of the Most Critical Developmental Tasks of Infancy:** We know from the science of early childhood development that early relationships and attachments to a primary caregiver are the most consistent and enduring influence on social and emotional development for young children.<sup>20</sup> Infants and toddlers who are able to develop secure attachments are observed to be more mature and positive in their interactions with adults and peers than children who lack secure attachments.<sup>21</sup> They may also have a better self-concept, more advanced memory processes, and a better understanding of emotions.<sup>22</sup> Those who do not have an opportunity to form a secure attachment with a trusted adult (i.e. infants and toddlers who experience multiple foster homes), suffer grave consequences. Their development can deteriorate resulting in delays in cognition and learning, relationship dysfunction, difficulty expressing emotions, and future mental health disorders.<sup>23, 24, 25</sup>
- Infants and Toddlers in Foster Care are More Likely to have Fragile Health and Less Likely to Receive Developmentally Appropriate Health Care:** Nearly 40 percent of young children in foster care are born low birthweight, premature, or both – two factors that increase their likelihood of medical problems and developmental delay.<sup>26</sup> They are more likely to have fragile health and disabilities and far less likely to receive services that address their needs.<sup>27</sup> More than half of these children suffer from serious health problems, including elevated lead blood-levels, and chronic diseases such as asthma.<sup>28</sup> Sadly, a significant percentage of children in foster care do not receive even basic health care, such as immunizations, dental services, hearing and vision screening, and testing for exposure to lead and communicable diseases.<sup>29</sup> In addition, a study of 308 children under 30 months of age indicated that 40 percent needed to receive evaluations/services from medical specialists (i.e. neurologists, ophthalmologists, etc).<sup>30</sup> Additional barriers to adequate health care for these children include insufficient funding, lack of access, inadequate community-based medical and mental health services, lack of coordination of services, and poor communication among health and child welfare professionals.<sup>31</sup>
- Infants and Toddlers in Foster Care are At-Risk for Mental Health Disorders:** Early child development research shows that infants can experience depression.<sup>32</sup> Infants and toddlers in the child welfare system are disproportionately exposed to early trauma and other developmental risk factors that can result in a variety of mental health disorders. Research indicates that when infants and toddlers are exposed to violence and trauma, either through witnessing domestic violence in their homes or experiencing abuse and neglect, their very sense of basic trust is threatened.<sup>33</sup> This is also true when young children are affected by natural disasters such as Hurricane Katrina. Many of these children exhibit signs of traumatic stress, including withdrawn behavior, fearfulness, anxiety, aggression, disorganization, and sadness.<sup>34</sup>
- Visitation is One of the Best Predictors of Successful Family Reunification:**<sup>35</sup> Research indicates that visitation with parents and siblings is not only highly correlated with better child functioning at discharge from foster care, but also allows children to leave foster care in much higher numbers and more quickly. It is especially critical to have early and regular parent-child visits soon after the child is placed in foster care. Continuing family connections when children are in care increases the likelihood of reunification and may ease the process of reintegrating a child back into a family. One study examined the perspectives of mothers, foster mothers, and child welfare workers to learn how parent visits with very young children might be improved. The study revealed how emotionally difficult visits can be for mothers, foster mothers, and child welfare workers. They recommend that goals for visits be reevaluated and simplified. The study also described specific components of visitation that impact mothers, foster mothers, child welfare workers, and children. These include the initial separation and accompanying feelings, preparation for the visit, the context of the visit including physical location, duration, interactions and activities, and the post-visit including reactions to the visit and support provided. Each of these components represents an opportunity to provide support and coaching to improve visits for all involved.<sup>36</sup>

## About Us

The ZERO TO THREE Policy Center is a non-partisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic, or about the ZERO TO THREE Policy Center, please contact us at 202-638-1144 or on the Web at <http://www.zerotothree.org/policy>

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<sup>1</sup> Dekaban, Anatole S. and Sadovsky, Doris. 1978. Changes in brain weights during the span of human life: Relation of brain weights to body heights and body weights. *Ann. Neurology* 4: 345-356.

<sup>2</sup> U.S. Department of Health and Human Services, Administration for Children and Families. 2006. *The AFCARS report: Preliminary FY 2005 estimates as of September 2006*. [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report13.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm) (accessed November 2, 2006).

<sup>3</sup> Personal Communication with Fred Wulczyn, June 13, 2006.

<sup>4</sup> Wulczyn, Fred and Hislop, Kristin. 2002. Babies in foster care: The numbers call for attention. *ZERO TO THREE Journal* 22 (4): 14-15. <http://www.zerotothree.org/vol22-5a.pdf> (accessed January 5, 2007).

<sup>5</sup> Ibid.

<sup>6</sup> U.S. Department of Health and Human Services, Administration for Children and Families. 2006. *The AFCARS report: Preliminary FY 2005 estimates as of September 2006*.

<sup>7</sup> Wulczyn, Fred, Hislop, Kristin and Harden, Brenda. 2002. The placement of infants in foster care. *Infant Mental Health Journal* 23 (5): 454-475.

<sup>8</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. 2006. *Child maltreatment 2004*, <http://www.acf.hhs.gov/programs/cb/pubs/cm04> (accessed December 28, 2006).

<sup>9</sup> U.S. Department of Health and Human Services, Administration for Children and Families. 2006. *The AFCARS report: Preliminary FY 2005 estimates as of September 2006*.

<sup>10</sup> Dicker, Sheryl, Gordon, Elysa, and Knitzer, Jane. 2001. *Improving the odds for the healthy development of young children in foster care*. New York: National Center for Children in Poverty.

<sup>11</sup> Stahmer, Aubyn C., Leslie, Laurel K., Hurlburt, Michael, Barth, Richard P. et al. 2005. Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics* 116 (4): 891-900.

<sup>12</sup> Wulczyn, Fred, Hislop, Kristin and Harden, Brenda. 2002. The placement of infants in foster care.

<sup>13</sup> Scarcella, Cynthia A., Bess, Roseana, Zielewski, Erica H., Warner, Lindsay et al. 2004. *The cost of protecting vulnerable children IV: How child welfare funding fared during the recession*. Washington, DC: The Urban Institute.

<sup>14</sup> The Pew Commission on Children in Foster Care. 2004. *Fostering the future: Safety, permanence and well-being for children in foster care*. Washington, DC: The Pew Commission.

<sup>15</sup> Halfon, N., Mendonca, A., and Berkowitz, G. 1995. Health status of children in foster care: The experience of the Center for the Vulnerable Child. *Archives of Pediatric and Adolescent Medicine* 149 (4): 386-391.

<sup>16</sup> Note: 61,243 is the exact number of children under three served by Early Head Start in Fiscal Year 2005. Head Start Program Information Report for the 2004-2005 Program Year, Early Head Start Programs Only. Retrieved October 23, 2006. Note: 2,552,000 children under three in the U.S. live below the federal poverty level. U.S. Census Bureau. 2005. *Current population survey, 2006 annual social and economic supplement. POV34: Single year of age—Poverty status: 2005*. [http://pubdb3.census.gov/macro/032006/pov/new34\\_100\\_01.htm](http://pubdb3.census.gov/macro/032006/pov/new34_100_01.htm) (accessed October 23, 2006). For more information on Early Head Start, please see the ZERO TO THREE Policy Center website: [www.zerotothree.org/policy](http://www.zerotothree.org/policy)

<sup>17</sup> Osofsky, Joy D., Kronenberg, Mindy, Hammer, Jill H., Lederman, Cindy et al. 2006. The development and evaluation of the intervention model for the Florida Infant Mental Health Pilot Project (unpublished paper).

<sup>18</sup> Child Welfare League of America. 2004 *Children's legislative agenda: Substance abuse, families and recovery*. [www.cwla.org/advocacy/2004legagenda14.htm](http://www.cwla.org/advocacy/2004legagenda14.htm) (accessed December 14, 2004).

<sup>19</sup> Ibid.

<sup>20</sup> Shonkoff, Jack and Phillips, Deborah. 2000. *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

<sup>21</sup> Ibid

<sup>22</sup> Ibid

<sup>23</sup> Halfon, N., Mendonca, A., and Berkowitz, G. 1995. Health status of children in foster care: The experience of the Center for the Vulnerable Child.

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