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A longitudinal investigation of infants and out-of-home care

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ABSTRACT

Foster care placements for infants can be consequential. Research suggests that infants' path through and beyond the care system is different than the experience for children of other age groups. Studying infants is important because of their unique needs for developmentally-sensitive care; because of the underpinnings of attachment theory; and because the long-term impacts of quality care can be pronounced. Prior research examining infants in care has typically focused on their first episode and the outcomes of that episode. This study offers a longitudinal examination of a population-based cohort of infants ($n = 5789$) born in 2001 who entered care during the first year of life and who were followed through multiple care episodes until age 18. Findings suggest that using single, first episode data overstates the proportion of children who successfully reunify and understates the proportion of children who are adopted, return to care, or live with guardians. This research also suggests that the experience of infants who enter care as neonates is different from that of infants who enter care after the first four weeks of life. The long-term outcome for neonates is much more likely to be adoption. Long-term foster care for all infants is an especially unlikely outcome.

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Introduction

For at least two decades, available research from the United States has indicated that infants are disproportionately reported for child maltreatment, their maltreatment experience is more likely to be substantiated, and they are more likely to be separated from their parents to out-of-home care than children of other age groups. Patterns relating to length of stay, rates of reunification, and reentry to care for infants are also notably different as children who enter care as infants, especially in the first month of life, are much more likely to exit care to adoption and they are less likely to reunify than are older children (Magruder, 2010).

At the same time that data have become available to track children's placement trajectories, U.S. policy and practice have emphasized the importance of permanency for all children (e.g., AACWA and ASFA). For infants,

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issues of attachment and stability are critically important as they establish or reestablish a relationship with their primary caregiver through permanency efforts. Conventional examinations of permanency outcomes, however, typically focus on children's first exit from care. These assessments may inaccurately estimate infants' ultimate permanency outcomes. Due to high rates of reentry to care, examining infants' permanency outcomes through childhood, including multiple spells in care, provides a more comprehensive assessment. This paper addresses that issue.

Literature review

Infants and young children have documented high rates of child maltreatment in the United States. In 2019, 28.1% of child "victims" of maltreatment were age two or younger, and 14.9% were infants, age one or younger. The rate of substantiated maltreatment across age groups was 8.9 per 1,000, whereas the rate for infants was 25.7 per 1,000 (U.S. Department of Health & Human Services, 2021). Infants who suffer maltreatment experience a range of negative outcomes. Evidence from the National Survey of Child and Adolescent Well-being chronicles significantly high rates of physical health, developmental, and mental health sequelae associated with maltreatment (Casanueva et al., 2012). Other research shows that the negative effects associated with maltreatment are especially pronounced, the younger the child (Kaplow & Spatz, 2007). Child maltreatment-related fatalities are the gravest of these outcomes. According to federal sources, almost one-half (45.4%) of child fatalities in 2019 involved children under the age of one (U.S. Department of Health & Human Services, 2021). In one state specific study, infants reported for maltreatment were almost two times more likely to die of medical causes in the first year of life, compared to all other infants, controlling for baseline risks (Schneiderman, Prindle, & Putnam-Hornstein, 2021).

In addition to their high rates of maltreatment victimization, infants are the largest group of children entering out-of-home care in the U.S.; infants are four times more likely to be placed in care than older children (Wulczyn, Chen, Collins, & Ernst, 2011). Almost one in five children entering care in 2019 were infants (19%) (Administration for Children and Families, 2021) and about ten percent of all entries include neonates under the age of 30 days (Wulczyn, 2019). Although rates of infant entries are high, they are not stable across states. From 2005–2014, infant entry rates rose in 22 states; some states experienced increases of over 90%. And in 2014, seven states placed one out of every 50 infants into foster care (Lloyd, 2019).

The characteristics of infants who have contact with the child welfare system are different from the characteristics of older children. Infants reported for maltreatment and placed in care are more likely than older children to have been born low birth weight, to have birth abnormalities, and their mothers are

more likely to have missed prenatal care (Needell & Barth, 1998; Putnam-Hornstein & Needell, 2011; Spencer, Wallace, Sundrum, Bacchus, & Logan, 2006; Wu et al., 2003; Zhou, Hallisey, & Freymann, 2006). Infants placed in foster care are also more likely to be African American compared to older children (who are more likely to be White) (Jones Harden, 2008). Increasing evidence suggests that the reasons for infants' entry to care are driven to a large extent by parental substance mis-use. In one study of the national Adoption and Foster Care Reporting System (AFCARS), Boyd (2019) found that almost 17% of infant entries were due exclusively to parental substance abuse; fully one-half of entries included parental substance abuse as a contributing factor. Tonmyr, Williams, Jack, and MacMillan (2011) note similar findings from their study of Canada. In a recent study of all births in the state of California, of the 1.45% of infants diagnosed with prenatal substance exposure ($n = 7994$), 61.2% were referred to child welfare, and about one third (29.9%) were placed in care (Prindle, Hammond, & Putnam-Hornstein, 2018). With opioid use a significant concern in many states, researchers have also shown an important relationship between neonatal opioid withdrawal and infant entries to foster care (Loch et al., 2021). And some evidence suggests that states with restrictive policies relating to prenatal substance use have seen significant increases in entries to care for infants (Atkins & Durrance, 2021; Sanmartin, Ali, & Lynch, 2019).

Infants have unique placement patterns once they arrive in out-of-home care. Infants experience greater placement stability than older children, but placement instability at any age is troubling and for infants may have important developmental and mental health consequences (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007). Evidence from California indicates that infants experience an average of 2.58 placement changes per 1,000 days in care (Webster et al., 2020).

Infants need stable, nurturing, sensitive care from caregivers in order to develop attachments and strategies for self-regulation (Dozier, Zeanah, & Bernard, 2013). But infants who arrive in care have health and developmental concerns well above what might be expected in normative samples (Leslie et al., 2005; Rosenberg & Smith, 2008; Silver et al., 1999; Urquiza, Wirtz, Peterson, & Singer, 1994). These difficulties can translate into challenging temperaments that make sensitive caregiving especially hard. Some evidence suggests that there is a selection effect associated with the types of caregivers willing and able to take especially challenging children into their homes (Font, 2015; Rubin et al., 2008). These selection effects are also evident in the case of infants. A study examining a nationally representative sample of children in care found that infants placed with relatives had fewer motor and cognitive delays and easier temperaments; infants who were more difficult to care for were usually placed with non-kin foster parents (Stacks & Partridge, 2011).

Following infants' stay in care, permanency patterns are also unique. Some evidence suggests that infants younger than three months at entry remain in care longer than older infants, and longer than children of any other age (Stacks & Partridge, 2011; Wulczyn et al., 2011). These longer lengths of stay for infants appear to be related to their greater likelihood of adoption compared to older children (Wulczyn, 2020), and processes associated with adoption can be lengthy. For several decades, infants have been viewed as more "adoptable" than older children. A seminal child welfare text from 1974 suggested that "for adoptive purposes, a child of two is "middle-aged" and a child of five is "old" (Kadushin, 1974, p. 589). Although these characterizations seem antiquated in the context of contemporary child welfare practice, data on potential adoptive parent preferences suggest that many U.S. adults prefer infants to older children in the adoption decision (Dave Thomas Foundation for Adoption, 2017; Ishizawa & Kubo, 2014; Jones, 2008). Data on adoption from foster care supports these findings as the odds of adoption for neonates are higher than the odds of adoption for older infants (Magruder, 2010), and the odds of adoption for all infants are notably higher than they are for any other age group (Barth, 1997; Berrick, Barth, Needell, & Jonson-Reid, 1998; Snowden et al., 2008).

For children placed in care as neonates, the odds of reunification are lower than the odds of a return home for older infants (Magruder, 2010), and for infants in general, the odds of returning home through reunification are significantly lower than for older children (Connell, Katz, Saunders, & Tebes, 2006; Courtney & Wong, 1996; Westat, 2001).

A number of studies suggest that infants who return home have a significantly higher than average likelihood of returning to care compared to older children (Frame, Berrick, & Brodowski, 2000; Lee, Jonson-Reid, & Drake, 2012; Shaw, 2006; Westat, 2001; Wulczyn et al., 2011), though other authors have not found similar age effects (e.g., Wells & Guo, 1999; Yampolskaya, Armstrong, & Vargo, 2007). Studies of reentry that are not age-specific suggest that the risk of reentry is highest in the months shortly after exit; most studies examine reentries during the first year or two after exit (Goering & Shaw, 2017). Recent work following children until their 18th birthday has found that children continue to reenter care and has identified adolescence as a time of higher risk, at least for children who exited to guardianship, irrespective of age at exit (Parolini et al., 2018; Wulczyn, Parolini, Schmits, Magruder, & Webster, 2020). Findings on reentry, in general, indicate that children's status (e.g., reunified, adopted, in care) at any given time over childhood may not be the same as their first episode exit status. These longitudinal studies offer insight into the dynamic factors at play for children placed in care; truncated observation windows often miss the effects of such placement volatility on children's outcomes.

The growing body of research on infants' pathways through care largely focuses on the first placement episode; most studies are limited in the time horizon followed as well. Given what is known about reentries, we can anticipate that infants' contact with the child welfare system might include significant volatility such that outcomes at the point of adulthood (i.e., age 18), could be different from the outcomes previous research has suggested. Because of the developmental and life course implications of infants' experiences in out-of-home care, understanding their trajectories through the system from a longitudinal perspective is important. This study offers a window into childhood experiences with out-of-home care from infancy to age 18, including the various permanency opportunities they eventually achieve.

Methods

Data source and sample

This descriptive, retrospective study used longitudinal administrative data to follow a cohort of 5,789 children born in 2001 who were under one year of age when they first entered foster care in a large state. The cohort consists of two subgroups: 2,901 infants who entered care as neonates (i.e., under 29 days of age) and 2,888 who entered care at more than 28 days of age but less than one year of age. This cohort differs from previously studied foster care study cohorts in two ways. First, it is based on the year of birth, not the year of first entry. Second, the cohort was followed until age 18 irrespective of the number of placement episodes, rather than until a specific event, e.g., the first placement episode exit. These differences brought the focus to the child's experience regardless of administrative definitions.

The 2001 birth cohort was selected for three reasons: First, it is the most recent cohort for which data through the 18th birthday are available. Second, the cohort has experienced relatively consistent child welfare policies regarding permanency, as the children were born well after the implementation of both the Adoption Assistance and Child Welfare Act of 1980 (P. L. 96–272) and the Adoption and Safe Families Act of 1997 (P. L. 105–89). Finally, California's automated case management system was operational in all counties at the beginning of 1998 and has not undergone major revisions, so that the cohort was minimally impacted by inevitable implementation or system revision problems.

The source data are from the California Child Welfare Services Case Management System. The study utilized de-identified research data from that system maintained by the California Child Welfare Indicators Project at the University of California, Berkeley. Data are available through an agreement between the University of California at Berkeley and the California Department of Social Services (CDSS), which has Institutional Review Board approval

(Protocol # 12–10-0800). The data were cleaned to adjust for errors such as duplicate and overlapping placements. A separate process matched children born in 2001 who were reported at any time before age 18 to have entered care following an adoption with those of children from the initial cohort who were reported as having been adopted. Because the data are de-identified, this match was limited to child's sex at birth, child's birth date, and adoptive parents' birth dates. This process identified 104 (3.3%) post-adoption reentries among the 3,144 cohort children who were adopted at some point before their 18th birthday.

Measures and analytic approach

The outcome variable of interest is the child's status which may be either a form of permanency (*reunified, adopted, guardianship*) or lack of permanency (*in care or other*). (The "other" category (which includes 2.4% of the total sample, or 143 youth) includes exits that the data system reports as "other" (74 youth at age 18) as well as deaths (49 youth at age 18) and a very few runaways, emancipations, and trial home visits (20 youth at age 18 in all). The independent variables available include age (neonates who entered care during the first 4 weeks of life) and older infants (infants ages 30 days to one year old); gender, race/ethnicity (Black, White, Hispanic, Asian, American Indian, other), and reentry following a first episode of care. Data were organized as a longitudinal file. The child's status at six-month intervals, beginning on the first day of the original placement, and the child's status at age 18 were determined. The resulting file has one record for each child showing the child's status (reunified, adopted, in guardianship, in care, other) at six month intervals and at age 18. These data are then summarized to show the cohort status at six-month intervals. This format results in a description of the changing status of the cohort over time. Finally, the first-episode exit status was determined at the same six-month intervals to allow a comparison of first cohort exit status with the point in time status. (The use of the six-month interval was an arbitrary compromise between the need to show the child's experience and the need to avoid an unreasonably large data file.)

All analyses compared children who first entered care as neonates with children who first entered care as older infants.

Because of policy preferences associated with reunification as the preferred permanency alternative, logistic regression was performed to examine the characteristics of infants who were identified as ultimately reunified at age 18.

Results

First placement episode exit status data for this cohort, which are the data typically used to describe foster care outcomes, indicate that 45.6% of the cohort children had reunified, 46.2% had been adopted, 6.0% had

exited to guardianship, 0.4% were still in care, and 1.8% had exited care in other ways. However, including subsequent placement episodes (i.e., considering the experience of those children who exited care and then reentered care from reunification, guardianship or adoption) the results are quite different. At age 18, 34.9% of the children had last exited care to reunification, 52.9% had been adopted, and 3.4% were in care. Guardianship and other exits were little changed at 6.3% and 2.5% respectively. See Table 1. In short, using single, first episode data overstates the children who successfully reunify and especially understates the children who are adopted and return to care. While specific numbers vary, this is the case irrespective of the cohorts examined or of the time after initial entry into care. These differences suggest that some children experienced substantial instability of care arrangements over time.

The experience of children who first entered care as neonates were different from those who entered care as infants after 4 weeks of age. At age 18 they were less likely to be reunified (26.5% vs. 43.2%); more likely to be adopted (62.2% vs. 44%); and less likely (2.7% vs. 4.4%) to be in care. For both groups about 6% were with legal guardians.

Table 2 provides data on child characteristics by placement status at age 18. Much child welfare research suggests different outcomes for Black children compared to other ethno-racial groups (Barth et al., 2020). Depending on the outcome under investigation, local context, and other factors, findings are varied on differential outcomes for Hispanic/Latinx children (see Johnson-Motoyama, Phillips, & Beer, 2021). Similar to findings from other studies (Wulczyn, 2020), results from these data show that at age 18, Black children are less likely to be reunified (28.1%) compared to white children (36.4%). Hispanic/Latinx children are similarly likely to be reunified (37.0%) as white children. Adoption outcomes also differ by ethno-racial group. Approximately 55.8% of white infants are adopted by age 18, whereas 52.3% and 52.4% of Black and Hispanic/Latinx infants, respectively, are adopted by age 18.

Table 1. Comparison of first exit status and status at age 18.

First Episode Exit Status	Status at Age 18											
	Reunified		Adoption		Guardianship		Other		In Care		Total	
	n	row %	n	row %	n	row %	n	row %	n	row %	n	col %
Reunified	1,985	75.2	412	15.6	96	3.6	47	1.8	99	3.8	2,639	45.6
Adoption	M	M	2,612	97.7	M	M	17	0.6	35	1.3	2,673	46.2
Guardianship	M	M	27	7.8	261	75.4	12	3.5	M	M	346	6.0
Other	16	15.0	15	14.0	M	M	67	62.6	M	M	107	1.8
In Care									24	100.0	24	0.4
Total	2,019	34.9	3,066	52.9	364	6.3	143	2.5	197	3.4	5,789	100.0
	n = 5,789											

To protect confidentiality, cell values of 10 or less are masked. Additional values are masked when necessary to prevent calculation of values of 10 or less. Masked cells are indicated by "M."

Table 2. Characteristics of children by status at age 18.

	Reunified		Adoption		Guardianship		Other		In Care		Total	
	n	row %	n	row %	n	row %	n	row %	n	row %	n	col %
Entry Age												
Neonate	770	26.5	1,808	62.3	177	6.1	69	2.4	77	2.7	2,901	50.1
Older Infant	1,249	43.2	1,258	43.6	187	6.5	74	2.6	120	4.2	2,888	49.9
Gender												
Female	907	32.9	1,512	54.8	174	6.3	61	2.2	105	3.8	2,759	47.7
Male/Missing	1,112	36.7	1,554	51.3	190	6.3	82	2.7	92	3.0	3,030	52.3
Child's Race/Ethnicity												
Black	389	28.1	724	52.3	146	10.5	41	3.0	85	6.1	1,385	23.9
White	601	36.4	922	55.8	61	3.7	34	2.1	35	2.1	1,653	28.6
Hispanic	924	37.0	1,311	52.4	137	5.5	54	2.2	74	3.0	2,500	43.2
Asian	65	42.5	77	50.3	M	M			M	M	153	2.6
Amer. Indian	23	32.9	M	M	M	M	M	M	M	M	70	1.2
Missing	17	60.7	M	M	M	M	M	M	M	M	28	0.5
Reentry After First Episode												
Reentry	391	31.2	492	39.2	137	10.9	67	5.3	167	13.3	1,254	21.7
No Reentry	1,628	35.9	2,574	56.8	227	5.0	76	1.7	30	0.7	4,535	78.3
Total	2,019	34.9	3,066	53.0	364	6.3	143	2.5	197	3.4	5,789	100.0

To protect confidentiality, cell values of 10 or less are masked. Additional values are masked when necessary to prevent calculation of values of 10 or less. Masked cells are indicated by "M."

Existing research on adoption from foster care does not typically suggest a relationship between child gender and the likelihood of adoption (Brooks, Sigrid, & Barth, 2002; Connell et al., 2006). Some research on non-foster care adoption, however, suggests adoptive parent preferences for girls (Baccara, Collard-Wexler, Felli, & Yariv, 2010). Findings from this study suggest a somewhat higher likelihood of adoption at age 18 for infant girls (54.8%) compared to infant boys (51.3%).

Figures 1, 2, and 3 compare infants' permanency status following their first episode in care (dashed lines) with their permanency status at age 18 (solid lines) beginning with the infants' first entries into care. Figure 1 shows neonates, Figure 2 shows older infants, and Figure 3 shows all infants. All three figures show that, at any point in time, limiting consideration to first placement episode outcomes overstates the proportion of children who have successfully reunified and understates the proportion who are adopted, with legal guardians, and are in care.

Reunification

At some point after entering care for the first time about 46.4% of this cohort (37.0% of neonates and 55.8% of older infants) reunified, virtually all within 3 years of entry. However, at no single time were more than 38.6% of the cohort in reunification status, a peak that occurred between 30 and 36 months after entry. At no point were 30% of neonates reunified nor were more than 48% of older infants. By age 18 about a third (34.9%) of the cohort children

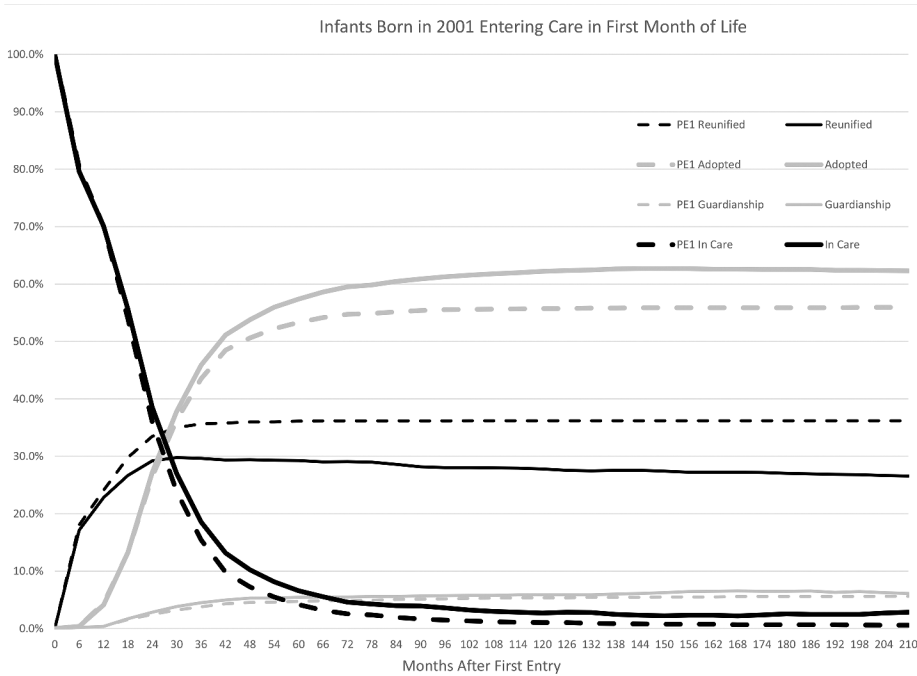


Figure 1. Infants Born in 2001 Entering Care in First Month of Life

were in reunification status. These children were more likely to have entered care as older infants, to be male, to not be Black, and to have had only a single episode of care. (See [Table 3](#) for detail and for significance levels.)

Adoption

Slightly less than half (46.2%) of all infants in this cohort left their first placement episode to adoption. First episode adoption was more likely for neonates (56.0%) than for older infants (36.3%). These figures understate the proportion of the cohort actually adopted, however. More than half of the cohort (54.3%) was eventually adopted (63.5% neonates, 45.0% older infants) and 52.9% were in adoption status at age 18. The proportion of children in adoption status at any point in time was adjusted for identified post adoption reentries. (Children who reentered care following adoption who subsequently reunified with the adoptive family are reported as adopted.) Drawing the reader’s attention once again to the Methods, we identified 104 (3.3%) post-adoption reentries among the children who were adopted at some point in childhood. Although limitations in the data may have resulted in an undercount, we believe that the adoption dissolution rate was well under

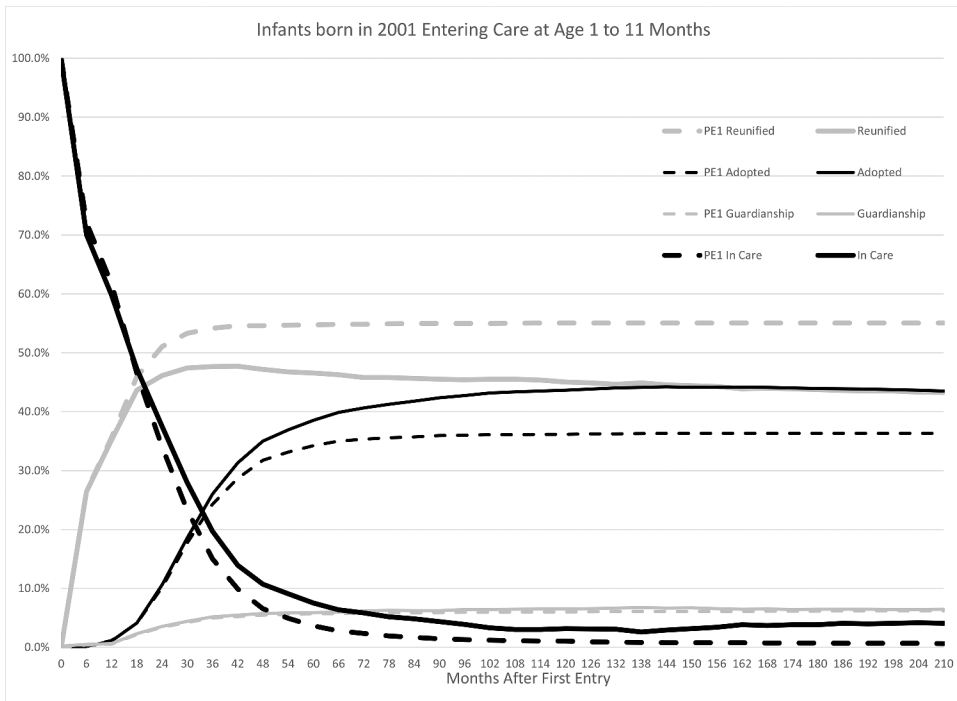


Figure 2. Infants born in 2001 Entering Care at Age 1 to 11 Months

five percent. It is important to note that reentry into care following adoption is not the same as adoption dissolution as demonstrated by the return of children to their adopted families.

Guardianship

Six percent of infants left their first episode to guardianship (5.7% neonates, 6.3% older infants). During the 18 years, 8.7% spent some time in guardianship (8.5% neonates, 8.8% older infants), however, the proportion in guardianship at any point in time was never greater than 6.5% (6.5% neonates and 6.7% older infants). The majority of guardianships were with relatives.

Reentry

Most (78.4%) of the infants in the study cohort only had one placement episode and almost all (97.7%) exited their first placement episode to some form of permanency. However, some children's permanency outcomes were relatively volatile. Following their first placement episode, 38.3% of those who reunified, 33.9% of those exiting to guardianship, and 3.5% of those who were adopted reentered care, sometimes more than once, before age 18. Those who reentered care usually left care to a different form of permanence. For example,

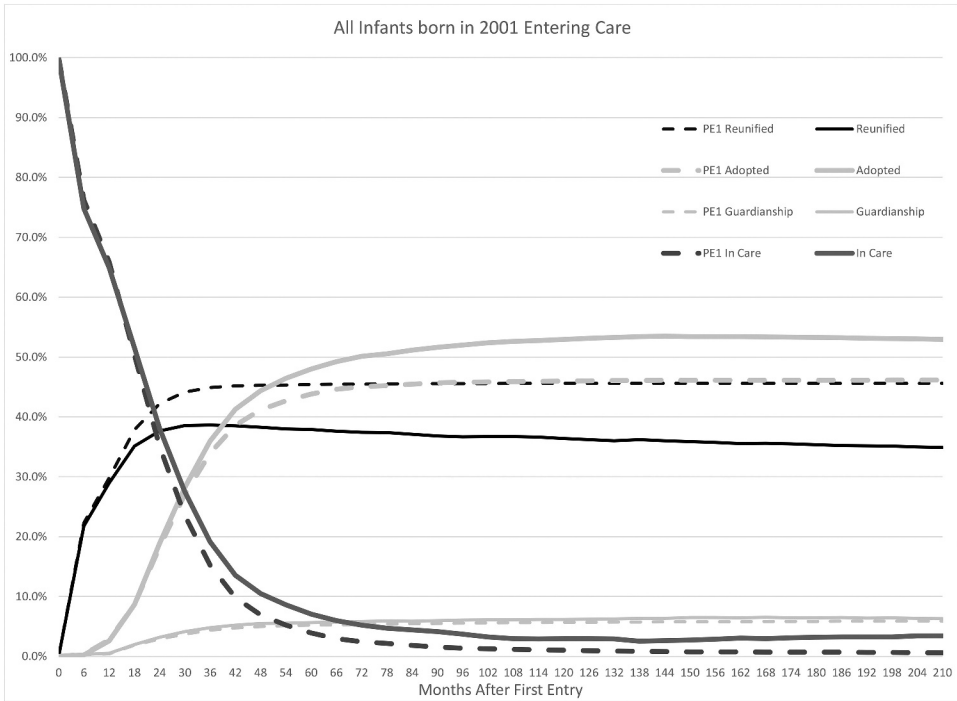


Figure 3. All Infants born in 2001 Entering Care

Table 3. Characteristics associated with reunification at age 18- logistic regression.

Effect	Odds Ratio Estimates			
	Point Estimate		95% Wald Confidence Limits	
Entry Age (base = Neonate)				
1 to 11 Months	2.121	***	1.896	2.372
Gender (base = Female)				
Male	1.199	*	1.073	1.339
Ethnicity (base = Black)				
White	1.408	***	1.204	1.648
Hispanic	1.417	***	1.225	1.638
Asian	1.915	**	1.352	2.712
American Indian	1.230		0.731	2.069
Episodes (base = > 1 Episode)				
Single Episode	1.267	**	1.105	1.454

* pr > ChiSq < .0020
 ** pr > ChiSq < .0010
 *** pr > ChiSq < .0001
 n = 5,760 (missing gender and ethnicity excluded)

of the 1,010 who reentered care following their initial reunification, 35.9% were in reunification status at age 18, 40.8% were adopted, 9.5% were with guardians, 9.8% were in care, and 4% were in some other status. Of the 116 who reentered following an initial exit to guardianship, 26.7% were with

guardians at age 18, 23.3% had been adopted, 27.6% were in care, 12.1% had reunified with parents, and 10.3% were in some other status. Of the 94 who reentered following an initial exit to adoption, 40.4% were adopted at age 18, 35.1% were in care, and 23.4 were in some other status.

In Care

While 197 (3.4%) of the cohort children were in care at age 18, 24 (0.4%) of these children had been in care continuously since their first entry.

While only the 2001 infant cohort is described here, this methodology has been applied to other birth year and age cohorts with similar results. That is, the patterns are similar. Regardless of age at entry, reliance on first episode data overstates the proportion of children who successfully reunify and understates the proportion of children who experience other outcomes.

Discussion

Four broad themes emerge from the findings of this study. First, different types of permanency opportunities have different implications for very young children, with some types of permanency offering substantially greater stability for children than others. From the data available in this study, it appears that adoption is relatively stable. Reunification appears to be volatile early on, but stabilizes with time. Guardianship, though a relatively infrequent outcome for very young children, shows greater changes in status, especially in middle- and older-childhood. Efforts to identify evidence-based practices that can promote safe and stable reunifications for children are urgently needed in order to align our policy principles with meaningful outcomes for children. Focused attention on opportunities for secure reunifications for Black children are especially important. Second, the large majority of infants placed in out-of-home care achieve permanency; very few remain in out-of-home care long-term. Efforts to promote permanency through policy and practice appear to be largely effective for the majority of infants placed in care. Narratives claiming long-term foster care as a typical outcome are clearly false for the largest group of children entering care. Third, examination of longitudinal data that can account for multiple spells in care, tell a different story than data that only examine outcomes following children's first episode in care. These longitudinal, complex analyses suggest that stable reunification is less likely than previously believed, and that adoption occurs with greater frequency. Efforts to make "permanent" children's permanency outcomes are critical to securing infants' safe and stable childhoods. Fourth, and echoing findings from previous studies (Wulczyn, 2020), Black children are less likely to experience reunification both in the short and long-term, and they are less likely to experience adoption than white children. More research is needed to identify

whether children's ethno-racial features or other variables correlated with race (e.g., poverty) are driving the differences in permanency outcomes apparent in the data. Fifth, and similar to findings from previous studies (Needell, 1996), the trajectory for infants who enter care as neonates is quite different from that of older infants.

Limitations

This study describes the experience of a single cohort of children in a single state as reported in the state's child welfare system database. Because of this limitation, reentries into care that occurred in other states are not included. Events external to the child welfare system, e.g., informal transfer of care among relatives and deaths, also are not included. Finally, the process of identifying post-adoption reentries into care was based on a matching process that may have failed to identify all reentering children. Because of these limitations the proportions of children in reunification and adoption status at age 18 may be overstated.

Conclusion

For any given first-entry out-of-home care cohort, considering the exit status only related to the first placement episode overstates the proportion of children who have successfully achieved permanence in the form of reunification. At the same time, it understates the proportion who achieve permanence through guardianship and adoption as well as the proportion who are in care at age 18. Although rates vary, this conclusion holds for any entry cohort and any demographic group. The reasons are quite simple. First, some portion of the children in any first-entry cohort who exit care reenter care. Reentries are not evenly distributed. Children who exit to reunification are more likely to reenter than are children who exit to guardianship who, in turn, are more likely to reenter care than are children who exit to adoption. Thus, the number of children in the cohort who are in care at any point in time include both those children who have never exited and those who have reentered care and not yet exited again. Second, while most children who reenter care will leave care, not all will leave these subsequent episodes in the same way that they left their first episode. In the study cohort, many who reunified after their first episode left a subsequent episode to adoption.

Following federal reforms in 1980 (AACWA) and 1996 (ASFA), many states redoubled their efforts to promote permanency. In fact, the very concept of "permanency" has been a hallmark of the U.S. child protection system for many years and other countries have since adopted philosophical and practice frameworks to follow our lead (Berrick, Gilbert, & Skivenes, *in press*). Data from this study suggest that these efforts have borne fruit. A very small

proportion of infants grow up in foster care. Instead, the large majority experience a permanency outcome prior to adulthood. Permanency, however, should not be confused with permanent. Many children who achieve permanency after a first episode in care do not permanently live with their caregivers. More work needs to be done to help children achieve enduring permanency outcomes. Confirming findings from other studies, these data show that reunification (and guardianship to a lesser degree) are often unstable outcomes, resulting in reentries to care. Although the large majority of these reentries result in an ultimate permanency outcome, more effort may be needed to develop evidence-informed practices that can support lasting permanency for children.

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