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Parental drug use and racial and ethnic disproportionality in the U.S. foster care system

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Abstract

Background and Aims: Following nearly a decade of entry declines, foster care entries in the United States began to rise steadily since 2012, largely because of dramatic increases in home removals involving parental drug use (PDU). America's ongoing opioid crisis and recent changes in drug policies have been associated with the growth in PDU entries. The extent to which these and other recent factors have affected historical racial/ethnic differences in the foster care system is unknown. We explored the prevalence of racial/ethnic disproportionality and disparity in PDU entries and described children characteristics across racial/ethnic populations.

Design: Secondary data analysis of the universe of foster care entries in 2008–2017, obtained from the Adoption and Foster Care Analysis and Reporting System.

Setting: Children ages 0–17 entering foster care in the United States.

Cases: A total of 2,489,423 foster care entries, 29% (N=714,085) designated as involving PDU.

Measurements: The rate of PDU entries was measured as the number of foster care entries involving PDU per 1,000 children ages 0–17 in the general population, by racial/ethnic group. Disproportionality in PDU entries was measured as the proportion of a racial/ethnic group among PDU entries over their proportion among the general population.

Findings: From 2008–2017, the rate of PDU entries increased 71% in the general population and across all racial/ethnic groups. Native American children displayed the highest level and fastest growth in PDU entry rates (139%; 1.74 in 2008 to 4.15 in 2017), followed by non-Hispanic White children (112%; 0.70 in 2008 to 1.49 in 2017). Native American children also displayed the highest level of disproportionality in foster care entries, with a representation in PDU entries and other entries about 3.23 and 2.56 times their representation in the general population.

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Conclusions: Foster care entries involving PDU increased considerably across all racial/ethnic populations. Growth in PDU entries was greatest among Native American children, exacerbating existing disproportionalities in the foster care system for this vulnerable population.

Keywords

Foster care; race/ethnic disparities; disproportionality; parental drug use

1. Introduction

Following nearly a decade of entry declines, foster care entries in the United States began to rise steadily since 2012, largely because of dramatic increases in home removals involving parental drug use (PDU) (Meinhofer & Angleró-Díaz, 2019). America's opioid crisis has been associated with the growth in PDU entries (Quast, 2018). In 2017, the number of children ages 0–17 living with at least one adult who used heroin or misused prescription opioids was approximately 198,000 and 3.3 million, respectively (Bullinger & Wing, 2019). The implementation of punitive prenatal drug use policies in certain states has also been associated with the growth in PDU entries (Sanmartin, Ali, & Lynch, 2019). Drug use and its correlates, including physical and mental health disorders, stigma, medical care and substance use disorder treatment gaps, and the enforcement of drug policies disproportionately affect select racial/ethnic populations (Mowbray et al., 2017; Sanmartin et al., 2019). While the disproportional representation of Native American, Black, and Multiracial children in the foster care system is well documented (Child Welfare Information Gateway, 2016; Hill, 2006; Trejos-Castillo & Trevino-Schafer, 2018; Wildeman & Emanuel, 2014), the extent to which the ongoing opioid crisis, recent drug policies, and other PDU correlates have affected these historical disparities in recent years is unknown. In this exploratory study, we examined recent trends in the prevalence of racial/ethnic disproportionality and disparity among children ages 0–17 entering foster care due to PDU and described children characteristics across racial/ethnic populations. Knowledge of trends in foster care entries involving PDU by race/ethnicity is critical for developing targeted prevention and treatment services, helping policymakers and child welfare agencies evaluate their policies and systems, and ensuring equitable access to appropriate care for children and families.

2. Methods

We analyzed data from the 2008 to 2017 Adoption and Foster Care Analysis and Reporting System (AFCARS), a federally mandated data collection system that receives case-level information on all children in foster care in the United States. All 50 states and the District of Columbia are required to collect data on children for whom the state child welfare agency had responsibility for placement, care, or supervision, and must submit it to the Children's Bureau. Processed data are transferred and stored in the National Data Archive on Child Abuse and Neglect at Cornell University. Variables of interest include child demographic characteristics, health status, geographic area, placement setting, and home removal reasons, among others.

We identified children ages 0 to 17 entering foster care due to PDU, designated when a child welfare system official deemed that “the principal caretaker had a compulsive use of drugs that is not of a temporary nature.” PDU designation can be distinguished from other home removal reasons but need not be the only reason listed for a same home removal. In AFCARS, up to 15 home removal reasons can be distinctly identified for a same home removal, including physical abuse, sexual abuse, neglect, child disability, child behavior problem, child alcohol use, child drug use, parental alcohol use, parental drug use, parental death, parental incarceration, caretaker inability to cope, abandonment, relinquishment, and inadequate housing.

We examined racial/ethnic disparity and disproportionality using measures described in previous studies (Child Welfare Information Gateway, 2016; Fluke, Harden, Jenkins, & Ruehrdanz, 2011; Hill, 2006; Trejos-Castillo & Trevino-Schafer, 2018). We calculated the rate of PDU entries as the number of foster care entries involving PDU divided by Census population estimates of children ages 0 to 17, by racial/ethnic group and in the general population. The rate of foster care entries for home removal reasons other than PDU was reported for comparison. We also calculated a racial disproportionality index (RDI) as the percentage of a race/ethnic group in foster care entries involving PDU divided by their percentage in the general population of children ages 0 to 17 (Child Welfare Information Gateway, 2016; Trejos-Castillo & Trevino-Schafer, 2018). An RDI of 1.0 indicated a race/ethnic group was represented proportionately to its representation in the general population, an RDI higher than 1.0 indicated the group was overrepresented, and an RDI lower than 1.0 indicated the group was underrepresented. Finally, we described the characteristics of children entering foster care due to PDU, by year and race/ethnic group.

3. Results

Our analytical sample comprised 2,489,423 foster care entries, 29% (N=714,085) designated as involving PDU. Among PDU entries, the proportional representation of racial/ethnic populations included Hispanic (18.17%) and non-Hispanic White (56.11%), Black (16.06%), Multiracial (6.90%), Native American (2.33%), Asian (0.28%), and Hawaiian/Pacific Islander (0.16%).

The demographic characteristics of children entering foster care due to PDU varied across racial/ethnic populations and changed over time (Table 1). Children in all racial/ethnic populations were more likely to be 5 years or younger and live in metro areas. In 2017, the proportion of Hispanic (46%) and non-Hispanic White (43%), Black (55%) and Multiracial (42%) children was highest in the south, of Native American children was highest in the Midwest (46%), and of Asian (43%) and Hawaiian/Pacific Islander (75%) children was highest in the West. Between 2008 and 2017, growth in PDU entries was generally largest in the Midwest and non-metro areas and involved initial placement with relatives.

The number of PDU entries per 1,000 children increased in the general population (71%, from 0.75 in 2008 to 1.28 in 2017), and across all racial/ethnic groups (Figure 1). Native American children displayed the highest level and fastest growth (139%; 1.74 in 2008 to 4.15 in 2017), followed by non-Hispanic White (112%; 0.70 in 2008 to 1.49 in 2017),

Hawaiian/Pacific Islander (90%; 0.63 in 2008 to 1.2 in 2017), and Multiracial (76%; 1.33 in 2008 to 2.36 in 2017) children. Entries for home removal reasons other than PDU were generally stable over the sample period and reflected a higher representation of Native American (5.7 in 2017), Black (4.32 in 2017), Multiracial (3.5 in 2017), and Hawaiian/Pacific Islander (3.5 in 2017) children.

RDI calculations show that between 2008 and 2017 (Table 2), the RDI for PDU entries decreased most among non-Hispanic Black (−38%; 1.44 in 2008 to 0.89 in 2017), Asian (−24%; 0.06 in 2008 to 0.05 in 2017), and Hispanic (−18%; 0.86 in 2008 to 0.70 in 2017) children, but increased most among Native American (38%; 2.33 in 2008 to 3.23 in 2017) and non-Hispanic White (23%; 0.94 in 2008 to 1.16 in 2017) children. With the exception of Asian and Multiracial children, the RDI for other entries displayed no or modest change during this time, suggesting that differential changes in PDU entries drove overall changes in RDI for most groups. In 2017, Native American children displayed the highest level of disproportionality across foster care entries, being overrepresented in PDU entries, other entries, and total entries approximately 3.23, 2.56, and 2.80 times their proportion in the general population, respectively.

4. Discussion

We found that between 2008 and 2017, the rate of foster care entries involving PDU designation increased considerably across all racial/ethnic populations. Native American children experienced the highest level and fastest growth in the rate of PDU entries and in the RDI, exacerbating existing disparities and disproportionalities in the foster care system for this vulnerable population during a time of severe shortages in Native foster homes and when the constitutionality of the Indian Child Welfare Act is challenged in some states (Children's Defense Fund; National Indian Child Welfare Association). Notably, non-Hispanic White children also experienced significant growth in PDU entries, slightly exceeding the rate in the general population after 2014.

Our findings coincide with national trends in parental opioid use and opioid overdose deaths overall and by race/ethnicity. Between 2008 and 2017, the number of children living with an adult who had a heroin or a prescription opioid use disorder increased 76% and 12%, respectively (Bullinger & Wing, 2019). During this time, opioid overdose deaths increased 143%, with highest level and fastest growth among non-Hispanic Whites and Native Americans (Tipps, Buzzard, & McDougall, 2018; Wilson, 2020). Taken together, our findings underscore the burden of America's opioid crisis on families and communities of all races/ethnicities, especially among Native Americans. Policy factors likely contributed to the growth in PDU entries, including the implementation of punitive prenatal drug use policies defining drug use during pregnancy as child abuse or neglect under civil child welfare statutes, or requiring healthcare providers to report prenatal drug use to child protective services (Guttman Institute, 2019; Thomas, Treffers, Berglas, Drabble, & Roberts, 2018). Indeed, previous research has documented that prenatal drug use policies have become increasingly punitive over time and disproportionately affect select racial/ethnic populations (Guttman Institute, 2019; Osterling, D'andrade, & Austin, 2008; Roberts, Zahnd, Sufrin, & Armstrong, 2015; Sanmartin et al., 2019; Thomas et al., 2018). Finally, racial/ethnic

disparities in substance use disorder treatment access and in other PDU correlates may have also contributed to differences in PDU entries (Greenfield & Venner, 2012; Lagisetty, Ross, Bohnert, Clay, & Maust, 2019; Mennis & Stahler, 2016).

Policymakers must ensure that the unique needs of Native families and other racial/ethnic groups are met through culturally appropriate interventions and funding that proportionally matches the growing costs of providing foster care services in these populations. Healthcare providers and child welfare agencies must evaluate their procedures and guidelines around child maltreatment to identify where and how disproportionalities in reporting and foster care placement are occurring and determine the best path to address them. Addressing existing racial/ethnic disparities in substance use disorder treatment access and engagement will also be paramount for preventing and reducing racial/ethnic differences in the foster care system (Greenfield & Venner, 2012; Lagisetty et al., 2019; Mennis & Stahler, 2016; Meinhofer, Hinde, & Ali 2020).

This study is not without limitations. Limitations include potential misclassification of PDU designation and of race/ethnicity, as well as potential changes in reporting practices over time. Additionally, stratifying the sample by specific drugs involved is not possible in AFCARS. Other limitations are that our study does not assess whether racial/ethnic differences in PDU entries were the result of discrimination or bias, differences in poverty, geographic context, opioid prescribing practices, behavioral health, systems and protocols at child welfare agencies, or in SUD treatment access, among other factors. The general lack of changes in foster care entries for other home removal reasons suggests that any such factors were primarily correlated with PDU. Future research should consider the causes for the differential growth in PDU entries affecting specific racial/ethnic groups, variation within racial/ethnic group, as well as the consequences and implications of this differential growth.

5. Conclusion

Foster care entries involving PDU increased considerably across all racial/ethnic populations. Growth in PDU entry rates and RDI was greatest among Native American children, exacerbating existing disparities and disproportionalities in the foster care system for this vulnerable population.

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Highlights

Foster care entries involving parental drug use (PDU) increased across all racial/ethnic groups

Native American children displayed the fastest growth in PDU entries (139%), followed by White children (112%)

Foster care entries for other home removal reasons were stable for Native and White children

Native children were overrepresented in PDU and other entries 3.23 and 2.56 times their rate in the general population

Growth in PDU entries has exacerbated existing disproportionalities for Native children

Figure 1. National Trends in Foster Care Entries Involving Parental Drug Use and Other Home Removal Reasons, by Race/Ethnicity

Note: Adoption and Foster Care Analysis and Reporting System data of children ages 0–17 entering foster care during fiscal years 2008 to 2017. Fiscal years are from October 1 to September 30. Entries due to parental drug use ($n = 714,085$) and other home removal reasons ($n = 1,775,338$) were stratified by race/ethnic group, divided by population estimates of children ages 0–17 in that group, and multiplied by 1,000. Race/ethnicity was self-identified. In the case of young children, parents identified the race/ethnicity of the child. NH=non-Hispanic. NA=Native American. HI/PI=Hawaiian/Pacific Islander.

Table 1.
 Characteristics of Children Entering Foster Care Due to Parental Drug Use in 2008 and 2017, by Race/Ethnicity

Race/Ethnicity	White, NH		Black, NH		NA, NH		Asian, NH		HI/PI, NH		Multiple, NH		Hispanic		Total	
Year	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017
Sample Size (N)	28,687	55,670	11,379	11,603	1,147	2,581	148	231	86	177	3,306	7,416	10,507	16,791	55,260	94,469
Column Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Sex																
Male	50*	51*	51	51	50	50	52	52	49	46	51	51	50	51	50*	51*
Female	50*	49*	49	49	50	50	48	48	51	54	49	49	50	49	50*	49*
Age at Entry																
0	25*	24*	31*	29*	31	29	32	34	34	24	30*	27*	27*	24*	27*	25*
1 to 5	36*	36*	29*	35*	37	36	32	35	41	36	38*	37*	39*	36*	35*	36*
6 to 10	20*	23*	19*	22*	20	22	20	20	9	21	19*	23*	20*	24*	20*	23*
11+	18*	17*	21*	15*	13	14	16	11	16	19	12*	13*	14*	16*	18*	16*
Geographic Region																
Northeast	13*	9*	21*	14*	1*	0*	11*	9*	1*	3*	8*	9*	12*	10*	14*	10*
Midwest	21*	32*	17*	24*	30*	46*	18*	34*	2*	13*	18*	32*	6*	13*	17*	28*
South	45*	43*	54*	55*	22*	16*	13*	15*	1*	8*	41*	42*	42*	46*	45*	44*
West	21*	15*	8*	7*	47*	37*	58*	43*	95*	75*	34*	18*	40*	31*	23*	18*
Geographic Area																
Metro	75*	67*	92*	89*	59*	48*	91	84	78	69	82*	76*	87*	83*	81*	73*
Non-Metro, Urban	22*	29*	7*	10*	32*	35*	9	16	22	30	16*	22*	12*	16*	17*	24*
Non-Metro, Rural	3*	3*	0*	1*	9*	16*	0	0	0	1	1*	2*	0*	1*	2*	3*
Placement Setting																
Foster Home, Relative	40*	45*	39*	44*	31*	43*	32*	52*	47	51	36*	42*	37*	48*	39*	45*
Foster Home, Non-Relative	43*	42*	44*	44*	51*	41*	42*	35*	44	41	47*	45*	46*	40*	44*	42*
Other	18*	13*	16*	13*	19*	16*	26*	12*	9	7	17*	13*	17*	12*	17*	13*
Any Health Condition	11*	10*	13*	11*	11*	7*	15	14	17	14	14*	11*	16*	11*	13*	10*

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Note: Adoption and Foster Care Analysis and Reporting System data of children ages 0–17 entering foster care due to parental drug use during fiscal years 2008 and 2017. Fiscal years are from October 1 to September 30. Entries due to parental drug use were stratified by race/ethnic group. Race/ethnicity was self-identified. In the case of young children, parents identified the race/ethnicity of the child.
NH=non-Hispanic. NA=Native American. HI/PI=Hawaiian/Pacific Islander. For each racial/ethnic population, Pearson χ^2 tests were calculated to compare the characteristics of children who experienced removals involving parental drug use in 2008 versus 2017. Due to the large sample size and number of tests, P-values < .01 were considered significant.

* P-value < .01.

Table 2.
Representation of Children Entering Foster Care and in the General Population in 2008 and 2017, by Race/Ethnicity

Race/Ethnicity	General Population Ages 0–17						Foster Care Population Ages 0–17						Racial Disproportionality Index (RDI)					
			PDU entries		Other entries		Total Entries		PDU entries		Other entries		Total Entries					
	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017	2008	2017	%	
White, NH	55.0%	50.7%	51.9%	58.9%	44.3%	41.3%	45.9%	47.7%	0.94	1.16	23%	0.80	0.82	1%	0.83	0.94	13%	
Black, NH	14.3%	13.7%	20.6%	12.3%	27.7%	26.6%	26.2%	21.4%	1.44	0.89	–38%	1.94	1.94	0%	1.84	1.56	–15%	
NA, NH	0.9%	0.8%	2.1%	2.7%	2.1%	2.2%	2.1%	2.4%	2.33	3.23	38%	2.41	2.56	6%	2.40	2.80	17%	
Asian, NH	4.2%	5.0%	0.3%	0.2%	1.0%	0.7%	0.9%	0.5%	0.06	0.05	–24%	0.24	0.14	–43%	0.20	0.11	–48%	
HI/PI, NH	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.85	0.94	11%	1.56	1.55	0%	1.41	1.33	–6%	
Multiple, NH	3.3%	4.3%	6.0%	7.9%	4.5%	6.7%	4.8%	7.1%	1.79	1.84	2%	1.35	1.56	16%	1.44	1.66	15%	
Hispanic	22.1%	25.2%	19.0%	17.8%	20.1%	22.2%	19.8%	20.6%	0.86	0.70	–18%	0.91	0.88	–3%	0.90	0.82	–9%	

Note: Adoption and Foster Care Analysis and Reporting System data of children ages 0–17 entering foster care due to parental drug use during fiscal years 2008 and 2017. Fiscal years are from October 1 to September 30. Entries due to parental drug use were stratified by race/ethnic group. Race/ethnicity was self-identified. In the case of young children, parents identified the race/ethnicity of the child. NH=non-Hispanic. NA=Native American. HI/PI=Hawaiian/Pacific Islander. RDI is calculated as the percentage in the population entering foster care in a year over the percentage in the general population in the same year. % is the percentage change in RDI for a given group between 2008 and 2017.