



Office of the Assistant Secretary for Planning and Evaluation, U.S.
Department of Health and Human Services

Foster Care Entry Rates Grew Faster for Infants than for Children of Other Ages, 2011–2018

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HIGHLIGHTS

- From 2011 to 2018 the number of infants entering foster care increased substantially, completely reversing the 2006–2011 reduction in entries into foster care for infants. Infants (children under age 1) accounted for an increasing proportion of all children entering foster care.
- Over this period, infant foster care entries rose nearly 13 times as much as those for other age groups. Infants accounted for more than 70 percent of the total increase in entries.
- Forty-four states had increases in infants entering foster care. These increases ranged from 2 percent to 124 percent.
- Within states, rates of infant entry often varied from county to county. Half of the counties with the highest infant entry rates were in states with the lowest rates of infant foster care entry overall.

Introduction

Infants entering foster care are less likely to be reunified with their caregivers and more likely to have parental rights terminated and be adopted, compared with children entering foster care at older ages (Wildeman et al. 2020). Children in the first year of life have the highest rate of child abuse and neglect (25.7 per 1,000 children) and account for almost half of child fatalities (45.4 percent) (U.S. Department of Health and Human Services 2021). Parental alcohol or drug use is associated with foster care placement for more than half of infants entering foster care (52 percent), compared with just over one-third (36 percent) of children over one year of age (Young 2021). Federal and state laws and policies, and local practices, often treat maltreatment risk differently for infants than for older children because infants are more vulnerable to interruptions in their healthy development and functioning due to maltreatment (Child Welfare Information Gateway 2015). These policies and practices influence reporting of maltreatment allegations, investigations, and agencies' decisions to place a child in foster care.

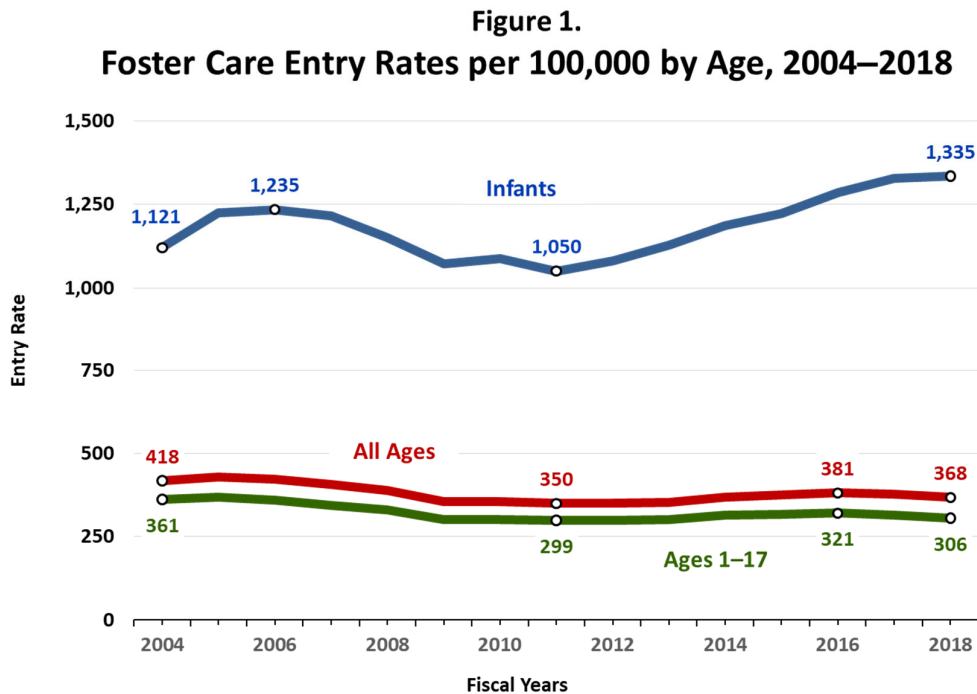
This study summarizes national, state, and county-level increases in infant foster care entry. Before examining the causes of these trends or looking for policy solutions, agencies and policymakers can benefit from understanding how much infant foster care trends are similar to or different from trends for other ages, and how much states and counties differ. This information can help shape policy responses and support efficient resource allocation. In this brief, placements or entries refers to situations where child welfare agencies remove children from their caregivers' custody and place them into foster care.

The analysis uses data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) operated by the Children’s Bureau. AFCARS collects case-level information from state and tribal agencies on all children in foster care during each federal fiscal year (October 1 to September 30). Details on the data and methods along with further analyses can be found in the appendices. Importantly, this study focuses on out-of-home placement, which is just one indicator of conditions that may increase maltreatment risk for infants. While the findings may point to underlying differences in maltreatment risk, factors such as state and local policies and practices can also influence foster care placement rates.

Between 2011 and 2018, infant foster care placements rose 13 times as much as placements for other age groups.

From 2011 to 2018, infants accounted for more than 70 percent of the total increase in foster care entries. The increase for infants in this period completely reversed the reduction in infant foster care entry that occurred from 2006 to 2011. Nationally, the number of infants entering foster care decreased by 17 percent between 2006 and 2011, from around 48,000 to around 40,000. Then, the number rose by 24 percent (9,786 infants), reaching around 50,000 in 2018. This percentage increase in infant placements into foster care from 2011 to 2018 was 13 times higher than the 1.8 percent increase for children age 1 and older.

Figure 1 compares the infant entry rate with entry rates for other age groups. Between 2011 and 2018, the national infant entry rate increased from 1,050 to 1,335 entries per 100,000 infants. In comparison, the entry rate for children age 1 and older rose from 299 per 100,000 children in 2011 to a peak of 321 in 2016 before declining to 306 per 100,000 in 2018.



Notes: Infants are defined as children under 1 year of age. The totals for all ages and for ages 1 and up are based on the number of children under 18 because the number of youths 18 and older in the system is small. The fiscal year is from September to October.

Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Adoption and Foster Care Analysis and Reporting System; population data from U.S. Census Bureau; rates calculated by ASPE.

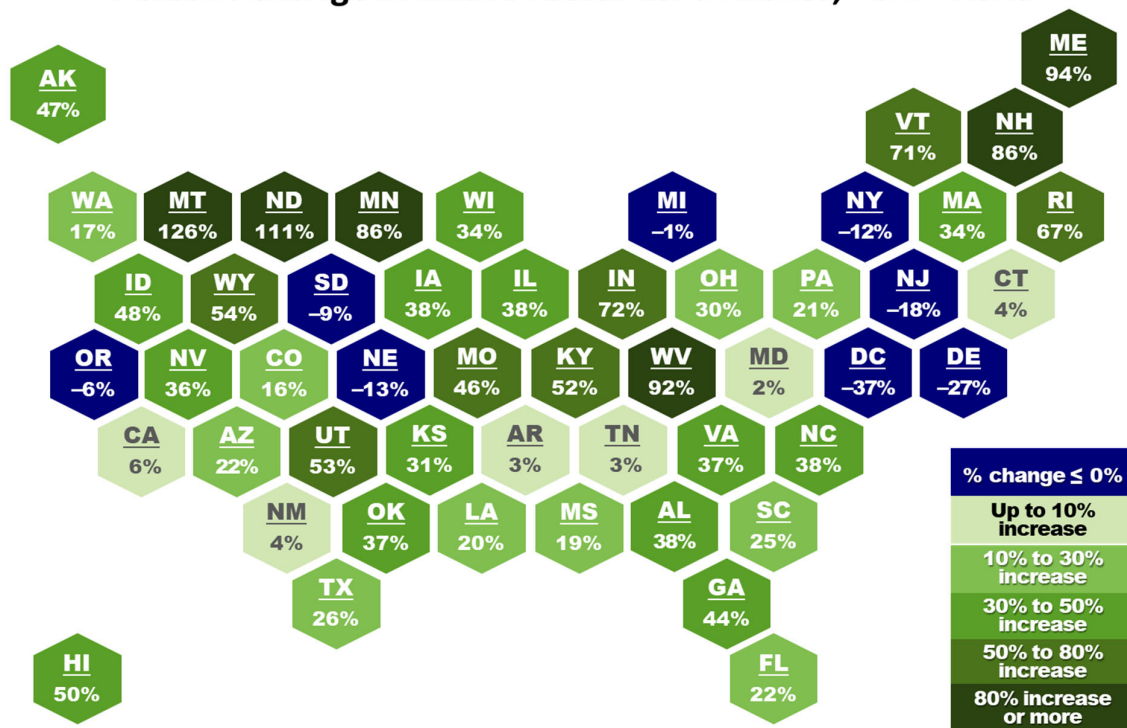
Over the 2011–2018 period, infant entries reflected an increasing proportion of all children entering foster care. In 2011, infants accounted for 16.1 percent of all children entering care; this share rose to 18.9 percent in 2018 (see Figure A-1).

In 13 states, infant foster care entries rose more than 50 percent from 2011 to 2018.

The increase in foster care entries is not consistent across the country. Rates of infant foster care entry rose in most states but decreased in eight states (Figure 2).

Source: Data on children in foster care from the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Adoption and Foster Care Analysis and Reporting System.

Figure 2.
Percent Change in Infant Foster Care Entries, 2011–2018



From 2011 to 2018, 44 states experienced increases in infant foster care entry ranging from 2 percent to 126 percent. Several states saw increases near or above 100 percent. For example, Montana had a 126 percent increase, North Dakota had a 111 percent increase, and West Virginia had a 92 percent increase. Other states with large increases include Maine (94 percent), Minnesota (86 percent), and New Hampshire (86 percent). Eight states experienced decreases (shown in blue) between 1 percent and 37 percent.

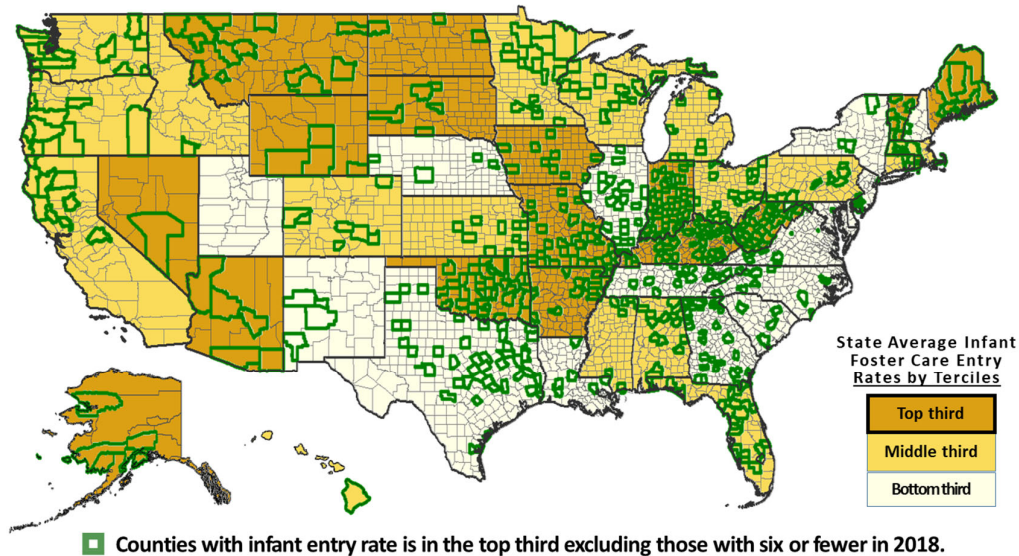
Over half of the counties with the highest infant entry rates in 2018 were in states with the lowest infant entry rates.

Many counties’ infant entry rates were similar to their state rates in 2018. However, some counties had infant entry rates substantially higher than their state rates. Figure 3 categorizes states into the lower, middle, and upper third of entry rates in 2018. The figure also highlights counties with the highest rates in the nation (excluding counties with six or fewer entries).

Many counties with high infant entry rates are in states with similarly high rates, such as Indiana, Kentucky, West Virginia, and Oklahoma. However, some counties have unexpectedly high infant

entry rates within their states. The figure shows that 27 percent of the 633 counties with the highest rates were located in states with the lowest third (states with cream shading in Figure 3). Such counties are prevalent in the states of Illinois, Tennessee, Texas, and Georgia.

Figure 3.
State Infant Foster Care Entry Rates Overlaid
with Top Third County Infant Foster Care Entry Rates, 2018



Source: Foster care children from the U.S. Department of Health and Human Services, Administration on Children and Families, Children’s Bureau; population data from U.S. Census Bureau; rates calculated by ASPE.

Note: Entry rates are per 100,000 children per 100,000 population calculated by ASPE.

Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Adoption and Foster Care Analysis and Reporting System; population data from the U.S. Census Bureau.

One in six counties were major contributors to national growth, and metropolitan counties were more likely than nonmetropolitan counties to experience substantial growth.

Over half of all counties (1,665) saw infant foster care entries increase over this period, whereas entries decreased in less than a quarter (743 counties). Metropolitan counties were more likely to experience increases than nonmetropolitan counties. For example, 61 percent of large metropolitan counties (populations over 1,000,000) saw increases, compared to 47 percent of nonmetropolitan counties (see Table A-1 in the appendix).

A small number of counties contributed disproportionately to the national growth in infant foster care entry. We classify counties as “high growth contributors” if their number of infant foster care entries was already in the top half of counties in 2011 (ranked according to their number of infant entries) and they also experienced growth of 50 percent or more in their number of entries between 2011 and 2018. The 501 counties fitting this definition—about one in six counties in the United States—were responsible for more than half of the national increase in infant entries over this period. In addition, these counties accounted for an increasing share of the total number of infants entering foster care nationally. In 2011 these counties accounted for around 20 percent of all entries in the United States, but by 2018 they accounted for 31 percent.

Table 1 shows high growth contributor counties by metropolitan status, along with how much they account for (1) the *growth* in entries between 2011 and 2018 and (2) the *total number* of entries in 2018. For example, 96 large metropolitan counties, representing 22 percent of all large metropolitan counties, were high growth contributors. These 96 large metropolitan counties had 2,140 more infant entries in 2018 than they had in 2011, and this increase accounted for 47 percent of the total change in entries between 2011 and 2018 for all large metropolitan counties. The infant entries in these 96 large metro counties accounted for 22 percent of the total infant entries in all large metro counties.

Table 1. High Growth Contributor Counties by Metropolitan Status

Metropolitan status categories	High growth contributor counties				
	Total	Percentage of all counties in category	Increase in entries from 2011 to 2018	Share of 2011–2018 change in infant entries in category	Percentage of total 2018 infant entries in category
Large metropolitan	96	22%	2,140	47%	22%
Medium metropolitan	88	23%	2,005	65%	37%
Small metropolitan	93	26%	1,337	74%	47%
Nonmetropolitan	224	11%	1,958	45%	37%
Total	501	16%	7,440	54%	31%

Note: Large metropolitan counties have populations of 1,000,000 and over. Medium metropolitan counties have populations between 250,000 and 1,000,000. Small metropolitan counties have populations less than 250,000. Metropolitan areas are based on Office of Management and Budget delineations as of February 2013, from the U.S. Department of Agriculture, <http://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>.

Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau.

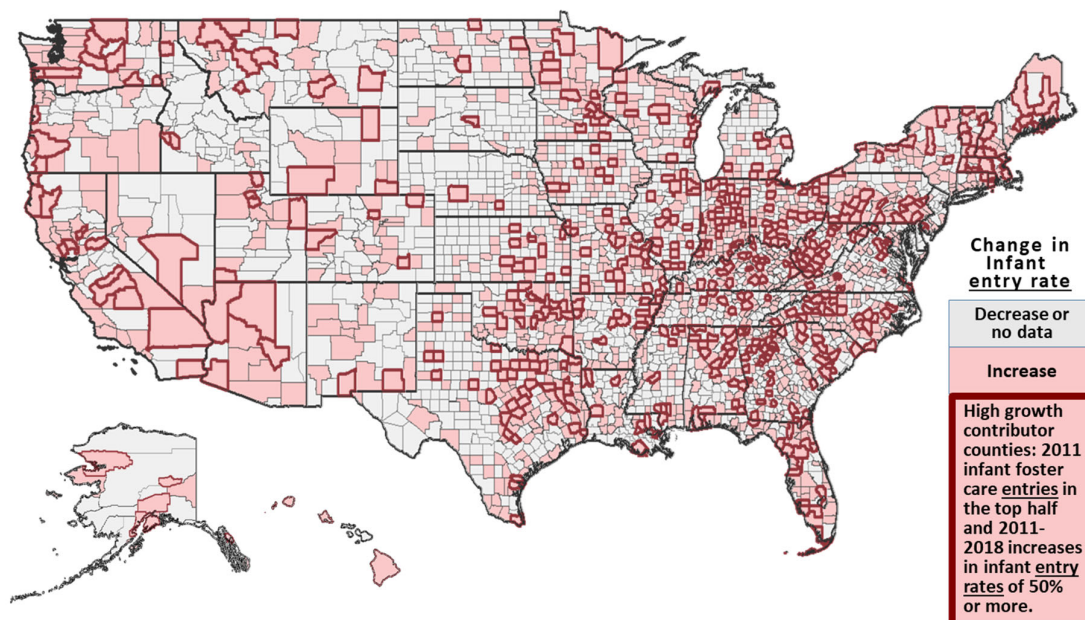
In general, metropolitan counties of any size were more likely than nonmetropolitan counties to be high growth contributors. For example, 22 percent of large metropolitan counties were high growth contributors, compared with 11 percent of nonmetropolitan counties. Medium and small metropolitan counties had a notable impact on growth in infant entries. The high growth contributor counties in these metro categories accounted for larger shares of the 2011–2018 increase in infant entries in those areas (65 percent and 74 percent), compared with large metropolitan counties (47 percent).

High growth contributor counties accounted for 31 percent of all infant foster care entries in 2018. Importantly, these counties made a larger impact on infant entries in counties with smaller populations than those with the largest. That is, high growth contributor counties accounted for the 22 percent of all entries in large metro areas, relative to 37 percent in medium and non-metro areas, and 47 percent of small metro areas.

Counties contributing substantially to national growth are widely dispersed across the country.

Figure 4 below displays the 501 high growth contributor counties with heavy dark red borders. Overall, high growth contributor counties are dispersed across the country. Some areas have clusters of high growth contributor counties, suggesting that these counties may have common factors contributing to increases in infant foster care entries. These areas include central Minnesota, western West Virginia, eastern Texas, and parts of Indiana. (See also Figure A-4 in the Appendix for the distribution of the counties with negative changes.)

Figure 4.
Infant Foster Care Entry Rates Changes and Counties that are High Contributors to National Growth, 2011–2018



Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Adoption and Foster Care Analysis and Reporting System; population data from the U.S. Census Bureau; rates calculated by ASPE.

Notably, the 501 high growth contributor counties did not include the following major metropolitan areas, because these areas did not have increases in infant entry rates of 50 percent or more: New York (14 percent decrease), Detroit (4 percent increase), Baltimore (31 percent increase), Atlanta (11 percent decrease), Miami-Dade (10 percent decrease), Memphis (18 percent decrease), Houston (34 percent decrease), Los Angeles (26 percent increase), San Francisco (26 percent decrease), and Seattle (12 percent increase).

Discussion

Between 2011 and 2018, increasing numbers of infants were removed from their parent’s or caregiver’s care. This study documents that increase and shows geographic differences in where the increases took place. Overall, from 2011 to 2018, infant foster care placements rose 13 times as much as placements of children of other ages.

Despite the large national growth, infant foster care entry rates changed differently in some states and counties. State infant entry rates increased as much as 126 percent in Montana, and decreased as much as 37 percent in the District of Columbia. Factors driving these differences could include risk factors related to infant safety, as well as systematic factors related to policies and practices of state child welfare agencies, maltreatment reporters, and other family support programs. Recently, researchers noted the increased incidence of neonatal opioid withdrawal syndrome (Lynch et al. 2018; Patrick et al. 2019). Further work is needed to identify such factors and their contributions to foster care trends. For example, states varied in their use of Plans of Safe Care,¹ which the Child Abuse Prevention and Treatment Act requires in cases of prenatal substance exposure. Federal changes to this act in 2010 and 2016 and state implementation of

¹ Plans of Safe Care are developed by the child welfare agency, a health agency, or another entity designated by the state. These plans address the needs of the substance-exposed child and parent to ensure the child’s health and safety after discharge from the hospital (Child Welfare Information Gateway 2019).

those changes meant that more infants were identified as substance exposed and required child protective services notification and Plans of Safe Care. Although these notifications are not the same as maltreatment reports, many states investigate them as such (Lloyd Sieger and Rebbe 2020). Further, some states devolve responsibility for child welfare policy to counties, and counties could have made different administrative choices that influenced infant removal rates.

When looking at county trends, we found that some counties placed more infants in foster care than expected given their state rates. More than one in four of the counties with the highest entry rates were in states with the lowest entry rates. A small number of counties (16 percent of all U.S. counties) disproportionately accounted for the national growth in foster care between 2011 and 2018. As policymakers and other stakeholders seek to address the national increase in infant foster care entries, counties with unexpectedly high rates and counties with disproportionately high growth in entries may be particularly important targets for intervention. More research is needed to identify how these counties differ from other counties in their states, even those in geographic proximity.

Importantly, the reasons driving these county differences may vary, and tailored approaches may be needed. For example, community-level factors can influence the likelihood that infants will be placed in foster care. These factors include poverty and employment (Schneider et al. 2017), housing stability (Marcal 2018), substance use prevalence (Ghertner et al. 2018), and access to health care and behavioral health treatment (Grella et al. 2009). The availability of supportive services—such as inpatient substance use treatment where parents and children can stay together—also is likely a key factor. In addition, important differences in child welfare practices could lead to more infants being placed in foster care in those counties than in other counties in the state.

Although more research is needed, parental and caregiver substance use may be a significant factor driving the rise in infant entries (Haight et al. 2018). Many infants are reported to child protective services because of parental substance use—particularly opioid use—during pregnancy. Rates of neonatal abstinence syndrome among children investigated by child protective services increased over the period of our study (Lynch et al. 2018). In particular, shifts in opioid misuse from prescription opioids to heroin and illicit synthetic opioids may have increased risks to infant safety (Evans et al. 2018). This shift may also have changed how agencies, health care providers, and other stakeholders responded to parental opioid use. Relatedly, hospitals may have changed their policies regarding notifying child protective services of infants with positive toxicology results, and this change could have influenced entry rates.

This study did not focus on differences in removals by race and ethnicity. Given the historical and current racial and ethnic inequities in child welfare system involvement, future analysis in this area is critical. For example, responses to the shift in types of opioids used may differ by race and class in ways that could be similar to the race and class biases in responses to crack and powdered cocaine usage in the 1980s (Netherland and Hansen 2016). For example, during the 1980s, child welfare agencies experienced a significant increase in the foster care population, which disproportionately impacted Black families, concurrent with the crack cocaine epidemic (Fryer et al. 2013). Child welfare, criminal justice, health and other policy and system responses to drug use by caregivers have evolved in their approaches to substance use. That said, there may continue to be historical public and system biases related to substance use, race and class, that affect infant foster care entries, and how those children and their families are served by systems. In particular, more needs to be understood about the role of state policies related to criminalization of SUD among pregnant and parenting women in infant foster care placements, and how those laws may relate to differential removal rates for children of different races and ethnicities. More research could potentially identify whether equity concerns persist with regard to infant foster care entries.

Child welfare agencies and their partners can consider efforts to reduce the risk of foster care for vulnerable infants at several intervention points. These efforts may include preventing initial risk of maltreatment, reducing risk of foster care placement among infants with substantiated allegations, and improving the safety of home environments so that children can remain with or be reunified with parents while reducing the risks of further maltreatment and foster care entry or

reentry. States can leverage early access to behavioral health treatment or economic supports to reduce the risk of neglect, thereby avoiding the need for involvement with child welfare systems. Family members may be engaged to support a parent's recovery or to temporarily care for children. Agencies can also use federal funding for evidence-based programs to reduce foster care entry for children at risk through the Title IV-E Prevention Services Program. In addition, states and local communities can more effectively use Plans of Safe Care to address infants' health needs and parents' and caregivers' treatment needs. Federal and state policymakers' efforts to address the substantial rise in infant foster care placement can be enhanced by better understanding the factors that predict infant foster care entry.

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Appendix 1. Data and Methods

We used fiscal year AFCARS county-level data on foster care entry by age group along with population estimates from the U.S. Census Bureau to calculate entry rates per 100,000 children in specific age groups for the nation as a whole, for every state, and for all reporting counties for each year from 2000 through 2018. This study uses data submitted by states to AFCARS; it does not include data submitted by tribal agencies. Entry rates are calculated in terms of the fiscal year in which a child entered foster care according to state data submissions to AFCARS. We graphed the national rates to show the overall trend, and we mapped the 2011–2018 changes in state and county rates to show geospatial variation in the changes.

Infant entries include all children under age 1. The analysis compares infants to other age groups entering foster care during a fiscal year. For children age 1 and up entering care, the analysis uses the number of children ages 1 through 17 as the denominator. In many states, children can remain in foster care beyond age 18. The Foster Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) gave states the option to provide Title IV-E services to children up to age 21 in certain cases. The Consolidated Appropriations Act of 2021 (P.L. 116-260) raised the eligibility age for assistance to 27 through the end of fiscal year 2021. Despite these laws, analysis of National Child Abuse and Neglect Data System data for fiscal year 2018 shows that fewer than 0.1 percent of substantiated maltreatment reports to child protective services involved maltreatment of people over age 17, and in fiscal year 2019 only 1.3 percent of all foster care entries were people age 18 and over. Because not all states extend foster care beyond age 17, we used the number of children under age 18 as the denominator to avoid skewing the rate downward. As a result, our calculations may slightly overestimate the actual entry rates for noninfants.

Appendix 2. Additional Exhibits

Table A-1.

Number of Counties with Increases and Decreases in Infant Foster Care Entries, and Total Increases in Entries by Metropolitan Status, 2011–2018

Metropolitan status categories	Number of counties with increases	Number of counties with decreases	Infant entry increase	Infant entry decrease	Net increase in infant entries
Large metropolitan	268	109	4,523	1,904	2,619
Medium metropolitan	242	98	3,083	748	2,335
Small metropolitan	204	91	1,816	480	1,336
Nonmetropolitan	951	445	4,326	1,129	3,197
Total	1,665	743	13,748	4,261	9,487
	<i>Percentage of total</i>				
Large metropolitan	16.1	14.7	32.9	44.7	27.6
Medium metropolitan	14.5	13.2	22.4	17.6	24.6
Small metropolitan	12.3	12.2	13.2	11.3	14.1
Nonmetropolitan	57.1	59.9	31.5	26.5	33.7
Total	100.0	100.0	100.0	100.0	100.0

Note: The total number of counties with increases and decreases is less than the total number of counties because 734 counties had either no change or missing data. Large metropolitan counties have populations of 1,000,000 and over. Medium metropolitan counties have populations between 250,000 and 1,000,000. Small metropolitan counties have populations less than 250,000. Metropolitan areas are based on Office of Management and Budget delineations as of February 2013, from the U.S. Department of Agriculture, <http://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>.

Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Table A-2.

Foster Care Entries and Entry Rates by Age, 2000–2018

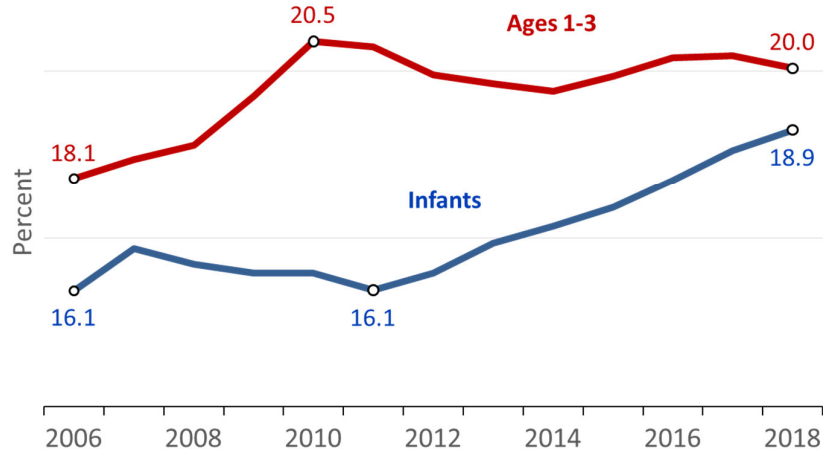
Fiscal year	Number of entries				Entry rates per 100,000 children			
	Infant	Ages 1–3	Ages 1 & up	All ages	Infant	Ages 1–3	Ages 1 & up	All ages
2000	38,286	45,222	245,902	284,188	1,034	412	361	412
2001	39,068	47,603	250,787	289,855	1,013	432	367	418
2002	40,171	48,387	247,853	288,024	1,052	429	359	412
2003	41,059	48,881	242,556	283,615	1,068	428	351	404
2004	43,497	51,462	250,269	293,766	1,121	447	361	418
2005	47,502	54,868	256,360	303,862	1,225	476	369	429
2006	48,418	54,491	251,390	299,808	1,235	471	361	422
2007	48,931	53,617	240,533	289,464	1,216	461	344	406
2008	46,069	52,039	231,310	277,379	1,151	443	331	389
2009	41,591	49,645	211,237	252,828	1,073	419	301	354
2010	41,601	52,126	211,293	252,894	1,088	442	301	354
2011	40,214	51,117	208,718	248,932	1,050	438	298	350
2012	40,982	49,865	208,045	249,027	1,081	432	298	351
2013	42,846	50,067	209,162	252,008	1,128	434	300	353
2014	45,385	51,753	218,208	263,593	1,187	449	314	369
2015	47,115	53,408	221,173	268,288	1,223	463	318	376
2016	49,187	55,139	223,370	272,557	1,286	476	321	381
2017	50,033	54,584	219,267	269,300	1,328	470	315	377
2018	49,684	52,567	212,508	262,192	1,335	454	306	368

Notes: Infants are defined as children under 1 year of age. The totals for all ages and for ages 1 and up are based on the number of children under 18 because the number of youths 18 and older in the system is small. The fiscal year is from September to October.

Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Adoption and Foster Care Analysis and Reporting System; population data from U.S. Census Bureau; rates calculated by ASPE.

Figure A-1.

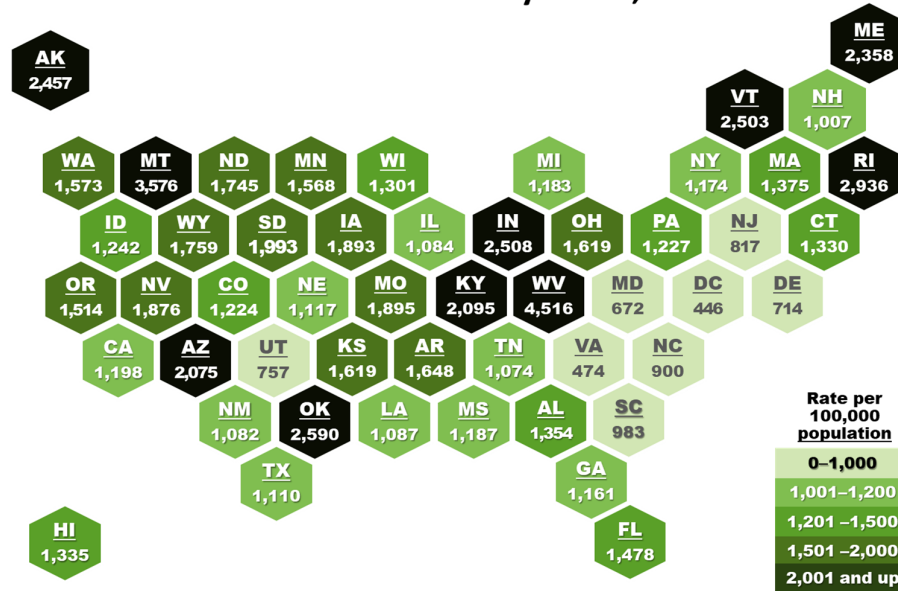
**Share of Foster Care Entries of Infants and Children Ages 1 to 3
2006 -- 2018**



Source: DHHS. Administration on Children and Families. Children's Bureau. Adoption

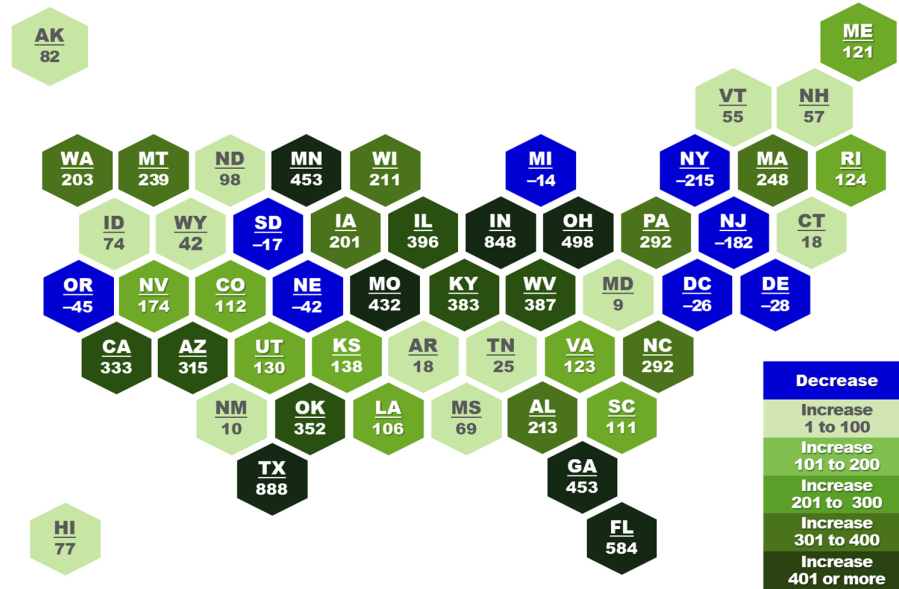
Figure A-2.

Infant Foster Care Entry Rates, 2018



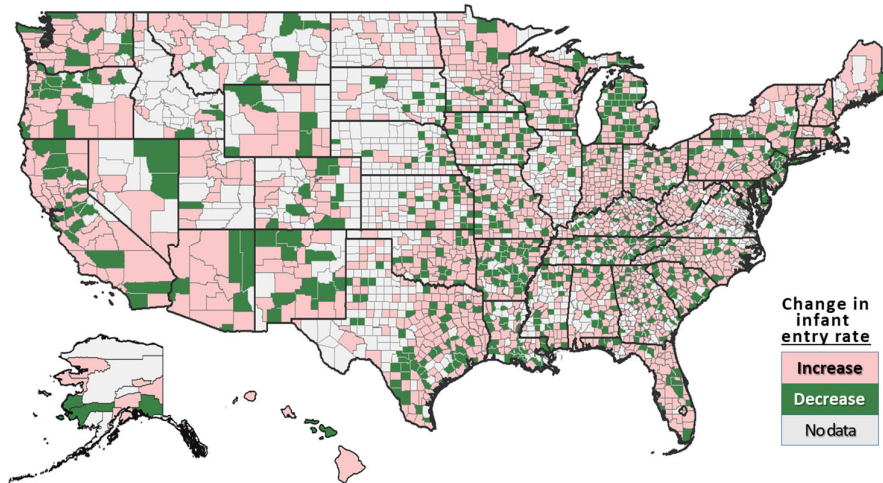
Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau; population data from the U.S. Census Bureau; rates calculated by ASPE.

Figure A-3.
Change in Infant Foster Care Entries, 2011-2018



Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau; population data from the U.S. Census Bureau.

Figure A-4.
Infant Foster Care Entry Rate Changes, 2011–2018



Note: From 2011 to 2018, infant foster care entry rates increased in 1,986 counties (63 percent) and decreased in 645 counties (21 percent).
Source: Foster care entry data from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau; population data from the U.S. Census Bureau; rates per 100,000 population calculated by ASPE.