The Impact of Placement Instability on Infants in Foster Care

Literature Synthesis

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POLICY BENCH

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Executive Summary

Background: The first year of life provides a critical window of opportunity to shape a child's future trajectory. While all children require consistent, responsive caregiving to reach their full potential, this is even more important for children in foster care – who are at increased risk of maladaptive developmental outcomes. Despite the benefits of stability and continuity in the early environment for children's growth and well-being, many children in out-of-home care experience multiple moves between caregivers. This raises significant concerns for the potential negative effects of placement disruption or instability on the developing child – particularly during the period of infancy and early childhood when critical processes for social, emotional, and physical development are occurring.

Methods: This report was developed to examine the literature relevant to the issue of placement instability for infants and children in out-of-home care and to synthesize research on the consequences of multiple moves in care, with a focus on any available evidence specific to infants under one year of age.

Findings: Evidence from studies on the impact of placement instability on infants and children in foster care is limited overall and has focused more on factors associated with placement instability rather than the possible outcomes associated with instability. Research suggests that some children may be at greater risk for multiple moves in care, including infants. However, research has also shown that regardless of a child's initial level of risk, placement instability while in care still has negative consequences. Among infants, evidence has largely focused on the impact of placement disruption on the infant's ability to form secure attachments to caregivers and the impact on the developing brain. Among children and adolescents, evidence indicates that placement instability can have adverse effects on educational, psychosocial, and behavioural outcomes.

Implications: Overall, research suggests that every effort should be made to promote stability and safety for children in out-of-home care – not only to optimize their foster care experience, but also their developmental trajectories and outcomes. Given that even a single move or separation from a caregiver can be experienced as disruptive for an infant or child, with the potential for lasting negative consequences – especially if it occurs critical developmental periods, any placement moves should be considered very carefully and cautiously. Research also points to the importance of incorporating a developmental perspective into placement decisions and permanency planning. Providing safe, secure, and stable placements with consistent and responsive caregiving for infants and children is essential for supporting their developmental needs and helping to maintain vital relationships, social networks, and other supports and services throughout their time in care.

The Impact of Placement Instability on Infants in Foster Care

1.0 Overview of the Issue

The first year of life provides a critical window of opportunity to shape a child's future trajectory. Infancy is a sensitive period of growth and development, and the period in which attachments with primary caregivers form, laying the foundation for positive social and emotional development throughout childhood and adolescence and ultimately determining the adults we become. As a result, interventions during early childhood have significant potential for enhancing positive developmental outcomes.

Infants in foster care are at increased risk of maladaptive developmental outcomes due to previous histories of abuse, trauma, and disruptions in their ability to form stable attachments with primary caregivers. While all children require consistent, responsive caregiving to reach their full potential, this is even more important for children in foster care. Despite the benefits of stability and continuity for children's growth and well-being, many children in out-of-home care experience multiple moves between caregivers before they are reunited with their biological family or receive a permanent placement. This raises significant concerns for the potential negative effects of placement disruption or instability on the developing child – particularly during the period of infancy and early childhood when critical processes for social, emotional, and physical development are occurring.

Research and knowledge on child development can provide a valuable perspective for understanding and attending to the comprehensive health and social needs of infants and children in foster care. It is important that strategies to improve the experiences and outcomes for children in care are developed with the best interests of the child in mind, rather than the best interests of the caregiver.

2.0 Overview of this Report

This report was developed to examine the literature relevant to the issue of placement instability for infants and children in out-of-home care and to synthesize research on the consequences of multiple moves in care, with a focus on any available evidence specific to infants under one year of age.

First, a background summary of the importance of early life experiences for child development is given to provide context for understanding the influence of an infant's caregiving environment, including an overview of attachment theory. Next, an overview of out-of-home care and statistics on foster care experiences are provided to better understand the concept of placement instability. Empirical research findings from the literature are reviewed, including studies on factors associated with placement instability as well as evidence on the short- and long-term effects of placement instability. Finally, implications of the findings for child welfare practice and policy, as well as future research needs are discussed.

2.1   Research questions

The primary research question guiding this literature synthesis relates to the importance of stability or continuity of care for infants in foster care and the impact of experiencing multiples moves while in care for current and future developmental, health, social, and other outcomes. Specifically, the key research questions examined in this review were:

- Why is it important for children to receive stable and responsive caregiving, and what are the implications for children in foster care?

- What does the available evidence show about the short- and long-term consequences of multiple placement moves or placement instability for children in out-of-home care, and how might infants be impacted differently than older children?

- How can a developmental perspective be applied to child welfare practice and policy to better address the unique needs of infants in foster care?

2.2   Research methods

A scan of the literature was conducted from August to September 2022 to determine the breadth of information available and to identify and synthesize information relevant to the research questions.

Various search engines, research portals, and institution-specific websites were utilized for the collection of relevant data. Two main sources of data sources were selected: 1) peer-reviewed journals found in electronic databases; and 2) internet-based grey literature, including published reports, websites of relevant organizations or groups; working papers; presentations or webinars; and government publications and legislation.

Sources were included in the literature review if they were found to contain variables of interest and keywords relevant to the research question and objectives. A hand search of reference lists from relevant studies was also used to supplement searches. Data sources were limited to those published in English. The search was focused on results specific to infants under 12 months of age; however, given the limited number of studies that include infants, findings relevant to children of other ages were also included where relevant. In addition, while research specific to the Canadian context is highlighted where available, findings from other countries are also included due to the limited amount of research conducted in Canada.

3.0   Background: Early Life Experiences and Child Development

3.1   Importance of early childhood for development

The first few years of life represent a critical period for child development and growth. The quality of early life experiences has a lasting impact on the developing child, shaping the trajectory of their emotional, social, cognitive, and physical development and ultimately laying the foundation for their future potential in life – as the skills and capacities in each of these domains that emerge in the early years are known to be important predictors of educational achievement as well as later success in the workplace and community as adults (UNICEF, n.d.; Center on the Developing Child, 2007; Robinson et al., 2017).

Early experiences also affect the developing brain. Within the first few years of a child's life, more than one million new neural connections are formed, establishing the circuits and pathways necessary for sensory, language, and other cognitive functions to develop (Center on the

Developing Child, 2007). Evidence shows that the strength of these circuits depends on the interactive influence of both genes and experience. One important factor in this process is the child's relationship with their parents or caregivers, including their verbal and non-verbal interactions. For example, when the child receives positive feedback through reliable responses such as gestures and vocalizations, the appropriate brain architecture forms as normal or expected. In contrast, exposure to toxic stress or trauma in early childhood (e.g. extreme poverty or maltreatment) can impair the development of these essential neural connections, leading to negative long-term consequences for learning, health, and behaviour (Center on the Developing Child, 2007; Robinson et al., 2017).

Supportive relationships with caregivers are essential not only for healthy brain development, but for optimal child growth and development more broadly. Researchers assert that every child requires safety and protection, as well as stable, consistent, nurturing and responsive caregiving in order to reach their full potential (Center on the Developing Child, 2007; CDC, 2022).

> "Nurturing care is characterised by a home environment that is sensitive to children's health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities" (Black et al., 2017: p.4)

This interactive process of development whereby children are influenced by multiple levels of factors is consistent with recent social ecological models and theories. In general, ecological models frame child development as occurring within "concentric circles of influence radiating out from the individual, including the child and the family and community, as well as institutional, policy, and environmental levels" (Tomlinson et al., 2021).

- For example, the biopsychosocial model, first proposed by George Engel in 1977 (Engel, 1977), describes a framework whereby health and illness are influenced by a combination of biological, psychological, social, and cultural factors. This paradigm has since evolved into an expanded biopsycho-ecological model, which understands each individual's functioning and well-being as part of a dynamic system that includes the physical environment as well as the body, mind, and sociocultural variables (Stineman & Streim, 2010).
- The life course perspective also complements ecological models by adding the dimension of time (Tomlinson et al., 2021). The life course model views child development as a continuous and cumulative maturational process, with an ordered progression of skills- and capacity-building that ideally leads to children reaching their developmental potential. As described by Black et al., this process involves multiple factors that "influence the acquisition of competencies, including health, nutrition, security and safety, responsive caregiving, and early learning; these domains interact with each other and can be mutually reinforcing through the process of development. All are necessary for nurturing care and occur through bi-directional interactions, initiated by both children and caregivers, and sustained by their environments." (Black et al., 2017:p.4). In this model, nurturing care extends even beyond the parents and family to include other caregivers and resources in the community as well. Therefore, an enabling environment that provides the necessary services and supports to families and caregivers is an important contributing factor in the overall system that influences children's development (Black et al., 2017).

Overall, it is clear that child development cannot be understood without considering these multiple levels of influence and the interactive relationship between them. According to Calkins et al. (2013), the adoption of a biopsychosocial framework is key to understanding various developmental trajectories across the lifespan.

With this framework in mind, it is critical to examine the role of a child's caregiving environment as part of their early development.

3.2   Importance of attachment for infants

As noted earlier, infancy is a distinctly sensitive period for development; thus many researchers have called for special attention to strategies and interventions that promote development for children under the age of three years (Black et al., 2017).

A key focus for research on development during this period – particularly social and emotional development – is **attachment theory**. Attachment refers to the enduring emotional bond between between human beings, which provides a sense of security and stability. The first attachment in life usually occurs during infancy between a child and their primary caregiver – whether this is a biological parent or unrelated individual. According to Bowlby (1969, 1982), this process of forming an attachment to one's primary caregiver is one of the most important developmental tasks of infancy. From an evolutionary perspective, an infant must learn to explore their environment safely while maintaining proximity to their caregiver in order to maximize their chances of survival (Stovall & Dozier, 2008).

However, due to differences in levels of responsiveness between caregivers, not all infants will form attachments to caregivers in the same way (McLeod, 2017). The quality of an infant's attachment to their caregiver is typically classified using a set of criteria developed by Ainsworth et al. (1978). This classification is determined by examining the infant's behavior when they are introduced to an unfamiliar environment and their interactions with both an unfamiliar person and their caregiver in this stressful situation. Based on the infant's responses, they are classified as having either a secure, avoidant, or resistant attachment style. Evidence shows that most children (about 60%) tend to be securely attached. However, subsequent research has suggested that some infants do not fit into one of these three styles, thus a fourth attachment style classified as 'disorganized' has since been added. These styles are briefly described in Table 1.

Research shows that attachments typically develop during the first year of life, with attachment styles forming as early as 6 to 9 months old. As described by Black & Aboud (2011: p.490):

> "During the first year, infants and caregivers learn to recognize and interpret both verbal and nonverbal communication signals from one another. This reciprocal process forms a basis for the emotional bonding or attachment between infants and caregivers that is essential to healthy social-emotional functioning. If there is a disruption in the communication between children and caregivers, characterized by inconsistent and nonresponsive interactions, the relationship may lack trust and security, hindering the child's subsequent social and emotional development"

Table 1: Infant-caregiver attachment styles and associated behaviours (Stovall & Dozier, 2008; Benoit, 2004; Bowlby, 1988)

Attachment Style	Infant behavior when separated	Caregiver behaviour towards infant
Secure	Seek proximity and contact with their caregiver upon reunion until they feel safe	Tend to be more available and responsive during interactions; may show more close/affectionate contact
Avoidant	Avoid or ignore their caregiver upon reunion; minimize displays of negative emotion	Tend to be more rejecting of their infant and the infant's signals; may be more rigid and show aversion to close contact
Resistant	Show extreme distress when caregiver leaves; difficult to soothe upon reunion	Tend to be inconsistently responsive to infant's signals (sometimes sensitive but sometimes rejecting)
Disorganized	Absence of any organized strategy for emotion regulation during stressful situations; may show contradictory or misdirected behaviors	Show atypical, aberrant behaviours during interactions with children (not limited to times when the child is distressed)

Longitudinal research has also examined the effects of secure and insecure attachments at later stages in the life cycle. In general, research has shown that patterns of attachment observed in infancy tend to persist throughout life and influence a number of social and emotional outcomes, including the quality of peer relationships as well as behavioural problems (Parkes et al., 1993). For example, secure attachments have been associated with appropriate social development and the ability to interact with others throughout life; while insecure (i.e., avoidant and resistant) attachment styles can put children at risk of behavioural problems, emotional difficulties, and poor social competence, and may even contribute to cognitive delays (Flaherty & Sadler, 2011). A disorganized attachment style, which tends to be overrepresented among children who experience maltreatment, has been found to be a strong predictor of psychopathology and maladjustment in children and adolescents, including aggressive behaviour, poor peer interactions, and internalizing problems (Benoit, 2004).

3.2.1   *Infants in foster care and attachment*

Understanding the different types of attachments between infants and caregivers and the importance of attachment styles for healthy developmental trajectories is essential when considering the impact of placements in out-of-home care for young children.

Infants and young children in the child welfare system are at increased risk of maladaptive developmental outcomes for a number of reasons. First, children placed in out-of-home care have likely experienced some form of trauma, maltreatment, or exposure to environmental risk factors such as poverty which already increases their risk of adverse outcomes. Second, when children are separated from their primary caregiver, they lose the sense of security and protection that would come from forming a stable attachment with that caregiver. As a result, they become especially vulnerable to the effects of adversity in their new environment, including multiple placement moves and a lack of responsive caregiving (Marcellus et al., 2017; Harden, 2004). Moreover,

research shows that accumulated adversities are more harmful to children's development than single adversities, as exposure to multiple or chronic stressors can disrupt the self-regulatory processes that are necessary for coping with adversity (Black et al., 2017).

3.3   Infants' capacity for plasticity and adaptability

Consistent with ecological systems models described earlier, a child's family and home environment during the early years has a profound influence on their development and developmental outcomes. The quality of the caregiving environment is especially critical for infants, whose brain and behavioral functions are still developing and able to respond and adapt to changing environmental circumstances.

The concept of *plasticity* describes the ability of a genotype to be altered or expressed differently in response to different environmental cues or conditions — which for children can include nutrition, stress, and parenting behaviours (Hochberg, 2011).

In infants, research on plasticity has largely focused on the brain and the effects of early life experiences on neurodevelopment. This research shows that certain **risk factors** can fundamentally alter the development and functioning of key neural systems – including exposure to adversity, maltreatment, neglect, and a lack of predictability in one's environment (Fisher et al., 2013). For example, one neural system that has been shown to be particularly susceptible to adverse early experiences is executive functioning (EF), which is critical for the development of self-regulation and adaptive functioning across several domains (Fisher et al., 2013).

However, neuroplasticity also includes the potential for positive developmental change in response to **protective factors**. In other words, the damaging effects of adverse early experiences on brain development can be reduced or mitigated under improved conditions (Black et al., 2017; Fisher et al., 2013). According to Fisher et al. (2013), there is robust evidence demonstrating that nurturing, responsive care is one such protective factor.

A commonly cited example of the effects of early life experiences on neurodevelopment comes from research on children raised in institutional settings. In general, research has shown that children reared in institutions or orphanages display deficits across developmental domains, including significant changes to brain development, compared to other children (Fisher et al., 2013). Evidence from a randomized controlled trial in Romania further demonstrates the concept of plasticity and the importance of timing and sensitive periods in child development. In this study, children who were raised in deprived institutional settings[1] were either placed into a higher quality foster care setting or remained in institutional care. Findings showed that children who remained in institutional care showed blunted responses to psychosocial stress, whereas those who were assigned to foster care exhibited stress responses that were similar to those of typically developing Romanian children (McLaughlin et al., 2015). These findings provide evidence of a causal link between the early caregiving environment and the development of the stress response system in humans. However, the results of this study also showed that there is a critical sensitive period in which the environment is particularly likely to alter development. For example, children who were

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[1] Romanian institutions historically have presented an instance of very severe environmental deprivation, with limited opportunities for language input and social interaction (Windsor et al., 2014).

placed in foster care before 18-24 months[2] of age showed improved stress system response; and those placed before 15-24 months[3] also showed dramatic language improvement; while those placed after 24 months tended to show the same development delays as the children who remained in institutional care (McLaughlin et al., 2015; Windsor et al., 2011). These findings show the importance of timing for out-of-home placements and suggest that placing children in a nurturing caregiving environment or family setting early in life (i.e., prior to the age of two years) can enhance the likelihood of positive developmental outcomes.

In sum, scientific research shows that infants are extremely vulnerable to the effects of stress and adversity in their early environments, yet they also have the greatest capacity to overcome early adversity if their caregiving environment improves. In the child welfare system, the provision of sensitive and consistent care by foster care providers has been identified as a key strategy to support the development and well-being of infants who may already be vulnerable due to their experiences prior to entering foster care (Marcellus et al., 2017).

4.0   Placement Instability in the Child Welfare System

4.1   Overview of out-of-home care

Out-of-home care encompasses the temporary placements and services that are provided to children, youth, and their families when children are removed from their home by child welfare authorities. The term is used to describe a number of different placement types and settings, including the following (CCWRP, n.d.):

- **Foster care:** placement in a private home under the care of a non-parent who receives compensation for caring for the child
- **Kinship care:** placement in the care of extended family or close contacts
- **Residential care:** placement in a facility such as a group home or treatment centre; often for children who have behavioural problems and can't function in a family setting

Reasons for placing children in out-of-home care vary, but placements generally occur in situations where there are serious concerns about the safety and well-being of the child. Most often, this is due to situations of maltreatment (i.e. abuse or neglect). However, other underlying factors have also been shown to be related to placement in foster care, such as poverty, homelessness, mental health and psychological needs, and parental substance use (Marcellus et al., 2017). There are also significant racial and cultural biases in the child welfare system that have led to an overrepresentation of Indigenous children in foster care (see Section 2.2.1).

Placements can vary in length, ranging from a few days or a week to months or even years. In all types of placements, children generally remain in out-of-home care until they are able to safely return home, and most children placed in foster care are eventually reunified with their families (OACAS, 2022). While reunification is the most common goal for child welfare cases, reunifications

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[2] Children fostered before 18 months showed improved parasympathetic response; while those placed before 24 months showed improved cortisol reactivity.
[3] Children fostered before 15 months showed similar language test scores as same age peers at 30 and 42 months; while those placed between 15-24 months also showed significant improvement in language outcomes.

are not always successful, and unfortunately children may end up re-entering foster care (e.g. Kimberlin et al, 2009). Alternatively, when reunification is not possible, other permanency options can be explored, including adoption, legal custody, long-term foster care, or an independent living situation (OACAS, 2022). In Canada, many jurisdictions have actually established timelines by which a child must be either reunified with family or provided with a permanent placement. These timelines vary by the age of the child, ranging from 12-18 months for younger children to 24 months for older children. As a result, the majority of children placed in out-of-home care return home within a year of their initial placement (Trocmé et al., 2009).

According to Trocmé et al. (2009), the incidence of out-of-home placement is an important measure of the overall health and well-being of children in a community. While placements in out-of-home care are often necessary to ensure a child's well-being, high rates of placements at the aggregate level can be an indication of a lack of access to effective home-based support services or unsuitable living conditions that affect a family's ability to adequately meet their children's needs (Trocmé et al., 2009; Saint-Girons et al., 2020).

In Canada, the *National Child Welfare Outcomes Indicator Matrix* (NOM) has been developed as a framework for tracking outcomes for children and families receiving child welfare services. The framework presents a common set of indicators that can be used across jurisdictions to inform decision-making by child welfare managers and policymakers. According to the researchers who developed the framework: "The NOM is designed to reflect the complex balance that child welfare authorities maintain between a child's immediate need for protection; a child's long-term requirement for a nurturing and stable home; a family's potential for growth, and the community's capacity to meet a child's needs. The NOM includes four nested domains, shown in Figure 1: child safety, child well-being, permanence, and family and community support." The 'permanence' domain includes indicators for placement in out-of-home care as well as moves in care (see Section 2.3 for further description).

Figure 1: NOM Ecological Framework
(Source: Trocmé et al., 2009)
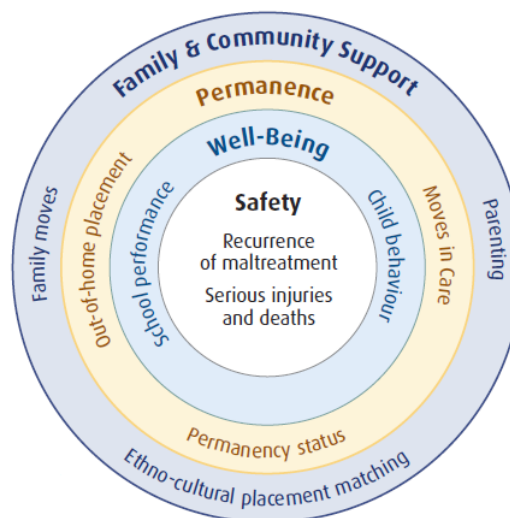
4.2   Statistics on out-of-home care

4.2.1   *Statistics in Canada*

In Canada, child welfare policies and practice fall under the jurisdiction of provinces, territories, and First Nations; there is no centralized system for tracking or reporting on the number of children in care. As a result, national data on placements in out-of-home care is lacking and comparisons across provinces and territories are limited due to differences in methods and measures (Saint-Girons et al., 2020).

National data on children in foster care comes from 2011 National Household Survey and the 2016 Census. According to this information, there were an estimated 28,030 foster children aged 0 to 14 years in 2016 – representing about 0.5% of all children in that age group in 2016; compared to an estimate of 29,590 children in 2011 (Statistics Canada, 2017; Statistics Canada, 2020). Family living situations varied across the provinces and territories. For example, in 2016 Nunavut had the highest percentage of children aged 0 to 14 living with other relatives besides their parents (2.3%), while Manitoba had the highest percentage of children living with a foster family (2.1%) (Statistics Canada, 2017).

According to 2019 estimates, there were approximately 54,139 children in out-of-home care[4] across Canada, representing approximately 0.75% of children, or a rate of 7.46 per 1,000 children (Saint-Girons et al., 2020). When informal kinship services are included in the count, this estimate increases to 59,283 children (a rate of 8.16 or 0.82% of children). While comparisons over time are also limited due to differences across data sources, there is some evidence of a decrease in the number of children in foster care in Canada in recent years. According to Saint-Girons et al. (2020), reasons for this possible decrease include changes in reporting methods over time or changes in the actual number children in care – which may be related to practices such as a greater reliance on family preservation and increasing access to permanency options. However, further research and data would be needed to confirm these trends.

A closer examination of Canada's foster care population reveals that Indigenous children are overrepresented in care relative to Canada's non-Indigenous population and the rate of Indigenous overrepresentation in foster care continues to grow each year as Indigenous children are brought into care of the welfare system at an increasing rate.[5] According to the results of the 2021 Census, Indigenous children under the age of 15 represent only 7.7% of Canada's total child population, but account for over half (53.8%) of the total foster child population (Statistics Canada, 2022). In comparison, 2016 Census data showed that Indigenous children accounted for 52.2% of all children in foster care in Canada (Government of Canada, 2022). These findings indicate that the share of Indigenous children in foster care has remained largely the same over the past five years. Similar patterns have also been observed among First Nations children living on reserve. According to data from 2019, the proportion of First Nations children on reserve in out-of-home care is about nine times greater than what would be expected based on their share of the total child population at the national level (Saint-Girons et al., 2020).

The percentage of Indigenous children in care varies across the provinces and territories, reaching 90% in Manitoba (Micklefield et al., 2018). Recent data from Ontario shows that in 2022, Indigenous children made up only 4% of children under 15 in the province, but accounted for 30% of children in foster care (MCCSS, 2022). The situation is exacerbated by the fact that, in many cases, once in foster care, Indigenous children remain in care longer (often remaining in permanent care) and are less likely to be returned to their families compared to their non-Indigenous counterparts (Office of the Child and Youth Advocate Alberta, 2016; McKenzie et al., 2009: 11).

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[4] Including foster care (which contains formal kinship care) and residential care arrangements (i.e. group homes, treatment centres)

[5] The over-representation of Indigenous children occurs at every phase of child welfare intervention from reports, investigation, substantiation, entry into care and placement in permanent child welfare care (Blackstock, 2007; Crowe & Schiffer, 2021).

4.2.2   Statistics in the U.S.

According to a 2017 review (Marcellus et al., 2017), the percentage of young children coming into care has been steadily increasing in recent years in the United States. Over 400,000 children are estimated to be in foster care in the U.S. at any given time, and about 6% of all children will be involved in foster care by age 18 (Sattler et al., 2018).

Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) shows that in 2020 (the most recent year available), infants less than one year old made up only 7% of the total number of children in foster care, but one-fifth (20%) of the number of children entering foster care during that year.

Evidence also suggests that infants not only have a low exit rate from foster care, but they also have higher re-entry rates compared to other age groups (other than teenagers), which may reflect their extreme vulnerability and rapid developmental pace at that age (Kimberlin et al., 2009). As a result, researchers have called for special attention to re-entry risk factors for very young children to avoid or reduce re-entry into care.

4.3   Understanding placement instability

4.3.1   Defining placement instability

In broad terms, *placement instability* refers to children in out-of-home care who experience any change or movement between households and caregivers while in contact with a child welfare agency, which does not result in a permanent placement (Fisher et al., 2013). However, there is a lack of standardization or consistency in the literature as to the exact definition of this term and the number of placements it comprises. For example, some sources classify three or more placements within the first year of care as placement instability, while others use a standard of two or more placements (Wedeles, 2016). Other researchers suggest that the perspective of the child should be considered when determining what constitutes placement instability, and that any move can be experienced as a disruption to the child and his or her perception of stability (Wedeles, 2016; Unrau et al., 2010). The concept of placement instability has also been referred to using other terms, including placement changes, disruptions, moves, transfers, or breakdowns – and these terms have been used interchangeably throughout this report.

In Canada, there are also challenges in tracking moves in care related to jurisdictional differences in the documentation of moves and distinguishing between different types of moves (Trocmé et al., 2009). The National Child Welfare Outcomes Indicator Matrix (NOM) described above tracks only what are called "significant moves" in their measure of placement changes, which excludes placements shorter than 72 hours (i.e. temporary absences including home visits, respite, or hospital admissions).

Placement instability may also be understood in relation to the contrasting notion of placement *success*. Again, there is no standard definition of a successful placement, especially considering that any placement (including permanent ones) can still break down. However, the overall goal within the child welfare system is always to find a placement that is in the child's best interests and that supports their optimal well-being (Wedeles, 2016). A successful placement may be defined by the quality of care that is provided to the child; the quantity or length of care (i.e. long-term vs short-term placement); or it may be measured by outcomes such as stability in care, reunification or permanency. Under the NOM framework, permanency is measured as the cumulative number of

days in care until a child is reunified with family or receives a permanent placement at the three-year point after their initial placement. However, according to Trocmé et al. (2009), the actual permanence of a placement cannot truly be established until a child reaches the age of majority.

4.3.2 Reasons for placement instability

Placement changes or instability occur for a variety of reasons, which can be related to either planned or unplanned factors, also described as proactive vs. reactive approaches. For example, a child may be moved in order to be with siblings or relatives, or in an effort to ensure a more culturally appropriate placement. Alternatively, a child may need to be moved due to concerns about the child's welfare, or because the caregiver is no longer willing or able to provide care (Sattler et al., 2018; Esposito et al., 2014). Sattler et al. (2018) identified three types of 'reactive' placement disruptions:

1) **Child-initiated** - e.g., child ran away from placement or refused to stay; more likely among older children (i.e. older than 5 years of age)

2) **Inadequate or substandard care** - e.g. when the child is at risk due to abuse, neglect, unauthorized contact with the biological parents, or other behaviours that violate standards of care for foster children; initiated by child protective services

3) **Placement mismatch** - e.g. when the child's needs exceed the caregiver's expertise or resources; often when the child enters care with mental or behavioural issues

5.0 Empirical Results from the Literature

5.1 Evidence on rates of placement instability

Overall, evidence on how many children experience placement instability in care is limited due to differences in methodologies and definitions. Furthermore, according to Connell et al. (2006), research on placement instability is less common compared to research on other child welfare outcomes such as rates of reunification or re-entry into out-of-home care. However, some data from the US and Quebec suggests that at least half of children placed in out-of-home care experience at least one placement change, and a minority experience multiple moves.

5.1.1 Evidence from Canada

In Canada, some evidence on placement changes comes from Quebec, where evaluation studies have been conducted to assess the potential impact of new legislation that aimed to improve placement stability for children in out-of-home care. In 2007, the Quebec *Youth Protection Act* was amended to establish maximum age-specific time limits for temporary out-of-home care placements, after which a plan must be developed to find a permanent home (Hélie et al., 2017; Esposito et al., 2014). Specifically, the maximum duration was set at 12 months for children under two years of age; 18 months for children aged two to five; and 24 months for children six years and older (Hélie et al., 2017).

- An initial evaluation study compared the stability of children's placements before and after the amendment and found that consistent with the goals of the legislation, the overall the number of placements decreased (i.e. 63% of children receiving child protective services were placed in out-of-home care prior to the reform, vs. 59% after) and stability in placements increased in the two years following the reform (i.e., the percentage of children who stayed in the same care setting increased from 40% to 44%); however, the observed changes may have been related to other factors as well (Turcotte & Hélie, 2012).

- A follow-up study was conducted to determine whether these changes were maintained over a longer period of three to four years following the amendment, and to gain a better understanding of placement trajectories (Hélie et al., 2017). Findings indicated that the changes observed immediately after the legislative reform were generally maintained in the following years, with a small decline in two instability indicators (i.e. number of moves and number of different substitute homes). For example, the percentage of children with more than three different substitute homes during the study period decreased from 22% prior to the reform, to 18% in the first post-reform cohort[6] and 17% in the second post-reform cohort; while the percentage of children who did not move increased from 47% to 50% overall. However, the cumulative time spend in care was still found to be above the specified maximums by age group for some children, particularly for children less than two years old. The authors indicated that further assessment cycles would be needed to determine how stability changes for children who remain in care for longer periods of time.

- A longitudinal study conducted by Esposito et al. (2014) merged data from the Canadian Census with clinical-administrative child protection data in Quebec to explore factors associated placement instability.[7] The study found that most children placed in out-of-home care in Quebec do not experience multiple placement changes – 56% had at most one change during the study period[8], while 16% changed placements twice and 28% changed placements at least three times. Results also showed that placement changes were most likely to occur within the first year of out-of-home care. For example, among children with one placement change, half experienced the change within 38 days of initial placement; and half of those experiencing multiple placement changes did so within 375 days. The risk of placement disruption immediately following entry into care was highest for infants (0-1 years) and adolescents aged 14-17 years, but over time the risk remained highest for older children (aged 10-17 years).

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[6] Three cohorts of children were included in the study based on when they entered the CPS system: a) four years before the amendments to the YPA (pre cohort); the year following implementation (post cohort 1); and 18 months after (post cohort 2).

[7] The final dataset included 29,040 children who were admitted to out-of-home care for the first time between April 2002 and March 2011 and followed for a minimum of 36 months from initial placement.

[8] The follow-up period starts from the date of initial out-of-home placement to the date of: (1) second placement for children who move a total of one time; (2) third placement for children who move a total of two times; and (3) fourth placement for children who move three or more times. For children who do not change placements, the follow-up period starts from the date of initial out-of-home placement to the end of the follow-up period — September 31, 2011 or the child's 18th birthday, whichever comes first.

5.1.2 Evidence from the US

- Earlier evidence from the US has shown that while most children in foster care experience relative stability in their placements; some children do go through multiple placement changes – with estimates from several studies published in the 1980s reporting that between one-quarter and one-half of children experience at least three moves during their first year in care alone (Connell et al., 2006).

- According to a recent review (Beal & Greiner, 2016), most studies from the US suggest that at least half of children in foster care experience at least one placement change and more than one-third experience two or more placement changes while in care. Annual rates of placement change have been estimated to be between 0.55 and 0.62.

5.2 Factors associated with placement instability

In order to improve experiences of foster care by ensuring greater stability and continuity of care, it is important to understand the factors that may increase or reduce the likelihood of placement disruption for children in care. For instance, if child welfare agencies are able to better identify children who are at higher risk of placement disruption, they may be able to focus efforts on ensuring that initial placements are well-matched to the child's needs and characteristics of the specific case (Sattler et al., 2018).

Some research has attempted to understand predictors of placement instability by examining both risk factors and protective factors that may be related to moves in care. Overall, while available evidence is limited, studies have suggested that placement changes are related to characteristics of the child, the home or caregiving environment, as well as the specific case – such as the type of reason for the initial placement or the type of placement. Some of these factors which have been found to be common across studies and literature reviews from the US are summarized below: (Connell et al., 2006; Center for Human Services, 2008; Casey Family Programs, 2018; Oosterman et al., 2007; Wedeles, 2016):

- **Timing of placement** – children are at greatest risk of placement instability during the initial phase of placement, particularly in the first 6-7 months. Unsurprisingly, the length of time spent in care is also associated with placement moves – the longer children spend in the foster care system, the more moves they will experience. However, as noted by Font (2015), it is not clear whether this association is simply the result of being at risk for a longer period of time, or whether it is partly caused by other factors that are associated with longer stays in foster care.

- **Reasons for placement** – children who are removed from their home for reasons of abuse are more likely to experience instability compared to children who are removed due to neglect.

- **Type of placement** – children placed in kinship care or with relatives tend to experience fewer moves than non-kin placements. Reasons for this association may include a greater likelihood of staying in the same neighbourhood and having contact with siblings and birth parents for kinship placements. Some research also suggests that greater stability in kinship care may be partly explained by differences in the characteristics of children who enter kinship care, as well as policy preferences for kinship care (which results in more children in non-relative care being moved into kinship care) (Font, 2015).

- **Placement history** – research has shown that placement changes can be a risk factor in itself – as the number of placements for a child increases – particularly within the first year, the more likely it is that he or she will experience future instability, creating a cycle of disruption.

- **Characteristics of the foster home** – placement instability is more likely for children who are placed into a foster home with other children of similar age, which may increase conflict; in homes with many other children (i.e. three or more other children); or if the foster parents have biological children of their own under the age of five.

- **Characteristics of the biological family** (i.e. family income, parent mental health or substance use) – there is some evidence that children from families with a history of substance use disorders experience more disruptions in foster care; however studies that have examined biological parent and family characteristics have generally had low effect sizes and have not found significant associations with placement disruption.

- **Characteristics of the child** (ie. age, gender, race, health) – placement instability tends to increase with increased age of the child, with older children and adolescents more likely to experience instability; however, evidence also shows that during the first month of placements, infants experience more moves compared to older children. Child behavioural problems have also been cited as a strong predictor of placement instability and a common reason why foster parents request removal of the child from their home. Some gender and racial differences have been observed; however, findings on the association between these variables and placement instability remains mixed.

- **Characteristics of foster parents** – research suggests that foster parents who have a stronger social support system and adequate training and preparation are more likely to provide a stable placement for children. In addition, children placed with foster parents who are more motivated, involved and nurturing experience less placement disruption, which may be related to the quality of caregiving more broadly.

- **Characteristics of child welfare agency/workers** – children who are placed by agencies with greater worker stability (i.e. lower turnover) and more skilled caseworkers may experience greater placement stability; which may be related to the level of contact and support provided to both children and foster parents.

In addition to these findings, some longitudinal studies conducted in the U.S. have further explored factors related to placement instability by examining placement moves among children in foster care over time. Findings from selected studies are described below:

- To address some of the limitations in the literature on data related to placement stability, Connell et al. (2006) examined characteristics associated with the likelihood of placement change among foster children, while also including potential interaction effects between case-level characteristics (ie. placement settings) and child-related factors (i.e. gender, mental health problems, and disability status). Data on placements for the first episode of foster care were examined among a final sample of 5,909 children in Rhode Island for a five-year period between January 1998 to December 2002. Results showed that half of all children in the sample experienced at least one placement change, with an average of 2.9 placements during the study period. The risk of placement change varied over time in care – there was a high risk of change in the first three months of entry into care; followed by a

decline in risk up to 9-12 months in care; and another increase from 12-16 months (i.e. the time frame for making placement decisions under U.S. legislation[9]). With respect to predictors of placement change, the only demographic characteristic that was associated with the likelihood of experiencing a change was age,[10] with infants have the lowest rate of placement change and older youth having a greater likelihood. Case-level characteristics that were associated with placement change included a history of prior removals (at least two); and placement setting. Specifically, children placed into a relative foster care setting had a lower rate of change than all other types of settings (including nonrelative foster care and group homes), and children placed in emergency shelters had the highest rate.

- o These findings demonstrate that the risk of placement instability depends on the timing of the placement as well as the type of setting. Accordingly, efforts to promote stability should be focused these critical time periods (i.e. during the first six months, and around 12 months in care) and settings (ie. shelters, non-relative foster care) to maximize the potential benefits associated with greater stability.

- Using data from a cohort[11] of over 23,000 foster children in Texas, Sattler et al. (2018) examined age-specific risk factors associated with placement instability. Specifically, the researchers examined how the effects of child and case characteristics on placement disruptions[12] varied by developmental stage, defined as early childhood (0-5 years), middle childhood (6-12 years), and adolescence (13 years and older). Results showed that associations between child and case characteristics and placement moves varied according to the type of placement and the reason for the move. For example, kinship care placements and placements with siblings had a lower risk of disruption due to a placement mismatch or child-initiated move, but a higher risk of disruption due to substandard care. Results also showed several age-specific differences. For instance, one of the strongest predictors of any type of disruption was the age of the child, with adolescents more likely to experience any type of placement moves than young children. However, among the early childhood age group, older age at time of removal also increased the risk of a move due to substandard care or placement mismatch.

In summary, research on placement instability generally shows that there are certain factors that can place a child at greater risk of experiencing placement disruption while in foster care, including older age, the presence of behavioral challenges, being in care for a longer time or having a history of prior placement changes. However, there is also evidence of protective factors that may help reduce the likelihood of placement disruption, including placement in kinship care and placement

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[9] The Adoption and Safe Families Act of 1997 set limits for child welfare decisions and specified that permanency must be achieved in a timely manner. The law requires that states hold a permanency hearing within 12 months after the child comes into care – a shorter time frame than had been specified under previous legislation. (source: https://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/asfa-pkt.pdf)

[10] Gender, child race and ethnicity, disability status, and mental health problems were not found to be significantly associated with the rate of placement change.

[11] Data was a complete entry cohort of children who entered the foster care system between 2008-2009, and were observed until they exited care, or until the end of the study observation period (May 2016).

[12] Placement disruption was defined as moves that occurred due to the insufficiency or inappropriateness of the child's prior placement or moves that were unnecessary or contrary to the case goals (vs. moves due to the desire to place the child in a more policy-preferred setting). Analyses focused on placement disruptions occurring within two years of the start of the specific placement.

in a responsive caregiving setting with access to supports. Findings from the available literature findings demonstrate the need for further research on risk and protective factors for placement disruption using a developmental approach.

5.3   Evidence on the effects of placement instability

5.3.1   Overview

Research on the short- and long-term effects of placement instability for infants and children in foster care is limited and primarily comes from cross-sectional studies using data among children in the U.S.; there is a lack of evidence specific to the effects on infants (i.e. less than 12 months old), and a lack of longitudinal studies examining long-term effects (see Section 4.2 for further discussion of the limitations of the available evidence).

Overall, while placement moves or changes can sometimes be beneficial for children and caregivers, evidence has shown that moves in care – particularly multiple moves or moves during sensitive developmental periods – can have negative consequences for infants and children. Placement disruption reduces the likelihood of achieving the primary goals of child welfare agencies – safety, stability, and permanency – and impacts the child's ability to grow and thrive (Casey Family Programs, 2018). As described in this section, negative outcomes of placement instability for child health and well-being have been observed across several developmental domains, including behavioural, social, psychological, health, and educational outcomes.

5.3.1   Evidence on children and youth

Educational outcomes:

One of the consequences of experiencing placement changes is an increased likelihood of associated school changes, which can be a barrier to successful progression and completion of academic requirements (Goyette et al., 2021; Clemens et al., 2018). Furthermore, children and youth who experience frequent school changes are more limited in their ability to develop and maintain supportive relationships with teachers, school staff, and peers – which can impair the quality of their educational experience and overall well-being (National Working Group on Foster Care and Education, 2018). While frequent school moves can affect educational success for students both inside and outside of the foster care system, the risk of negative educational outcomes is greater for foster children. This greater risk is partly due to their higher rate of change and mobility, as well as the presence of additional risk factors that are common among children and youth in foster care, such as poverty and maltreatment (Clemens et al., 2016).

Indeed, evidence has shown that both placement changes and school moves are each independently associated with reduced academic growth, but that the combined effect of both types of moves together is even greater. In this study (Clemens et al., 2018), which included a sample[13] of youth in foster care in grades 4 to 10, a single placement change was associated with a reduction in reading growth by 2.52 percentile points, while each school move was associated with a reduction of 1.94 percentile points in reading growth. When a student experienced a placement move accompanied by a school move, the total adverse impact on reading growth was a reduction of 3.7 percentile

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[13] The study sample consisted of a statewide sample of students in Colorado who were first removed from the home between 2007-2014 and were enrolled in grades 4-10 in a public school at any point during that period; and had valid academic test score data available.

points (effect size = 0.12). According to the authors, these findings indicate the need for foster care planning that considers the interrelated effects of placement stability and educational stability in order to reduce barriers to academic growth and the resulting achievement gaps between students in foster care and their peers who are not in care.

Additional findings from the literature further demonstrate that placement instability affects foster children's educational outcomes, including their academic performance, attendance, likelihood of repeating grades or dropping out, and having school discipline issues (e.g. CASA for Children, 2018a). Some examples from specific studies are noted below; however, most of the evidence on academic outcomes comes from older children and youth.

- Data on children aged 6-12 years who were living in out-of-home placements in Los Angeles County from 1996-1998 was used to examine the association between placement characteristics[14] and academic outcomes, including classroom behavior problems and delays in reading and math skills[15] (Zima et al., 2000). Results showed that length of time in foster care as well as placement instability were not associated with behavioral problems. However, children who were in foster care for longer periods were more likely to be suspended or expelled from school, and the number of changes in foster homes was associated with having at least one severe academic skill delay. Specifically, each additional placement change corresponded to an increased odds of skill delay by an odds ratio of 1.18 (CI = 1.01, 1.36).

- In Colorado, an increased number of school changes among high school students in foster care was associated with lower odds of earning a high school diploma and increased odds of earning an equivalency diploma (e.g. GED) (Clemens et al., 2016). A study of educational achievement among 1,082 former foster youth[16] across the US also showed that fewer placement changes increased the likelihood of high school completion. In this study, youth who experienced even one fewer placement change per year were almost twice as likely (OR=1.8) to complete high school while in foster care (Pecora et al., 2006).

- A study from Quebec examined administrative data and information gathered from interviews among a sample of 1,136 youth in care[17] (aged 16-18) to study the association between placement instability and education and employment outcomes (Goyette et al., 2021). Results showed a significant association between placement instability (defined as the number of changes in placement that occurred after the initial placement in out-of-home care) and reduced likelihood of completing high school. Specifically, a one standard deviation increase in placement instability reduced the odds of being on track to complete a

[14] In this study, data came from interviews conducted with the child, foster parents, and teachers; as well as measures of reading and math skills. Placement history and type of placement were confirmed using the Los Angels County Department of Children and Family Services Management Information System.

[15] Children were identified as having a severe academic skill delay if they scored at or below the 1st percentile for their age in reading or math – as assessed using the reading subtest of the Woodcock-Johnson Language Proficiency Battery and the Wide Range Achievement Test.

[16] Specifically, data is from the Casey national Alumni study, which includes case records and interviews with young adults who were placed in foster care between 1966-1998 from 23 field offices of a national children's services agency in the US (Casey Family Programs)

[17] The study used panel data consisting of two waves of interviews with a cohort of youth exiting care. All participants were still in care during the first wave of data collection (April 2017-April 2018, and most had exited care by Wave 2 (conducted from April-December 2019).

high school degree by a factor of 0.71 (at Wave 1) and reduced the odds of actual high school graduation by a factor of 0.69 (at Wave 2).

Social-emotional and behavioral outcomes:

As summarized below, evidence from various studies has demonstrated the negative social, emotional, and behavioral consequences of placement instability for children and youth in foster care, including coping and adjustment problems, low self-concept and identity confusion, difficulty forming emotional bonds with caregivers, internalizing and externalizing behavioral problems, and risky behaviors (Harden, 2004; Hélie et al., 2017; Connell et al., 2006; Stott, 2012).

Children in foster care already experience disparities in several developmental domains, including a greater risk of behavioral problems resulting from prior histories of maltreatment and trauma. Furthermore, when these children subsequently experience instability from multiple placement changes while in care, this can greatly enhance the risk of negative outcomes (Fisher et al., 2013). This is supported by evidence from studies, including the following examples:

- Data from a nationally representative prospective cohort study[18] in the U.S. was used to determine the unique contribution of placement instability toward the risk of behavioral problems among children in foster care (Rubin et al., 2007). The results showed that placement instability affects the behavioral well-being of children in out-of-home care independent of their existing problems at the time of entry into care. Specifically, regardless of the child's baseline risk for instability[19] in the study, those who failed to achieve placement stability had a 36%-63% increased risk of behavioral problems after 18 months in care compared to children who had achieved any stability[20] during the study period.

- Similarly, a study of 415 children and youth in foster care in California found that volatile placement histories contribute to internalizing and externalizing behavior problems in foster children, whether or not they entered care with problem behaviours (Newton et al., 2000). Findings showed that the number of placements consistently predicted increased behavioral problems 18 months into care after controlling for initial problems, and children who experienced a higher number of placement changes (more than five) were especially at risk for these negative behavioral outcomes.

Research has shown that having supportive, lasting relationships and interpersonal connections with adults and caregivers is critical for the short- and long-term well-being of youth and young adults. Therefore, children and youth who experience multiple moves in care may miss out on opportunities to build these important relationships, which can even affect their ability to form trusting relationships with others throughout their lives (Samuels, 2008). As described by researchers such as Kates et al. (1991) and Needell (1996), foster children who experience multiple placements with different caregivers often struggle with issues of trust, loyalty, insecurity, identity

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[18] The final sample was comprised of 729 children who remained in continuous foster care throughout the 18-month study follow-up period and who spent no more than nine months in a restricted residential setting.
[19] Baseline risk was assessed using a composite behavioral well-being variable constructed from two behavioral assessment tools: the Child Behavior Checklist (for children aged two and older) and temperament scores (for infants under two)
[20] Placement stability over the first 18 months in care was categorized as: early stability (achieved a long-lasting placement within 45 days of entry into care); late stability (achieved a long-lasting placement after 45 days); or unstable (failed to achieve a long-lasting placement that was maintained for at least 9 months).

confusion, and a fragmented sense of belonging to a family. They may come to expect any relationship to end in loss, thereby decreasing their willingness to form new attachments.

Placement instability can affect a child's relationships not only with their caregivers, but also within the community. For instance, in addition to changing homes and schools, frequent placement moves can involve separation from one's social support networks, including siblings, friends, teachers and other caring adults. The impact of this additional social separation compounds issues of prior trauma or disruption from being removed from one's biological home and family and can lead to feelings of distress, rejection or abandonment, and a lack of belonging (Center for Human Services, 2008; McGuire et al., 2018). These negative emotional feelings can then further increase the risk of adverse behavioral and mental health outcomes, beyond the risks associated with residential placement moves alone (McGuire et al., 2018; Bederian-Gardner et al., 2018).

- For example, a study by Bederian-Gardner et al. (2018) examined the relation between instability (measured by combining number of homes and number of schools moved) and mental health outcomes among a sample of foster youth and non-foster youth[21] aged 17 years old. Contrary to predictions, foster care status alone was not associated with higher levels of mental health problems. However, instability was associated with increased symptoms of post-traumatic stress disorder (PTSD) among foster youth, and not among non-foster youth. These findings suggest that placement instability in foster care is a stronger predictor of mental health problems such as PTSD than simply placement into foster care itself; however, this study was cross-sectional rather than longitudinal, meaning that it cannot be determined whether pre-existing mental health symptoms were also associated with placement moves.

The socio-emotional and behavioral impacts of placement disruption may be even greater for adolescents, who are more likely to experience multiples moves in care. Research has shown that among older youth, placement instability is associated with increases in delinquent behaviors, including substance use and risky sexual behavior. This increased risk can occur while the individual is still in the foster care system, or as young adults after they have aged out of care. As described by Stott (2012), placement instability enhances the vulnerability of youth transitioning out of foster care for several reasons, including the impact of disruptions to social networks, values and norms; the impact on emotional competencies and coping skills; and the impact on educational attainment. As a result, youth who experience placement disruptions while in care may be less able to form the necessary emotional and social competencies to be successful in their transition to independent living.

Additional findings from specific studies focusing on the impact of placement instability on delinquent or risky behaviors among youth are summarized below:

- Data from children and families involved with the child welfare and juvenile justice systems in Illinois[22] found that placement into substitute care increased the risk of delinquency (defined broadly as any offenses within the range of official petitions in the juvenile court)

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[21] The comparison group was drawn from high schools in the same state that serve low-SES at-risk students

[22] The study analyzed two birth cohorts involving a total of 18,676 children with at least one substantiated report of maltreatment between January 1983-December 1984. The sample was limited to children who had at least one placement prior to age 14 in order to model the relationship between placement instability and delinquency between the ages of 14 and 16.

for children who experienced maltreatment compared to those who remained in the family home (Ryan & Testa, 2005). Moreover, among children who were placed into out-of-home care, placement instability increased the risk of delinquency even further, but only for males. For example, the odds of delinquency were 1.54 times greater for males with three placements, and 2.13 times greater for males with four or more placements, compared to males with only one placement.

- Stott (2012) examined data from administrative records and interviews with a sample of 114 young adults who reached the age of majority (18 years) while in care between 2004-2008. Results showed that after controlling for other factors (e.g. sex, race, parental variables, history of abuse or violence), there was a significant association between placement instability in foster care and subsequent substance use in young adulthood; however, the association between placement instability and risky sexual behaviors did not reach significance after controlling for other adversity variables. These findings demonstrate the potential long-term impact of placement moves, even beyond the impact of other adverse experiences and environments for children and youth in care.

Other outcomes:

Other potential negative outcomes that have been associated with placement instability among children and youth include the impact on continuity in access to services while in care, increased use of public services, and delayed permanency outcomes.

One of the key challenges for children in the child welfare system is how to meet their comprehensive health care needs – that is, providing the necessary supports and services for meeting the physical, dental, mental, emotional, and developmental needs of children in out-of-home care (McCarthy, 2002). When children in foster care experience multiple moves and placement changes, they face a disruption in their access to these essential services, including their ability to attend appointments and receive developmental screening and assessment services.

On the other hand, children with complex physical and mental health needs, including behavioral or developmental problems may be more likely to experience placement instability, and this instability may in turn enhance their needs and service use. For example, a retrospective cohort study of children (aged 2-18 years) in foster care in the US[23] found that foster care placement instability was associated with increased mental health service utilization during the first year in foster care (Rubin et al., 2004). Specifically, after adjusting for age, sex, race and costs of physical health claims, children with multiple placements (three or more) were more than twice as likely to have high mental health service use (defined as the top 10% of mental health users by cost) compared to children with two or less placements during the study period (OR=2.01; 95% CI: 1.50-3.05).

Finally, researchers have emphasized that focusing on stability in a foster care placement does not preclude or negate the ultimate goal of permanency for the child. In fact, greater stability is considered a key prerequisite for the achievement of permanency, as multiple placement changes can lead to delayed or reduced likelihood of permanency outcomes including reunification, adoption, or legal guardianship (Proch & Taber, 1985; Connell et al., 2006; Casey Family Programs, 2018). This was demonstrated by a landmark study of foster care children in Illinois from 1977-

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[23] The sample included 1635 children aged 2 years and older who entered foster care between July 1993-June 1995 in Philadelphia, Pennsylvania, and spent at least 9 months in care.

1984. The findings from this study showed that the likelihood of reunification is affected by the number of placements a child experiences while in care, such that the percentage of children who return home decreases with each additional placement (Goerge, 1990). For instance, while about one-third of children were reunified after their first placement, only 13% returned home after their second placement and 5% returned after their third placement.

Consistent with this notion, evidence has shown that placement change in itself can be a risk factor for future placement instability – as the number of placements for a child increases, the more likely it is that he or she will experience future placement changes, creating a cycle of disruption (Center for Human Services, 2008). Moreover, the compounded effects of placement instability described throughout this section (i.e., socio-emotional, behavioral, and health problems) are not only harmful to the child but also further increase the risk that this cycle of instability will continue. As summarized by Smith et al. (2001), "each new disruption provides an increased risk for subsequent disruptions with new caregivers".

- This is supported by evidence from a longitudinal study of children (aged 0-6 years) in out-of-home care in the US,[24] which found that increasing numbers of placement moves during the first year of care significantly increased the likelihood of subsequent placement instability for those children who remained in care long-term (Webster et al., 2000). Specifically, children who moved two times during their first year in care were 62% more likely; children who moved three times were 65% more likely, and those who moved four times were more than twice as likely to be moved three or more subsequent times during their time in care. In contrast, children who had only one placement move during their first year were not significantly more likely to experience additional moves compared to children who did not move in their first year. According to the authors, this finding highlights the importance of finding the best placement for a child in these critical first months of out-of-home care.

5.3.3 *Evidence for infants/young children*

Evidence on the effects of placement instability among infants remains very limited; while some studies have included infants in their sample, they typically have not focused on results specific to infants aged 0 to 12 months. Even fewer studies have examined possible differences between newborns and older infants in foster care (Needell, 1996). One possible reason for the limited focus on infants may be that infants have been shown to have a lower likelihood of placement instability compared to older children and adolescents (see Section 3.2 on risk factors). However, findings from the available literature indicate that there are still significant consequences of placement disruption for infants, primarily related to how instability affects their ability to form stable attachments and effects on brain development.

Findings related to attachment:

As discussed throughout this report, one of the greatest concerns found in the literature on placement instability is the impact on a child's ability to form stable attachments with caregivers, which can have lifelong consequences. Given what is known about the development of attachments

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[24] The cohort included children under the age of 6 who entered out-of-home care in California for the first time between January 1988-December 1989 and who were still in care eight years after entry (n=5,557).

in the early years of life, it is clear that infants are most vulnerable to the effects of disruptions in primary caregiving relationships.

As described by Needell (1996), the significance of parental absences depends on their duration and frequency, as well as the developmental stage of the child. For instance, a separation that would constitute a significant break in continuity of relationships for an infant would not have the same impact for school-aged children. In other words, the younger the child, the shorter the parental absence can be before it is experienced as a permanent loss by the child. To compound the situation, infants are also less advanced in their capacity to cope with such a loss, exacerbating the negative effects of the separation even further (Needell, 1996).

Even within infancy, the effects of separation or removal from the home can still vary depending on the specific age of the child. Research suggests that separation from a parent is more likely to cause distress for a child after the first six months of their life (i.e. after attachments to primary caregivers have formed), and within the subsequent two to three years. Accordingly, separations that occur when the infant is six months of age or younger may not be as harmful, provided that the separation is followed by responsive, nurturing care. This has been supported by evidence from foster infants demonstrating greater attachment related difficulties among infants placed between 6-12 months of age (vs. before six months), with an even higher likelihood of developing insecure attachment relationships with foster caregivers among infants place after 12 months of age (Chase Stovall & Dozier, 2000).

Research has also shown the importance of the relationship between foster care provider and infants in supporting infant mental health and socio-emotional well-being – particularly for infants who are more vulnerable due to previous exposure to harmful substances or maltreatment prior to placement (Marcellus et al., 2017; Chase Stovall & Dozier, 2000; Chase Stovall-McClough & Dozier, 2004). As described by Marcellus et al. (2017), studies have consistently shown that strong commitment to the child by the foster caregiver, responsive and sensitive caregiving, and placement stability are critical factors for supporting the development and well-being of infants in foster care. In line with this finding, research suggests that if an infant who experiences early maternal separation or loss is able to form a stable attachment relationship with a new foster caregiver, this may help to promote resilience and overcome the negative outcomes associated with insecure attachments (Chase Stovall & Dozier, 2000; Turner et al., 2022).

Additional findings from the literature related to attachment and stability are described below. It is also important to note that even when an infant does achieve stability in their foster care placement, this does not always guarantee that he or she will form a secure attachment with their caregiver(s); however, according to Needell (1996), placement instability makes this outcome impossible.

- Evidence from a cohort of 144 foster children (aged 0-5 years) in Glasgow, Scotland shows the importance of foster caregiver commitment (i.e. their motivation to invest in an enduring relationship with the foster child) on mental health and symptoms of attachment disorder among infants entering foster care who have experienced maltreatment (Turner et al., 2022). Findings from this study, which was part of a larger randomized controlled trial, showed that higher levels of initial foster carer commitment (measured about two months after entry into care) were associated with a decrease in symptoms of reactive attachment

disorder (RAD)[25] in children up to 15 months after placement into care – regardless of whether the child stayed with their initial foster caregiver or changed placements in that time. However, contrary to expectations, foster carer commitment was not associated with improved mental health symptoms in the foster children. These findings suggest that early commitment from foster caregivers is important for reducing RAD within the first year of placement, and this initial commitment may even have lasting effects, allowing the child to form better attachments in subsequent placements as well. However, the study did not examine differences by age of the foster children, so it is not clear whether the findings would differ for infants compared to children over 12 months of age.

- Evidence indicates that a foster parent's state of mind regarding attachment also plays a role in the infant's ability to form a secure attachment relationship to them. For example, a study examining the process of developing new attachment relationships among 38 foster infant-mother dyads showed the importance of both age at placement as well as foster parents' own attachment state of mind[26] as predictors of infants' early levels of secure attachment behaviour (Chase Stovall-McClough & Dozier, 2004). Results from longitudinal growth modeling indicated that after controlling for risk status (which included number of placements),[27] children who were placed at younger ages and those placed with 'autonomous' foster parents showed higher early levels (i.e. within the first two weeks of the placement) of secure attachment behavior and less avoidant behavior. While age at placement predicted early attachment behaviors, only foster parents' attachment state of mind remained a predictor of the eventual quality of the attachment – demonstrating the importance of quality caregiving by foster parents.

Findings related to neural development:

As described in Section 1.1, research has shown that infancy is a critical sensitive period in life in which human development (physical, cognitive, motor, and neural) is particularly susceptible to experiences in the environment, including early experiences of adversity (Fisher et al., 2013). One important capacity that can be impaired by adverse early experiences is the development of executive functioning (EF) abilities, such as self-regulation (e.g. Center on the Developing Child, 2015; Lewis et al., 2007). According to Fisher et al. (2013), variations in a child's level of EF when they enter out-of-home care might predict their sensitivity to subsequent caregiving environments and placement disruptions, placing them at greater risk of negative outcomes. In contrast, evidence also shows that consistent, responsive caregiving during the first two years of life contributes to the development of EF skills, which in turn is linked to other positive social developmental outcomes (Fisher et al., 2013; Kochanska et al., 2000).

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[25] RAD is classified as a subtype of Attachment Disorder, in which a child displays disordered behaviour in terms of comfort-seeking from a caregiver and at least two behaviours within the domain of social and emotional disturbances (i.e. minimal social/emotional responsiveness; limited positive affect; unexplained irritability).

[26] Parents were classified as having autonomous, dismissing, preoccupied, or unresolved states of mind. Autonomous parents tend to be more available and responsive; while nonautonomous (dismissing or preoccupied) parents tend to be rejecting or inconsistently responsive to children's needs.

[27] A cumulative risk score was created for each child by summing the number of risk factors that were present (i.e., physical abuse, prenatal drug exposure, number of placement disruptions in care).

In addition to self-regulation, evidence has also shown an association between placement instability and deficits in inhibitory control – another key component of EF involved in regulatory functioning. Inhibitory control is an essential skill for children involving effortful refrainment from doing things that they may want to do; without this skill, they are at risk for a number of behavioral, social, and academic outcomes (Lewis et al., 2007).

- Lewis et al. (2007) examined the association between placement instability and inhibitory control skills among a sample of 102 foster children at ages 5-6 years, who differed in their placement histories since infancy: adopted children who had experienced one prior placement (stable placement); adopted children with multiple foster placements; and children without a previous history of adoption or foster care. Results showed that the age at placement (placement within the first month after birth vs placement after one month) did not affect inhibitory control abilities in childhood; however, the number of subsequent placements did have an effect. Controlling for covariates such as age at placement and duration of placement with the current caregiver, children with multiple placements performed significantly worse on tasks of inhibitory control compared to children with stable placements or no prior placements. These findings indicate that infants who do not experience a consistent and stable caregiving relationship after being placed into foster care are at greater risk of failing to develop adequate inhibitory control skills in childhood.

In sum, evidence indicates that both placement stability and high quality caregiving can affect the likelihood of negative psychosocial and behavioral outcomes for infants in foster care, and that a possible mechanism for these effects may be through altering the development of neural regions involved in EF; however, it is not yet clear how this mechanism might be manifested (Fisher et al., 2013). Further research – specifically with infants – would be needed to identify causal relationships and the direction of these relationships.

6.0 Summary and Implications

6.1 Summary of findings

Research on child development and attachment clearly shows the benefits of consistency, continuity, and predictability in a child's caregiving environment. This is especially important for children in foster care, who have often experienced maltreatment or trauma in addition to separation from their primary caregiver — all of which places them at greater risk of negative developmental outcomes. For these children, the provision of stable and nurturing care from foster caregivers can serve as a protective factor that may reduce the harmful effects of prior stress and adversity and set the stage for positive developmental trajectories moving forward. When a child in out-of-home care has the opportunity to develop a trusting relationship with their new caregiver, they are more likely to form secure attachments, which has been shown to provide long-term benefits across developmental, social, and educational domains. In contrast, if a child continues to experience further instability while in care, moving between homes, caregivers, schools, and communities, this creates disruptions in their relationships as well as their access to continued services and supports – which can have lifelong implications if not addressed (Marcellus et al., 2017; Harden, 2004).

Infants in foster care require special consideration due to their unique developmental vulnerabilities. Research has shown that the early months and years of life (i.e. between 0-24 months) represent a sensitive period for the formation and growth of many important skills and capacities across physical, cognitive, and motor developmental domains (Fisher et al., 2013). It is also the period when an infant begins to explore their environment while relying on the safety and protection offered by their primary caregiver. The infant's ability to form a secure attachment to their caregiver in this process is a key developmental step that helps lay the foundation for optimal growth and well-being throughout life. Accordingly, exposure to adversity during this sensitive early period, including a lack of responsive caregiving or multiple disruptions in the caregiving environment, can interfere with the attainment of these critical developmental processes that are necessary for the child's subsequent healthy social and emotional functioning.

Evidence from studies on placement instability on infants and children in foster care is limited overall and has focused more on factors associated with placement instability rather than the short- and long-term outcomes of instability. This research suggests that some children may be at greater risk for multiple moves in care based on factors such as their age at placement (i.e. older children or adolescents), the type of placement (i.e. non-kinship care), and previous histories of abuse or behavioral problems. Evidence also suggests that infants are more at risk for disruption during the initial months of a placement.

However, research has also shown that regardless of a child's initial level of risk, placement instability while in care still has negative consequences. Among children and adolescents, evidence has primarily focused on the adverse effects of placement instability on educational, psychosocial, and behavioral outcomes. This evidence indicates that foster children who move homes and schools more often are at greater risk of lower academic growth and achievement as well as behavioral and mental health problems. The negative impacts of instability while in care, including the inability to form stable, trusting relationships with caregivers as well as peers and other supportive members of one's social network, has lasting impacts as youth age and begin to transition into adulthood. This includes a greater likelihood of delinquent behavior and substance use. Among infants, the limited evidence has largely focused on the impact of placement disruption on the infant's ability to form secure attachments to caregivers and the impact on the developing brain. This research suggests that foster infants are at greater risk of negative socio-emotional and mental health outcomes compared to other infants, including a higher likelihood of developing insecure attachment styles. However, those who are placed with caring, nurturing foster carers in a stable placement following separation from their primary caregiver may be able to overcome this risk. Similarly, while research shows that early adversity, including experiencing multiple placement disruptions in infancy, can impair the development of essential neural systems and executive functioning abilities, infants who experience consistent and responsive caregiving after being placed in foster care have a reduced risk of impaired EF abilities and the associated effects on development. Finally, evidence from several studies shows that placement instability itself is a risk factor for continued placement disruption for children who remain in out-of-home care, creating a cycle of disruption with cumulative negative consequences.

6.2 Limitations of the evidence

Conclusions about the effects of placement instability for infants is foster care are limited due to several gaps in the available literature: First, there is a lack of studies that include infants in their sample, or that focus on results specific to infants compared to older children and youth. Second, most studies are from the U.S., where differences in child welfare legislation may play a role in the findings. There is a lack of evidence specific to the Canadian context, besides a few studies from Quebec that have evaluated changes to child welfare legislation relevant to permanency planning in that province. As discussed in Section 2.3.1, comparisons across studies are also limited due to differences in operational definitions and understandings of placement instability and placement success.

Other limitations identified in the literature include restrictions in many study samples to children with certain types of placements, thereby reducing the generalizability of findings for all children in foster care. For instance, according to Connell et al. (2006), most studies report on placement changes after children enter care for the first time; few studies have examined whether the risk and effects of placement instability differ for children with more than one episode in care. In addition, most studies are restricted to children in foster homes or group homes due to the challenges in studying and following children in more temporary placement settings such as shelters.

Finally, given the challenges in identifying and tracking children in out-of-home care over long periods of time, research tends to rely more on cross-sectional data, with few longitudinal studies. As a result, it is often difficult to disentangle the effects of placement instability from pre-existing conditions or factors that might also increase the risk of instability (Rubin et al., 2007). For example, research suggests that placement instability is associated with behavioural problems in children, yet it is not clear the extent to which this relationship is bidirectional (ie., whether children with behavioral problems are more likely to experience instability, or if instability in care increases the risk of behavioral problems, or both).

6.3 Future research

In order to address the gaps in the existing literature and provide a better understanding of the issue of placement instability for infants in foster care, more research is needed to examine the effects of placement changes across a broader range of settings, samples, and outcome measures. This includes more studies in Canada to gain a clearer sense of the scope and impact of this issue for Canadian children in care, with specific attention to evidence on First Nations, Inuit and Métis children — who are already at disproportionately greater risk of involvement in the child welfare system. While challenging to implement, more longitudinal studies are also needed to track changes in placement stability over time and to improve our understanding of the long-term impact of placement changes on children's developmental trajectories and associated outcomes. In addition, given that many children end up re-entering care multiple times, even after reunification with their biological parents, and that children with a longer history of contact with the child welfare system may have different experiences while in care, it is important to consider a child's full history in out-of-home care in any studies examining the impact of placement instability (Hélie et al., 2017). Finally, with an increasing use of shelters and places of safety as emergency placements for children, more studies demonstrating the impact of instability in these temporary placement settings in relation to other settings would be valuable for future child welfare policy planning.

6.4   Implications for child welfare practice and policy

The findings from this review have important implications for child welfare planning and decision-making, as discussed in this section.

Overall, research on placement instability supports the primary aims of any child welfare system – achieving safety and protection for children and ensuring that any action taken is in support of the child's best interests and well-being. Given that even a single move or separation from a caregiver can be experienced as disruptive for an infant or child, with the potential for lasting negative consequences – especially if it occurs critical developmental periods, any placement moves should be considered very carefully and cautiously. When there is no other safe alternative but to remove a child from their home and place him or her in out-of-home care, research suggests that every effort must be made to promote stability and avoid multiple moves for the remainder of their time in care (Needell, 1996; Esposito et al., 2014). This is especially important in the period immediately following the child's first placement, when evidence shows that the risk for placement disruption is greatest, and remains important for ongoing permanency planning. For example, while reunification with the biological family is most often the primary goal for child welfare workers, some have argued that the child's best interests should lie in preserving their strongest attachment ties – whether that is to their biological parents or their foster parents (Gauthier et al., 2004).

This overall guidance is consistent with relevant child welfare legislation in provinces such as Ontario and Quebec. For example, Ontario's *Child, Youth and Family Services Act*[28] states that when a decision must be made in the best interests of the child, that decision should consider "the importance of continuity in the child's care and the possible effect on the child of disruption of that continuity"; and that services to children and youth should also respect their "need for continuity of care and for stable relationships within a family and cultural environment". Similarly, Quebec's *Youth Protection Act*[29] states that "If returning the child to his family environment is not in his interest, the decision must, on a permanent basis, ensure continuity of care and the stability of his relationships and of living conditions appropriate to his needs and age."

Research also points to the importance of incorporating a developmental perspective into placement decisions and permanency planning. As described by Sattler et al. (2018), children in the child welfare system have unique needs and challenges at each stage of their development that must be addressed. For example, in infancy, this includes relevant processes such as forming attachments to primary caregivers, developing executive functioning and self-regulation skills, and building resiliency in response to experiences in the environment. In childhood and adolescence, placement decisions can affect socio-emotional development, academic achievement, and the risk of behavioural problems or delinquency. Providing safe, secure, and stable placements with consistent and responsive caregiving for infants and children is essential for supporting their developmental needs and helping to maintain vital relationships, social networks, and other supports and services throughout their time in care (e.g. Esposito et al., 2014).

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[28] See *Child, Youth and Family Services Act*, 2017, S.O. 2017, c. 14, Sched. 1., Section 64 (5) and Section 1 (2). Available at https://www.ontario.ca/laws/statute/17c14
[29] See *Youth Protection Act*, P-34.1. Chapter 1 (4). Available at https://www.legisquebec.gouv.qc.ca/en/document/cs/P-34.1

Data from the US and Canada shows that despite the benefits of stability in care, many children continue to experience placement breakdowns or disruption for various reasons. Moreover, evidence indicates that certain factors may be associated with placement instability, including characteristics of the child, the case, the foster care environment, and the broader child welfare system. Therefore, an enhanced focus on identifying those children who may be most at risk for placement instability based on these factors might help reduce the likelihood of this outcome. However, researchers have noted that systems to identify foster children at greater risk of placement instability must also be tied to interventions to support both children and their caregivers in order to have the greatest impact (Fisher et al., 2013).

One type of intervention that has been identified in the literature involves greater supports for foster caregivers. As shown by previous developmental and ecological research, infants in foster care do have the capacity to overcome early adversities provided they have the necessary support from caregivers, the environment, and societal systems, including the child welfare system (e.g. CASA for Children, 2018b). Yet many foster care providers are not adequately prepared for the demands of this role (Marcellus et al., 2017). Examples of programs that can be implemented to strengthen foster parents' ability to manage and support foster children's needs include parenting programs delivered through home visits by community workers, community-based group sessions, or health centre-based programs (Black et al., 2017). Other examples of relevant interventions include enhanced screening and training procedures for prospective foster parents (e.g. Edwards et al., 2022); as well as broader strategies at the systems level to support foster families as nurturing caregivers. For instance, by improving access to clean and safe neighbourhoods, community-based supports and health and education services for foster caregivers, their own mental and physical health will benefit, which can translate into benefits for the children under their care as well (Black et al., 2017).

Not only should foster care providers be well prepared for the difficulties their foster child may experience as they adjust to a new home, but children and youth themselves should also be adequately prepared prior to any placement changes. For example, according to McGuire et al. (2018), child welfare organizations should consider providing services and supports to help children and youth to cope with the uncertainty and stress of placement changes, which may help to prevent new or worsening mental and behavioural health problems.

Finally, at the broad structural level, a supportive structure that draws on community-based supports is needed to complement and enhance the work of child protection services in addressing the age-specific concerns and developmental needs of children and families involved in the child welfare system (Esposito et al., 2014). Addressing these needs at all levels of intervention will help reduce placement changes early on (i.e., immediately following a child's placement in out-of-home care) and improve placement stability over time, leading to more positive developmental outcomes as a result (Esposito et al., 2014).

According to Esposito et al. (2014:18), child protection authorities should consider the following three questions at each stage of intervention, from the initial placement decision to ongoing plans for children who are in out-of-home care:

1) Have we assessed the appropriateness of the placement based on the age and needs of the child?
2) Have we mobilized mental health services needed to address the special needs of children, specifically youth with behavioral and emotional difficulties and a history of <u>delinquency</u>?
3) Have we mobilized community support services for birth families for younger children following initial maltreatment investigation and foster families immediately following the initial placement?

In summary, when biological families cannot provide the necessary safety, stability, and nurturing care that infants and children need to thrive, it is the responsibility of the child welfare system and the adults who care for children in out-of-home care to provide them with every opportunity to experience these critical supports. This would not only contribute to the goal of optimizing the experience of foster care for these children, but also their developmental trajectories and outcomes. Moreover, as described by Marcellus et al. (2017), investing in the support of infants and children in foster care, as well as their families and foster caregivers would have benefits for communities and society as a whole in the long term.

7.0   References

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