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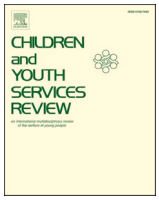

Static and dynamic factors underlying placement instability in residential youth care: A scoping review

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ABSTRACT

Placement instability in residential youth care is an important issue. Youth in residential care have the highest number of previous placements compared to youth in other types of out-of-home care (e.g., foster care), and the high number of previous placements can be experienced as traumatic events. Placement instability is associated with negative outcomes for youth, such as mental health problems. However, there is no review of the factors associated with placement instability in residential care. In this study, we reviewed research (qualitative and quantitative) on factors related to placement instability in residential youth care. A search in four databases (PsycINFO, ERIC, SocINDEX, and Medline) resulted in 10,299 hits. After selecting on the inclusion criteria, we included fifteen articles in our analysis. We identified several youth, family, decision-making, care, and, organizational factors associated with placement instability in residential care. In general, the number of studies focusing on placement instability is small. Most studies focused on static (i.e., unchangeable) youth factors, such as sex and age. We found some indications that dynamic (i.e., changeable) family, care, and organizational factors, such as poor parenting skills, low staff competence and turnover of professionals are positively associated with placement instability. It is striking that most of the included studies focused mainly on static youth factors. We need more knowledge about dynamic factors to reduce placement instability in residential youth care. Future research should focus on elements that might prevent placement instability.

1. Introduction

Placement instability is a major problem for youth in residential care. Research shows that the number of previous placements is the highest for youth in residential care compared to youth in other types of out-of-home care (OOHC), such as foster care (Leloux-Opmeer et al., 2016). Approximately 20–50 percent of youth in OOHC have experienced placement instability and have lived in two or more different places while in out-of-home care (Konijn et al., 2019; Leloux-Opmeer et al., 2016; Sallnäs et al., 2004). Youth in residential care experience 4.3–6.6 previous placements (range), while youth in foster care experience 1.3–3.4 previous placements (Leloux-Opmeer et al., 2016). The aim of the current study is to provide an overview of factors that underlie placement stability/instability in residential youth care.

Youth in OOHC have been exposed to developmental risks, such as physical or emotional abuse and neglect, which may potentially lead to emotional problems, externalizing behavior, and poor school performance (Briggs et al., 2012; Leloux-Opmeer et al., 2016; McGuire et al., 2018). OOHC may be needed for youth until their transition into adulthood in cases where they cannot be raised by their biological parents. Foster care is the preferred option as it is most in line with the best interests and needs of the child (Convention of the Rights of the Child; Art. 20; United Nations General Assembly, 1989). Residential care is often used when the treatment needs of youth cannot be met in a family-based care setting, such as foster care (Koob & Love, 2010). In addition, youth are sometimes placed in residential care because there are not sufficient number of foster families (Bruning et al., 2022). Residential care reflects a continuum of services ranging from family-style group care (with live-in group workers) to secure residential care (Leloux-Opmeer et al., 2016).

There are several reasons to explain the high rate of placement instability in residential youth care. A higher number of multiple placements may be due to the older age of youth at entry and their longer care histories (Leloux-Opmeer et al., 2016). Another explanation

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is that residential care is often used as a "last resort" to help youth with complex needs (Koob & Love, 2010). Such care is frequently seen as a temporary solution and the general tendency is to limit its use and keep residential placements brief (Thoburn, 2016; United Nations General Assembly, 2009), as it is often seen as undesirable and harmful (Whittaker et al., 2016). In addition, some residential care settings aim to provide short-term treatment for youth of a certain age range and some youth have aged out of these types of care options (Leipoldt, Harder, Kayed, Grietens, & Rimehaug, 2019; Leloux-Opmeer & Gutterswijk, 2020; *Thoburn, 2016).

Some youth remain in the residential care system for a number of years (Christiansen et al., 2010) because they have complex needs and are unable or unwilling to return to their biological or foster families (James et al., 2022). Consequently, they frequently move from one setting to another (Leloux-Opmeer et al., 2016; Oosterman et al., 2007; Thoburn, 2016). Moreover, while being in residential care, youth may also suffer from unstable living environments due to turnover of other youth in the residential group and/or changes in residential caregivers (Hébert et al., 2016; James et al., 2022; Ward, 2009). This is not in line with Art. 20.3 of the Convention on the Rights of the Child (1989), which highlights the importance of the continuity of care (United Nations General Assembly, 1989).

Stability in life concerns the perceived living environment and has an impact on the development of youth (Ten Brummelaar, Harder, Kalverboer, Post, & Knorth, 2018; Ten Brummelaar et al., 2018). Placement instability is associated with youth mental health issues, problems with forming social relationships, finishing school, and criminal behavior (Chambers et al., 2018; DeGue & Spatz Widom, 2009; McGuire et al., 2018; Newton et al., 2000). Regarding the living environment, studies suggest that multiple placements can result in a loss of relationships with caregivers and friends. In such "replacements", youth must adjust to a new living environment, including a new home, new professionals, new youth peers, and sometimes a new school (Chambers et al., 2018; Strijker et al., 2008; Unrau et al., 2008). In a study by Chambers et al. (2018), foster care alumni reported feeling unimportant and rejected by caregivers due to the multiple placements they experienced. After several placements, these youth reported that they no longer cared about moving and did not establish close friendships because they thought they would have to move again (Chambers et al., 2018; Unrau et al., 2008). Experiencing placement instability during OOHC is also associated with negative consequences in the long term, such as having difficulty trusting people in adulthood, failure to establish long-term relationships, and an overall feeling of instability (Chambers et al., 2018; Unrau et al., 2008).

Nevertheless, not all replacements are experienced as negative. In a study by Unrau et al. (2008), some youth mentioned that they had been given the opportunity to leave a bad placement and could start over. They also experienced positive consequences of new placements, such as an increase in inner strength and the ability to adjust to different environments and understand other people's opinions.

Various terms are used to refer to placement instability for youth in OOHC, such as "replacements", "breakdowns", "moves", "trajectories", and "drifts" (Christiansen et al., 2010; Strijker et al., 2008). A *replacement* in OOHC can be planned or unplanned. Placements that do not end as intended (i.e., breakdowns) can be seen as unsuccessful placements or unplanned replacements (van Rooij et al., 2015). Studies of placement instability have focused on a wide range of conceptualizations of placement instability, including both planned and unplanned replacements.

In contrast to *residential care*, several review studies have focused on factors underlying *placement instability* in *foster care* (Konijn et al., 2019; Leloux-Opmeer et al., 2016; Oosterman et al., 2007; Rock et al., 2015). Studies identified both static (i.e., factors that are not amenable to change) and dynamic (i.e., factors that are amenable to change) youth, care, and organizational factors (Eisenberg et al., 2019). Static youth factors underlying placement instability in foster care are: an older age, a history of maltreatment, and having experienced previous placements (Konijn et al., 2019; Oosterman et al., 2007; Rock et al., 2015). One dynamic youth factor associated with placement instability is youth behavioural problems, with the highest risk of placement instability for youth with externalizing problems. Dynamic family and care factors related to placement instability in foster care are separation from siblings, poor parenting skills of foster parents (e.g., responding inadequately to complex behavior), and turnover of professionals (Konijn et al., 2019; Oosterman et al., 2007; Rock et al., 2015). Organizational factors related to placement instability may be static, such as having received residential care in a previous placement, or dynamic, such as being placed out of the area of origin (Konijn et al., 2019; Oosterman et al., 2007; Rock et al., 2015).

There are also several *foster care* studies that have focused on factors underlying *placement stability*. Care factors related to placement stability in foster care may be both static, for example, having older foster parents, or dynamic, such as having motivated, involved, and more experienced foster parents and a good child-professional relationship (e.g., good communication) (Oosterman et al., 2007; Rock et al., 2015). Support for foster parents provided by family relatives (i.e., kinship care) and care workers is recognized as a protective, dynamic caregiver factor (Oosterman et al., 2007; Rock et al., 2015). The presence of other foster children, as a dynamic organizational factor, is positively associated with placement stability.

Insight into the underlying factors of placement instability is crucial to be able to prevent such instability, its negative consequences, and to promote placement stability and the positive development of youth (United Nations General Assembly, 1989, 2009). It is therefore striking that, as far as we know, there are no scoping review studies regarding factors related to placement instability in *residential youth care*. Because placement instability is a major problem, especially in residential youth care, here we review the current knowledge about factors related to placement instability for youth in residential care. Our aim was to map the current knowledge and answer the following research question: "*What static and dynamic factors are associated with placement instability in residential youth care?*".

Consistent with foster care research on instability, we expect that *static youth* factors, including an older age of youth, a history of maltreatment, and a history of prior placements, will be positively associated with placement instability. We also expect that *dynamic youth, family, care, and organizational* factors, such as youth behavioral problems, separation from siblings, poor caregiver skills, poor-quality youth-professional relationship, turnover of professionals, and youth being placed in an area outside of origin will be positively associated with placement instability.

2. Method

The current review study adheres to the Preferred Reporting Items for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018) (see Appendix A for the checklist per item).

2.1. Search strategy

Four electronic databases related to the social sciences and care were used to select articles, namely ERIC, Medline, PsycINFO, and SocINDEX. We used different descriptions of *placement instability* for youth in *residential care* as search terms, due to the heterogeneity in terminology in the literature regarding placement instability and residential care. Treatment foster care serves as a step-down opportunity for youth who are normally placed in residential youth care and this type of care is therefore included in this review study. Search terms were based on those used in previous review studies of foster and residential care (Leipoldt, Harder, Kayed, Grietens, & Rimehaug, 2019; De Baat & Bergle Clercq, 2013; Konijn et al., 2019; Leloux-Opmeer et al., 2016; Oosterman et al., 2007; Rock et al., 2015). We used the Population,

Intervention, Comparison, and Outcomes (PICO) search tool to perform our search. The search was performed on the "all text" fields in the four databases. Additional articles were selected by using snowball tools (i.e., using reference lists from the articles included). We used the following PICO search terms (Table 1).

2.2. Inclusion and exclusion criteria

We included empirical studies regarding youth (0–23 years old) placement instability or stability in the context of residential care between 2000 and 2022. Due to ongoing changes in residential care, we focused on the last two decennia (James et al., 2022; Knorth & Harder, 2023). Some studies included both foster care and residential care. These studies were included if separate analyses, results, and conclusions about foster care and residential care were presented or if at least 50 percent of the sample consisted of youth in or alumni of a residential care setting. More details about the inclusion and exclusion criteria are presented below (see Table 2).

2.3. Study selection

The first systematic search was performed on November 11, 2020 and resulted in 11,041 hits. Of these, 2,168 duplicates were identified using Endnote, leaving 8,872 articles. All articles were reviewed for relevance by screening the title and keywords using Rayyan (*Step 1*) (Ouzzani et al., 2016). The first author assessed the titles and keywords of the articles and selected 559 articles. If the first author had any doubts based on the information in the title and keywords, the researcher included the article in the following selection phase.

After the first screening of the abstracts by the first author, 131 articles were selected (*Step 2*). The abstract screening (*Step 2*), method section screening (*Step 3*), and full article selection (*Step 4*) were undertaken by two assessors (first author and second or third authors). After the abstract and method section screening (*Step 3*), 33 articles were included for further screening. Agreement between the first author and the second or third authors was 80 percent on average. Disagreements in decisions between authors were discussed until consensus was reached. The reasons for exclusion were, for example, that the study was about foster care and not about residential care. After the full article selection (*Step 4*), 14 articles remained (see figure 1 for exclusion reasons). The assessors had various meetings to reach a consensus about the inclusion of 14 articles.

Five articles were subsequently included by snowball sampling using the reference lists from the 14 articles selected for this study (Baker et al., 2005; Egelund & Vitus, 2009; Smith et al., 2001; Sunseri, 2003, 2004). However, four of these articles were excluded after the snowball sampling was performed, due to an inappropriate outcome measure for the scope of this review study; for example, the outcome variable related to the level of care (e.g., reunifications versus residential treatment facility) (Boel-Studt & Landsman, 2017; Izmirian et al., 2019; Piotrkowski & Baker, 2004; Van Dyk et al., 2014). Thus, 15 articles were selected at this stage.

A second search was performed on June 23, 2022 and resulted in 1427 hits (without duplicates). We applied the same procedure and selected 23 articles based on title and keywords (*Step 1*), and 12 of the articles remained after the abstract screening (*Step 2*). After the method assessment (*Step 3*), three articles were included in the full article screening; however, no articles were selected in the final screening (*Step 4*). The total sample thus consisted of the 15 articles from the first search to be included in the final analysis.

Table 1
Search terms.

PICO	Terms
Population:	child* or adolescen* or youth or teen* or young* or juvenile or boy or girl or kid
	AND
Intervention:	Residential or institutional or "out of home" or "group home*" or "group care" or "teaching family home*", "family home**", "family-style group care", "teaching family model", and "family type home" or "SOS Children's Village" or "family upbringing group*" or "congregate care" or "child* home"
	AND
Outcome	instability or stability or stable or unstable or distrupt* or drift* or breakdown or permanent* or move* or failure or transition

Table 2
Inclusion and exclusion criteria.

Theme	Inclusion	Exclusion
Population	Children and youth (0–23 years old) >50 percent of the sample consisted of youth in a residential care setting or alumni Care workers and parents when reporting on youth experiences	Children and youth with intellectual disabilities >50 percent of the sample consisted of youth in foster care or alumni foster youth >50 percent of the sample consisted of youth in the secure residential care
Setting	(secure) Residential youth care Family style group care Treatment foster care Residential treatment Congregate care	Youth prison Regular foster care
Outcome/ dependent variable	Placement instability for youth is defined as Breakdown, Disruption (unplanned move from one residential care setting to another), move	Stability for care leavers Permanency planning in terms of post-residential care placements (foster care, adoption, family reunification) Transfer to lower (e.g., reunification), same or higher level of care as outcome variable Instability for caregivers Length of stay (when the post-residential care placement is not defined in the analyses)
Language	Written in English or Dutch	Written in other languages than English or Dutch
Method	Qualitative or quantitative research methods	Non-empirical studies Review studies or meta-analyses
Publish date	Publish date between 2000 and June 2022	Publish date before 2000
Type of research	Peer-reviewed papers	Book chapters Reports Government documents Conference papers Magazines Guidelines

2.4. Data analysis

After performing the systematic search and article selection, we extracted the characteristics (e.g., country of data collection, participants, setting) of each study, presented in a table to gain an overview of the studies included. All articles ($n = 15$) were uploaded in ATLAS-ti 9. The first author carefully read the quantitative and qualitative articles and searched for unique factors – such as age, externalizing behavior, or visits of parents - underlying placement stability in residential care using an inductive coding strategy (Braun & Clarke, 2006). After each unique factor was coded, the first author discussed them with the other authors (EZ and AH). After this discussion, some overlapping factors that fit under a more general terms were combined into a new factor (e.g., behavioral problems included antisocial behavior). Subsequently, after several group discussions, the factors were grouped into main themes and sub-themes (if necessary). At the beginning of the coding process, static and dynamic factors were distinguished and then clustered into themes. These main themes were based on the literature presented in the

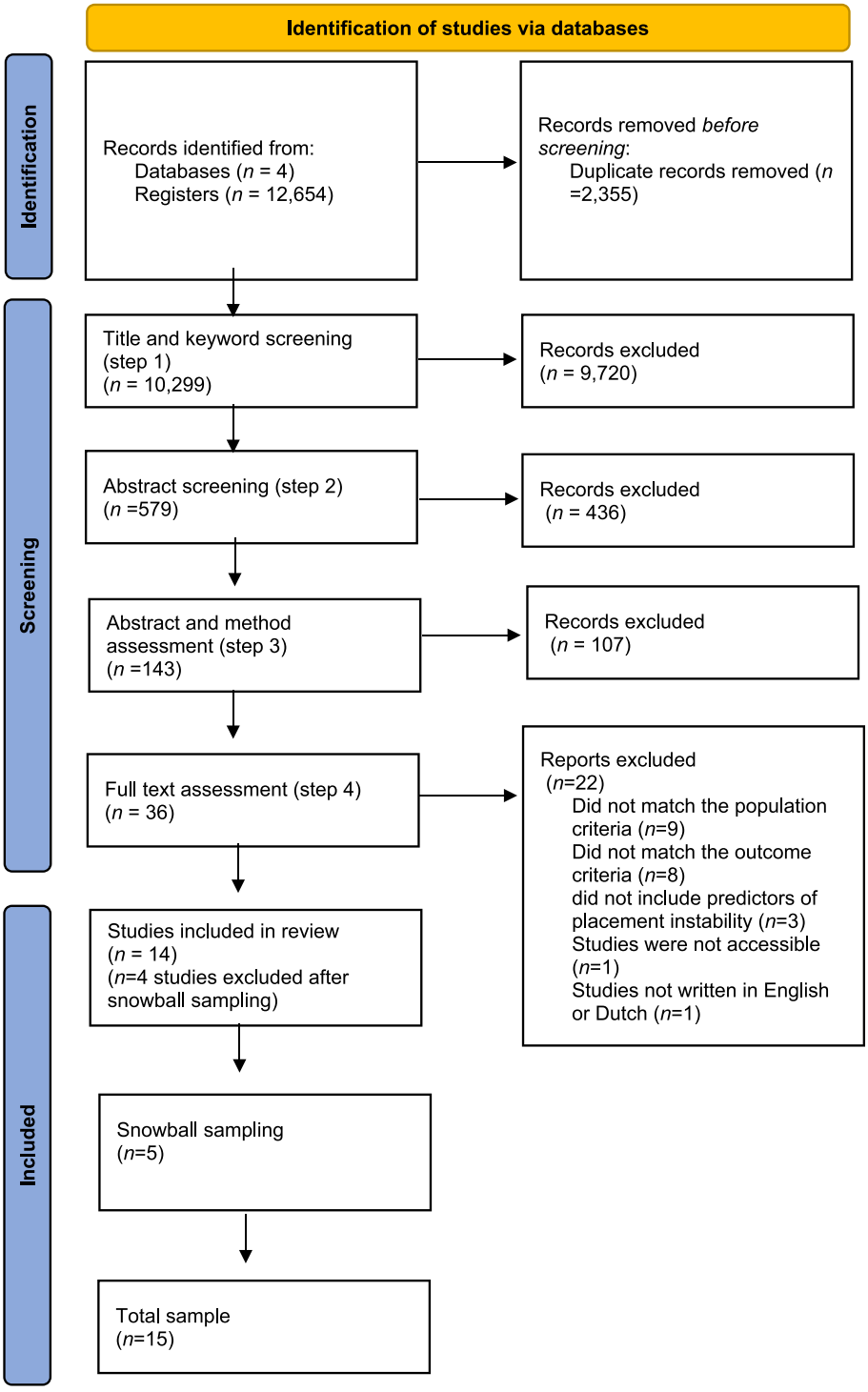

Fig. 1. Study selection.

introduction, including a review study by Rock et al. (2015). If researchers reported both univariate and multivariate analyses in the study only multivariate results were coded. See Appendix B for the classification tree.

3. Results

3.1. Study characteristics

The study characteristics of the studies included (n = 15) are presented in Table 3. Most of the studies (73 %) were conducted in the US or other English-speaking countries (England, Australia, and Canada), however a number of studies (27 %) were also conducted in Scandinavian countries (Norway, Sweden, and Denmark). Nine studies (60 %) focused on both children and adolescents (0–21 years old), five studies (33.3 %) on adolescents (12 years and older), and one study (6.6 %) on children (6–12 years old). Results from three studies were based on the same sample (Sunseri, 2003, 2004, 2005).

Table 3
Study characteristics.

	Study	*n*	Participants	Setting	Data	Analysis
1	Baker et al. (2005) USA	416	youth aged 5–17	Children's village Residential treatment center	Quantitative data: Agency records or forms completed by agency staff	Multivariate Cox Regression Analysis
2	Christiansen et al. (2010)Norway	70	Children aged 6–12	Residential care	Qualitative data: Interviews with children, parents, and social workers	Qualitative analysis
3	Egelund and Vitus (2009) Denmark	227	Youth aged 13—18	>50 placed in residential care (63.97 %).	Quantitative data: Internet-based questionnaires addressed to social workers	Multivariate Logistic Regression
4	Farmer et al. (2003)USA	184	Youth aged 3-17	Treatment foster care	Mixed methods: interviews with treatment parents and youth Questionnaires: Child Behavior Checklist; Behavioral and Emotional Rating Scale	Multivariate Proportional Hazard Cox Regression Procedures
5	Hébert et al. (2016) Canada	15	Girls aged 12–18	Residential care centers	Qualitative data: a semi-structural interview with young women	Qualitative analysis
6	Lindqvist (2011) Sweden	357	Youth aged 13–16	Residential care	Quantitative data: Sources of registered data	Partial Correlation (multivariate)
7	Moore et al. (2017)Australia	37	Youth aged 10–21	Residential care	Qualitative data: Interviews with children and young people	Qualitative analysis
8	Sallnäs et al. (2004)Sweden	776	Youth aged 13–16	Residential care (four types)	Quantitative data: Case files	Multivariate Logistic Regression Analysis
9	Smith et al. (2001) USA	90	Youth aged 2–16 at time of placement	Treatment foster care (social learning treatment approach).	Quantitative data: Diagnoses and number of placements before referral to TFC were coded at the time of admission to the program.	Logistic regression (analysis included multiple variables): with focus on the first six months
10	Sunseri (2003) USA	8933	Youth aged 9–18	Residential care	Quantitative data: Survey data (outcome measure system)	Multivariable logistic regression
11	Thoburn (2016) England	65	Young adults aged 18–32 (care leavers) – retrospective	Children's homes	Qualitative data: Conversations with key workers and managers and transition team records	Qualitative analysis
12	Wulczyn et al. (2003)USA	4100	Youth aged 0–18	Group care	Quantitative data: New York city database of children whose first agency spell began in 1997–1998	Multivariate event count regression Mixture model for identifying developmental trajectories
13	Sunseri (2001) USA	313	Youth aged 9–17	Residential care	Quantitative data: Survey data collected via the Outcome Measure System.(i.e., Family assessment form, and child well-being scales, list of behaviors included in the student data reporting system)	Multivariable logistic regression to identify an optimal set of independent risk factors
14	Sunseri (2005) USA	8933	Children and adolescents	Residential care	Quantitative data: Survey data collected via the Outcome Measure System(i.e., list of behaviors included in the Student data Reporting System)	Chi-square tests (tukey adjusted p-values were calculated to deal with multiple inference testing)
15	Sunseri (2004) USA	8933	Children and adolescents	Residential care	Quantitative data: Survey data collected via the Outcome Measure System(i.e., Family assessment form, list of behaviors in the student data reporting)	Multivariable logistic regression

3.2. Outcomes

We identified several definitions of placement instability in the studies (see Table 4). Ten studies investigated breakdowns and replacements (67 %), three studies (20 %) focused on treatment completion versus non-completion as the outcome, and two studies (13 %) focused on time to discharge and movement counts. Unplanned replacements were studied in seven out of the ten studies (70 %) that investigated breakdowns, and three studies (30 %) included all types of replacement or did not specify the replacement type (planned or unplanned).

3.3. Dimensions underlying placement instability

We distinguished five dimensions of factors that underlie placement instability in residential youth care; 1) youth, 2) family, 3) decision-making, 4) care, and 5) organizational factors. Table 5 shows the associations reported in the studies between factors in the youth and family dimensions and placement instability. Table 6 reports the associations between decision-making, care, and organizational factors and placement instability. As the studies included reported on factors contributing to both placement instability and stability, we have separated the results for these two outcomes. Results on stability are only mentioned if they differ from those on instability. Furthermore, in each subsection, we first describe the consistent evidence followed by the equivocal evidence. We

Table 4
Measures of placement instability.

	Study	Outcome variable	Planned/unplanned replacements	Additional information	% youth that experienced instability
1	Baker et al. (2005) USA	Time to discharge; The number of days between admission and discharge		We focused on the transferred and runaway group of youth	The median length of stay: 1.72 years (overall mean across all groups)
2	Christiansen et al. (2010) Norway	Breakdown	Unplanned	We coded information about a breakdown in residential care	Not applicable
3	Egelund and Vitus (2009) Denmark	Breakdown and stability of care (placement without (planned) changes)	Unplanned	We coded multivariate results (not the univariate results)	26.01 % breakdown of placements 58.74 % stable placements 15.25 % changes in placement.
4	Farmer et al. (2003) USA	Moving out of Treatment foster care during the 12 months period	Unknown		The majority (64 %) were still in treatment foster care after 12 months
5	Hébert et al. (2016)Canada	Imposed instability	Both	We coded t information on residential care	Not applicable
6	Lindqvist (2011) Sweden	Breakdown	Unplanned		Not applicable
7	Moore et al. (2017)Australia	Placement instability (as one of the sub-theme)			Not applicable
8	Sallnäs et al. (2004)Sweden	Obvious breakdown	Unplanned	We focused on privately run residential care, publicly run residential care, and secure units	Obvious breakdown:18–39 %, Breakdown broadly defined (also included suspected breakdowns):18–43 %
9	Smith et al. (2001) USA	Disruption in placement in the first six months (and 12 months). A disruption was defined as a move as result of foster parents' inability to manage, or a foster parent's request	Unplanned		Disruption rate after the first six months: 17.8 % and after twelve months: 25.5 %
10	Sunseri (2003) USA	Terminate treatment was defined by running away (runaway, no improvement, runaway, treatment goal partially reached)	Unplanned	We coded the multivariate factors	Length of stay: mean: 8.3 months (SD: 8.9)
11	Thoburn (2016) England	Youth had been resident until 18 or had left when younger	Unplanned (the focus was not on reunification or independent living)		Not applicable
12	Wulczyn et al. (2003)USA	Movement counts			Not applicable
13	Sunseri (2001) USA	Program completers versus non-completers (unplanned discharge versus youth that were still in residential care or met their goals, had as much progress as possible and moves to another facility)		The optimal set of independent risk factors for non-completers were coded	70.7 % completers 29.5 % non-completers
14	Sunseri (2005) USA	Planned versus unplanned discharge. Planned discharge was defined as: mutual agreement and treatment goals reached, treatment goals partially reached and treatment goals not reached.Unplanned discharge was defined as: runway, no improvement, problem unilateral decision (including breakdown), client incarcerated	Both		Planned discharge: 46.3 % Unplanned discharge: 43.3 % Other (excluded): 10.5 %
15	Sunseri (2004) USA	Completion versus non-completion:Completion was defined as: mutual agreement and treatment goals reached, treatment goals partially reached and treatment goals not reached.Non-completion was defined as: runway, no improvement, problem unilateral decision (including breakdown), client incarcerated	Both		Completion 46.3 % Non-completion: 43.3 % Other (excluded): 10.5 %

Table 5
Youth and family factors related to placement instability or stability.

Factors	*k* studies	Placement instability				Placement stability		
		Qualitative evidence	No association	↑ Higher	↓ Lower	No association	↑ Higher	↓ Lower
Demographic/history youth (static)	9							
Sex/gender[1]	4		3 4 8 9			3		
Older age	5		(1) 3 12	(1) 4 9		3		
Ethnicity/race[2]	5		1 3 4 (8) 12	(8)		3		
Legal status[3]	4		(1) 4 (8)	10	(1) (8)			
Previous placements & interventions	5		(1) 3 4	(1) 13			3	*14*[4]
History of running away/breakdown	3		1 (8)	(8) 10				
History of abuse (sexual and/or physical)	2		1 (8)	(8)				
Psychosocial functioning youth (dynamic)	7							
Behavior problems	6	2 11	1 3 (8)	(8) 4 13		3		
Substance use	4	2	(1) 3	(1) 13		3		
Relationship problems (e.g., conflict)	2		(8)	13	(8)			
Internalizing behavior problems	3		4 (8)	3 (8)				3
Psychiatric problems (e.g., acute mental illness)	2	11	(1)		(1)			
School problems	1		3			3		
Increase in youth strengths	1				4			
Psychosocial functioning family (dynamic)	6							
Lower psychosocial functioning parents	3		(1) 3	(1)		3		*15*
Poorly functioning families	1			10				
Siblings in care system	1				12			
No visits from parents	1			*13*				

Note. Studies in *Italic* have non-completers (unstable) versus completers (stable) as outcome variables measuring instability. Studies in ( ) have different sub-samples that show different results.

[1] Higher score indicates for study: 3 categories are not specified, 4 male, 8 girl, 9 girl.

[2] Higher score indicates for study: 1 White, black, Hispanic (person of color), 3 Danish versus ethnic minority (coding not specified), 4 white, 8 immigrant background, 12 African American, Hispanic, other, unkown, white (ref).

[3] Higher score indicates for study: 1 Abuse, neglect or voluntary placement, 4 Department of social services custody, 8 Court order placement, 10 referred by probation (more likely than referred by social services and mental health).

[4] Study uses no multivariate analyses.

Table 6
Care and organizational factors related to placement instability.

Factors	*k* studies	Qualitative evidence	Placement instability			Qualitative evidence	Placement stability		
			No association	↑ Higher	↓ Lower		No association	↑ Higher	↓ Lower
Decision-Making (dynamic)	3								
Initiative for breakdown (e.g., more often initiated by social services or caregivers, and youth is not in charge of placement changes)	3	3 5 8							
Placement agreement & participation in selection	1		3					3	
Care (dynamic)	6								
Competence staff (e.g., Shortage of the abilities to control, help and cope with youth, negative interactions)	1	2							
Care environment (e.g., residential care setting has very strict limits and RT facility certifications)	2	2	1						
Unplanned placements and having a care plan	1		3	6				3	
Length of stay ↑ (e.g., high risk in the first period; six months)	3	1 9 12							
Leisure activities	1				3		3		
Matching (e.g., concerns about youth/family match)	1	4							
Organization (dynamic)	2								
Residential system (e.g., youth state that youth should allow staying if they feel settled)	1					7			
Financial restriction	1			3			3		
Distance from the parental home (relative short distance)	1		(8)	(8)					
Turnover of professionals	1			3			3		

Note. Studies in ( ) have different sub-samples.

also first present quantitative evidence for each factor, followed by qualitative evidence. The numbers in brackets in the text and tables refer to the study (see study numbers in Tables 3 and 4).

3.4. Static and dynamic youth factors

Nine studies reported on *static* and *dynamic* youth factors associated with placement instability (study 1, 3, 4, 8, 9, 10, 12, 13, 14). The

studies found no evidence of an association between the *static* factors of sex or gender (3, 4, 8, 9), race or ethnicity (1, 3, 4, 12), and placement instability. In terms of *dynamic* youth factors, one study found no association between school problems and instability (3). Another study suggested that as youth strengths increase, the risk of placement instability decreases (4).

Turning to the inconsistent evidence on *static* youth factors, age, legal status (e.g., court order placement), prior placements, previous breakdowns, and a history of abuse, the findings are ambiguous on their associated with placement instability. For example, three studies (or sub-samples) (1, 4, 9) found a higher risk for older youth, while three other studies (or sub-samples) (1, 3, 12) found no relationship. Studies also found inconsistent evidence on the role of the *dynamic* youth factors of internalizing problems, behavioral problems, substance use, relationship problems, and psychiatric crisis in relation to placement instability. Qualitative findings, however, identified youth behavioral and psychiatric problems as important factors in placement instability. These problems included acute mental illness, substance use, and having serious conflicts (not further specified) (2, 11).

With regard to placement stability, one study found that youth placement in respite care before the current placement (temporary relief) was associated with higher placement stability (3). Another study found lower placement stability for youth with previous placement in some institutions (14). Turning to one *dynamic* youth factor, the results also indicated that youth with internalizing problems have lower placement stability than youth without internalizing problems (3).

3.5. Dynamic family factors

Six studies reported on *dynamic* family factors associated with placement instability (1, 3, 10, 12, 13, 15). Youth from poorly functioning families (measured in terms such as level of problem solving and dealing with stress) reported a higher placement instability than youth from highly functioning families (10). In addition, youth who had no visits from parents were found to be 8.1 times more likely to experience placement instability (13). Having siblings elsewhere in the child protection system was negatively associated with placement instability (12). There is no evidence for a relationship between parental psychosocial functioning (e.g., parental mental illness or substance abuse) and youth placement instability (1, 3).

From the two studies that focused on placement stability, one study found that lower psychosocial functioning of parents led to a lower likelihood of placement stability (i.e., treatment completion) (15), while another study found no relationship (3).

3.6. Dynamic decision-making factors

Three studies reported on the decision-making process for ending placements as a *dynamic* factor underlying placement instability (3, 5, 8). Studies found that placement breaks were more often initiated by residential staff or social services (in 39 %–57 % of the breaks) than by youth and parents (in 31 %–44 % of the breaks) (3, 8). Evidence also suggested that youth were often not in charge of placement changes and that choices were made by the social system or youth centers (5). However, there was no significant association of the full consent of youth to their current placement and placement instability (3). Interestingly, for placement stability, however, there was a positive relationship between the full consent of youth to the current placement and placement stability (3).

3.7. Dynamic care factors

Studies on the dimension of care reflected on divergent *dynamic* factors underlying placement instability (1, 2, 3, 4, 6, 9, 12). One study found a significant association between youth receiving interventions regarding leisure activities during placement (not further defined) and lower placement instability (3). Another study found that youth with unplanned placements (with no duration plan) in residential care were more likely to experience placement instability (6). However, one study found no evidence of a relationship between having a care plan made by child protective services and placement instability (3). In addition, the research found an association between youth meeting the diagnostic criteria of a residential treatment facility (in a mental health department) and placement instability (1). In one qualitative study of social workers, a participant considered that "*a shortage of the abilities to control, help and cope with youth*" was a reason for youth placement instability in residential care (2). In addition, social workers mentioned negative cycles of interaction (not further specified) and the strict limits of a residential setting as reasons for breakdowns.

Regarding treatment foster care, concerns about the match between youth and the foster family were mentioned as reasons for breakdowns (4). Three studies mentioned the length of stay as a factor underlying placement instability and found that placement breakdowns often occurred within the first six months of placement (1, 9, 12). Moreover, there was some evidence of an increased risk of movement after a longer period in care (e.g., after four years in residential care) (1, 12).

In contrast to the findings on instability, the presence of a care plan made by child protection services was associated with greater stability in care (3).

3.8. Dynamic organizational factors

Two studies focused on the relationship between *dynamic* organizational factors and placement instability (3, 8). One study reported that the turnover of professionals and budgetary restrictions in finding optimal care were associated with a higher risk of placement instability (3). Placement at a relatively short distance from the parental home (less than 100 km) in a privately run residential care facility was also associated with a higher risk of placement instability, but not in publicly run residential care and secure units (8).

Two studies reported on organizational factors and placement stability (3,7). One study found no evidence of a significant relationship between financial restrictions, the turnover of professionals, and placement stability (3). One qualitative study reported that youth participants believed that residential facilities should avoid replacement if they feel settled (7).

4. Discussion

The aim of this scoping review was to provide an overview of the static and dynamic factors associated with placement instability in residential care. As many young people in residential care have long care histories and a high number of previous placements (Leloux-Opmeer et al., 2016), it is striking that we found little information in the literature on which factors are associated with placement instability in residential care. Placement stability is a basic requirement for healthy development and is recognized in Art. 20.3 of the *Convention on the Rights of the Child* (1989): "*When considering solutions [to the out-of-home care environment], due regard shall be paid to the desirability of continuity in a child's upbringing*". Thus, continuity in the conditions of a child's upbringing is especially important when alternative care is provided. Given that placement instability may be experienced as traumatic and can lead to negative developmental outcomes (Chambers et al., 2018; Kor et al., 2021; Unrau et al., 2008), it is alarming that the reasons for youth placement instability in residential care remain unclear. The experience of a replacement can increase feelings of being unwanted, making it more difficult to bond with both professionals and peers (Chambers et al., 2018; Strijker et al., 2008; Unrau et al., 2008).

Contrary to our expectations, we found no convincing evidence of an association between static youth factors, including an older age, previous placements, and a history of abuse, and placement instability. This may be due to the older age, relatively high number of previous

placements, and higher rates of abuse among youth in residential care compared to foster care, which may result in less variation between individuals than for youth in foster care (Leloux-Opmeer & Gutterswijk, 2020; Leloux-Opmeer et al., 2016; Thoburn, 2016; Wulczyn et al., 2003). We also expected dynamic youth factors such as youth behavioral problems to be associated with placement instability.

However, we found inconsistent evidence of an association between youth psychosocial functioning and placement instability. Research concerning foster care has shown a strong association between externalizing behavior and placement instability (Konijn et al., 2019; Rock et al., 2015), and behavioral problems are often mentioned as reasons for residential placement (Christiansen et al., 2010; Lindqvist, 2011). In fact, residential youth care is often used as a "last resort" for youth with the most serious emotional and behavioral problems (Koob & Love, 2010). As a result, the psychosocial functioning of young people in residential care may not be a sufficient reason for placing them elsewhere and it may also go unreported.

A small number of studies focused on dynamic family factors. We found that youth in residential care with siblings in the child protection system had a lower risk of placement instability. This may indicate that, in contrast to foster care, youth in residential care are not moved to facilitate reunification with siblings (Wulczyn et al., 2003). The results also showed a higher risk of instability for youth whose parents had poorer parenting skills and for youth who did not make home visits while in residential care, but the evidence was limited. Given that the central aim of out-of-home care is to reunify youth with their biological families, the limited focus on family factors was surprising (James et al., 2022). Parental involvement is required by law, but there remains a gap between policy and practice (James et al., 2022). A recent report on out-of-home care suggests that parents are not sufficiently involved in the youth care system (Bruning et al., 2022; Roest et al., 2022).

As far as dynamic factors in care are concerned, the studies included varied in their focus on dynamic predictors of placement instability. There was a significant relationship between unplanned placements (with no duration plan) and a higher risk of placement instability. This may be explained by emergency placements (place of last resort) in youth care (James et al., 2022; Koob & Love, 2010). In addition, in line with our expectations, there was qualitative evidence of an association between low staff competence and placement instability. There was also qualitative evidence of a role for the living environment (having strict limits), the length of stay, and concerns about the youth-family match in relation to placement instability. Previous literature indicates that the failure of professionals to (re)establish an therapeutic alliance with youth could possibly lead to placement disruptions (Roest et al., 2022). Youth mentioned that there are barriers to making connections with professionals, such as a lack of time spent with professionals, inconsistency in professionals' responses, and personality differences. Positive relationships between youth and professionals can be developed by spending time together and the youth being listened to (Rabley et al., 2014). This does not fit with the traditional view of providing short-term residential care.

In line with our expectations, we found a significant association between dynamic organizational factors, such as the turnover of professionals, financial constraints on finding the best care setting, and a higher risk of placement instability. We also found qualitative evidence of a role for residential care as a short-term solution. Although these organizational factors were only examined in one study, this is consistent with research from other studies showing that organizational factors, such as good management and leadership, are important in providing good quality of care and achieving positive outcomes with youth (Hicks et al., 2009; Jordan et al., 2009). Studies in various countries report on the problem professionals turnover (e.g., social workers), which might be explained by underpayment and insufficient training programs (James et al., 2022).

We also expected that youth being placed outside of their region of origin positively would be associated with placement instability, but surprisingly we found evidence of an increase in placement instability if youth were placed in a privately run residential care facility at a short distance from their parents. It could be argued that a greater distance might reduce the rejection of the placement by youth, because they might have less opportunity for contact with close family/friends (Sallnäs et al., 2004). However, this association was only supported by one study.

In contrast to the dimensions presented in our introduction, we identified dynamic factors that belong to a fifth dimension, namely, decision-making factors. Placement stability was higher for youth with a placement agreement. We found qualitative evidence of a major influence of the social system on the decision to end the placement compared to the influence of youth and parents. This is in line with previous studies that found there were poor opportunities for youth to participate in the decision-making process (Ten Brummelaar, Harder, Kalverboer, Post, & Knorth, 2018). Factors that could negatively influence these processes include a younger age of youth, a higher number of previous placements, and the negative attitudes of professionals toward participation. Organizational factors could also play a role, such as the level of legal regulations and daunting technical language. Lack of participation in decision-making can lead to negative outcomes, such as oppositional behavior and passivity.

The findings of our scoping review of factors associated with placement instability in residential youth care reveal an important distinction with foster care research in relation to *dynamic care* and *organizational* factors. These factors have received limited attention in studies of residential youth care. For example, we find it striking that none of the residential youth care studies explicitly focused on the association between living environment factors and placement instability, such as the relationship between youth and professionals. This is an important factor in foster care studies (Konijn et al., 2019; Rock et al., 2015), and it is also considered an important factor in residential youth care (cf. Silva et al., 2022).

Establishing and maintaining relationships with youth in residential care is a challenging task. Each youngster has individual needs in terms of their attachments, and they are also required to form relationships with multiple professionals (Roest et al., 2022). The formation of these relationships is also influenced by group-dynamic processes, as multiple youngsters can observe the relationships of their peers with the professionals and this may influence their own attitudes towards the latter (Roest et al., 2022). Therefore, information about the living environment (including relationships) seems to be particularly important in residential care compared to other types of care.

The emphasis on *static* youth factors in many residential care studies is therefore noteworthy, given the severity and complexity of youth problems and the disruption to a previous placements that they may have experienced (Leloux-Opmeer et al., 2016). These static factors cannot be changed and, therefore, no interventions to precent placement instability have been developed.

4.1. Strengths and limitations

A number of limitations should be mentioned. One major limitation is that most factors identified were only included in the analyses of a few studies. Therefore, it was not possible to draw definitive conclusions about the factors that were associated with the instability of the placement. These findings should thus be considered preliminary. Evidence of factors in the decision-making process, care, and organizational dimensions was more often qualitative, in contrast to the quantitative evidence in the youth and family dimensions. The different types of scientific evidence were not distinguished in the conclusions. In addition, the studies included used cross-sectional designs, and therefore no causal claims could be made. Furthermore, most studies were conducted in the US, and three studies used the same sample, which may have overestimated the effects, as these effects may be related to specific contexts (Sunseri, 2003, 2004, 2005).

The concept of placement instability also appears to be vague, and it is often debated in studies (Sallnäs et al., 2004). In this review study, it was challenging to compare results, due to differences in the scope, care settings, and countries involved (Hébert et al., 2016). Most studies focused on breakdowns (unplanned replacements), but because of the nature of data in certain studies, information on whether the replacement was planned or unplanned was often lacking (Farmer et al., 2003).

Furthermore, what might be considered an unplanned move from the perspective of a young person, may be seen as a planned move from another perspective, such as that of parents or social services (Christiansen et al., 2010). In addition, even if youth experience stable placement, they may still observe placement instability of their peers and the turnover of professionals (Christiansen et al., 2010; Hébert et al., 2016). Several studies focused on youth placement instability, but this may not be comprehensive when considering circumstances in residential youth care.

In addition, some studies used retrospective measures and included variables that solely depended on the evaluation of professionals (Baker et al., 2005; Egelund & Vitus, 2009; Hébert et al., 2016; Thoburn, 2016). The perspectives of the youth or parents were often excluded, although their inclusion may have led to different conclusions. It has been acknowledged that research on instability in residential care is challenging due to the short-term stay of youth and turnover of professionals (Christiansen et al., 2010). Moreover, obtaining informed consent from youth, parents and/or residential care workers can be difficult. For example, residential agencies must first be approached to gain access, followed by caregivers and managers, and only then are youth and parents asked to give their informed consent. This requires time from the researcher to explain the aim of the research to all parties and ultimately obtain informed consent (Kendrick et al., 2008).

Another limitation concerns the selection method, as 33 percent of the articles included were identified using a snowball sampling technique.Some articles may have been missed because abstracts were not part of the initial screening. It is also possible that we overlooked relevant search terms that would identify residential youth care in the five articles selected by snowballing (e.g., treatment foster care) (Egelund & Vitus, 2009; Smith et al., 2001) and placement instability (i.e., length of stay, running away behavior, and treatment outcomes) (Baker et al., 2005; Sunseri, 2003, 2004). However, our search terms were based on previous placement instability review studies in the field of out-of-home care (Konijn et al., 2019; Rock et al., 2015).

This study has several strengths. To begin with, this scoping review is the first to provide an overview of the factors underlying placement instability in residential care. Two reviewers screened the articles in three screening stages and sought consensus. In addition, our study had a broad focus, and included quantitative and qualitative research, which contributed to a more complete overview of the factors involved.

4.2. Implications

In order to obtain more in-depth information about dynamic factors, we recommend that future research on placement instability use a multiple informant perspective (Silva, Calheiros, Carvalho, & Magalhães, 2022; Rip et al., 2021). For example, studies should include the experiences of youth, parents, and professionals. The multiple-informant perspective could also be used to examine whether a replacement is considered planned or unplanned from different perspectives. More detailed insights into these processes will make it easier to compare the results of different studies on the same topic. The experiences of the youth themselves are crucial to understanding the role of dynamic factors in youth placement stability/instability.

In addition, future studies could consider a longitudinal design to measure the association between these factors and placement instability over time (Silva et al., 2022). Due to traumatic experiences, vulnerability, and attachment problems of youth in residential care (Leloux-Opmeer et al., 2016), researchers should be cautious when entering the private spaces of youth in this environment and asking questions about sensitive topics. A longitudinal design would allow researchers to better connect with youth, which may lead to positive relationships and a willingness to share their stories (Kendrick et al., 2008). Longitudinal studies could also focus on care and organizational factors that can vary over time, such as the turnover of professionals, the quality of the youth-professional relationship and, more broadly, satisfaction with the living environment (Rabley et al., 2014).

Because there is limited knowledge about the factors associated with placement instability in residential care, we cannot provide specific advice to practitioners and policymakers about which factors to focus on. We can recommend, however, that practitioners and youth care policymakers focus on the continuity of conditions of upbringing for youth in residential care. An out-of-home placement itself leads to instability, due to the disruption of contact with family, friends, the normal living environment, and the broader community (Roest et al., 2022). Youth in residential care have the highest number of previous placements, suffer from trauma, exhibit complex behavior, and may not be placed in foster care or return to their parents (Leloux-Opmeer et al., 2016). It is striking that residential care is viewed as undesirable and only provided as a short-term solution (Thoburn, 2016), while youth report they feel most safe and at-home when a placement is stable (Moore et al., 2017).

In fact, there seems to be an element of self-fulling prophecy: When residential care is only seen as a short-term option and last resort, then it is not worth investing in long-term residential care for youth. This short-term focus on residential care can lead to an increasing number of placements and, consequently and unintentionally, increase rather than reduce psychosocial problems of youth. As a result, it is increasingly difficult for youth, who are at risk of being stigmatized due to a residential placement, to return to other types of care or to their parents. To break through this process, policymakers could invest in organizational factors that promote the stability of residential care for youth who cannot return to other types of care (e.g., invest in a continuity plan for youth in residential care and sufficient work conditions for professionals). In recent decades, some countries have overhauled residential care for youth, moving away from large institutions, and investing in home-like and long-term care options (James et al., 2022). Finally, as countries differ in relation to recent developments, the outcomes of alternative residential care options for young people (including the issue of stability) should be monitored and compared and best practices shared between countries.

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CRediT authorship contribution statement

Ymke Riemersma: Conceptualization, Methodology, Data curation, Writing – original draft, Writing – review & editing, Formal analysis, Project administration. **Annemiek Harder:** Conceptualization, Methodology, Data curation, Writing – review & editing, Supervision. **Elianne Zijlstra:** Conceptualization, Methodology, Data curation, Writing – review & editing, Supervision. **Wendy Post:** Conceptualization, Methodology, Writing – review & editing, Supervision. **Margrite Kalverboer:** Conceptualization, Methodology, Writing – review & editing, Supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2023.107298.

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