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# Socioemotional development of infants and toddlers in the first months of foster care: A brief synthesis of 25 years of research

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ABSTRACT

Over the past 25 years, research has highlighted the protective role of foster care over institutionalization, particularly for young children. When foster caregivers provide responsive care, children benefit from a nurturing, individualized environment that supports socioemotional development. However, foster care does not eliminate developmental challenges. The first three years of life are a critical period of rapid neurological, emotional, and social growth, making early experiences especially impactful. Entering foster care during this period can disrupt existing attachment relationships, increasing vulnerability to socioemotional difficulties. Additionally, children must navigate both the effects of past adversities and the challenges of adapting to a new caregiving environment, making the early months post-placement particularly crucial for their adjustment and well-being. This review synthesizes research published since 2000 to examine early socioemotional challenges in infants and toddlers in foster care and how foster caregivers adapt during the first months of placement. Findings suggest that attachment behaviors typically emerge and stabilize within the early weeks, shaped by multiple factors at different levels, including child characteristics, pre-placement experiences, and the quality of current caregiving. Yet, research focusing exclusively on this transition period is scarce, with existing studies varying widely in both placement duration and child age. Additionally, little is known about how foster caregivers adjust during this period, despite evidence of heightened parenting stress. More longitudinal research is urgently needed to clarify how multilevel factors interact in the first months of placement and to better understand their impact on the adaptation of infants and toddlers in foster care.

While environmental influences shape individuals throughout life, the first three years are especially critical due to the brain's heightened sensitivity to external stimuli (Bick & Nelson, 2017). The rapid development of neural connections during this period is well-documented. The formation and pruning of trillions of synapses, particularly in the cerebral cortex, optimize circuits for learning and adaptation (Tierney & Nelson, 2009). Key stress-regulation pathways, governed by the autonomic nervous system and the hypothalamic-pituitary-adrenal axis, also mature in early childhood, establishing the foundation for adaptive development (Blair & Ku, 2022). These neural pathways are highly context-dependent; in nurturing environments where secure attachments to caregivers are established, children's brains develop to foster socioemotional competence (Opie et al., 2021). Conversely, adverse experiences

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such as abuse and neglect disrupt healthy development, impairing self-regulation and socioemotional abilities (Smith & Pollak, 2020).

Despite recognition of the importance of one-on-one interactions with sensitive caregivers in early development (Baptista et al., 2018), millions of children unable to remain with their parents continue to be placed in residential settings (Desmond et al., 2020). However, these environments often fail to provide the individualized, nurturing care required during this formative stage. Typically, residential care is characterized by features such as shift-based staffing, depersonalised care, and rigid routines that are not aligned with the developmental needs of young children (Goldman et al., 2020). Decades of research indicate that institutional care can lead to lasting neural, cognitive, emotional, and behavioral difficulties, limiting the establishment of selective, secure attachments essential for well-being (van IJzendoorn et al., 2020).

Family-based alternative care, such as foster care, has been shown to offer more beneficial developmental opportunities by enabling children to form bonds with caring adults and receive the emotional and cognitive stimulation necessary for them to thrive (Li et al., 2019). Research consistently demonstrates better developmental outcomes for children in foster care than in residential care (Bick & Nelson, 2017), with benefits persisting into adulthood (Humphreys et al., 2019). Consequently, the United Nations General Assembly (2010) advocate for placing children under three in family settings. Furthermore, there has been a growing momentum for deinstitutionalization over the past two decades, particularly in Europe, where numerous initiatives and calls to action have driven a gradual shift from residential care to family-based foster care (UN General Assembly, 2019).

Although foster care offers numerous benefits, it is important to acknowledge that many children entering these settings have already experienced significant maltreatment and disruptions in caregiving prior to their removal from their families (Magalhães & Camilo, 2023). The emotional impact of parental separation can be profound (Humphreys, 2019), and even in dysfunctional family environments, children experience a sense of familiarity and identity (Mitchell, 2016). Transitioning to foster care is a uniquely vulnerable period, during which children grieve the loss of their biological parents while simultaneously forming new attachments with foster caregivers (Leitch, 2022). This period is especially distressing for the youngest children, who rely on responsive adults for self-regulation (Blair & Ku, 2022), often manifesting in anger, sadness, or ambivalence that can be challenging for caregivers to address (Stovall & Dozier, 2000). Moreover, although it is often assumed that removing a child from a maltreatment environment will lead to developmental recovery, research does not consistently support this view. Meta-analyses suggest that children in foster care show poorer cognitive, emotional, and behavioral outcomes than their peers in the general population and, in some cases, perform similarly to at-risk children who remain at home (Goemans et al., 2016).

The transition to foster care is a complex process for both children and caregivers. During the initial placement period, foster families must adjust to the new child, establish new relationships (e.g., with the child's family of origin) and navigate the often confusing child welfare systems (Lanigan & Burleson, 2017). This transition can result in significant psychological distress among caregivers (Canzi et al., 2019). Lietz et al. (2016) describe this phase as a "survival period", a time marked by significant disruptions within the family system that can precipitate a crisis—even though fostering eventually proves rewarding for many.

Fostering children at risk is a complex and multifaceted task. From an ecological perspective, Pinto (2022) Process Model of the Determinants of Fostering suggests that, as with any other parental experience, the fostering role is determined by individual and contextual factors. However, it also involves specific tasks, such as building relationships with social workers and birth families. The quality of support provided by children's services is crucial, as it positively influences the relationship between caregivers and children, which in turn has a positive impact on children's development and permanence (Pinto, 2022). In fact, the parenting role of foster carers is critical as research suggests that foster parents may exhibit diminished responsiveness during the early months post-placement, particularly when children face socioemotional difficulties (Gabler et al., 2018).

Building on research from the past 25 years, this review examines the early months of foster placement for children aged 0–36 months, a sensitive period during which the foundation for socioemotional development is established (Blair & Ku, 2022). We also explore the experiences of foster caregivers during this transition. Although the duration of this adjustment varies—from a few days to several months, depending on the child and family (Lanigan & Burleson, 2017)—this review focuses on the first six months post-placement. Specifically, we address two key research questions: (1) What socioemotional challenges do young children in foster care face during the initial months of placement, and what are the primary contributing factors? and (2) How do foster caregivers adapt during this critical transition? Finally, we discuss directions for future research.

## 1. Challenges faced by young children during the first months of foster care

Attachment theorists and extensive developmental research emphasize that establishing a secure attachment with a primary caregiver is fundamental in early childhood, as it shapes subsequent developmental tasks (Cassidy et al., 2013). Conversely, early maltreatment and disruptions in caregiving—common among foster children—can impede the formation of secure attachments, often leading to insecure or disorganized behaviors (Dozier et al., 2001). In addition to these attachment-related challenges, young children in foster care frequently encounter broader emotional and behavioral disturbances (Pritchett et al., 2015). Nonetheless, considerable developmental heterogeneity exists (Zeanah et al., 2017), and the early weeks and months in foster care are crucial for socioemotional recovery (Bernier et al., 2004). This section reviews key research on two central aspects of early socioemotional development in foster care for children aged 0–36 months: (1) the formation of secure attachments and (2) other emotional and behavioral difficulties during the first six months post-placement. In addition, we examine the factors that influence early socioemotional adaptation in foster care.

### *1.1. Attachment (des)organization and attachment formation in foster care*

As Stovall and Dozier (2000) argued, insecure and disorganized attachment behaviors—stemming from previous experiences of

inadequate and maltreating caregiving—may persist in subsequent relationships. These negative experiences can shape negative internal working models, making it difficult for foster children to view their new caregiver as a secure base for exploration and a safe haven for comfort. Furthermore, many of these children may respond to loss and separation with withdrawal, difficulty being soothed, or excessive clinging. Together, these factors can hinder foster caregivers from responding sensitively, thereby reducing the likelihood of establishing secure bonds (Lang et al., 2016), with lasting effects on later adjustment (McLaughlin et al., 2012).

Supporting this perspective, Bernier et al. (2004) reported that by five months post-placement, while 45.6 % of foster infants exhibited secure attachment to their foster mothers, notable 41.7 % were classified as disorganized—a rate significantly higher than that observed in normative samples. Examining children between 10 and 15 months of age who had been in continuous foster care for six months, Cole (2005) found that among infants classified as insecurely attached, more than 87 % were either identified as disorganized/disoriented or could not be classified. Nevertheless, research also shows that young children in foster care can establish secure attachments to their new caregivers (Stovall & Dozier, 2000, 2004), and that the early formation of a secure relationship may serves as a protective factor. McLaughlin et al. (2012) found that higher caregiving quality at 30 months—following an average of seven months in foster care—significantly predicted reduced psychopathology and functional impairment at 54 months. Importantly, these beneficial effects were mediated by the development of secure attachment to the foster caregiver, underscoring its essential role in promoting socioemotional well-being.

As Bowlby (1969/1982) noted, attachment development is an ongoing process rather than a fixed state, with the potential for change at any stage when the caregiving environment improves. For instance, Jacobsen et al. (2013) assessed foster children placed in care for 2–23 months at ages 2 and 3 using an adapted version of the Strange Situation. They found that most foster children were classified as securely attached at age 2—with no significant differences in attachment security or disorganized attachment compared to non-foster peers—and that the majority of those securely attached at age 2 maintained secure attachment status at age 3. Lang et al. (2016) followed foster children (aged 1–6 years) and their caregivers over the first year of placement, with assessments immediately after entry, at six months, and at 12 months. Using the Attachment Q-Sort, they found that attachment security increased significantly from entry to six months, with a smaller increase from six to 12 months. Compared to a low-risk sample, children's attachment security was lower at entry and six months, but no differences emerged at 12 months.

It is important to note, however, that studies specifically examining the attachment formation process during the early months of foster care placement are scarce. Moreover, while the aforementioned studies offer valuable insights, the substantial variability in both the duration of care (e.g., Jacobsen et al., 2013) and the ages of the children studied (e.g., Lang et al., 2016) makes it difficult to draw definitive conclusions about the critical timing and developmental trajectory of attachment formation in foster children. Notable exceptions include studies by Stovall & Dozier, (2000, 2004) and Bernier et al. (2004). Using diary methodology, Stovall and Dozier (2000) monitor ten foster infant–caregiver dyads over the first two months of placement, finding that eight rapidly exhibited stable attachment behaviors—some within 14 days. Their follow-up study (Stovall & Dozier, 2004) with 38 dyads confirmed that attachment patterns typically stabilize within the first few weeks. Secure behaviors recorded in the first 60 days correlated with proximity-seeking and contact maintenance in the Strange Situation and negatively with avoidance scores at 3–4 months. Similarly, Bernier et al. (2004) had foster mothers complete a 7-day attachment diary shortly after placement. Findings showed that infants with less coherent attachment behaviors during the initial week were more likely to develop disorganized attachment, whereas those with more coherent patterns tended to form organized attachments between 5 and 18 months in care.

Although early attachment formation plays a crucial role in promoting subsequent adjustment, the adverse experiences many foster children endure can continue to affect their emotional regulation and behavior. As a result, even when secure attachments are established with foster caregivers, these children may still exhibit significant socioemotional and behavioral challenges shortly after placement. This persistence of difficulties underscores the need to consider not only the attachment formation process but also the additional early emotional and behavioral disturbances that these vulnerable children face.

### *1.2. Other early emotional and behavioral difficulties in foster care*

Empirical evidence consistently demonstrates that infants and toddlers in foster care follow markedly different socioemotional developmental trajectories compared to their never-in-care peers, with disparities emerging within the first months of placement. Pritchett et al. (2015) compared children aged 12–24 months who had been in foster care for 5–21 weeks with a community sample matched for age and gender. They found that 50 % of foster children scored above the clinical range on at least one domain of the ITSEA, compared to 23 % of the community sample. In a parallel study, Olson et al. (2019) employed the CBCL to assess toddlers' socioemotional functioning at approximately one- and six-months post-placement, reporting that 38.2 % of foster children scored in the borderline or clinical range for Total Problems initially, with 25 % doing so at follow-up. Further analyses by Olson et al. (2019) and DePasquale et al. (2019) reveal that these socioemotional difficulties remain stable during the initial months of care. For instance, DePasquale et al. (2019) tracked behavioral disturbances in toddlers placed in foster care due to maltreatment, conducting initial assessments at one and two months post-placement, followed by follow-ups at six to eight months. The study revealed that foster parents endorsed a significantly higher proportion of aggressive/noncompliant behaviors in foster children compared to internationally adopted or community children. Moreover, the overall levels of behavioral disturbances remained stable across all assessment intervals.

However, emerging evidence suggests that children in foster care may follow domain-specific recovery trajectories in their socioemotional development, setting them apart from other vulnerable populations (Zeanah et al., 2017). While the aforementioned studies have compared foster children with their never-in-care peers, such comparisons may not fully capture the unique challenges they face. When foster children are compared to other at-risk populations, such as those in residential care, distinct patterns emerge:

some aspects of socioemotional functioning show early improvement within the first months in care, whereas difficulties in other domains tend to persist. Given the strikingly limited research on the emotional and behavioral functioning of infants and toddlers during the first six months in care, further investigation into these domain-specific trajectories is urgently needed.

The Bucharest Early Intervention Project (BEIP) offers a landmark perspective on this issue. This randomized controlled trial in Romania compared the effects of early institutional care with those of high-quality foster care across multiple developmental domains (Zeanah et al., 2017). Researchers assessed emotion regulation at 30 months—by which point foster children had, on average, spent about seven months in their new placements (Ghera et al., 2009). The findings revealed that foster children exhibited significantly higher levels of positive affect than their peers who remained in residential care, with a marked increase from baseline to the 30-month assessment. The gains in positive affect persisted between the 30- and 42-month assessments, while no significant group differences emerged for negative affect. This suggests that certain facets of emotion dysregulation—likely resulting from early deprivation—may persist over time. Additionally, Smyke et al. (2012) reported that by 30 months, foster children showed fewer symptoms of Reactive Attachment Disorder (RAD) compared to children in residential care. Interestingly, no significant differences in Disinhibited Social Engagement Disorder (DSED) were observed at 30 months (i.e., during the initial months post-placement). However, follow-up assessments at 42 months, 54 months, and 8 years demonstrated that foster children exhibited fewer DSED symptoms than their counterparts in residential care.

### *1.3. Factors associated with early socioemotional adaptation in foster care*

From an ecological perspective on child separation (Humphreys, 2019), the developmental outcomes of foster children are shaped by multiple factors across different levels, including individual characteristics, pre-placement experiences, and foster caregiving (Xu & Bright, 2018). However, most research to date has focused on predictors of long-term outcomes in older children (preschool through adolescence) beyond six months post-placement (e.g., Chodura et al., 2021; Xu & Bright, 2018; West et al., 2023), leaving a critical gap in our understanding of the early months for infants and toddlers.

Existing research suggests that age at placement plays a crucial role in shaping socioemotional developmental outcomes. Studies by Stovall & Dozier (2000, 2004) and Bernier et al. (2004) indicate that younger children—especially those placed before 12 months—tend to exhibit more secure, less avoidant, and more coherent attachment behaviors during the initial months of foster care compared to older infants. This finding is consistent with research on children aged 1–6 years, where earlier placement was linked to lower levels of RAD and DSED symptoms within the first three months of care (Zimmermann et al., 2024). Other child factors, such as gender and ethnicity, appear to have little influence on early attachment formation (Bernier et al., 2004; Smyke et al., 2012); however, one study found that female foster children were more likely than males to display secure attachment behaviors shortly after placement (Lang et al., 2016). Additionally, evidence suggests that toddlers with lower general cognitive ability tend to exhibit more behavioral problems during the first six months post-placement (Olson et al., 2019).

Research on pre-placement experiences consistently indicates that adverse early care undermines socioemotional adaptation in foster children. Bernier et al. (2004) found that infants with multiple placements exhibited more resistant attachment behaviors during the initial weeks after placement. Lang et al. (2016) also found that, in a mixed sample of toddlers and preschoolers, a higher number of placements was associated with reduced secure attachment during the first three months post-placement. Similarly, a history of maltreatment hinders the development of secure relationships within the first two months post-placement (Stovall & Dozier, 2004) and contributes to greater socioemotional and behavioral difficulties, as shown by caregiver reports and blunted diurnal cortisol slopes during the initial 1.5–2.5 months post-placement (Perry et al., 2019). Additionally, biological parents' mental health problems have been linked to lower attachment security and increased RAD symptoms, while visitation with biological parents correlates with higher DSED symptoms shortly after placement (Lang et al., 2016; Zimmermann et al., 2024). Notably, children initially placed in emergency foster care exhibit fewer RAD symptoms than those placed directly in long-term care around 2.5 months post-placement, suggesting that early stability facilitates better socioemotional adaptation (Zimmermann et al., 2024).

Regarding foster family characteristics, research indicates that individual and parenting-related factors play a significant role in shaping early child outcomes in foster care (Chodura et al., 2021). On this matter, a foster parent's state of mind regarding attachment seems to be critical; infants placed with caregivers exhibiting autonomous attachment representations tend to show more secure and coherent attachment behaviors—and fewer signs of disorganization—within the first two months of placement compared to those with nonautonomous foster parents (Stovall & Dozier, 2004). Notably, these early secure behaviors, as reported by caregivers, are predictive of later attachment security, as observed around five months post-placement (Bernier et al., 2004). These findings underscore the importance of foster caregiver characteristics in facilitating early socioemotional adaptation and in establishing stable, secure attachment relationships in foster children.

Studies have underscored the significance of various foster parenting dimensions on child adjustment shortly after placement. For instance, research indicates that a foster caregiver's professional background may facilitate the rapid emergence of secure attachment behaviors in toddlers and preschoolers, potentially reflecting higher self-efficacy and overall competence in foster parenting (Lang et al., 2016). This notion is further supported by research on foster parent commitment and parenting stress. Turner et al. (2022) found that greater caregiver commitment two months post-placement was associated with fewer symptoms of RAD and DSED in foster toddlers and preschoolers, although it did not relate to internalizing or externalizing symptoms. Moreover, high levels of parenting stress are concurrently linked to increased behavior problems at six months post-placement (Gabler et al., 2014; Olson et al., 2019), with negative associations observed between parenting stress and attachment security over a six-month period (Gabler et al., 2014).

These findings align with research that underscores the critical role of sensitive, responsive caregiving in fostering positive socioemotional outcomes among foster children. For example, authoritative parenting has been modestly, yet positively, associated with

attachment security in children aged 1–6 years during the first three months post-placement, with even stronger associations observed among more introverted children and at one year after placement (Lang et al., 2016). Additionally, foster parents' responsiveness has been linked to higher attachment security in a mixed sample of toddlers and preschoolers, both shortly after placement and at six months post-placement, though it was not significantly associated with reductions in internalizing and externalizing behaviors (Gabler et al., 2014).

In summary, although a substantial body of evidence shows that various child and family characteristics influence long-term socioemotional outcomes for children in care (Chodura et al., 2021), relatively few studies have focused exclusively on children up to age 3 or during early placement. Many existing studies include a wide age range (e.g., Gabler et al., 2014; Lang et al., 2016) and are largely cross-sectional, limiting causal inferences. Nonetheless, the available evidence aligns with literature suggesting that early adversity poses significant challenges to the socioemotional recovery of young children in care (Baptista et al., 2014, 2018). At the same time, both individual characteristics and foster parents' responsive caregiving are likely to contribute to the formation of secure attachments and improved socioemotional outcomes. Importantly, developmental research showing the impact of positive early relational experiences in children's brain development (Gee & Cohodes, 2021), leading to positive long-term developmental effects, is also true for foster children (Chodura et al., 2021). The results of Chodura et al. (2021), which reveal that functional parenting in foster care was longitudinally associated with more adaptive developmental outcomes for children, provide insights into the potential positive impact of foster care in the long term, even if in the short term these results are not as significant.

## 2. Challenges faced by foster families in the first months of foster care

As highlighted above, caregiving quality appears to be crucial for successful transitions to foster care and positive child outcomes (Gabler et al., 2014). During the early transition period, foster parents must not only exhibit responsive, sensitive parenting but also navigate the complex challenges associated with foster care and the unique needs of the children in their care (Berrick & Skivenes, 2012; Lanigan & Burleson, 2017). These challenges prompt important questions regarding how foster caregivers adapt during the initial months of placement. However, research addressing these questions—particularly focusing on young children—is strikingly limited, leaving us with little understanding of how foster families cope with the transition of young children into their homes.

Recent research has begun to examine key psychological variables in foster care, notably parenting stress. Gabler et al. (2018) investigated longitudinal predictors of foster parent stress and its relationship with caregiver sensitivity during the first year of placement. They found that while primary foster caregivers initially did not exhibit elevated stress or differences in supportive presence relative to normative samples, the early stress of these primary foster caregivers was significantly influenced by partners' stress and foster children's externalizing behaviors. After one year in care, foster parents showed a significantly lower supportive presence compared to non-foster caregivers, with initial parenting and partner stress predicting later caregiver stress. Although early stress did not directly impact overall sensitivity over time, higher stress levels one year after placement were associated with reduced sensitivity. Furthermore, the combination of elevated externalizing behaviors and high parenting stress was linked to an even lower level of supportive presence among foster parents.

Notably, Gabler et al. (2018) is, to our knowledge, the only study that has longitudinally examined foster family adaptation during the early transition period. Their findings indicate that various factors—from child characteristics (e.g., externalizing behaviors) to family environment (e.g., partner support)—significantly influence parenting stress, which may undermine the quality of care. However, their sample included children aged 1–6 years, so the study does not specifically address the early developmental period up to age 3, the primary focus of this review. Other studies offer additional insights. For example, Bergsund et al. (2020) found that foster parents experience greater overall and child-related parenting stress in the first months post-placement compared to biological parents, with stress levels increasing as children near three years of age. Similarly, Lohaus et al. (2017, 2018) reported that higher levels of internalizing and externalizing problems in children (aged 2–7 years, with care durations from 2 to 24 months) are associated with increased parenting stress among foster families.

Although research showing that foster parents may report higher levels of parenting stress, they also tend to exhibit greater dyadic coping (DC)—defined as the joint management of daily hassles. In a study by Job et al. (2019) focusing on DC in foster families, foster parents of children aged 2–7 years demonstrated significantly higher levels of joint coping compared to non-foster parents, with these coping levels increasing over a 12-month period in the foster care group (with children in care for an average of 18 months at the first assessment, although individual durations varied substantially), while remaining relatively stable among non-foster parents. In another study by the same team, using the same sample, Reindl et al. (2024) found no significant differences in hair cortisol levels—a marker of chronic stress—between foster mothers and biological mothers over the same 12-month period. Interestingly, no significant associations were observed between cortisol levels and the duration of children's foster care placement. Similarly, Jacobsen et al., 2018 reported high levels of acceptance and emotional commitment among foster caregivers of young children—aged around 2 years, with children in care for durations ranging from 2 to 23 months. These findings underscore the adaptive capacity of foster families, suggesting that, despite significant challenges, foster caregivers may develop strong coping strategies and maintain profound emotional investment in their caregiving roles. However, many of those studies did not exclusively examine foster caregivers' adaptation during the initial months of care, leaving critical questions unanswered and highlighting the need for further research. Moreover, these results may not be representative since the foster families who are being successful in their carer role are potentially the ones who participate more in research.

## 3. Future directions

Several implications for both practice and research in foster care emerge from this review. Existing research indicates that the first weeks and months in foster care are critical for young children to establish secure attachments with their foster caregivers. However, much of the current evidence on attachment formation comes from early 2000s studies with relatively small samples (e.g., Stovall & Dozier, 2000). While these descriptive studies have provided valuable insights into the socioemotional development of foster children, many questions remain unanswered. For instance, the long-term impact of early attachment formation on subsequent adjustment and permanency is still unclear. Moreover, it is not yet determined whether targeted interventions during the initial transition phase can actively promote secure attachment formation and mitigate later socioemotional difficulties. A study by Jonkman et al. (2017) suggests that intervention-focused research may be key to understanding early socioemotional development in foster children. Although the study focused on 3- to 5-year-old foster preschoolers, it tracked attachment behaviors during the first year of foster care and found that children in the Multidimensional Treatment Foster Care Program (MTFC-P) exhibited increasing secure behaviors over time, while those in regular foster care showed a decline.

Findings suggest that children in foster care may follow domain-specific recovery trajectories in socioemotional development, particularly regarding attachment (dis)organization and behavioral disturbances. However, this hypothesis remains largely unaddressed due to limited research on the initial months post-placement. Existing studies show considerable heterogeneity in foster care duration—ranging from 2 months to 2 years (Jacobsen et al., 2013)—and child age (e.g., Gabler et al., 2018 studied children aged 1–6). These variations, along with distinct developmental needs at different stages, hinder conclusions about early socioemotional adaptation and its predictors. Future research should focus on the early months post-placement, using homogeneous samples with clearly defined care durations and age ranges, and employing longitudinal designs. Early stability in care promotes better socioemotional adaptation (Zimmermann et al., 2024). Identifying protective factors that foster positive developmental outcomes across ecological levels is crucial. Research should therefore apply translational theories to examine the interplay between child functioning and caregiver well-being—Gabler et al. (2018) found significant bidirectional associations between child behavioral problems and caregiver stress in the first months—thereby deepening our understanding of transition and adaptation in foster care. Moreover, the evidence on the behavioral problems, namely externalizing problems, and its particular impact on caregivers' functioning (e.g., Lohaus et al., 2017, 2018), emphasize the need for intervention during the first months of placement. Child-focused interventions such as social skill, cognitive behavioral, and play therapy approaches (Kuhn et al., 2022), and parent-focused interventions such as Behavior Management Training (Weber et al., 2019) have been used in the treatment for children with externalizing behavior, although research on its effectiveness with foster children is scarce. Surprisingly, little is known about foster caregivers' well-being during the initial months of placement, despite evidence of heightened parenting stress. This gap is particularly striking given research indicating that high levels of parenting stress are associated with reduced caregiver retention (Adams et al., 2018). Findings from developmental psychology highlight the critical role of caregiver well-being in providing high-quality early care, which is essential for promoting socioemotional recovery in infants and toddlers in out-of-home care (Baptista et al., 2018). Despite this gap, some studies suggest foster parenting is vital for early child adjustment. Ensuring high-quality care requires recruiting caregivers with responsive parenting skills who can also navigate foster care challenges—such as collaborating with social workers and birth families and managing internalizing/externalizing behaviors—often described as "Parenting Plus" (Berrick & Skivenes, 2012). To this end, foster carers' recruitment and selection may take into account specific characteristics a priori associated with better children's outcomes, such as caregivers' joint coping strategies (Job et al., 2019). After placement, family-based interventions should be integrated into the foster care system to reduce parenting stress and enhance caregiver well-being, increasing sensitivity to children's needs (Gabler et al., 2018). Future research must assess these interventions' effectiveness during the critical early months and their long-term impact on foster family well-being, child development, safety, and permanency. Additionally, a foster care system rooted in collaboration and strong communication among stakeholders is essential. According to the Process Model of the Determinants of Fostering (Pinto, 2022), foster care quality is shaped by child and caregiver characteristics and fostering services. As such, further research, guided by this model, would be valuable to identify factors predicting foster caregiver challenges and strengths from placement onward to inform relational-based interventions.

Foster care is a complex system that extends beyond direct interventions with children and families, requiring a multi-level approach. As highlighted throughout this review, the early months of placement are critical for young children's socioemotional adaptation, and the quality of caregiving plays a central role in this process. Robust recruitment processes are essential to ensure that families with diverse profiles and competencies can meet the complex socioemotional needs of children in out-of-home care (Alves et al., 2024). Beyond general recruitment, targeted strategies should be employed to build a pool of foster caregivers equipped to support children with heightened socioemotional vulnerabilities (Hanlon et al., 2021). Achieving this requires interdisciplinary research—drawing from psychology, sociology, and communication sciences—to inform systematic initiatives that provide potential foster parents with realistic, evidence-based information about fostering. Given that the decision to foster is often a lengthy and reflective process, recruitment campaigns must be sustained over time to enhance awareness and engagement (Randle et al., 2016), ensuring that the foster care system can not only attract and train but also retain highly skilled families capable of responding to the unique needs of infants and toddlers in care.

## 4. Conclusion

Despite the valuable insights provided by the studies reviewed—with significant implications for practice, policy, and research in foster care—there remains a pressing need for more longitudinal evidence on child-family adaptation during the initial months of

placement, particularly regarding the unique developmental needs of infants and toddlers. It is striking that, despite the well-established importance of the first three years of life as the foundation for later developmental outcomes, the past 25 years have produced remarkably little research on young children's adaptation to foster care transitions or on the well-being of their caregivers. Furthermore, the children's different backgrounds, such as the adversity trajectories, the ages of placement, and the type of contact with biological families, make the already limited evidence even harder to interpret. Considering the challenges associated with recruiting samples in family foster care, a collaborative strategy involving several countries to compile a large dataset, while taking cultural differences into account, could facilitate more comprehensive analyses. Given the complex interplay of factors at different levels of the system, further research is essential to identify the key variables that contribute to successful placements and promote positive developmental trajectories for children and families. Finally, important insights arose from this review regarding the need for intervention in behavioral problems during the first months of placement in foster care, emphasizing the professionals' role along this period.

## Ethics Statement

This review paper did not involve original research with human or animal subjects, and therefore, ethical approval was not required.

## Author Statement

All authors contributed equally to the writing and revision of this review article. Each author was involved in the conceptualization of the review, literature search, drafting of the manuscript, and final revisions.

## CRediT authorship contribution statement

**Stephanie Alves:** Writing – review & editing, Writing – original draft, Funding acquisition, Conceptualization. **Cláudia Ramos:** Writing – review & editing, Writing – original draft. **Amber Feher:** Writing – review & editing, Writing – original draft. **Eunice Magalhães:** Writing – review & editing, Writing – original draft, Conceptualization. **Cláudia Camilo:** Writing – review & editing, Writing – original draft, Conceptualization. **Joana Baptista:** Writing – review & editing, Writing – original draft, Supervision, Funding acquisition, Conceptualization.

## Declaration of Competing Interest

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## Data availability

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

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