

# A Call to Action for Infants and Toddlers in Foster Care

MATTHEW E. MELMED

ZERO TO THREE, Washington, DC

**A**buse and neglect—and how our child welfare systems often respond—threaten the healthy future of thousands of infants and toddlers. Their brains are developing at life-altering rates of speed. Maltreatment chemically alters that development and can lead to permanent damage to the brain’s architecture. Every year, 196,476 children from birth to 3 years old come into contact with the child welfare system (U.S. Department of Health and Human Services [DHHS], 2010b); 76,862 are removed from their parents’ care (DHHS, 2010a).

As a society, we have a moral imperative to protect children. This is especially so in cases where it is determined that children need to be removed from their parents or caregivers. We must do all that we can to ensure that all children are in a safe environment and that no child falls through the cracks. We cannot afford to discard potentially productive members of our workforce by ignoring their developmental needs. Put another way, we cannot afford to burden our economy with the demands that maltreated babies will make as they grow up. Costs associated with special education programs, foster care, incarceration, mental health services, drug and alcohol rehabilitation, and the risk of continuing the cycle of maltreatment with their own children are burdens our society can ill afford.

However, there has been no concerted effort to focus child welfare policy and

practice on this age group with its unique developmental needs and opportunities. The threats to young children who are at risk for abuse or neglect or who are placed in foster care are significant; however, very few initiatives, policies, or practices recognize their special vulnerabilities. Current practices compound the effects of maltreatment. When young children are placed in nonfamily group settings, moved from home to home in foster care, denied developmental assessments and services, and kept from frequent visits with parents and siblings, developmental damage continues to escalate. We have an opportunity to protect these children and resolve the developmental damage caused by early maltreatment.

It is time for a call to action on behalf of these extremely vulnerable infants and toddlers and their families. The guiding

principle: The care of very young children known to the child welfare system must be designed according to—and with the goal of meeting—their developmental needs. Policymakers at all levels of government and infant-toddler practitioners need to place a high priority on meeting the needs of this age

## Abstract

**Almost 200,000 infants and toddlers come into the child welfare system each year. They do so during the period of the most rapid brain development. Maltreatment can damage the architecture of the developing brain, with lifelong consequences for both baby and society. The child welfare system has not done well at addressing the developmental needs of infants and toddlers (in some instances, actually doing more harm). The author, the executive director of ZERO TO THREE, argues for a policy agenda making vulnerable infants and toddlers a priority and creating a developmental approach to their care, with a call to action for policymakers and practitioners to join this effort.**



PHOTO: MARILEYN NOLT

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group, raising awareness, designing policies, and implementing practices to ensure that (a) when infants and toddlers are known to the child welfare system but remain with their families, there are preventive services available to support the protective factors that promote healthy development; and (b) when infants and toddlers must be removed from their homes, the foster care that ensues and the supports offered to their parents will help heal the effects of maltreatment and support healthy development. The federal government should show leadership in creating such a focus. However, state and local child welfare agencies, as well as local communities and practitioners, are in a position to make real changes in how the needs of very young children and their families are met and should also move forward to meet this goal.

### **A Portrait of Infants and Toddlers in the Child Welfare System**

**I**NFANTS AND TODDLERS are the largest single group of children entering foster care. Of the children who entered foster care during fiscal year 2009 (FY2009), 31% were less than 3 years old (DHHS, 2010a). Forty-five percent of all infant placements occurred within 30 days of the child's birth. 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 and to stay in foster care longer. Half of the babies who enter foster care before they are 3 months old spend 31 months or longer in placement (Wulczyn & Hislop,

2002). The most recent look at data on infants and toddlers in foster care, reported by Wulczyn, Chen, Collins, and Ernst (this issue, p. 4) shows that these trends continue.

Unquestionably, infants and toddlers are the most vulnerable age group (see box At a Glance). They constitute almost one third of all children who are abused or neglected. Of the estimated 1,740 children who died from abuse and neglect in 2008, more than three quarters (79.8%) were 3 years old or younger (DHHS, 2010b).

Children who initially enter the foster care system as infants have considerably different discharge patterns than their counterparts who enter foster care at older ages.

Infants are much less likely to achieve reunification with their families than children in any other age group. As Wulczyn and colleagues (this issue, p. 4) illustrate, infants who enter foster care before they are 3 months old are unlikely to return to their parents. For those infants who do achieve reunification, one third will re-enter the child welfare system (Wulczyn & Hislop, 2000). Almost half (49%) of the children waiting to be adopted in FY2009 were 3 years old or younger when they were removed from their parents or caretakers; 25% were less than 1 year old. However, only 2% of children adopted in FY2009 were less than 1 year old, because of the length of time it takes to go through the process leading to adoption (DHHS, 2010a).

Approximately one third of infants and toddlers investigated by child welfare services have a developmental delay. Data from the National Survey of Child and Adolescent Well-Being indicate that 35% of children from birth to age 3 years who were involved in child welfare investigations were in need of early intervention services. However, only a small number (12.7%) of these children in need were receiving the Individualized Family Service Plans to which they were entitled under federal law (Casanueva, Cross, & Ringeisen, 2008).

### ***The Developing Brain Is Harmed by Abuse and Neglect***

Neuroscientific research on early brain development indicates that young children warranting the greatest concern are those growing up in environments, starting before birth, that expose them to abuse and neglect. It is during the first years of life when the brain undergoes its most dramatic development and children acquire the abilities to think, speak, learn, and reason. Early experiences, both positive and negative, have a decisive effect on how the brain is wired (National Research Council & Institute of Medicine, 2000). In fact, early and sustained exposure to risk factors such as child abuse and neglect can influence the physical

## **AT A GLANCE: FACTS ABOUT INFANTS AND TODDLERS**

- Children between birth and 1 year old have the highest rates of victimization (DHHS, 2010b).
- Infants and toddlers constitute more than one quarter of all children who are abused or neglected (DHHS, 2010b).
- Every day, 210 babies are removed from their homes because their parents cannot take care of them (DHHS, 2010a).
- Infants and toddlers accounted for 31% of children who entered foster care in 2009—the largest single group of children entering care (DHHS, 2010a). Sixteen percent were less than 1 year old.
- 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 and to stay in foster care longer (Wulczyn & Hislop, 2002).
- A total of 1,740 children died from abuse and neglect in 2008; more than three quarters (79.8%) of these children were 3 years old or younger (DHHS, 2010b).

architecture of the developing brain, preventing infants and toddlers from fully developing the neural pathways and connections that facilitate later learning. Maltreatment experiences alter the brain's architecture (Shonkoff, 2007). These changes in the brain give rise to several psychological difficulties—cognitive delays, poor self-regulation, and difficulty in paying attention (Jones Harden, 2007).

### ***Infants and Toddlers Need at Least One Nurturing Relationship to Thrive***

The first relationships a child forms with adults have the strongest influence on social and emotional development (National Research Council & Institute of Medicine, 2000). Infants and toddlers rely on their closest caregivers for security and comfort. Those 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 (National Research Council & Institute of Medicine, 2000). They also show a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life (Goldsmith, Oppenheim, & Wanlass, 2004). Those who do not form an attachment with at least one trusted adult suffer, and their development can deteriorate rapidly, resulting in delays in cognition and learning, relationship dysfunction, and difficulty expressing emotions. Young children

with unhealthy attachments are also at much greater risk for delinquency, substance abuse, and depression later in life. Researchers have found that approximately 82% of maltreated infants show disturbances in their attachment to their caregivers (Goldsmith et al., 2004).

### ***Infants and Toddlers Are Vulnerable to the Effects of Maltreatment and Negative Experiences Related to Foster Care***

Research indicates that each domain of developmental functioning is affected by the early experience of maltreatment. Negative foster care experiences may extend and compound these developmental impairments (Jones Harden, 2007). Separation from parents, sometimes sudden and usually traumatic, coupled with the difficult experiences that may have precipitated out-of-home placement, can leave infants and toddlers dramatically impaired in their emotional, social, physical, and cognitive development (Lieberman & Van Horn, 2007). Research shows that young children who have experienced physical abuse have lower social competence, show less empathy for others, have difficulty recognizing others' emotions, and are more likely to be insecurely attached to their parents (National Research Council & Institute of Medicine, 2000). According to the National Survey of Child and Adolescent Well-Being, half of maltreated infants exhibit some form of cognitive delay. They are more likely to have deficits in IQ scores, language ability, and school performance than other children who have not been maltreated (National Research Council & Institute of Medicine, 2000). Maltreated infants and toddlers are also more likely to have physical health difficulties—greater neonatal problems, higher rates of failure to thrive, and dental disease.

### ***Maltreated Infants and Toddlers in Foster Care May Not Realize Their Full Potential***

The toll extracted by maltreatment and the inadequate response of the child welfare system through inadequate policies, programs, and responses can resonate throughout a child's life. Disproportionate exposure to early trauma and other developmental risk factors can result in a variety of mental health disorders. Physical abuse impairs a young child's social adjustment, including elevated levels of aggression that are apparent even in toddlers. Long-term negative outcomes include school failure, juvenile delinquency, substance abuse, and the continuation of the cycle of maltreatment into future generations. Too often, foster children become parents themselves too soon and have little experience with loving, nurturing relationships to guide their own parenting.

Research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children (National Research Council & Institute of Medicine, 2000). 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. To be effective, interventions must begin early and be designed with the characteristics and experiences of these infants, toddlers, and families in mind (Jones Harden, 2007). If services are not provided until a child is 6, 7, or 8 years old, the most critical opportunity for prevention and intervention is missed (Infant Mental Health Project, Center for Prevention and Early Intervention Policy, 2010). A study of the cumulative costs of special education from birth to age 18 years found that intervening at birth resulted in lower costs over the course of childhood than services started later in life (approximately \$37,000 when services were begun in infancy, 28% to 30% lower than when begun after age 6 years; Wood, 1981).

Given this window of opportunity, there are a number of ways that policymakers and practitioners can intervene to improve outcomes. The bottom line is that child welfare practices that are largely focused on child safety often are not structured to promote healthy development and the formation of a secure attachment. In fact, they may actually play a negative role in early development. A reorientation of thinking is needed to reform approaches to infants and toddlers who land in the child welfare system at such a developmentally critical time.

### **Toward a Developmental Approach to Child Welfare Policy and Practice for Infants and Toddlers**

ELEMENTS OF AN agenda focused on infants, toddlers, and their families should follow a framework of guiding principles for infant and toddler development as well as knowledge of the protective factors that help families mitigate the trauma of maltreatment and provide a nurturing environment for young children.

- *Stable caring relationships are essential for healthy development.* At least one loving, nurturing relationship is the linchpin of positive early development. Federal, state, and local child welfare policies and practices should make supporting responsive, secure bonds between the youngest children and their parents and caregivers a central goal. Key areas of concern are as follows:
  - *Lack of emphasis and support for parental visitation.* Visitation, which has



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been called “the heart of permanency planning” (Hess & Proch, 1988), is widely viewed as the most important strategy for reunifying families and achieving permanency (Haight, Sokolec, Budde, & Poertner, 2001). Very young children need to see their parents every day if possible, and those visits need to be supported in ways that help repair and strengthen the parent–child bond. However, current state child welfare policies vary widely and may call for visits once a week or even less frequently. Little information is available on how often visits actually occur. For infants and toddlers, infrequent visits are not enough to establish and maintain a healthy parent–child relationship. Visitation for infants and toddlers should be as frequent as possible (e.g., daily or multiple times per week) and be conducted in locations that are familiar to the child (Jones Harden, 2007).

- *Incidence of multiple placements:* Children in foster care frequently experience multiple moves. In one state, 25% of infants and toddlers had three or more moves within the first 3 months of care (Hornby, Zeller, & Cotton, 2009). Multiple moves place children at an increased risk for poor



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outcomes with regard to social-emotional health and the ability to develop secure healthy attachments (Gauthier, Fortin, & Jéliu, 2004). When a baby faces even one change in placement, fragile new relationships with foster parents are severed, reinforcing feelings of abandonment and distrust. Even very young babies grieve when their relationships are disrupted, and this sadness adversely affects their development. Policies and practices for infants and toddlers in foster care need to be reoriented

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- toward the goal of making the first placement the last placement.
- *Use of congregate care:* Some infants and toddlers are still placed in congregate care—group settings, typically with rotating, 24-hour child care staff (Jones Harden, 2007). Data suggest that institutional care for infants leads to a range of harmful developmental outcomes including motor and language delays and a variety of social-emotional deficits, such as lack of attachment, lack of a sense of trust, and absence of social play (Jones Harden, 2002). Researchers have also documented elevated levels of cortisol, a stress hormone, in these children. Although the use of congregate care facilities has increased over the past 2 decades because of the crack/cocaine and methamphetamine epidemics and the decrease in the number of available foster homes, no very young child should be placed in congregate care facilities unless in a facility with her parent (Jones Harden, 2007).
  - *Length of time to permanency:* During the earliest years of life when growth and development occur at a pace far exceeding that of any other period of life, time goes by quickly. Babies can drift for years in foster care, from one foster home to another. Standard child welfare practice is to seek reunification when in the best interest of the child, but this may take several months or years. Concurrent planning

- for infants and toddlers is not systematically used, and often an alternate permanency plan is considered only when reunification fails to occur. Concurrent planning means that children have two permanency goals, typically reunification and placement with a relative. Both goals are actively pursued at the same time. Infants and toddlers need a stable, loving family as soon as possible. The shift in philosophy required by concurrent planning, coupled with real barriers including providing adequate supportive services to parents and locating family members or other potential adoptive homes, can be difficult to achieve. However, it creates opportunities for innovation in supporting young children and families and an impetus for robust efforts to provide services to parents. New models of foster parenting need to be explored so that, when initially removed from their parents, very young children are placed with families who are able to support reunification efforts with the parents but who would provide a permanent home if reunification is not possible.
- *Early intervention can prevent the consequences of early adversity.* Federal, state, and local policies, as well as child welfare practice, should ensure that the developmental needs of infants and toddlers, as well as those of their parents, are identified and addressed. This means routinely using screening and assessments and intervening early with developmental services. As noted by Hudson (this issue, p. 23), policy and practice at all levels must ensure a focus on the needs of parents as well as those of children. Often services are lacking, especially to strengthen the parent-child relationship. Without adequate supports for parents to provide a healthy environment for their child, very young children can suffer depression and other mental health problems. Practitioners and services for infant and early childhood mental health—which differ substantially from those for older children—are scarce. However, an overarching principle of infant mental health intervention is that relationships (e.g., between parent and child as well as between family and interventionist) are the conduit for change in the young children and families served (Jones Harden, 2007). For young children in child welfare, healing the relationship between the baby and parent is critical; however, services remain extremely limited and reimbursement

for child–parent therapy is often problematic.

- *Every child welfare decision and service should have a goal of enhancing the well-being of infants, toddlers, and their families to set them on a more promising developmental path.* Federal, state, and local child welfare policy, as well as practice, should be focused on building and maintaining a well-trained child welfare, social service, early childhood, and legal workforce educated in the science of early childhood development and informed by the most relevant and recent data. This would require ongoing training and continuing education, sound recruitment and retention policies, improved supervision, and appropriate workloads for workers.
- *Families and communities must be key partners in efforts to ensure the well-being of every child.* The child welfare system cannot go it alone. It is important that we support child welfare policy that seeks to encourage coordination among agencies whose goal is to assist at-risk families. Assisting at-risk families will require a comprehensive approach that seeks to “break down the silos” that currently exist. We should encourage and support the development of community-based networks of social service supports to assist infants, toddlers, and their families known to the child welfare system. For at-risk families with young children, building strong friendships and connections to their community that reduce isolation is critical to providing a network of support during challenging times.
- *Child welfare administration at the federal, state, and local level must include a focus on infants, toddlers, and their families in such functions as data collection, research, and attention to special populations.* Too often we find we just do not know enough about what is occurring with the youngest children in the child welfare system or about what works best in addressing their needs. The youngest children are overlooked in research design, data collection, and analysis. Placing a priority on addressing the needs of infants and toddlers in the child welfare system means ensuring that they are considered in every aspect of program administration.

## A Call to Action

EVERY DAY IN the United States, 210 infants and toddlers leave their parents and are placed in the care of someone else, often a stranger. We believe that these babies cannot wait until someone notices them later in their lives, most likely for the wrong reason. Accordingly, ZERO TO



PHOTO: ANDREA BOEHNER

### Each domain of developmental functioning is affected by the early experience of maltreatment.

THREE has convened a national coalition of organizations that are leaders in child welfare policy, including the Child Welfare League of America, the Children’s Defense Fund, the Center for the Study of Social Policy, and the American Humane Association, to develop and implement a shared child welfare policy agenda for infants and toddlers. The shared agenda will raise awareness of these critical issues and seek to make them a priority at all levels of government. Our ultimate goal is to ensure that the practices used in the child welfare system incorporate what we know from the science of early childhood development into what we do for the youngest children. Our national partners each bring their own historical knowledge, wealth of experience, and perspective about the needs of young children in the child welfare system, which is crucial in developing a joint agenda. Through this unique partnership, we hope to highlight and lend urgency to opportunities for both short- and long-term policy changes at the federal, state, and local levels to benefit infants and toddlers in the child welfare system.

It is clear that the effect of maltreatment and negative foster care experiences on healthy development can have lifelong implications if not properly addressed. We at ZERO TO THREE call on policymakers at all levels of government and infant–toddler practitioners to act now to ensure that our nation’s most vulnerable infants and toddlers get the best possible start in life. ❧

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**MATTHEW E. MELMED, JD**, executive director of ZERO TO THREE, has significantly expanded the organization’s impact in promoting the health and development of infants and toddlers. Mr. Melmed is committed to translating what we know into what we do for America’s youngest children.

Since 1995 he has guided the considerable growth of the organization’s activities in support of professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers. Under his leadership ZERO TO THREE has launched a number of major programmatic and policy initiatives.

Mr. Melmed currently serves as the first elected chair of the Children’s Leadership Council, a coalition of 55 leading national policy and advocacy organizations working to improve the health, education and well-being of America’s children and youth. In addition, he serves as vice-chair on the board of Generations United and was recently elected a trustee of the Turrell Fund in New Jersey.

Mr. Melmed served for 13 years as executive director of the Connecticut Association for Human Services and prior to that was a managing attorney for Connecticut Legal Services. He is a Phi Beta Kappa graduate of SUNY Binghamton and received his Juris Doctor degree from SUNY Buffalo.

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Preview a chapter from the book by Brenda Jones Harden. Using extensive research, Dr. Jones Harden explains some of the basic theories of child development that are especially relevant to the experiences of infants and toddlers in the child welfare system and offers infant-centered policy and practice strategies.