
THE PLACEMENT OF INFANTS IN FOSTER CARE

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ABSTRACT: The fundamental question explored in this study concerns the relationship between age and the risk of placement into foster care, the likelihood a child will leave placement, and the likelihood a child will return to foster care having been discharged. The study is based on the experiences of more than 690,000 children in 11 states over an eight-year period, from 1990 to 1997. The results suggest quite strongly that very young children are at greatest risk of entry into foster care, particularly if they are from urban areas. Specifically, 1% of children under one year and 2.5% of children under the age of four months enter foster care. Moreover, once in care, children under the age of four months at the time of placement remain in foster care longer than other children. The implications of these findings for public policy and future research are discussed.

RESUMEN: La pregunta fundamental que este estudio explora tiene que ver con la relación entre la edad y el riesgo de ser colocado en un hogar ajeno con el propósito de que al infante se le preste el cuidado que necesita, las probabilidades de que el infante abandone ese nuevo hogar, y las probabilidades de que el infante regrese al sistema de cuidados prestados por un hogar ajeno después de ser dado de baja. Este estudio se basa en la experiencia de más de 690,000 niños en once Estados dentro de un período de 8 años que va de 1990 a 1997. Los resultados sugieren en forma muy determinante que los niños muy jóvenes se encuentran bajo un riesgo mayor de entrar bajo el cuidado de un hogar diferente al propio, particularmente si esos niños proceden de áreas urbanas. Específicamente, el 1% de los niños con menos de un año de edad, y el 2.5% de los niños con menos de 4 años entran al cuidado de hogares ajenos. Es más, una vez bajo este cuidado, los niños que tienen menos de 4 años de edad al momento de ser colocados bajo tal cuidado, permanecen bajo él por más tiempo que otros niños. Se discuten las implicaciones que estos hallazgos puedan tener en cuanto a las reglamentaciones públicas y a la investigación en el futuro.

RÉSUMÉ: La question fondamentale explorée dans cette étude concerne la relation entre l'âge et le risque de placement dans une famille de placement, la probabilité que l'enfant quittera le placement, ainsi que la probabilité que l'enfant retournera dans une famille de placement après avoir été autorisé à retourner dans sa famille. Cette étude est basée sur les expériences de plus de 690 000 enfants dans 11 états des États-Unis sur une période de 8 ans, de 1990 à 1997. Les résultats suggèrent très fortement que les très jeunes enfants sont à plus grand risque d'entrer en famille de placement, en particulier s'ils viennent de zones urbaines. Plus spécifiquement, 1% des enfants de moins d'un an et 2,5% des enfants de moins de 4 mois sont placés en famille de placement. De plus, une fois placés, les enfants de mois de 4 mois au

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moment du placement restent en famille de placement plus longtemps que les autres enfants. Les implications de ces résultats pour la politique publique et les recherches à venir sont discutées.

ZUSAMMENFASSUNG: Die grundsätzliche Frage, die in dieser Studie untersucht wird, betrifft den Zusammenhang zwischen dem Alter und dem Risiko fremduntergebracht zu werden, die Wahrscheinlichkeit, dass ein Kind seine Unterbringung wieder verlässt und die Wahrscheinlichkeit, dass ein Kind wieder in die Fremdunterbringung zurückkehrt nachdem es aus ihr entlassen wurde. Diese Studie basiert auf den Erfahrungen mit mehr als 690.000 Kindern in 11 Staaten in einem Zeitraum von mehr als 8 Jahren, von 1990 bis 1997. Die Ergebnisse weisen deutlich darauf hin, dass sehr junge Kinder, besonders aus städtischen Gebieten, das größte Risiko haben fremduntergebracht zu werden. Im Besonderen sind das 1% der Kinder unter einem Jahr und 2,5% der Kinder im Alter von weniger als 4 Monaten, die fremduntergebracht werden. Darüber hinaus bleiben Kinder, die jünger als 4 Monate sind, wenn sie untergebracht werden, länger dort, als andere Kinder. Die Bedeutung dieser Ergebnisse für die Jugendwohlfahrt und für zukünftige Forschung werden diskutiert.

抄録：この研究で探究される基本的な疑問は、年齢と里親に措置する危険性の間の関係性、その子が里親を離れる見込み、そして里親から出された後に再び里親に戻ってくる見込み、に関係している。この研究は、1990年から1997年にかけての8年間に、11州の690,000人以上の子どもの経験に基づいている。結果から、非常に幼い子どもが、特にその子どもが市街地の出身の場合には、里親の養育に入ることにも最も大きなリスクがあることが、強く示唆された。厳密に言うと、1歳以下の子どもの1%、4ヶ月以下の子どもの2.5%が里親の養育に入った。さらに、ひとたび里親の養育に入ると、措置された時に4ヶ月以下の子どもは、他の子どもよりも長く里親の養育にとどまった。これらの所見が公共政策や将来の研究に与える意味について、議論される。

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The developmental salience of the infancy period has been documented by numerous studies in multiple disciplines (cf. Shonkoff & Phillips, 2000). In the field of child welfare, several recent trends have underscored the import of examining infants as a unique population, particularly those under one year of age. The current study represents an attempt to integrate knowledge garnered from the field of child development about the complexity of infancy, with research on infants in the child welfare system. As such, we move beyond the consideration of children under one as a homogeneous group with respect to placement history and provide a more refined analysis of the specific experiences of infants (i.e., children under the age of one year) who are placed in foster care.

INFANTS AND CHILD WELFARE DYNAMICS

Research with state administrative data reveals a strong and persistent relationship between the age of a child and the likelihood of involvement with the foster care system. Data from the National Child Abuse and Neglect Data System (U.S. Department of Health and Human Services, 2000) allows us to track the process of entry into and exit from care, and to examine how age influences the unfolding placement history. Beginning with allegations of child abuse and neglect, children under the age of four account for 25% of all child victims of substantiated maltreatment in 1998. The data also show that children under the age of one are the largest single group of maltreatment victims, representing 8% of all victims. The victimization rate

for neglect, the most common substantiated allegation, among children under the age of four approached 10 per 1,000.

Although the probability of placement following a substantiated report of abuse and neglect tends to be in the range of 8 to 14%, it is the case that children under the age of one are more likely to be substantiated and placed than older children (Goerge, Sanfilippo, Yu, & Goad, 1997; Yuan & Johnson, 2001). In part, in utero substance exposure is a risk factor that influences the likelihood of placement following a substantiated report. For example, one study found a significant increase in the proportion of substance exposed infants among all infants admitted to foster care, from 7% in 1987 to 29% in 1992 (Goerge & Harden, 1993). Another study linked birth certificates to foster care placement records among children admitted to foster care between 1984 and 1989 in New York City. Data extracted from these records on maternal use of prenatal care and child birth weight were consistent with what would be found in cases of in utero exposure to drugs (Wulczyn, 1991).

Research examining foster care placements over time and by age reinforces the fundamental point that younger children are placed in foster care more frequently. From a historical perspective, foster care caseloads around the country grew quite rapidly during the mid-1980s because of a sharp influx of infants. For example, in the states of California, Illinois, Michigan, Texas, and New York, children placed before their first birthday accounted for about 15% of all first placements in 1986; by 1989, infants accounted for 25% of the new admissions. More recent data indicate that infants continue to be over represented among the children entering foster care. According to data collected as part of the Multistate Foster Care Data Archive (Wulczyn, Hislop, & Goerge, 2001), among all children who entered foster care for the first time between 1990 and 1998, 21% were under the age of one. The drop from 25 to 21%, from 1986 to 1989, reflects expanded coverage (i.e., more states) in the Archive, and a slight drop in the percentages recorded, even in some of the larger states. Nevertheless, analysis of those same data suggests that the preponderance of young children among children entering foster care is evident in 11 of the 12 archive states.

Just as age is associated with the likelihood of entering foster care, age is strongly associated with how long children remain in placement, the type of exit (e.g., adoption or reunification) and the likelihood of returning to care following discharge. In effect, children under the age of one, based on age at admission, tend to stay much longer in foster care than older children, although the magnitude of the effect depends on the type of placement, the child's race and ethnicity, the part of the state in which the child resides, and other factors (Barth, 1997; Courtney, 1995; Goerge, 1990; Needell, 1996; Kemp & Bodonyi, 2000; Wells & Guo, 1999; Wulczyn et al., 2001). However, the tendency to remain in foster care longer is closely related to how children leave placement. Infants (children under the age of one) are much more likely to be adopted than are children of any other age, including children who enter care as one year olds (Wulczyn et al., 2001). The likelihood of reentry is also associated with age. In general, older children (i.e., ages 6–17) have been shown to have higher reentry rates (Courtney, 1995; Wulczyn, 1991). For infants as well as older children, reentry rates for children discharged to relatives are lower than for those reunified with their biological parents (Courtney, 1995; Wulczyn et al., 2001). In addition, children reunified following longer initial placements were less likely to return to care (Courtney, 1995; Wulczyn, Hislop, & Goerge, 2001; Wulczyn, 1991).

For the most part, the research that links age and the likelihood of placement, placement duration, and exit type has tended to focus on larger age groupings. That is, in the studies cited above, the most refined groupings categorize children as under one and compare their experiences with children clustered into larger age groups (e.g., one to three year olds). Only Wulczyn (1991) and Needell (1996) have focused on finer subpopulations within the subca-

category of children under the age of one (infants). Wulczyn (1994) focused on infants generally, but did subdivide the population of infants based on when during infancy they were placed for his analysis of length of stay. That research suggests that although infants are clearly differentiated from older children in terms of placement duration, the subpopulation of infants is itself heterogeneous with respect to length of stay. In particular, infants placed within three months of birth experienced the longest placements, even after a variety of birth status variables (e.g., birth weight) were taken into account. Similarly, Needell (1996) focused on children under the age of one month at the time of placement in her study of all infants placed in California between 1988 and 1994. She found that newborns comprised more than 50% of all infants admitted to foster care. The California data also indicate that newborns stayed longer in placement, all other measured attributes being equal. Those other factors included poverty, race/ethnicity, county of origin, and reason for placement.

In sum, the prevailing evidence on children in foster care suggests that children under the age of one are the most likely to be placed in foster care. Although Wulczyn (1991) and Needell (1996) have examined a subpopulation of children in this age group (i.e., children placed during the newborn period), no study to date has done refined analyses of the child welfare experiences of specific age groups within the population of infants under the age of one. Such an analysis could contribute to the extremely limited empirical literature on the experiences of young infants in the child welfare system.

THE DEVELOPMENTAL SALIENCE OF INFANCY

Given the data that point to infancy as a particularly vulnerable period for children's experience of maltreatment and foster care placement, it is important to consider the developmental context in which these experiences take place. Child welfare research, particularly that which addresses the experiences of specific age groups of children, should be informed by the current knowledge base on the development of targeted children. In this vein, the large body of literature on infant development offers a framework for the study of the child welfare experiences of infants in foster care.

More rapid and complex developmental changes occur during infancy than at any other point in the human lifespan (cf. Osofsky, 1987; Shonkoff & Phillips, 2000). Developmental researchers have documented the many gradual transformations that occur during infancy across all domains. Within the first 12 months of life, most infants experience major shifts in their capacities to be ambulatory and verbal human beings, with the capacity for sophisticated problem solving. Infants also achieve many social-emotional gains during the first year of life, such as the development of an independent self-system and early self-regulatory capacities. It has been suggested that important biobehavioral shifts occur when an infant is two to three months old and eight to nine months old that affect development across domains (Emde, Gaensbauer, & Harmon, 1976).

Perhaps the social-emotional development in the first year of life that is most affected by experiences in the child welfare system is the infant's attachment to a primary caregiver (Zeanah, Boris, & Lieberman, 2001). The classic work by Bowlby (1969), which has subsequently been supported by many empirical studies (see Zeanah et al., 2001), articulates a process of attachment that begins during the prenatal period and is gradually consolidated during the first year of life. Infants are born with certain characteristics that elicit attachment-promoting responses from caregivers. During the first three months of life, infants have limited discrimination of the attachment figure. The biobehavioral shift of two to three months ushers in a period when infants begin to engage in voluntary, deliberate social interaction and to interact with attachment figures differently than they do with a stranger. After eight to nine

months, the infant clearly prefers a specific attachment figure and seeks proximity and contact with that person.

These specific age-related changes in attachment during the first year of life argue for investigations of infants in the child welfare system that distinguish between multiple age groups (e.g., three months of age and younger; between four and eight to nine months of age; over eight to nine months of age). One notable study on the development of attachment in infants in foster care was conducted by Dozier, Stovall, Albus, and Bates (2001). Although this study did not specifically examine the development of attachment in specific age groups of infants, it addressed the relation between attachment and timing of placement. Contrary to the authors' expectations, the age at which foster infants were placed did not predict attachment quality.

Developmental changes during infancy are embedded in the transactions between biological and environmental factors that affect child outcomes over the short and long term. Infants in the child welfare system are particularly vulnerable to specific biological and environmental factors, such as prenatal drug exposure (Jones Harden, 1998; Mayes, 1995), prenatal exposure to HIV and other sexually transmitted diseases (American Academy of Pediatrics, 2000; Koch, 1996), early exposure to trauma (Kaufman & Henrich, 2000), and poverty (Aber, Jones, & Cohen, 2000). Such factors have precipitated increasing rates of health, developmental, and mental health problems in infants who are placed in foster care (Halfon, Berkowitz, & Klee, 1992; Leslie, Gordon, Ganger, & Gist, 2002; Miller, Gorski, Borchers, & Jenista, 2000; Silver, Amster, & Haecker, 1999). Clyman, Jones Harden, and Little offer a review of this literature in the introductory article of this volume. There is some suggestion that interventions that address these issues in other groups of infants at risk are more effective the earlier they begin (Carnegie Task Force on Meeting the Needs of Young Children, 1994). Thus, it is important to understand the experiences of young infants in foster care from the perspective of the timing, targets, and dimensions of service delivery.

OVERVIEW OF STUDY

Given the literature on the development of infants, Needell (1996) argues that the use of finer age distinctions is warranted in research on infants in foster care. Investigations of this type could elucidate the unique experiences of different age groups of infants, and ultimately inform a developmental framework for understanding the experiences of young infants in foster care and planning services for this population.

In this article, we take up the above themes by focusing specifically on children who enter foster care in the first year of life, with a special emphasis on children placed into foster care within three months of birth. We report on the results of our exploratory investigation that addresses three topics. First, we describe the frequency of placement for various subpopulations of children. Our objective is to provide basic epidemiological data so that the scope of the issue is understood in its broadest context. Second, we examine placement duration. Here, our objective is to determine the extent to which placement within the first three months of life is a predictor of placement outcomes measured in terms of permanency. We focus on whether the youngest children spend longer times in foster care and where they are placed following discharge. We also study the relationship between young children's length of stay in foster care and where they go when they leave placement. Last, we consider reentry to foster care and its relation to placement type.

METHOD

The Multistate Foster Care Data Archive

The study population comes from the Multistate Foster Care Data Archive (the Archive) maintained by the Chapin Hall Center for Children at the University of Chicago. The Archive is a database constructed from information drawn directly from the administrative databases that state agencies use to manage and operate their child welfare programs. At last count, the Archive included the placement records for 1.2 million children placed into foster care. From a point-in-time perspective, on December 31, 1998, the federal government estimated that there are 560,000 children in foster care (Committee on Ways and Means, 2000). Of this total, the states contributing data to the Archive accounted for 288,000, or approximately 51% of the nationwide total of children in foster care at a specific time point.

Research with administrative data poses a particular set of challenges, many of which become apparent when data from different states are brought together. The most fundamental challenge is comparability. In part, comparability problems arise from the fact that each state has developed a unique record-keeping system for tracking what are essentially similar events. These differences have to be reconciled. Another common difficulty in trying to use state administrative data for research purposes results from a design bias toward currency; that is, the contents of data fields are overwritten when the data are updated, and inactive cases are removed from the database without an archival record. Because many of the most important questions in child welfare research depend on portraying a historical sequence of events for both active and inactive cases, the practice of eliminating old information can seriously limit the kind of analysis that is possible.

In developing the Archive, we adopted the following guidelines. With regard to the issue of comparability, we defined a limited set of child characteristics and placement events that have clear meaning in each of the jurisdictions. The child characteristics are date of birth, gender, ethnicity, and a unique identifier. The placement events are date of placement, type of placement, and exit destination (e.g., reunification and adoption). We reprocess the child welfare data from each state, making the data comparable across states by linking unique state codes to a master schema. The core module of the Archive database stores components of foster care histories within a design that keeps one record for every child and a separate record for each event of interest that a child has experienced. With respect to the issue of design bias, we accept data only from those states that maintain continuous historical records for children in their custody.

Three additional design features are relevant. First, the advent of computerized child tracking in the participating states differs. Illinois, one of the first states to adopt computerized tracking, contributes data from July 1, 1976 forward. This means the Archive has sequential event records for every child placed in foster care since that date. In other states, the available data begin somewhat later. Michigan, Missouri, New York, and New Jersey initiated computerized tracking in the early to mid-1980s. In the late 1980s, California and Alabama implemented child welfare tracking systems, while the remaining states contribute data from systems that permit child tracking from 1990 through the most recent update, which in the case of this study is December 31, 1997. The selection of states and reporting period for any given analysis is a function of the question being asked.

Second, the idea of a spell in foster care is a key methodological concept that influences how the data are analyzed. Most of the descriptive work done to date with the Archive has focused on spells because of their conceptual simplicity and their substantive importance—a

child is either in foster care or not.¹ A spell is defined as a continuous period of time spent in placement. A spell begins with a new foster care placement and continues until reunification, adoption, or any other discharge from the foster care system. Although a single spell can, and often does, include a sequence of movements through two or more physical placements, a spell always reflects an uninterrupted period in care. Because the core data module includes the date of placement, spells can be sorted in temporal order, from first to most recent.

Once the spells are derived from the event sequence, spells that lasted fewer than five days are excluded because shorter spells, which typically are court-vacated protective placements, tend to be reported only in certain states. Also, when spells in foster care end for reasons other than reunification or adoption, and reentry then follows within 1 week, the gap is “bridged” and the two separate spells are treated as one single spell. This adjustment was needed to remove certain “paper changes” that reflect idiosyncratic reporting practices.

Third, to further ensure comparability, the Archive includes the records associated with children who meet the following criteria. Children must have entered foster care before the age of 18; children must be in state care for reasons of dependency, abuse, or neglect; and the foster care placement must be state supervised and supported with a board and maintenance payment.

Participants

The data extracted from the Archive for this study are as follows. Data from eleven states are used: Alabama, California, Illinois, Iowa, Maryland, Michigan, Missouri, New Mexico, New York, Ohio, and Wisconsin. From the master Archive data file, we selected the first spell record for every child who was identified in the dataset as being placed for the first time into foster care between January 1, 1990 and December 31, 1997. Over this eight-year period, 693,231 children were eligible for inclusion. Any child whose first placement occurred prior to January 1, 1990 was excluded, regardless of whether subsequent spells were initiated during the study period. Foster care spells for each admission cohort were then followed through December 31, 1997.

In addition to the basic spell data—date of entry, type of placement, date of exit, and type of exit—we also extracted the demographic data for each child. From the demographic record, the date of birth and county of origin are particularly germane because we describe placement histories by the child’s age at initial placement and whether the child lived in the state’s primary county area. The reentry data are based on the date of placement back into foster care, given an initial entry during the study period.

Measures

Admissions to foster care. Children are placed into foster care for a variety of reasons. Typically, children are taken into protective custody following a substantiated allegation of abuse or neglect. Although less common, children also can be admitted voluntarily by their parents. All admissions, regardless of the reason, are counted. The counts were organized into entry

¹Because spells concatenate sequential placements into one episode, they ignore a significant dimension of the child’s placement history. Concern about the movement of children between placements that emphasizes the instability foster care has generated some study, especially as one component of the discussions on permanency in foster care. The number and types of placement changes children experience deserves attention, and the Archive database does contain the placement-specific event data necessary to support such work. This current effort, however, focuses on child welfare histories from the broader perspective of the spell.

cohorts by calendar year of admission. In addition, first placements are differentiated from all subsequent admissions on a child specific level. Only first placements to foster care involving children between the ages of birth and 17, inclusive, are included in the analysis presented here. Thus, for these analyses, data from subsequent spells are excluded. The admission counts are standardized per unit population by dividing the total number of first admissions in a given year, summed across all the reporting states by the estimated number of children 17 years and younger, also summed across the states. The result, the rate of placement per 1,000 children, is regarded as the risk or likelihood of placement. Population counts are mid-year estimates obtained from the U.S. Census Bureau, State Population Estimates, 1990 to 1997, Annual Time Series of State Population Estimates by Single Year of Age and Sex. Finally, placement rate calculations are based on eight archive states. Iowa, Maryland, and New Mexico were excluded because the data from those states do not cover the full eight-year period from 1990 to 1997.

Placement duration. Placement duration refers to the length of time children remain in foster care until exit (i.e., duration of the first placement spell). Placement spells, described previously, end when a child leaves foster care for any one of several reasons. Reunification, one such reason, occurs when a child is returned to the physical custody of his or her biological parents. Children can also be adopted or discharged to relatives. These exit destinations are defined more fully below. Two specific measures of placement duration are used. The median duration refers to how much time passes before one-half of an entry cohort exits care. The median duration is estimated using the Kaplan-Meier method (Lancaster, 1990). The second measure is the risk ratio, estimated using the Cox proportional hazard model. The Cox model evaluates the probability of exit per unit time given that an exit has not yet been observed. The hazard model can be used to study independent variables and their effect on discharge rates. The particular advantage of the Cox model and other event history models concerns the treatment of censored data (Lancaster, 1990). Because many of the placement spells that started between 1990 and 1997 had not ended by December 31, 1997 (i.e., censored observations), duration estimates are biased downward if the cases not yet discharged are excluded from the analysis. The Cox model uses censored data to estimate exit probabilities.

Age at first placement to foster care. Each admission cohort was divided into age-based subpopulations. The first subpopulation consists of children whose initial placement occurred prior to their fourth birthday. These children are referred to as infants and toddlers. The second subpopulation consists of children who were between the ages of 4 and 17 at the time of placement. The subpopulation of infants and toddlers is further divided into four subgroups: children under the age of one (infants), one year olds, two year olds, and three year olds. Last, based on distinct developmental periods of infancy, the group of infants is divided into children admitted between birth and three months of age, children admitted between four to nine months of age and children admitted between 10 and 12 months of age. These groupings are used to capture age-specific heterogeneity in the risk of placement and other events of interest. We also track age specific placement experiences to determine the extent to which age is related to how long a child remains in care and the likelihood a child will return to foster care once discharged.

Geography. The Archive includes the child's county of residence at the time of placement. The analysis presented here isolates children from the urban areas that have the largest child welfare system in each state. The experiences of children from these counties, to which we refer collectively as the primary counties, are then compared with children from those counties that make up the balance of each state. The emphasis on the largest child welfare system in

each state reflects the evolution of the Archive. When the Archive was originally assembled, data from three states—Illinois, Michigan, and New York—were the first to be included. At that time (1990–1992), it was assumed that the child welfare systems in Chicago (Cook County), New York City, and Detroit (Wayne County) faced a set of unique challenges attributable to concentrated urban poverty found within the borders of the principal cities. That perception was supported by the data insofar as admissions and length of stay in those three jurisdictions exceeded statewide averages. As new states were added to the Archive, we preserved the idea of separating the largest county from other regions of the state. Again, the practice was supported by the data. For example, in the most recent Archive report, the reported length of stay was significantly higher in each of the primary urban counties than it was in the balance of each state, with the lone exceptions of Iowa and Missouri (Wulczyn et al., 2000). Research that explores other possible taxonomies is underway, and the results are not substantially different (Wulczyn & Hislop, 2002).

The counties designated as primary urban counties include: Jefferson County, Alabama; Los Angeles County, California; Cook County, Illinois; Baltimore City, Maryland; Wayne County, Michigan; Jackson County and St. Louis, Missouri; Bernadillo County, New Mexico; New York City, New York; Cuyahoga County, Ohio; and Milwaukee County, Wisconsin.

Placement type. Each placement spell is categorized by placement type, which is defined as the place where the child has resided for more than 50% of the placement spell. There are three primary types. As a care type, foster care refers to traditional foster family care. That is, the child is placed in the home of a family that agrees to provide a living arrangement on a temporary basis. Foster family homes are limited in the number of unrelated foster children that can be present at any one time. Relative foster care is similar to traditional foster family care except that the foster care provider is related to the child. The degree of relationship (e.g., aunt, grandmother, etc.) used to define relatives varies by state. We do not include unpaid relative care. Children may also be placed in group care. Each state supports a variety of group care settings. Differences in settings are based on the number of children present and the purpose of the underlying program. For this analysis, all group care types have been folded into a single category. Finally, because children can shift between placement types in the context of a single spell, we have developed a hybrid category that defines the placement type based on the proportion of total time spent in a given type. Mixed placement types refer to spells that consist of multiple placement types, none of which total more than 50% of the total time.

Exit destination. We identify three primary exit types: reunification, discharge to relative, and adoption. Reunification refers to those instances when a child is returned to the parent's home, whereas a discharge to a relative means that a child has been released to the custody of an adult, other than the parents, to whom the child is related biologically. The difference between relative foster care and a discharge to a relative has to do with legal custody and payment. Relatives who serve as foster parents receive a stipend from the state, the child typically is in the legal custody of the state, and the placement is supervised by public child welfare officials. When a child is discharged to a relative, the stipend ceases, although states increasingly are relying on subsidized guardianship. The relatives to whom a child is discharged may or may not be the same relative that provided foster care. Adoption refers to those instances when the rights of the biological parents have been severed completely and transferred to a new set of adults who may or may not be relatives. The analysis of exit destination pertains only to the 1990 through 1995 admission cohorts. A smaller sample (i.e., earlier cohorts) adjusts for the fact the fewer members of the more recent cohorts have a recorded exit.

Reentry. Reentry to foster care occurs when a child previously discharged from foster care returns. The child can return for any one of several reasons including the recurrence of abuse or neglect and voluntary replacement. During the processing of event records, we recognize new spells when a child, discharged from placement to the home of a parent or relative, has a subsequent placement record. State laws generally prohibit the tracking of children who have been adopted. Once a child is adopted a new child identifier and case (family) identifier is assigned without reference to the old identifier. The rationale has to do with the fact that the child is in a “new” family. As a result of these state reporting practices, our estimate of reentry rates are somewhat understated. Our analysis is limited to children who were discharged to their parent or to a relative. Also, the sample used to study reentry is limited to the 1990 through 1994 entry cohorts. Because the foster care admission date varies but the endpoint for all cases is the same (12/31/97), the duration of time examined varies by cohort year. As in the case of exit destination, the sample is adjusted to maximize the opportunity to observe fully the reentry process. This strategy allows for a more complete profile of the experiences of the children included in the sample.

RESULTS

Age and Admission to Foster Care

In this section, we concern ourselves with the frequency of placement for various age groups of children. The population of children studied includes 693,231 children admitted to foster care for the first time between 1990 and 1997. The age distribution associated with these children is distinctly bimodal, but skewed in the direction of younger children (see Figure 1). Twenty-one percent of the children were admitted to foster care prior to their first birthday. The second and third largest groups were children ages one and two at the time of placement, respectively. The proportion of children placed in foster care at age 14 and 15 was slightly less than 12% combined (see Figure 1).

The higher relative proportion of children under the age of one, at the time of placement, corresponds to a generally higher risk or likelihood of placement when compared with other children. To highlight this point, we computed age specific incidence rates for children placed into foster care each year between 1990 and 1997 (see Table 1). The rates reflect the number of children admitted to foster care per 1,000 children in the respective age groups. First, we

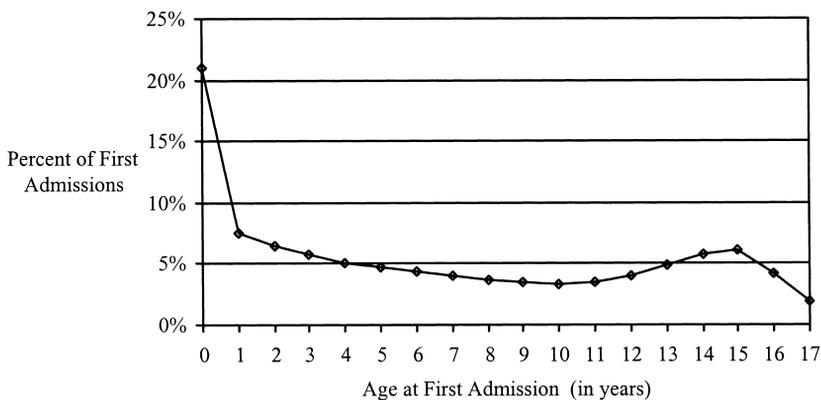


FIGURE 1. Age at first foster care placement, 1990–1997.

TABLE 1. *Estimated Placement Rate per One Thousand Children by Age: 1990–1997*

Age	Year of First Placement and Placement Rate Per Thousand							
	1990	1991	1992	1993	1994	1995	1996	1997
Children ages 0 to 17								
0–3 year olds	5.4*	5.2*	5.0*	5.1*	5.5*	5.1*	5.4*	5.1*
4–17 year olds	2.4	2.3	2.2	2.2	2.4	2.2	2.4	2.4
Children ages 0 to 3								
Infants (<12 months)	11.2*	11.0*	10.6*	10.6*	11.3*	10.5*	10.9*	10.0*
1 year olds	3.8	3.7	3.6	3.7	4.2	3.7	4.1	3.8
2 year olds	3.3	3.1	3.1	3.1	3.6	3.3	3.6	3.4
3 year olds	2.9	2.8	2.7	2.9	3.2	2.8	3.2	3.0

* $z > 10.0, p < .01$.

compare two groups—children under the age of four at the time of placement and children ages 4 to 17. The data indicate that in each year the base incidence rate for children under the age of four was about twice the rate for children between the ages of 4 and 17. Children under four had an incidence rate of approximately 5 per 1,000, while children ages four and over had an incidence rate from 1.9 to 2.4 per 1,000.

The lower panel of Table 1 provides the rate of placement for separate groups of children under the age of four, refining our understanding of placement risk. Children under the age of one at the time of placement had the highest incidence rate. Over the eight-year period, the rate of placement for children in this age group ranged between 11.3 and 10.0 per thousand. This can be interpreted to mean that about 1% of the children under the age of one in the Archive states entered foster care. This was more than double the incidence rate for children entering between the ages of one and three and more than four times the rate reported for children between the ages of four and seventeen. Z-tests comparing the placement rates of children under one to the placement rates of children ages one, two, and three, as well as of children between the ages of 4 and 17, are statistically significant.

The data, displayed in Figure 2, indicate that more than 45% of all infant placements in our study occurred within 30 days of the child's birth. By comparison, only 4% of all infant placements involve children who were 12 months old. These data imply, of course, that the elevated placement rates observed for infants as a group are heavily weighted by the experiences of children between the ages of birth and three months.

To reinforce this conclusion, we calculated the estimated rate of placement for children under the age of four months.² With placements ranging from 29.5 to 25.0 per 1,000 children, the data confirm that zero- to three-month-old infants were much more likely to enter care than all other children (see Table 1 and Table 2).

In Table 3, we have recalculated infant placement rates for each state's primary county for comparison with rates in the counties that make up the balance of each state. The data

²We use zero to three months as the age group even though children under one month of age stand out more so than any other category within the one year olds. The reasoning behind this choice has to do with state level variation. All of the states contributing data show a higher proportion of one month olds. However, the magnitude of the differences when compared with two and three month olds differs from state to state. For reasons of parsimony, we opted to group children into the single age group. State level research which preserves a finer distinction is underway.

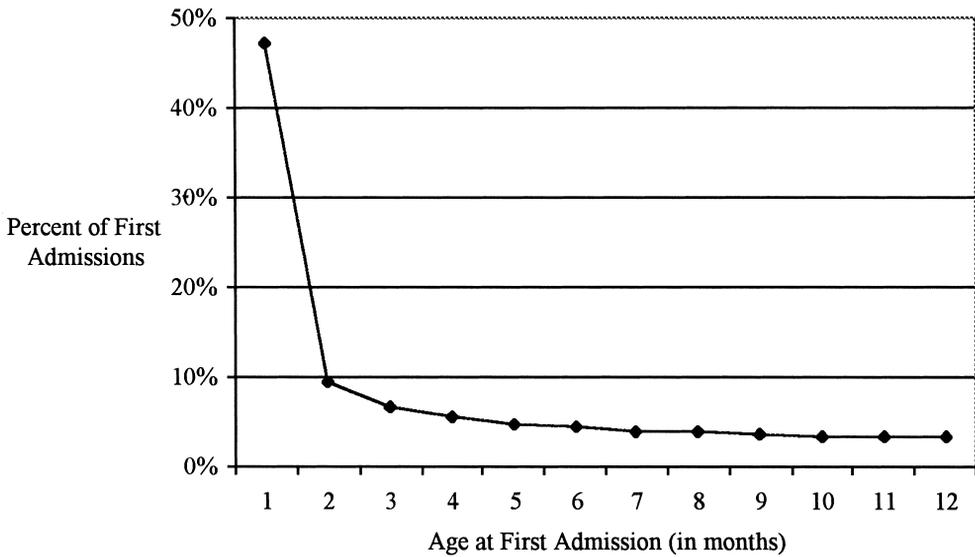


FIGURE 2. Percent of first admissions to foster care by age in months, children under the age of one at the time of admission, 1990, 1996, and 1997.

indicate that the risk of placement in primary counties was two or more times the rate reported in the remaining counties. We also note that the rate in the balance of state counties remained virtually unchanged over the 1990 to 1997 period, while in the primary counties the rate dropped by 19%.

Finally, we analyze placement rates for zero to three month olds in the primary counties. These data suggest that the risk of placement into foster care among very young children was indeed most acute in primary counties. For example, in 1990 the rate of placement among zero to three month olds in the primary counties was 52.6 per thousand (see Table 4). The comparable rate in the balance of state areas was 18.5. For children age four and above, the rate in 1990 was 2.4 per thousand children (see Table 1).

Length of Time in Foster Care

For our analysis of length of stay, we first examine the median duration or the time it takes one-half of an admission cohort to exit care. Presented in Table 5, the data indicate that younger children spend more time in foster care before being discharged. One-half of the children who were admitted prior to their first birthday were in care for more the two years (26.8 months). The median duration recorded for 4 to 17 year olds was under one year. In between, one-half

TABLE 2. Estimated Placement Rate per One Thousand Children by Age and Year: 1990–1997

Age	Year of First Placement and Placement Rate Per Thousand							
	1990	1991	1992	1993	1994	1995	1996	1997
Infants, total	11.2	11.0	10.6	10.6	11.3	10.5	10.9	10.0
0–3 month olds	29.5*	28.0*	27.1*	26.8*	28.1*	27.1*	27.6*	25.0*

* $z > 10.0, p < .01$.

TABLE 3. *Estimated Placement Rate per One Thousand Children Under the Age of One by Geographic Area and Year: 1990–1997*

Geographic Area	Year of First Placement and Placement Rate Per Thousand							
	1990	1991	1992	1993	1994	1995	1996	1997
Infants, total	11.2	11.0	10.6	10.6	11.3	10.5	10.9	10.0
Balance of state	7.7	7.7	7.6	7.6	8.3	7.7	7.8	7.8
Primary county	18.5*	18.0*	16.8*	17.1*	17.7*	16.6*	17.4*	15.0*

* $z > 10.0, p < .01$.

of the one to three year olds stayed in care for 17 to 18 months or about nine months less than one year olds. The data also indicate that just as the youngest children faced the greatest risk of placement, those same children were the least likely to leave placement. The median duration for children placed before they reached their fourth month was the longest, at 30.5 months.

To place these observations on firmer ground, we tested the data with a multivariate model based on the Cox proportional hazard model. The model we developed takes into account the independent effects of race and ethnicity, county, gender, placement type, and age at admission on the probability of exit per unit of time. Also, we have included the year of admission as a separate covariate to assess whether the rate of exit has changed over time. The effects of each independent variable are expressed as risk ratios. The risk ratio compares the exit rate with a base group selected from that group. The base groups are identified in the table with shading. For example, the rate of exit for children from the primary county is compared to the rate for children from the balance of each state, while holding all other measured attributes constant. Risk ratios above one imply faster rates of discharge; risk ratios below one imply slower rates of discharge.

The findings indicate several trends. First, infants from the primary counties leave placement at a lower rate than children from other parts of the states. Specifically, the probability that infants from primary counties will exit the foster care system during a particular time frame is 56% lower than the probability that children from other parts of the state will exit during the same time frame. Second, children of color remain in placement longer than White children. Third, infants placed in relative homes have longer placements than children placed in regular foster family homes, while infants placed in group care settings move much more quickly. Gender has no effect on placement duration.

Age distinctions within the infancy period are also evident regarding rate of exit from foster care. Infants placed in care within the first three months are the least likely to leave.

TABLE 4. *Estimated Placement Rate per One Thousand Children Age 0 to 3 Months by Geographic Area and Year: 1990–1997*

Geographic Area	Year of First Placement and Placement Rate Per Thousand							
	1990	1991	1992	1993	1994	1995	1996	1997
0 to 3 month olds, total	29.5	28.0	27.1	26.8	28.1	27.1	27.6	25.0
Balance of state	18.5	18.4	18.3	17.8	19.3	18.5	18.5	18.0
Primary county	52.6*	48.2*	45.4*	45.8*	46.6*	45.6*	47.5*	40.2*

* $z > 10.0, p < .01$.

TABLE 5. Median Duration by Age at First Foster Care Placement

Age at Admission	Median Duration (in months)
Under 1	26.8
0 to 3 months	30.5
4 to 9 months	20.5
10 to 12 months	18.0
1 year olds	18.1
2 year olds	17.8
3 year olds	17.3
4–17 year olds	11.7

Compared to infants placed within three months, the rate of exit per unit time for children who were four to nine months of age at placement were about 20% higher (see Table 6). Relative to zero to three month olds, the rate of exit for 9 to 12 month olds was about 26% greater. Last, the model suggests a strong time trend. That is, infants (of all ages) admitted after 1990 moved through the foster care system more slowly than infants admitted as part of the 1990 cohort. Moreover, the relative comparison suggests that in each year, the relative rate of discharge slowed each year relative to 1990. For example, the risk ratio reported for infants admitted in 1994 was .92. For the 1997 cohort, the rate of exit relative to the 1990 cohort was .77.

To test for the relationship between age and exit type, we examined the exit destination for infants admitted between 1990 and 1995. Data from the Archive states make it possible to identify four primary exit types including adoption, reunification, placement with relatives and

TABLE 6. Relative Risk Ratios of Duration of First Spell in Substitute Care, for Children Entering Care Under the Age of One, 1990–1997, from Proportional Hazards Model

	Risk Ratio		Risk Ratio
Year of admission		Race/ethnicity	
1990	1.00	White	1.00
1991	0.98*	African American	0.72**
1992	0.97**	Hispanic	0.91**
1993	0.94**	Other	0.87**
1994	0.92**	Age at admission	
1995	0.89**	0–3 months	1.00
1996	0.84*	0–3 months	1.00
1997	0.77*	4–9 months	1.20**
Region		10–12 months	1.26**
Balance of state	1.00	Care type	
Primary country	0.56**	Foster care	1.00
Gender		Kinship care	0.59**
Female	1.00	Group care	1.77**
Male	1.00	Mixed type	0.81**

* $p < .10$.** $p < .05$.

TABLE 7. Discharge Destination by Age of Child at Admission First Placements 1990–1995

All States and Age at Placement	Number of Children Under 1 Year of Age at First Placement						
	Total Admitted	Still in Care	Exited	Reunification	W/Relatives	Adoption	Other
Total, under 1	121,830	30,888	90,942	38,916	9,324	26,816	15,886
0–3 months	74,169	20,575	53,594	19,579	4,742	20,196	9,077
4–9 months	35,117	7,677	27,440	13,736	3,447	5,135	5,122
10–12 months	12,544	2,636	9,908	5,601	1,135	1,485	1,687
	Total	As percent of entries			As percent of exits		
Total, under 1	100.0%	25.4%	74.6%	42.8%	10.3%	29.5%	17.5%
0–3 months	100.0%	27.7%	72.3%	36.5%	8.8%	37.7%	16.9%
4–9 months	100.0%	21.9%	78.1%	50.1%	12.6%	18.7%	18.7%
10–12 months	100.0%	21.0%	79.0%	56.5%	11.5%	15.0%	17.0%

other. As presented in Table 7, the data explain in part why zero to three month olds spend so much more time in foster care. Nearly 38% of zero- to three-month-old children were adopted following their first spell in foster care. The comparable figure for four to nine month olds was just under 19%. Among children placed between 10 and 12 months of age, 15% were adopted and 56% were reunified with their parents.

Reentry to Foster Care

The last indicator we examined is reentry to foster care following discharge from a first placement spell.³ Presented in Table 8, the reentry data for children discharged to parents or relatives are adjusted by the type of initial placement. In general, the data indicate that roughly 27% of the infants admitted to foster care between 1990 and 1994 and subsequently discharged eventually returned to foster care by December 31, 1997. On average, the rate of reentry was highest for children discharged to their parent (28.5%). Moreover, if the child was initially placed in traditional foster family care, as opposed to a placement with a relative, the reentry rate was 32%. Reentry rates were lower for children discharged to relatives, regardless of the type of placement. In particular, infants placed with relatives and then discharged to relatives had the lowest reentry rates.⁴ Among children in this category, only 11.9% returned to care.

The apparent relationships between reentry, type of placement and exit destination were also tested using a proportional hazard model similar to the one used to study placement duration. The event of interest in this instance is the time to reentry from discharge for children discharged from their first placement. As such, risk ratios below one imply slower rates of

³There are two issues to bear in mind when looking at the reentry data. First, we are reporting on data from five states: California, Illinois, Missouri, New Mexico, and New York. These states provide the most complete data with respect to both placement type and exit type. Also, states are generally prohibited from tracking an adopted child using placement records generated prior to the adoption. This is because the adoption “severs” the link to the prior family, including any placement history. Should the child return to care, they are assigned new case numbers.

⁴It is not known from the data whether the children are discharged to the custody of the same relative that served the child as a foster parent.

TABLE 8. *Reentry to Foster Care by Initial Placement Type and Destination at Discharge: Infant Admissions 1990–1994*

<i>First Placement Type</i>	<i>Discharge to Parents</i>	<i>Discharge to Relatives</i>	<i>Total</i>
Total discharged	22,988	3,116	26,104
Foster care	13,496	1,833	15,329
Kinship care	8,539	1,188	9,727
Group care	953	95	1,048
Reentered	6,559	573	7,132
Foster care	4,283	413	4,696
Kinship care	1,979	141	2,120
Group care	297	19	316
Reentry as % of completed first spells	28.5%	18.4%	27.3%
Foster care	31.7%	22.5%	30.6%
Kinship care	23.2%	11.9%	21.8%
Group care	31.2%	20.0%	30.2%

return. Two covariates are added to the model: type of exit and prior duration. Type of exit considers whether children discharged to their parents are more likely to return to care than children discharged to a relative's home. Prior duration is used to evaluate whether the likelihood of reentry is contingent on how long the child had been in placement the first time.

The findings from the reentry analysis provide an interesting contrast to the duration analysis. A similarity is that gender is unrelated to the likelihood of reentry. However, differences in the experience of children in the primary counties compared to the balance of state regions are not evident in the reentry model as they are in the duration analysis. Race and ethnicity are related to the likelihood of reentry, however, the effects are somewhat different. African American infants returned to care more quickly per unit time than white children, while Hispanic children returned to care more slowly.

As is summarized in Table 9, we tested for the influence of a variety of factors on infants' rate of reentry, using a proportional hazards model. The type of placement and the destination at discharge influenced reentry. Infants discharged from a kinship home returned to care more slowly, as did infants discharged to a relative's home. Prior duration was also associated with reentry. Generally, infants with shorter initial stays in foster care (zero to six months) returned to care more quickly. Finally, infants between zero and three months of age at the time of placement were slower to return to care following discharge than were older infants.

DISCUSSION

The results from the current analysis of a large multistate dataset corroborate evidence from other investigations that children under one year of age are more likely to enter foster care (Needell, 1996; Wulczyn et al., 2001). Consistent with the literature, the present study documented that young children in urban areas are much more likely to enter and remain in care (Goerge, Sanfilippo, Yu, & Goad, 1997). Similar to many studies examining the child welfare experiences of children of color (cf. Berrick, Needell, Barth, & Jonson-Reid, 1998; Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996), this study found that African American infants were more likely to enter and remain in foster care. Finally, the findings from this study are

TABLE 9. Relative Risk Ratios of Reentry to Foster Care, for Children Entering Care Under the Age of One, 1990–1994, from Proportional Hazards Model: AL, CA, IL, MD, MI, MO, NM, NY, OH, WI

Covariate	Risk Ratio	Covariate	Risk Ratio
Year of admission		Age at admission	
1990	1	0–3 months	1.00
1991	1.06**	4–9 months	1.06**
1992	1.09**	10–12 months	1.06**
1993	1.07**		
1994	1.12**	Care type	
Region		Foster care	1.00
Balance of state	1.00	Kinship care	0.77*
Primary county	1.00	Group care	1.01**
Gender		Mixed type	0.81**
Female	1.00	Exit type	
Male	1.00	Exit to parents	1.00
Race/ethnicity		Exit to relatives	0.80**
White	1.00	Prior duration	
African American	1.13**	0 to 6 months	1.00
Hispanic	0.88**	7 to 12 months	0.89**
Other	1.00	13 months or more	0.74**

* $p < .10$.** $p < .05$.

consistent with the emerging data that young children placed in kinship care have longer stays in foster care than their counterparts in traditional foster family care (Berrick et al., 1998; Courtney, 1994).

The major finding of the current study was that children under three months of age account for the largest proportion of infants entering foster care, with a 1997 rate of 25 per 1,000 children. Additionally, children initially placed within this age range are more likely to remain in care for longer periods, more likely to exit care by way of adoption, and less likely to reenter care. Infants under three months of age may have higher rates of foster care entry due to the widely understood vulnerability and dependency of this developmental period. Thus, they are more susceptible to the pernicious effects of the many risk factors children may experience, including prenatal drug exposure (Lester, Boukydis, & Twomey, 2000), neglect (Berrick et al., 1998), and violence exposure and victimization (Kaufman & Henrich, 2000). The perceived credibility of the medical community, which is the most common child maltreatment reporting source for very young children (U.S. Department of Health and Human Services, 2000), may also contribute to the elevated rates of placement for this population.

The current findings have broad implications for research, policy, and program design. First, research in child welfare services benefits from using a developmental perspective. The findings presented here suggest that different placement trajectories can be detected using very small distinctions in the child's age at placement. Research has tended to focus on children within a broader age range that has been thought to be homogeneous with respect to service history and developmental level. As a result, an important target population has been obscured from the view of researchers.

Of course, the current data do not speak to the social and psychological process variables that might account for the observed differences in placement outcomes. Research that considers the implications of these data from sociological and psychological perspectives would be a

most welcome contribution to the field. Specifically, developmentally grounded research could examine the processes (e.g., attachment; self-regulation) that are affected by foster care placement experiences within the first year of life. Age-specific distinctions could document the developmental trajectories of infants in foster care, and the time-sensitive biologic and environmental factors that may protect them from, or make them vulnerable to, negative outcomes.

Second, the formulators of child welfare policy may want to consider these findings as they pertain to the allocation of scarce public resources. There are two related issues to this point. First, the Abandoned Infants Program is a small federal program, with a budget request for federal fiscal year 2001 of approximately \$12 million (U.S. Department of Health and Human Services, 2001). Given the evidence from this study, a larger, more focused investment is warranted. Enlarging the program raises the second issue. At present, abandoned infants are defined narrowly as a child left unattended in a public place other than a hospital (National Abandoned Infants Assistance Resource Center, 2001). Although it is not necessary to characterize all newborns (children placed within 30 days of birth) as abandoned, such a restrictive definition does deflect attention from the broader pattern. In fact, the data suggest that abandoned infants are best regarded as a small subset of the much larger population of newborns entering foster care. In other words, infants regardless of how they enter care are a vulnerable population and merit policy and programmatic attention at the federal, state, and local levels.

The current evidence should also be considered in the context of recent child welfare policy changes, such as the Adoption and Safe Families Act (ASFA). The provisions of ASFA include: (1) shortened time frames for making permanency decisions for children; and (2) automatic initiation of proceedings to terminate parental rights for specific children (e.g., children with a foster care stay of 15 out of 22 months; abandoned infants). More expeditious permanency decisions have the benefit of addressing the infant's "sense of time," so that infants have the opportunity to attach to a primary caregiver at the appropriate developmental period (Dozier, Stovall, Albus, & Bates, 2001; Goldstein, Solnit, Goldstein, & Freud, 1996). However, some policy makers and scholars have suggested that an inflexible time frame, such as that required by ASFA, may not optimally meet the best needs of young infants. For example, some have argued that an infant should not be separated from a primary caregiver after 12–15 months of care.

Time limits and automatic termination of parental rights may have a unique impact on young infants. A potential consequence of this legislation is that reunification rates may significantly decrease, given the types of difficulties common with biological parents of young children (Osofsky & Thompson, 2000). Additionally, although fewer than half of all 4 to 17 year olds will be in care long enough to reach the ASFA time limits, this study suggests that far more than half of the zero to three months olds will be in care past the 22-month boundary. As a result of these factors, larger numbers of infants will likely be in need of adoptive homes. This clearly suggests the need for increased public dollars for adoption recruitment, placement, and support.

Finally, these data can inform child welfare program design and service delivery. The findings from the current study indicate a definite need for interventions to support families to care for the large number of infants who are part of the child welfare system. To intervene effectively, child welfare workers would benefit from training specifically relevant to young infants' developmental needs and strategies to promote optimal outcomes for young children and their caregivers. Family preservation and support programs have to be refined to incorporate the specific mix of services needed to support biological parents in the crucial months before and immediately following birth. Logically, these services have to include an array of medical and social services that are made available during pregnancy and after delivery. Comprehensive, home-based programs may be most effective in reducing the risk factors associated with

child abuse and neglect (Olds, Henderson, Kitzman, & Cole, 1995; Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Olds, Hill, Robinson, Song, & Little, 2000). Additionally, infant mental health interventions, which emphasize enhancing the relationship between the parent and infant, could be incorporated into comprehensive, family support programs in order to specifically address the needs of the large number of infants and their families (Heinicke, Fineman, Ruth, Recchia, Guthrie, & Rodning, 1999; Lieberman, Silverman, & Pawl, 2000).

Also, in view of the fact that higher rates of young infants enter foster care, recruitment efforts to increase the numbers of foster families for infants are needed. Because these children remain in foster care for such long periods of time prior to discharge, interventions that develop the capacity of foster parents, including relatives, to meet the unique developmental challenges posed by infants placed in foster care seems particularly important. Dozier, Higley, Albus, and Nutter (2002) have designed an evidence-based intervention to enhance foster parents' caregiving of infants based on attachment theory and research.

Although a practice beset with complexities, concurrent planning—in which reunification and other permanency goals (e.g., adoption) are sought simultaneously, has been increasingly used in child welfare systems across the nation (Katz, 1999). This type of permanency planning, accompanied by the recruitment and support of foster-adoptive families, may be particularly beneficial for infants. Foster-adoptive placements allow infants to remain with the same primary caregivers through permanency decisions and adoption, thus avoiding an attachment disruption. Because most infants are placed between birth and three months of age, most will not have to experience the trauma of a separation during what some theorists and clinicians identify as the most important phase of attachment (i.e., the latter part of the first year of life). Finally, post-reunification and postadoption services are essential if the impact of these early experiences are to be integrated over the course of childhood (Barth & Miller, 2001). Of course, the long-term value of these programs would be significantly enhanced if their delivery were combined with research protocols linked to rigorous evaluation designs.

CONCLUSION

Infants are entering foster care at unprecedented rates. Very young infants, from 0–3 months of age, are at greatest risk of entry into foster care and remaining in care longer. These types of population shifts present a major challenge for the child welfare field to ensure that its policies and programs continue to have a positive impact, in this case on young infants and their caregivers. Given the potential long-term effects of interventions begun during the infancy period (e.g., Olds et al., 2000; Shonkoff & Meisels, 2000), child welfare policy-makers and practitioners have an opportunity, in meeting the unique needs of this population of children, to positively impact their developmental trajectories throughout childhood and beyond.

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