



PART
Practice And Research Together

Placement Stability in Child Welfare

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What is this **PARTicle** about?

This **PARTicle** provides an overview of the key factors associated with the recurrence of maltreatment in child welfare. Child, caregiver, and case factors play a role in multiple maltreatment investigations.

»» Key Summary Points

- Placement instability has consequences for both child welfare organizations and the children and families they serve.
- Placement stability is associated with individual (child and foster parent) factors, placement factors, and agency characteristics; analysis requires critical examination of the child welfare organization and child's context.
- The first months of placement in out-of-home care are critical in predicting future placement instability. As the number of placements increases, the more likely it is that a child will experience future placement disruptions.
- Improved communication between child welfare practitioners and children and families, attention to changes in the child's attitudes and needs, and supporting caregivers to support their children are highlighted as key actions in promoting placement stability.

»» Discussion Questions

- How does my organization define "placement stability"? How many moves in out-of-home care are required to meet this definition?
- What is the typical placement change rate within the first year of out-of-home care in my organization? What is the typical placement change rate for children and youth living in out-of-home care for various lengths of time (e.g., 2-3 years, 4-5 years)?
- What age groups have the fewest and highest number of placement moves?
- What is the proportion of children and youth with special needs are living in the care of our organization? What are the placement profiles for these children and youth with special needs, and does this finding influence our organizational placement stability rate?
- What type of statistical analysis is being used to measure placement stability?
- What are the most common reasons for placement disruption in our agency?
- How do placement stability indicators in our agency vary by time? (i.e., are we meeting permanency goals in the first months of placement?)
- How does our agency's performance in placement stability account for case contexts? In what ways is our agency reporting reflective of the role of individual, placement, and agency factors?



» Introduction

Placement stability is a key concern for the field of child welfare. Throughout the literature and in practice settings across both Canada and the United States, permanency plans are considered vital in promoting the social, emotional, and cognitive well-being of children living in out-of-home care.¹¹ Multiple placement moves can put children at risk for a number of poor outcomes, including lower academic achievement, insecure attachment, and distress due to instability and uncertainty about their home environment.^{6,17} Consistently across the literature it is reported that the longer children live in out-of-home care the more likely they are to experience multiple placement moves.^{6,7,12,19} Importantly, there is a strong association between more than one placement move during the first year of living in out-of-home care and experiencing placement instability (three or more placements) in subsequent years.¹⁹ Identifying and obtaining appropriate placements for a child during the first months of living in out-of-home care is a critical concern.¹⁹ Developing an accurate measure of a child's placement stability has implications for both child welfare practitioners and the children and families they serve.

» What is Placement Stability?

Definition

“Placement instability” commonly refers to children who experience three or more placements during their contact with a child welfare agency;^{12,13,18,19} however there is a lack of consistency in the literature regarding this definition. Christiansen and colleagues³ found a diversity of terms used to describe placement stability and instability, including placement changes, permanence, placement history, and placement pathway. Whether to include kinship care as a placement move or not is a concern broached in different ways by researchers. Multiple studies have demonstrated that children living in kinship care experience greater placement stability (fewer placement moves) than children living in non-kinship care;^{15,19} thus, the inclusion of kinship care in the definition of placement stability would likely influence an organization's overall measure of the concept.

Measuring Placement Moves



Confusion regarding the definition of “placement stability” is in part attributed to lack of clarity surrounding what defines a “move” for a child living in out-of-home care.^{9, 18} Unrau¹⁸ and colleagues reviewed 43 studies on placement stability from nine different countries, and uncovered nearly two dozen different terms to refer to a placement move (e.g., disruption, breakdown, transfer, shift, move event). Definitions for “placement move” fluctuate widely across studies, with researchers using different criteria to determine which moves experienced by children living in out-of-home care are relevant to their study. Research criteria vary on many factors, including time frame (e.g., length of child’s stay in placement, length of time during which to count the number of moves) and placement conditions (i.e., type of placement).¹⁸ A standard of three or more placements in the first year of care is indicative of placement instability in many studies, while others classify any moves more than two as unstable.^{5, 19} Webster and colleagues¹⁹ argue that use of three or more moves as a marker for placement instability is a conservative estimate that allows accounting for a temporary foster placement as well as a move into a permanent home without the label of “instability”.

In a unique qualitative study, Unrau and colleagues¹⁸ interviewed adults who had been, for any length of time, in the care of the child welfare system. The authors aimed to capture their perspective on what constitutes a placement move. Interestingly, the resounding consensus was that a move is a move. While the study was small and not methodologically rigorous, the results are interesting fuel for thought on the impact of placement moves on the child. The time spent in a placement, the type of placement, and the frequency of moves, were all associated with “disruption” in the life of the child.¹⁸ The participants outlined both physical and psychological processes associated with placement moves that impacted their own perception of stability and permanence at the time.¹⁸ This study reminds child welfare practitioners to consider the voice of the child when deciding what defines a placement move and what is considered a “disruption”. Moves among kin can present challenges to the child (e.g., navigating new relationship dynamics, packing up and moving to a new physical space) and these processes may impact the child’s perception of stability.¹⁸

Placement Success: Quality or Quantity

Ability to outline what is meant by “placement stability” demands a definition of placement success as well. The tension in developing a definition of placement stability seems to be based in an alternating emphasis on success with respect to either quantity or quality of the placements.¹⁸ Some studies refer to placement success as stability in the sense of time; a long-term placement is the best outcome for a child in care. Others, however, focus on the quality of the placement; achieving a placement that supports the child’s well-being above all is the best outcome, even if that means additional moves in out-of-home care to secure an appropriate placement for the child. Depending on the preferred outcome, quality or quantity, the number of placements a child experiences is not necessarily an accurate measure of “success”. While there is general



consensus in the literature that placement breakdowns and repeated moves exert a negative influence on children's well-being and development, some researchers argue that a breakdown need not automatically be regarded as a dramatic event for the child.^{3, 18} The significance and consequences of an out-of-home care breakdown can be reduced if key relationships and routines are preserved (e.g., friends, school, and support workers).³

The Importance of Placement Stability

With the above in consideration, balancing between quality and quantity, a stable placement trajectory is still generally preferred in most cases, as this is the ideal scenario to promote consistency in relationships, predictability in routine, and continuity in access to services.¹⁸ Placement instability is associated with costs to both the child welfare agency and the children it serves. With each change in placement, children are more likely to experience increased sense of rejection, decreased ability to form emotional ties with caregivers, developmental problems, impaired well-being, increased delinquency, and increased use of emergency department services.^{5, 19, 20} Ultimately, placement instability characterized by multiple placement moves or re-entry into out-of-home care suggests that the child welfare organization has missed key goals of their mandate, including permanency, promoting child well-being, and preventing further maltreatment.²¹ Child well-being may be compromised due to failed permanency and the potential trauma and insecurity associated with another placement move.²¹

» Factors Associated with Placement Stability

Change in placement can result from a planned placement termination (e.g., move to a long-term foster home) or an unplanned change. Unplanned placement change (also referred to as placement disruption, dissolution, or breakdown in the literature) is the premature or unintentional termination of a placement by any party involved (foster parent, child welfare agency, or, occasionally, as a result of the child or youth in care).¹⁴ There are several factors associated with increased placement instability for children living in out-of-home care, including child characteristics, the care environment, organizational factors, or an interaction of these factors.¹

Individual characteristics

Gathering information about the characteristics of children who are at higher risk of placement instability can support the facilitation of targeted services and the development of interventions that address multiple and complex needs.²¹



Age

There is a consensus across the literature that older children are more likely to experience placement changes.^{1, 7, 14, 19} Older children are more likely to re-enter out-of-home care, and to re-enter more quickly than younger children.²¹ In a longitudinal study of predictors of re-entry into out-of-home care, Yampolskaya and colleagues²¹ found that the majority of youth who age out of foster care entered out-of-home care as adolescents. Adolescents living in foster care have higher rates of mobility than their younger cohorts, which can be disruptive to their connections with others, as well as to their own sense of emotional and social well-being. However, it is important to note that many factors may combine to make these youth multiply vulnerable during young adulthood. Pre-foster care factors (e.g., poverty, parental substance misuse, neglect, violence in home) can also contribute to increased risk of youth engaging in high-risk behaviours.¹⁷ Research indicates that youth who age out of foster care face considerable adversity in young adulthood.¹⁷ The costs of placement instability for youth living in out-of-home care can be long term, whether the children have grown up in out-of-home care or were placed in out-of-home care later in life.^{17, 20} Placement instability negatively affects youths' self-efficacy and self-esteem; in addition, social capital and inclusion in positive social networks is likely diminished.¹⁷ Placement instability is a contributor to substance use and risky sexual behaviors in young adulthood.^{16, 17}

Gender

A few studies have found that being male is positively associated with increased placement instability, however the research is inconclusive.^{7, 19} This finding requires further attention and, at this point, gender should not be considered a factor associated with either stability or instability.

Physical and behavioural needs

The presence of a child's developmental disability appears to be associated with increased likelihood of maltreatment, while child maltreatment is shown to increase the risk of developmental disability.¹⁶ Special needs may result from the physical or psychological maltreatment experience, but are also risk factors that make maltreatment more likely.¹ While research into the prevalence of developmental disability among children living in out-of-home care is limited, it would appear that children with developmental disabilities are over-represented in the child welfare population.¹⁶ Research suggests that children develop best when they live in safe, stable, and nurturing families; the prioritization of placement stability can address these needs.¹⁶ Both the type and the stability of a child's placement in out-of-home care influence child outcomes. Children with disabilities are less likely to be adopted than are children without disabilities, and thus, permanency plans for this group of children are more likely to be long-term state care than adoption.¹⁶ The numerous risk factors that have led *to* placement in care, and that may result *from* this placement, as well as their *pre-* and *post-* foster care experiences, threaten the child's overall development and,



likewise, their quality of life.¹⁶ Mental health challenges can be aggravated by the out-of-home placement experience itself,¹ a finding that highlights the necessity of referral to community supports for both the child and caregiver.

Children with clinical diagnoses of emotional disturbance have been shown to experience greater placement instability. Having additional medical diagnoses increases those odds of instability. Courtney and Prophet⁵ found that a child with a diagnosed emotional disorder is more likely to have three or more placements by a factor of 3.6. Having another diagnosis increases the likelihood of instability (three or more placements) by an additional factor of 1.9.⁵ Individual behavioural issues and physical health problems are shown elsewhere to correspond with decreased likelihood for reunification and a greater number of moves in out-of-home care.^{14, 21}

For children who enter out-of-home care with special physical, behavioural, and emotional needs, a focus on permanency is all the more critical. Pelech and colleagues¹⁴ identify a higher rate of placement disruption among children and youth in out-of-home care who have a diagnosis of Fetal Alcohol Spectrum Disorder (FASD), and for this population there is also a demonstrated relationship between placement stability and the likelihood of poor outcomes in later life (including mental health challenges, academic difficulties, delinquency, and alcohol and/or drug use).

Placement Experience

Placement Type

Kinship placements have been shown in a number of studies to be strongly linked to placement stability.^{1,9,14,15} While there are no identified national (Canada or U.S.) studies to demonstrate the effectiveness of kinship placements, these findings have been replicated in a number of states. “Kin” can refer to genetic, marital, and adoptive relatives, but also (in Ontario) some acquaintances and “community members” can be deemed caregivers under the kin care model.¹⁵ Kinship placements in Ontario are differentiated between Kin Care and Kin Service. In Kin Care placements children are legally under the care of the local Children’s Aid Society and caregivers must undergo the same level of home inspection and clearance as foster parents, while the standards of approval for Kin Service are lower. Unfortunately much of the literature groups “kinship placements” together, failing to delineate the contextual details of the caregiving environment (e.g., relationship between child and caregiver). While there is widespread support for the finding children in kinship placements experience greater stability than children in non-kinship foster homes,⁹ some studies suggest that continued attention to the importance of kinship care in child welfare has eclipsed the potential significance of sibling relationships for foster children. Sibling relationships are found to have some beneficial association with placement stability for children in kinship placements.¹ Children not residing with their siblings are more likely to experience multiple placements.¹¹



The demographic and social conditions of children living in kinship homes was found in multiple studies to be different from the conditions of children in non-kinship homes, suggesting that access to resources is a key concern for children in kinship over non-kinship foster care.⁹ The literature outlines different profiles for kinship and non-kinship caregivers, identifying kinship caregivers to often have lower education, have lower income, and be older.¹⁵ This raises important questions regarding the level of support provided to kin caregivers by child welfare systems and community agencies and points again to the conversation of how placement success is defined. The well-being of the child in out-of-home care is of utmost importance.

In a study measuring state level predictors of placement stability, Courtney and Prophet⁵ found that having a kinship placement lowers a child's odds of having three or more placements by a factor of 0.6, suggesting that kinship placement can be thought of as a protective factor against placement instability. It has been found in multiple studies that children living in foster care, including those identified as having behaviour problems, were less likely to disrupt from a kinship placement than a non-kinship placement.^{5,8} The greater placement stability afforded in kinship foster homes than in non-kinship homes may help explain some of the lower risks of foster care re-entry observed for reunified children from foster care.⁹ Both James⁸ and Perry and colleagues¹⁵ found kinship care to be associated with decreased rates of reunification with birth parents. However, the reasons for these findings are not clear.⁸ Kinship placements are more likely than foster placements to persist, with children in kinship care demonstrating more stable placement histories than those in non-kinship care.
1,8,9,15

Time in out-of-home care

Research consistently shows that the likelihood of a child leaving care diminishes steadily the longer they live in out-of-home care. Webster and colleagues¹⁹ found substantially greater instability for children who entered out-of-home care between the ages of three and five, and who were still in out-of-home care at the time of study (then aged 11 through 13). The length of time spent living in out-of-home care has also been shown to be strongly associated with number of placement moves.¹⁹ Similarly, Pelech and colleagues¹⁴ found previous out-of-home placement experiences were associated with placement breakdown. Prior movement is the best predictor of future movement and movement tends to perpetuate itself.¹⁷

Foster Parent Characteristics

Placement breakdown (instigating a move in care) may also be initiated by the foster parent (or other caregiver). Often due to the challenge of providing care for high needs children, there are many suggestions made in the literature that providing ongoing communication and support to foster parents throughout the placement experience can improve the likelihood of continuity. Several studies suggest that externalizing behaviours are particularly prevalent among foster children and seem to drive placement change.^{1,3,6,11} However, James⁸ found that for the cohort of children in his



study, one-fifth of all placement changes were related to child behaviour problems. Approximately 70 percent of all placement changes were the result of system or policy mandates (such a move to reunite siblings, movement to a more/less restrictive setting, or movement into a long-term foster placement), 20 percent the result of child behaviour concerns, and the remaining 10 percent of the placement changes were prompted by stressors or events occurring in the foster families' lives (e.g., complaints or abuse allegations against foster families, and concerns about interference by the biological families).⁸ There is evidence from the literature about providing additional financial and emotional support to foster parents translates into higher retention rates, greater satisfaction, and improved child functioning.^{6,11,16}

Organizational Characteristics: Turnover and expenditure

At the agency level, training, cultural competency and perception of the needs of children were all purported to impact placement stability.¹⁴ Placement termination by a child welfare agency may be due to allegations of abuse or neglect, the placement of too many children in the home, or the placement of a child in a setting that is not capable of meeting his or her needs.¹⁴ Practitioner and organizational-level factors may also influence the success of a placement. For example, multiple studies suggest that larger numbers of caseworkers assigned to one child over time (lack of consistency in caseworker) and lower rates of contact between the child, caregiver and child welfare worker are associated with more frequent moves in out-of-home care. In addition, lower average organizational expenditures per child in out-of-home care and the contracting out of case management services were both associated with faster re-entry into out-of-home care.²¹ The mechanisms by which these factors influence placement stability is not known, however it is possible these are all tied to inadequate communication between agencies, case managers (and workers) and the child and caregiver. Poor communication can result in missed opportunities to connect the child and caregiver to community services, address problems, and meet needs to support the continuation of a placement rather than an inevitable placement breakdown. More research is needed to support these findings.

Operationalizing stability: Impacts on methodology and use of data

Inconsistent definitions of placement move, as well as the number of moves required to classify placement instability, provide limitations for measurement, comparison and reporting of data, as well as for the use of data for future research. If child welfare organizations choose to collect data by distinguishing between children who had two or fewer placements, researchers do not have much choice but to interpret it in this way.⁵ When everyone has a different measure of stability, a different time frame for when to measure, and idea of what constitutes a move in out-of-home care, it is difficult to combine across methodologies. This also presents challenges in defining placement



moves for policy purposes, particularly in maintaining singular definitions across federal and state/provincial jurisdictions.¹⁸

Generalizations and assumptions cannot be made about the applicability of these findings in all contexts; critical thinking is a necessary tool in the interpretation of research findings. For example, knowing the reason for placement disruption is an important element in determining an appropriate placement for the child in the future, and to ensure the needs of both the child and caregiver are supported. Importantly, the literature reminds practitioners that each subsequent move can alter the child's needs (e.g., as a result of a new experience of abuse; difficulty adjusting to the home). Accounting for such contextual factors is a key element of promoting stability and permanency for children living in out-of-home care.²¹

Understanding both the physical and psychological shifts that take place during placement moves is fundamental to the goal of supporting the child and caregiver throughout the placement process.¹⁸ Physical shifts experienced by the child during a placement move include packing up personal belongings, often without much notice. Characterizing the moves among family members and the return home as “placements” was an important recognition in a few of the identified studies, with children often unsure about the permanence of this move, and the move itself requiring the same physical relocations for the child.^{10, 18} Each move also brings psychological shifts for both the child and caregiver. For the child, feelings of uncertainty, fear, and loss of both relationships and space are common during transition. The greater number of moves, the more likely the child is to develop “protectionist strategies”, defensive mechanisms to prepare for impermanence and frequent moves, which can have long-term impacts on attachment and emotional functioning.^{18,19} The child may experience different emotions and expectations related to the anticipation of either living with their birth family, with relatives, or in a foster home; it is important to be able to respond to these emotions and support the child throughout the transition, regardless of their relationship to their new caregiver.¹⁸

Statistical note

Access to data that identifies children in the child welfare system that have two or fewer placements (or three or fewer placements) permits researchers to operationalize (or define) “stability” as a binary (dichotomous) measure. This measure then permits the use of logistic regression, a statistical approach that measures the relationship between variables, providing the probability of being in one of the groups (e.g., stable or non-stable). Logistic regression has been a useful approach in examining data at a local (rather than national) level. For example, Courtney and Prophet⁵ used logistic regression to tease out predictor variables unique to the conditions of New Mexico. Narrowing in on the most likely predictors of placement instability can support the directing of resources to address specific risk or protective factors. A point-in-time approach is common in the literature examined in this review, examining the child's



experience on a particular day. However, longitudinal studies are better able to capture the complexities of the child's context and perceptions by examining these factors over a long period of time. Some studies included in this literature review presented qualitative, descriptive findings. While these findings lack generalizability, they do provide insight into potential predictors that require further examination in controlled, rigorously designed studies.

Implications for practice

Despite methodological challenges and some inconsistency in findings, the research is quite uniform in terms of recommendations for child welfare practice that supports placement stability for children living in out-of-home care. Addressing both the physical and psychological shifts for children that result from placement moves is an important consideration for organizations and practitioners. As noted above, the reason for placement moves is a key piece in providing appropriate support for both the child and caregiver. Further, gathering perspectives of all interested parties is important. Children living in out-of-home care, their foster parents and birth parents (if appropriate and applicable), practitioners and organizations each hold opinions as to the "success" of a placement and the assistance and support needed, and therefore it is necessary to maintain communication among all parties.

Three dimensions of permanency planning were stressed as particularly important in a small, qualitative study by Osmond & Tilbury,¹³ they are as follows: family contact, cultural identity, and stability. Family contact was valued, managing and sensitively responding to contact reactions and positive family contact considered important as well. Frequent contact not always viewed positively as thought to undermine stability. Caregivers in this study did not feel they had sufficient involvement in discussions regarding placement stability and the child's permanency needs, and wanted to be recognized and valued for the specific "child knowledge" they had, with particular attention to how they thought the child's needs could be met.¹³

Findings of a provincial study (Alberta) demonstrate a substantial decline in placement moves among children in care who participated in the "Promising Practices" groups.¹⁴ The Promising Practices program involved a commitment to the permanency of children and youth with FASD living in out-of-home care, including supports such as transitional plans on record by the child's 16th birthday; assessment for suspected cases of FASD; provision of 48 hour respite minimally per month per child; collaborative support plans developed with caseworkers, foster care support workers and foster parents; a requirement of a minimum training of 12 hours require prior to placement and respite care; and caseworker requirement to meet at least once a month with caregivers.¹⁴ The increased contact with families provided opportunity for improved understanding of each unique child on their caseload, of the home dynamics, foster parent and family experiences, and the daily challenges the foster parent faces in caring for a child with FASD.¹⁴ While not generalizable, these findings are a preliminary suggestion that



supportive relationships between caseworkers, children and foster parents had a positive impact on all involved.¹⁴ Further, the study identified key needs for caregivers of children with FASD living in out-of-home care as social and material support (i.e. funding), a structured home environment, training, and access to both professionals and other foster parents.¹⁴

Considering the complexity of each child's needs, whether a behavioural concern is present or not, is a critical piece for practitioners in supporting stability for children living in out-of-home care. Among children with developmental disabilities, the requirements for supportive family life are the same as children without disabilities, including family stability and acceptance.¹⁶ However, practitioners must be able to identify when the child has specific needs that distinguish him or her from others (e.g., greater amount of time undergoing assessment and attending support programs).¹⁶ Taking a team approach to the support of children living in out-of-home care promotes a focus on the stability, trusting relationships, and frequent communication between practitioners and children and families.¹⁶

Support and Training for Foster Parents and Children

Supporting parents to support their children is repeatedly highlighted in the literature as a key element of placement stability. Financial and emotional supports can be both healing and preventative measures for children and their caregivers. Placement-specific services such as transportation, respite care, and counselling for both the child and caregiver have been shown to improve stability and well-being.^{6,16} Child-specific services such as mental health services and recreational programs can improve children's overall well-being, and be individually matched to support the unique needs of children living in out-of-home care.^{6,16} Further, practitioners are in positions where they can create opportunities to advocate on behalf of children living in out-of-home care for increased services and more effective provision of these services to the children and families who need them most.¹⁶ It is important to maintain current knowledge about the child's attitudes and relationships, both prior to and during placement.³ Practitioners ongoing consideration of the child's perception of and motivation for placement and general, as well as the child's needs in terms of key relationships will impact the type of relationships the child needs and is expected to develop with caregivers.

Time Sensitivity

Improved efforts must be made in determining the optimal placement setting for children in their early months of placement.¹⁹ These first months are critical in predicting future placement instability; providing the child an appropriate, supportive, temporary placement while making plans for permanent relocation in the near future is an important goal.¹⁹



Data Collection and Research Integration

Eggersten,⁶ in a study of factors related to placement instability in a Utah sample, discovered missing data in child welfare agency records to be an obstacle to his research. In particular, for a number of cases (20% of the sample) the reason for the child's placement into out of home care was unknown.⁶ This is an important omission as the research suggests reason for placement into care as a potential predictor of placement stability.^{19,21} In this regard, organizational-based training and continued emphasis on data entry for both accountability and research are necessary steps to integrate research into practice.

Summary

There is a lack of clear and consistent definition of “placement stability”, and whether kinship care is included in the definition of “placement”. Throughout the literature it is reported that kinship care is often a more stable placement type and that stays in kinship care decrease the risk of behavioural-related placement changes. However, the “success” of a placement is not simply a matter of its stability. Even stable kin placements may have characteristics that are not in children’s best interests (such as lower household income). The heterogeneity within the population of children living in the care of child welfare means that a one-size-fits-all approach to issues of placement and permanence are destined to fail. The unique needs of children require close attention to support the journey toward stability. Findings of studies on moves in out-of-home care do not uniformly agree on factors associated with placement moves, and methodological differences across studies make it difficult to compare results. However, there are costs of placement instability to both the child (e.g., mental and behavioural health implications) and the child welfare organization (e.g., practitioner time spent finding new placements), therefore considering context and case characteristics is important.

Reason for placement disruption or change provides key information on how to better support both the child and caregiver, and insight into how to lessen placement instability for this and future children. Recording this information can support permanence by drawing attention to mistakes and oversights, and focusing attention on providing access to placements with the appropriate level of support in the critical first months of a child’s stay in care. The first year of placement has been shown to be predictive of placement stability; findings suggest a strong association between more than one placement move during the first year of care and the likelihood of experiencing three or more placements in subsequent years. Heightened attention to identifying and securing the proper placement setting cannot be overstated. The research also highlights that kinship caregivers are disadvantaged in a number of indicators (e.g., education, income) yet receive fewer supports from child welfare



systems and community organizations than non-kinship caregivers. Gathering different perspectives about the placement and move process is key to supporting both children and caregivers. There is evidence in the literature that providing additional financial and social support to foster parents translates to higher retention rates, greater satisfaction with the placement, and improved child functioning. Including moves among kin within the definition of “placement move” may open the door to increased supports among all caregivers, promoting the physical and psychological well-being of children in kinship placements as well.

»» Key Summary Points

- Placement instability has consequences for both child welfare organizations and the children and families they serve.
- Placement stability is associated with individual (child and foster parent) factors, placement factors, and agency characteristics; analysis requires critical examination of the child welfare organization and child’s context.
- The first months of placement in out-of-home care are critical in predicting future placement instability. As the number of placements increases, the more likely it is that a child will experience future placement disruptions.
- Improved communication between child welfare practitioners and children and families, attention to changes in the child’s attitudes and needs, and supporting caregivers to support their children are highlighted as key actions in promoting placement stability.

»» Discussion Questions

- How does my organization define “placement stability”? How many moves in out-of-home care are required to meet this definition?
- What is the typical placement change rate within the first year of out-of-home care in my organization? What is the typical placement change rate for children and youth living in out-of-home care for various lengths of time (e.g., 2-3 years, 4-5 years)?
- What age groups have the fewest and highest number of placement moves?
- What is the proportion of children and youth with special needs are living in the care of our organization? What are the placement profiles for these children and youth with special needs, and does this finding influence our organizational placement stability rate?
- What type of statistical analysis is being used to measure placement stability?
- What are the most common reasons for placement disruption in our agency?
- How do placement stability indicators in our agency vary by time? (i.e., are we meeting permanency goals in the first months of placement?)



- How does our agency's performance in placement stability account for case contexts? In what ways is our agency reporting reflective of the role of individual, placement, and agency factors?
- Are there appropriate services in the community for families to access? Were the families offered these services in the past? Did they access these services?
- What type of statistical analyses are we using to examine recurrence?
- What factors are we missing in our analyses?

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