

# Native Hawaiian and Pacific Islander children in foster care: A descriptive study of an overlooked child welfare population

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## ABSTRACT

To date, little to nothing is known about Native Hawaiian and Pacific Islander (NHPI) children in foster care although they are overrepresented in some of the child welfare systems in the United States and experience challenges stemming from structural colonialism and displacement. To highlight this often-overlooked population in child welfare research, the current study applied an indigenous model to understand who the NHPI children are in foster care by descriptively examining their sociodemographic, family of origin, geographic characteristics, as well as their placement status with relatives or foster parents who identify as NHPI. Data came from the Adoption and Foster Care Analysis Reporting System with a focus on the 2018 entry cohort ( $N = 763$ ). One-way analysis of variance and chi-square analysis were used. Results showed that NHPI children in foster care were school-aged, most commonly entered foster care due to neglect, and were most likely to be placed with relatives. Non-relative foster parents were more likely than relative foster parents to care for NHPI children with disabilities, sexual abuse histories, and parental incarceration. Within non-relative foster families, those where at least one foster parent identified as NHPI were more likely to care for NHPI children with behavior problems or parental illness, compared to non-relative foster families where no foster parent identified as NHPI. NHPI children in relative foster families experienced the least placement disruptions, but relative foster families tended to be more socioeconomically disadvantaged and a smaller proportion of them received monthly foster care payments than non-relative foster families. The results suggest that child welfare practitioners and policymakers should prioritize financially supporting relatives as part of ensuring NHPI children's wellbeing and preserving their connections to family and culture.

## 1. Introduction

Native Hawaiian and Pacific Islander (NHPI) is defined as a person having origins in any of the original peoples of Hawai'i, Guam, Sāmoa, or other Pacific Islands of Polynesia, Melanesia, and Micronesia (U.S. Census Bureau, 2012). Although NHPI children are often underrepresented nationally within the child welfare system in the United States, they are some of the most overrepresented groups in certain state child welfare systems, including those in Washington and Hawai'i (Fong & Petronella, 2021). For example, in Hawai'i, NHPI children make up close to half (47.3%) of the foster children population even though NHPIs only make up 10.1% of the general state population (Pieper-Jordan, 2021; State of Hawaii Department of Human Services, 2019a; U.S. Census Bureau, 2019). Currently, there is little available empirical

research on this population to provide a comprehensive view of NHPI children in foster care and thus inform culturally responsive child welfare approaches that reflect and incorporate indigenous values in serving them and their families (Tajima et al., 2022).

Prior research with NHPI populations suggests that NHPI individuals experience socioeconomic disadvantages, such as poverty, substance use, unemployment, and criminal justice system involvement, that stem and thus can be traced back to historical injustices of settler colonialism and displacements (Spencer et al., 2020). This likely extends to NHPI children who enter the child welfare system. For such children, on top of coping with the intergenerational traumas of settler colonialism and displacements, there is the added layer of dealing with the negative effects of child maltreatment and separation from their families (Fong & Petronella, 2021). The disproportionate numbers of NHPI children in

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some states' child welfare systems, historical injustices experienced by NHPI groups, and the severe lack of research on children who identify as NHPI in foster care all point to the critical need for related research. As such, the current study aimed to fill this knowledge gap by using an indigenous framework to descriptively examine who the NHPI children in foster care are, including their sociodemographic characteristics, family of origin characteristics, and placement status with relatives or foster parents who also identify as NHPI.

### 1.1. Indigenous theoretical framework: Ho'okele model informed by Kūkulu Kumuhana

The Ho'okele model is used as the guiding theoretical framework for this study, which notes the important role of intergenerational relationships and kinship care among NHPI children, parents, grandparents, and their ancestors (Ofahengaue Vakalahi, Heffernan, & Johnson, 2007). In this model, the role of children is to learn as much as possible from adults about their families and communities to carry on relevant legacies. The role of adults is to provide for their children, families, and communities. The model also emphasizes multi-systemic living that focuses on connections between multiple systems (i.e., individuals, families, cultures, communities, and nature). Systemic living starts with grandparents who use their knowledge of family history, genealogy, and geographic location to help connect systems together and bridge generations on behalf of their families and communities (Ofahengaue Vakalahi et al., 2007). Based on the Ho'okele model, parents and relatives alike who provide for children's needs—such as teaching important lessons around histories, cultures, and communities and supporting children's connections to intergenerational relationships—are vital parts of promoting NHPI children's wellbeing.

In the current study, we center the traditional Ho'okele model informed by six principles from the Kūkulu Kumuhana Native Hawaiian wellbeing framework (Antonio et al., 2021; Kūkulu Kumuhana Planning Committee, 2017). These principles include: *Ea* (self-determination), *Āina Momona* (healthy and productive land and people), *Pilina* (mutually sustaining relationships), *Waiwai* (ancestral knowledge and collective wealth), *Ōiwi* (cultural identity and native intelligence), and *Ke Akua Mana* (spirituality). Of these, *Ea*, *Pilina*, *Ōiwi* principles suggest that key aspects of promoting NHPI wellbeing are preserving self-determination, quality relationships that are supportive of one another, and cultural identity and native knowledge. *Waiwai*, *Āina Momona*, and *Ke Akua Momona* refer to the intergenerational knowledge, spirituality, and relationship between people and land that are deeply ingrained within many NHPI families. Integrating the Ho'okele model with these principles of Kūkulu Kumuhana suggests that researchers and practitioners alike should take on culturally responsive approaches when studying and serving NHPI foster children. For example, it would be important to recognize the critical and distinct associations of kinship relations, supportive relationships, cultural identity, indigenous knowledge, and self-determination of the NHPI people with the wellbeing of NHPI children in foster care (Kūkulu Kumuhana Planning Committee, 2017; Pieper-Jordan, 2021).

### 1.2. Native Hawaiian and Pacific Islanders, child welfare system, and Hanai

Historically, policies and practices have increased the power of child welfare to exert control over vulnerable populations, resulting in surveillance and control of impoverished communities and communities of color (including NHPI populations), who often experience both poverty and systemic racism (Brown & Bloom, 2009; Gilliom, 2001; Roberts, 2002). For NHPIs, historical injustices, including settler colonialism and systemic racism, have resulted in high levels of poverty, alcohol and substance use, unemployment, involvement in the criminal justice system, and low levels of education (Blaisdell, 1993; Merry, 2000). For example, the unemployment rate for NHPIs (5.3%) is higher than the

overall unemployment rate (3.9%) (U.S. Bureau of Labor Statistics, 2019), and large proportions of Samoan (58%), Tongan (54%), Native Hawaiian (50%), and CHamoru (47%) drop out of college (Teranishi et al., 2019). By extension, NHPI children in foster care are likely to have witnessed such trends amongst their caregivers and community members. Indeed, discrimination stemming from histories of colonizing NHPI nations and family poverty, as well as a lack of culturally responsive approaches and implicit bias, are some of the key factors identified as contributing to the overrepresentation of NHPI children in some of the country's child welfare systems (Fong & Petronella, 2021; Godinet et al., 2011; Pieper-Jordan, 2021).

Importantly, NHPI communities possess resilience that possibly buffers them against the negative impact of settler colonialism, displacements, and systemic racism. With regards to NHPI children in foster care, placement with relatives (also known as kinship care or relative foster care) or placement with non-relatives who also identify as NHPI may serve to be protective, allowing NHPI children to connect to native values (i.e., *Ea*, *Āina Momona*, *Pilina*, *Waiwai*, *Ōiwi*, and *Ke Akua Mana* principles from the Kūkulu Kumuhana framework). Specifically, in the case of non-kinship care where foster parents identify as NHPI, the idea is that by being placed with caregivers who identify similarly with the children's race, ethnicity, and culture, NHPI children in foster care may be able to better preserve their familial and cultural identities and connections (Pieper-Jordan, 2021). This effort to preserve indigenous children's connections to their communities is reflected in, for example, Hawaii's child welfare system's increased recruitment of Native Hawaiian foster homes (where caregivers identify as either full or part NHPI) (State of Hawaii Department of Human Services, 2019a, 2019b), as well as broader legislative efforts on behalf of other indigenous groups (e.g., the Indian Child Welfare Act aimed at keeping Native American children involved in the child welfare system connected to their families, communities, cultures, and languages) (Grinnell-Davis et al., 2022).

In the United States, kinship care is a preferred option for children's out-of-home placements because children can maintain ties to their families and communities and thus experience more stability (Annie E. Casey Foundation [AECF], 2012; Geen, 2004; Rubin et al., 2017). Positive outcomes are reported for children in kinship care compared to those in non-kinship care, particularly in the areas of placement stability and behavioral and developmental outcomes (Bell & Romano, 2017; Rubin et al., 2008; Winokur et al., 2014). Black, Indigenous, and People of Color (BIPOC) communities have a long history of kinship care, with relatives commonly taking on responsibilities of caring for their families' children (AECF, 2012; Brown et al., 2002; Brown et al., 2002; Cross et al., 2010; Scannapieco & Jackson, 1996). Similarly, family is a salient feature in NHPI cultures and is a highly valued cultural aspect. Many customs of NHPI are grounded in the importance of community, family, and intergenerational relationships (Ofahengaue Vakalahi et al., 2007). Childcare and rearing practices among different family and non-biological community members illustrate the commitment and reciprocity that exist in the NHPI family structure (DeBaryshe et al., 2006). Kinship care may be a natural way of building on NHPI customs and values, but we know little about which NHPI children get placed with relatives (vs. non-relatives) and the characteristics of different family-based foster care settings, including those where no or at least one foster parent identifies as NHPI.

For NHPI families, kinship care stems from the practice of *hanai*—informal adoption of children by relatives or non-relatives—that is naturally embedded in the Hawaiian culture (Brown & Bloom, 2009; Mokuau & Braun, 2007). *Hanai* relationships elicit cohesion and family connectedness among extended family, as it is not necessarily limited to blood relations and legal action is not typically involved for *hanai* to take place (Marsh, 2004). Informal adoption is common to the NHPI populations, and the dynamic of *hanai* is similar to the informal fostering arrangements in the Native Andean communities (United Nations Children's Fund Pacific, 2017; Riley & Vleet, 2012). For certain communities

in the Andes, kinship is established through cultural relatedness and daily commonalities, and children are “given to” or “lended to” non-relative adults for reasons, such as death of a biological parent or to be cared for by families who do not have children (Riley & Vleet, 2012).

*Hanai* provides a culturally responsive approach to ensure that foster children remain in the care of people they know, trust, and can help preserve their cultural identities (Brown & Bloom, 2009). For example, for Samoan youth, family cohesiveness and the heavy presence of extended family can help to instill important values, such as cultural pride, and deter them from delinquent behaviors (Ofahengaue Vakalahi & Godinet, 2008). Likewise, being immersed in and embracing cultural customs, such as dancing, fishing, and language, can strengthen ethnic pride and serve as a protective source against drug use and poor mental health among Hawaiian youth (Po’A-Kekuawela et al., 2009; Sue, 2003). Conversely, departure from NHPI cultural values and beliefs may be associated with negative outcomes, such as poor self-esteem and high rates of suicide or suicide related behaviors (Liu & Alameda, 2011; Goebert et al., 2018). Overall, while evidence points to the importance of being with relatives or non-relatives who can support NHPI children’s connections to family relationships, histories, and cultural values, we have limited knowledge of the NHPI children placed in these family-based foster care settings and the specific characteristics of such foster homes.

### 1.3. Current study

Guided by the Ho’okele model (informed by indigenous principles from Kūkulu Kumuhana), the current study focused on understanding who the NHPI children are in foster care, as well as leveraging kinship care naturally embedded in NHPI’s *hanai* culture and values to explore the types of family-based foster care settings in which NHPI children are placed. The study addressed three research questions: (1) Who are the NHPI children in foster care in terms of their sociodemographic, family of origin, and geographic characteristics?; (2) Which family-based foster care settings (i.e., relative foster care with at least one NHPI foster parent, relative foster care with no foster parent as NHPI, non-relative foster care with at least one NHPI foster parent, non-relative foster care with no foster parent as NHPI) are NHPI children placed?; and (3) How do these family-based foster care settings differ from each other in terms of the NHPI children they care for and foster parent characteristics? Given the exploratory nature of the study, no specific hypotheses were derived. This study contributes to the literature by focusing on an often-overlooked group of children by describing who the NHPI children are in foster care, applying an indigenous theoretical framework to understand the role of kinship care and NHPI race, and filling knowledge gaps related to the types of family-based foster homes that care for NHPI children involved in the child welfare system.

## 2. Materials and methods

### 2.1. Dataset

The current study used 2018 data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), which is a federally mandated data collection system that gathers information on all children in the U.S. foster care system. The data involves case-level information, including basic sociodemographic information of the child, biological parents, and foster parents; foster care placement status; and a limited set of health measures for foster children (for details, see National Data Archive on Child Abuse and Neglect [NDACAN], 2018, 2019). The data are reported annually to the Administration for Children and Families (Children’s Bureau), U.S. Department of Health and Human Services. The annual data collection covers the federal fiscal year of October 1 through September 30 of the following year. AFCARS includes foster children’s point-in-time, entry, and exit information. Once collected, the data are submitted and housed at NDACAN for

providing summary data to the public, monitoring improvements in states’ child welfare programs, improving data quality, and distributing to users engaged in child welfare research. The Institutional Review Board (IRB) at The Ohio State University determined that secondary analysis of AFCARS data does not require regulation by IRB, given the absence of identifiable participant information.

### 2.2. Participants

Study participants included children in foster care who identified as non-Hispanic NHPI and entered foster care in the 2018 fiscal year. Such an entry cohort was created to ensure that we identify a group of NHPI children with a common foster care experience (i.e., entry in the 2018 fiscal year as the starting point). In the 2018 AFCARS dataset, which was the most recently available data at the time of analysis and covered the period of October 1, 2017, through September 30, 2018, there were a total of 688,582 children in foster care. From this total, we dropped 430,405 children who did not enter foster care during the 2018 fiscal year period noted above. We also dropped 114 children who were discharged from foster care because they died. This left us with 251,980 children who entered foster care in the 2018 fiscal year. Children who identified as non-Hispanic NHPI made up 0.3% of this entry cohort, leaving us with an analytic sample of  $N = 763$  NHPI children to address the first research question. To address the second and third research questions, we further narrowed down our sample to NHPI children placed in family-based foster homes only. We dropped 159 children in placement settings other than family-based foster homes, which left us with a second analytic sample of  $N = 604$ .

### 2.3. Measures

The current study included measures of NHPI children’s socio-demographic, their family of origin, risk factors associated with NHPI children’s removals from their families of origin, foster care placement, and geographic characteristics as informed by the AFCARS data and prior foster care literature.

#### 2.3.1. NHPI Children’s sociodemographic characteristics

NHPI children’s sociodemographic characteristics included children’s age, sex, and whether they had clinically diagnosed disabilities. Consistent with prior studies (Lindley & Slayter, 2019; Turney & Wildeman, 2016), sex was a dichotomous variable (1 = Girl or 2 = Boy), and age was a continuous variable derived by AFCARS from the children’s date of birth. NHPI children’s clinically diagnosed disability status was a binary variable (0 = No or 1 = Yes), indicating whether a qualified professional has clinically diagnosed the child as having at least one disability, including intellectual disability (e.g., International Classification of Disease-9 [ICD-9] codes for Down Syndrome, borderline intellectual functioning, microcephaly), visual or hearing impairment (e.g., ICD-9 codes for blindness, low vision, hearing loss), physical disability (e.g., cerebral palsy, spina bifida, multiple sclerosis), or emotional disturbance (e.g., depression, attention deficit hyperactivity disorder, post-traumatic stress disorder diagnoses based on the Diagnostic Statistical Manual of Mental Disorders [DSM]) (NDACAN, 2019).

#### 2.3.2. Family of origin characteristics

Family of origin characteristics included primary parents’ and secondary parents’ ages, and both age variables were continuous. A categorical measure indicating the composition of the family of origin (1 = Married parent household, 2 = Cohabiting parent household, and 3 = Single parent household) was derived from AFCARS and is consistent with prior foster care research including family of origin composition (Lin, 2012). These were the only family of origin characteristics variables available in the AFCARS data.

### 2.3.3. Risk factors associated with NHPI Children's removal from families of origin

There were a total of 15 risk factors, all of which were binary variables (0 = No or 1 = Yes) associated with children's removal from their families of origin in the AFCARS data: Physical abuse, sexual abuse, neglect, parental alcohol abuse, parental drug abuse, child alcohol abuse, child drug abuse, child behavior problem, child disability, parental death, parental incarceration, parental illness, abandonment, relinquishment, and inadequate housing (NDACAN, 2019). Informed by prior research using AFCARS data (Lin, 2012; Lindley & Slayter, 2019), the majority of these risk factors were retained with child disability and relinquishment being the only exceptions. Child disability as the removal reason was significantly associated with the child's clinically diagnosed disability status variable based on chi-square results ( $p < .001$ ), possibly suggesting that they represent a similar construct. Relinquishment as the removal reason had no available cases within the analytic sample. As such, these two variables were dropped for the current study.

According to AFCARS documentation (NDACAN, 2019), physical abuse as the removal reason was defined as alleged or substantiated physical abuse, injury, or maltreatment of the child by an individual responsible for the child's welfare. Sexual abuse was defined as alleged or substantiated sexual abuse or exploitation of a child by an individual responsible for the child's welfare. Neglect was defined as alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter, or care. Domestic violence, psychological abuse, and emotional abuse also are included in the neglect variable.

Parental alcohol abuse and parental drug abuse were defined as the principal caretaker's compulsive and non-temporary use of alcohol or drugs, respectively. Parental death was defined as family stress arising from or inability to care for the child due to death of a parent or caretaker. Parental incarceration was defined as temporary or permanent placement of a parent or caretaker in jail that negatively affects the care of their child. Parental illness was defined as physical or emotional illness or disabling condition that negatively affects the parent's or caretaker's ability to care for the child.

Child alcohol abuse was defined as the child's compulsive use of or need for alcohol, and exposure to alcohol in utero was included in this variable. Child drug abuse was defined as child's use of drugs that is non-temporary in nature and included exposure to harmful drugs in utero. Child behavior problem was defined as child's behavior in the school or community that negatively affects socialization, learning, growth, and moral development. Running away from home was included in this variable. Abandonment was defined as the child being left alone or with others, without the caretaker returning or making their whereabouts known. Inadequate housing was defined as housing facilities that are substandard, overcrowded, unsafe, or otherwise inadequate, resulting in their not being appropriate for parents and the child to live together. Homeless was also included in this variable (NDACAN, 2019). It is important to note that these removal reasons are not mutually exclusive and thus there may be more than one reason for removal for each child in the data.

### 2.3.4. Foster care characteristics

Foster care characteristics included foster care placement type, family-based foster care placement type, foster parent and foster home characteristics, number of foster care placements in the current foster care episode, and current length of stay in foster care. Consistent with prior literature, foster care placement type was categorized into three types of placements (1 = Relative foster care, 2 = Non-relative foster care, 3 = Congregate care, and 4 = Other placement) (Gabielli et al., 2017; Garcia et al., 2012; Lindley & Slayter, 2019; Okpych, 2015). Family-based foster care placement type was a derived variable created by combining the first two categories (i.e., relative foster care or non-relative foster care) of the placement type variable with foster parents'

race and ethnicity variables. This derived variable was informed by literature suggesting the possible benefits of indigenous children preserving their cultural ties by being placed with caregivers who racially and culturally identify similarly with them (Grinnell-Davis et al., 2022; State of Hawaii Department of Human Services, 2019a, 2019b). Hence, a total of four family-based foster care placement types were created: 1 = Non-relative foster care with no foster parent as NHPI, 2 = Non-relative foster care with at least one foster parent as NHPI, 3 = Relative foster care with no foster parent as NHPI, and 4 = Relative foster care with at least one foster parent as NHPI.

Foster parent and foster home characteristics included the first foster parents' (and when available, second foster parents') ages both of which were continuous variables. Consistent with how the composition of the family of origin variable was created (Lin, 2012), the composition of the foster family included three categories (1 = Married parent household, 2 = Cohabiting parent household, and 3 = Single parent household). We also included a binary variable representing whether foster homes received foster care payments (0 = No or 1 = Yes), which are Title IV-E funded payments that are paid to foster homes on behalf of the child in their care. The number of foster care placements is a continuous variable that represents the number of places the child lived (including the present foster care setting) during the current foster care episode. The current length of stay in foster care is also a continuous variable, representing the child's length of stay in foster care in days since the latest removal from home.

### 2.3.5. Geographic characteristics

Two variables representing geographic characteristics of NHPI children's foster care placements were used. Specifically, we used a categorical variable indicating the state in which the placement occurred. We also used a binary variable representing the rurality of the placement, which was created by collapsing the nine categories of the rural and urban classification code (U.S. Department of Agriculture, 2013) into either 0 = Metro or 1 = Non-metro.

## 2.4. Analysis plan

Data cleaning and analyses were performed mainly in Stata 17.0 (StataCorp, 2021). In addressing the first research question on examining the characteristics of all NHPI children who entered foster care in the 2018 fiscal year, we calculated descriptive statistics on study measures in the form of frequencies and means using the first analytic sample ( $N = 763$ ). To address the second and third research questions, we used the second analytic sample ( $N = 604$ ), which was narrowed down to NHPI children in family-based foster homes only. We calculated descriptive statistics in the form of frequencies and means by the family-based foster placement variable created with four categories (i.e., non-relative foster care with no foster parent as NHPI, non-relative foster care with at least one foster parent as NHPI, relative foster care with no foster parent as NHPI, and relative foster care with at least one foster parent as NHPI). We also conducted bivariate analyses to examine differences in children's sociodemographic, family of origin, risk factors associated with removal, foster care placement, and geographic characteristics by family-based foster placement type. This was to investigate whether results varied by NHPI children's placements with relative (or non-relative) foster parents and foster parents who identified as NHPI (or another race/ethnicity). For these bivariate analyses, we used chi-square for categorical variables and analysis of variance (ANOVA) for continuous variables. We also examined the geographic distribution of NHPI children's foster care placements by mapping their locations by individual states. Finally, for significant bivariate results, we conducted post-hoc tests with Bonferroni corrections to examine where the specific difference in groups were located.



### 3. Results

Addressing the first research question, [Table 1](#) shows descriptive statistics of sample characteristics of all NHPI children who entered foster care in the 2018 fiscal year. Overall, NHPI children were school-aged with a mean age of 7.68 years ( $SD = 5.21$ ). A little over a tenth of them had clinically diagnosed disabilities (11.66%). Close to half of them were from single parent households (43.56%), with neglect being the most common reason or risk factor associated with NHPI children's removal from their families of origin (68.39%), followed by parental drug abuse (27.89%), and physical illness (19.79%). Relative foster care was the most common placement type (42.05%), followed by non-relative foster care (39.49%), and congregate care (10.51%). With regards to the geographic locations of cases involving NHPI children in foster care, most were concentrated on the West, with approximately half from Hawai'i (42%) followed by Washington (12%) and California (11%). Specific counts of NHPI children in foster care can be seen in [Fig. 1](#).

#### 3.1. Family-Based placement settings for NHPI children in foster care

Addressing the second research question, [Table 2](#) shows descriptive statistics of sample characteristics of NHPI children placed in family-based foster homes by the four specific placement types with relatives or foster parents who identify as NHPI: (1) Non-relative foster care with no foster parent as NHPI; (2) Non-relative foster care with at least one foster parent as NHPI; (3) Relative foster care with no foster parent as NHPI; and (4) Relative foster care with at least one foster parent as NHPI. Children placed in non-relative foster care with no foster parent as NHPI made up the largest group ( $n = 232$  or 38.41%), followed by children placed in relative foster care with at least one foster parent as NHPI ( $n = 198$  or 32.78%), children placed in relative foster care with no foster parent as NHPI ( $n = 113$  or 18.71%), and children placed in non-relative foster care with at least one foster parent as NHPI ( $n = 61$  or

**Table 1**  
Sample Characteristics of Native Hawaiian and Pacific Islander Children in the U.S. Foster Care System in Fiscal Year 2018 ( $N = 763$ )

Variable	<i>M (SD) or %</i>
<b>Child Characteristics</b>	
Child's age (range: 0–17 years)	7.68 (5.21)
Child's sex (girl)	49.80
Child has clinically diagnosed disability (yes)	11.66
<b>Family of Origin Characteristics</b>	
Primary parent's age (range: 18–78 years)	35.42 (0.54)
Secondary parent's age (range: 18–79 years)	38.76 (10.62)
Family composition:	
Single parent	43.56
Married parents	28.90
Cohabiting parents	27.53
<b>Child and Family of Origin Risk Factors Associated with Removal</b>	
Neglect	68.39
Parental drug abuse	27.89
Physical abuse	19.79
Parental illness	13.81
Sexual abuse	8.37
Parental alcohol abuse	7.17
Parental incarceration	6.64
Child behavior problems	4.38
Inadequate housing	3.98
Abandonment	2.12
Child drug abuse	1.06
Child alcohol abuse	0.66
Parental death	0.27
<b>Foster Care Placement Type</b>	
Relative foster care	42.05
Non-relative foster care	39.49
Congregate care	10.51
Other	7.95

10.01%). Bivariate analyses demonstrated that there were significant differences in child, family of origin, and risk factors associated with removal across the four family-based foster care placements. Specifically, there were significant differences between groups in whether NHPI children in their care had clinically diagnosed disabilities ( $p = .007$ ), primary parents' age from NHPI children's family of origin ( $p = .001$ ), secondary parents' age from NHPI children's family of origin ( $p = .001$ ), sexual abuse ( $p < .001$ ), parental incarceration ( $p = .004$ ), and child behavior problem ( $p = .015$ ). There were also significant differences in foster care characteristics across the four groups, including foster family composition ( $p < .001$ ), foster care payment receipt ( $p < .001$ ), number of foster care placements ( $p = .001$ ), and length of stay in foster care ( $p = .002$ ).

#### 3.2. Post-Hoc tests for examining differences by Family-Based placement settings

[Table 3](#) shows post-hoc test results with Bonferroni adjustments to correct for multiple comparisons. Specifically, with regards to child and family of origin characteristics, significantly more NHPI children with clinically diagnosed disabilities were placed in non-relative foster care (both placements where no foster parent identified as NHPI and at least one foster parent identified as NHPI) than relative foster care where at least one foster parent identified as NHPI. NHPI children placed in relative foster care (both placements where no foster parent identified as NHPI and at least one foster parent identified as NHPI) had primary parents whose ages were significantly younger than those placed in non-relative foster care where at least one foster parent identified as NHPI. NHPI children placed in relative foster care where at least one foster parent identified as NHPI had secondary parents whose ages were significantly younger than those placed in non-relative foster care where no foster parent identified as NHPI. Significantly more NHPI children with behavior problems and whose parents had illnesses were placed in non-relative foster care where at least one foster parent identified as NHPI than non-relative foster care where no foster parent identified as NHPI. Furthermore, significantly more NHPI children with sexual abuse histories and those whose parents were incarcerated were placed in non-relative foster care where no foster parent identified as NHPI than relative foster care where at least one foster parent identified as NHPI. There were no other significant differences between groups.

Significantly more married foster parent households (as well as significantly less single foster parent households) were present in both non-relative foster care groups and relative foster care where at least one parent identified as NHPI, compared to relative foster care where no parent identified as NHPI. Significantly more foster parents of non-relative foster care where no foster parent identified as NHPI received foster care payments than those of other placement groups, including both relative foster care groups. NHPI children placed in relative foster care (both placements where no foster parent identified as NHPI and at least one foster parent identified as NHPI) had significantly lower numbers of placements than those in non-relative foster care where no foster parent identified as NHPI. Finally, NHPI children placed in relative foster care where at least one foster parent identified as NHPI had a significantly longer length of stay in foster care compared to all other groups.

### 4. Discussion

NHPI populations are diverse in their history and culture, but they also share ancestral lineage due to wide migration across all waters that the Pacific Ocean reaches, as well as experiences of settler colonialism, domination, and oppression ([Fong & Petronella, 2021](#); [Spencer et al., 2020](#)). This unfortunate history continues today as disproportionate numbers of NHPI children represented in some of the U.S. child welfare systems can be traced back to unjust policies around crime and drugs, implicit biases, and other factors rooted in systemic racism within child

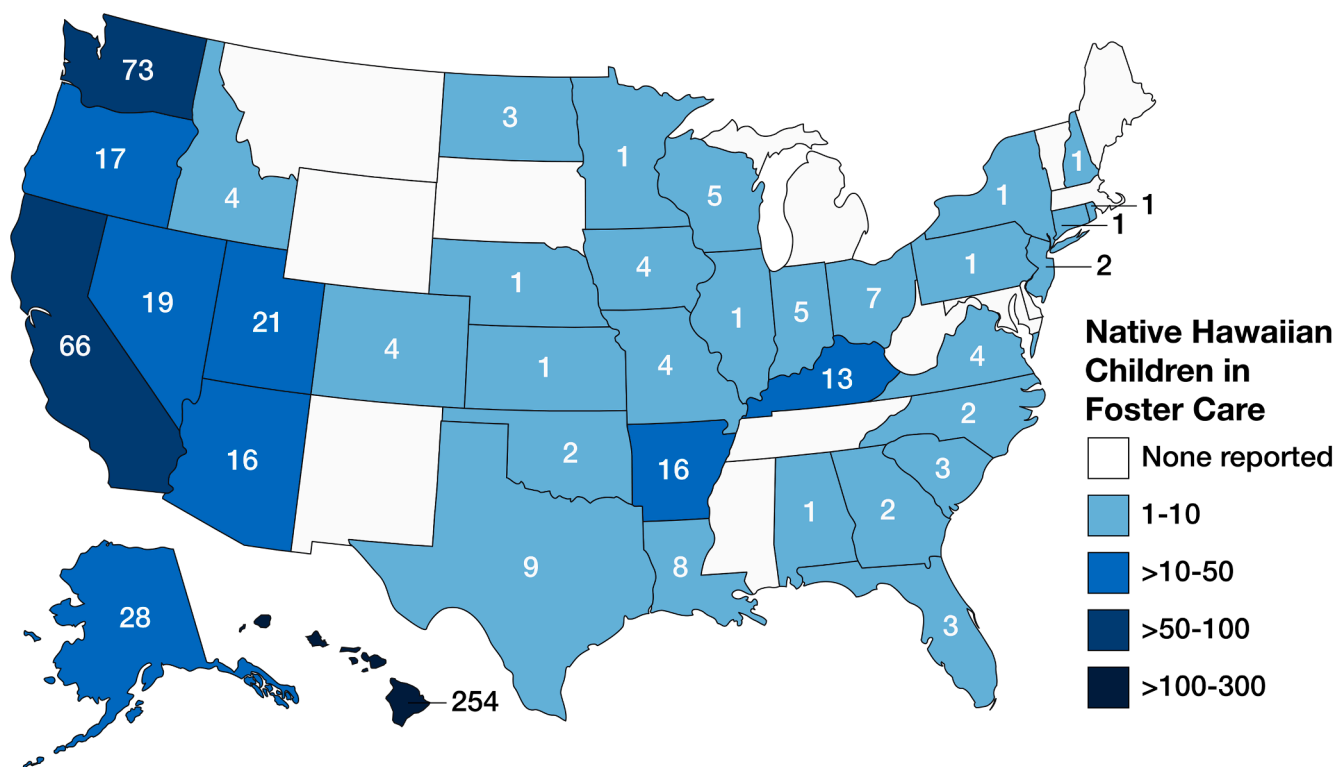


Fig. 1. Distribution of Native Hawaiian and Pacific Islander Children in the U.S. Foster Care System in Fiscal Year 2018 by States

welfare (Fong & Petronella, 2021). Despite these factors, we know very little to nothing about the characteristics of NHPI children in foster care. Lack of knowledge in this area is a grave concern, given that NHPI children make up close to a majority of children in some of the country’s child welfare systems (Fong & Petronella, 2021). Importantly, researchers have recently called for increased efforts to include indigenous children and families in building the child welfare evidence base (Tajima et al., 2022; Grinnell-Davis et al., 2022; Landers et al., 2021). In filling these knowledge gaps, the current study used an indigenous framework to examine who the NHPI children are in foster care, including their sociodemographic and family of origin characteristics, as well as their placements with relatives or foster parents who also identify as NHPI.

We found that NHPI children across the country were most likely to enter foster care due to neglect, which is consistent with what others have found for NHPI children specifically involved in the child welfare system in Hawai’i (Godinet et al., 2011; Pieper-Jordan, 2021). For example, cross-sectional data from the Hawai’i State Child Welfare Service, Godinet et al. (2011) showed that NHPI children entered foster care due to neglect at higher rates (71%) compared to non-NHPI children (64%). Importantly, NHPI children in our data were more likely to be placed in relative foster homes than non-relative foster homes, a finding that contrasts national trends in which non-relative foster homes are more common than relative foster homes (Children’s Bureau, 2019). That said, our finding is consistent with prior literature that documents a heavier reliance on kinship care within communities of color (Brown et al., 2002; Smith & Devore, 2004), and importantly, may reflect the kinship practice of *hanai* naturally embedded and occurring in NHPI communities (Brown & Bloom, 2009).

In general, non-relative foster families cared for higher proportions of NHPI children with disabilities, sexual abuse histories, and whose parents were incarcerated than relative foster families. Although it is difficult to know for certain why these patterns exist, it may be that non-relative foster families—who generally had more socioeconomic resources as indicated by higher proportions of married parent households

compared to relative foster families—are more open, equipped, or readily assigned to care for NHPI children facing such challenges. On the flipside, relative foster families may be more selective and wary than non-relative foster families to care for such children given the already disadvantaged contexts many live in (e.g., single parent household in which economic resources are strapped). Specific to NHPI children with sexual abuse and parental incarceration histories, higher rates of placement with non-relative foster parents make sense especially if access to family of origin is limited because caregivers, including biological parents and relatives, were the ones committing sexual abuse or are incarcerated.

Non-relative foster families where at least one foster parent identified as NHPI cared for higher proportions of NHPI children with behavior problems and whose parents were ill compared to non-relative foster families where no foster parent identified as NHPI. This may point to the willingness of non-relative NHPI adults to care for and mentor NHPI children around issues related to behavior problems and navigating parental illness. Perhaps it is that such foster parents have experienced similar problems and trauma as youths or that they feel competent in supporting NHPI children around these issues involving identity, grief, and loss, especially from a culturally responsive lens. Research on indigenous populations suggest that trauma, especially intergenerational trauma, is best healed at the collective and familial level (Sangalang & Vang, 2017), which potentially points to NHPI adults being better positioned than non-NHPI adults to support NHPI children in foster care work through the pain and experiences of trauma. Relatedly, research suggests that race and ethnicity concordance between foster parents and foster children may play a protective role against foster children’s development of mental health problems (Anderson and Linares, 2012), and that BIPOC individuals with a strong sense of ethnic identity exhibit lower rates of depression compared to those with low ethnic identification (Padilla et al., 2010; Neblett et al., 2012).

The study observed possible evidence suggesting the potential benefits of kinship foster care in the area of placement stability with children in kinship care having the lowest number of placements, which is

**Table 2**  
Sample Characteristics of Native Hawaiian and Pacific Islander Children in Foster Care by Family-Based Placement Type (N = 604)

Variable	Non-Relative Foster Care with No Foster Parent as NHPI (n = 232)		Non-Relative Foster Care with At Least One Foster Parent as NHPI (n = 61)		Relative Foster Care with No Foster Parent as NHPI (n = 113)		Relative Foster Care with At Least One Foster Parent as NHPI (n = 198)		p-value
	M	SD	M	SD	M	SD	M	SD	
<b>Child Characteristics</b>									
Child's age (range: 0–17 years)	7.06	4.87	7.09	5.15	6.20	5.10	6.64	4.78	0.858
Child's sex (girl)	0.53		0.48		0.46		0.46		0.502
Child has clinically diagnosed disability (yes)	0.16		0.20		0.08		0.08		0.007
<b>Family of Origin Characteristics</b>									
Primary parent's age (range: 18–78 years)	35.87	9.59	37.64	12.38	33.52	8.11	33.37	7.21	0.001
Secondary parent's age (range: 18–79 years)	40.50	12.11	40.48	12.93	36.41	9.12	35.22	7.11	<0.001
Family composition:									
Married	0.26		0.28		0.35		0.25		0.124
Cohabiting	0.28		0.26		0.36		0.30		
Single parent	0.46		0.46		0.29		0.45		
<b>Child and Family of Origin Risk Factors Associated with Removal</b>									
Neglect	0.69		0.74		0.73		0.74		0.694
Parental drug abuse	0.24		0.30		0.31		0.32		0.214
Physical abuse	0.20		0.16		0.17		0.20		0.810
Parental illness	0.12		0.30		0.14		0.15		0.007
Sexual abuse	0.15		0.05		0.06		0.03		<0.001
Parental alcohol abuse	0.06		0.07		0.11		0.09		0.452
Parental incarceration	0.12		0.03		0.06		0.04		0.004
Child behavior problem	0.01		0.07		0.02		0.01		0.015
Inadequate housing	0.04		0.05		0.03		0.04		0.872
Abandonment	0.03		0.00		0.02		0.03		0.626
Child drug abuse	0.02		0.00		0.01		0.00		0.123
Child alcohol abuse	0.01		0.00		0.03		0.00		0.078
Parental death	0.00		0.00		0.01		0.01		0.528
<b>Foster Care Characteristics</b>									
First foster parent's age (range: 21–85 years)	46.74	12.40	48.33	11.97	45.87	11.44	44.89	12.27	0.201
Second foster parent's age (range: 20–76 years)	47.12	10.68	49.95	10.95	47.57	11.48	49.60	13.46	0.281
Foster family composition:									
Married	0.67		0.69		0.40		0.56		<0.001
Cohabiting	0.06		0.07		0.13		0.07		
Single parent	0.27		0.25		0.47		0.38		
Foster care payment receipt (yes)	0.35		0.16		0.06		0.18		<0.001
Number of foster care placements (range: 1–11)	1.83	1.34	1.77	1.33	1.48	0.71	1.45	0.70	0.001
Length of stay in foster care (range: 1–362 days)	125.36	104.90	116.72	94.39	126.24	111.00	160.04	108.18	0.002
Reunified with primary parent (yes)	0.23		0.28		0.17		0.22		0.377
Rurality of placement (non-metro)	0.22		0.26		0.18		0.18		0.413

Note. Significance tests were conducted between the four family-based foster care placement groups for Native Hawaiian and Pacific Islander children. Chi-square tests were used for categorical variables and analysis of variances (ANOVAs) were used for continuous variables. NHPI = Native Hawaiian and Pacific Islander. AIAN = American Indian and Alaska Native.

also consistently reported in prior literature (Winokur et al., 2014). That said, given that the data were cross-sectional, we cannot conclude for certain that kinship foster care is predictive of placement stability. Although a possibility, other explanations must be considered. For example, it could well be that NHPI children with more placements are more likely to be currently placed with non-relatives, in part, because after being initially placed with relatives, when a placement move was needed, there were no more relatives to be placed with. Said differently, our finding could be evidence that the more placement moves NHPI children have, the less likely that their current placements are with relatives.

It is concerning that relative foster parents were less likely to receive foster care payments compared to non-relative foster parents. Specifically, relatives cared for over half of the NHPI children in family-based placements and many without being financially supported through monthly foster care payments on behalf of children in their care. Barriers to foster care payment receipt include high standards to becoming a licensed foster parent, stigma related to child welfare system involvement, and relative caregivers not being aware of available financial resources (Murray et al., 2004; Xu et al., 2020). Furthermore, relative foster parents are often denied foster care payments for various reasons (e.g., some states deny foster care payments if the child is not eligible for Title IV-E, other states do so if relatives are offered a separate foster care licensure process) (Jantz et al., 2002), while many of them experience

financial challenges (Xu et al., 2020). Consistent with what we found, prior research shows that foster parents with higher socioeconomic status (e.g., married) are more likely than their counterparts to receive foster care payments and that relatives, including Pacific Islanders, caring for NHPI children in foster care are an often overlooked and undercompensated group of caregivers (Xu et al., 2020). For example, Xu et al. (2020) found that, compared to non-Hispanic White relative caregivers, those who identified as Pacific Islander, Asian, or Native American had significantly lower odds of receiving foster care payments. That is, our and prior findings collectively point to foster care payment as a possible mechanism by which existing inequalities between non-relative and relative foster parents caring for NHPI children further increase.

#### 4.1. Limitations and future research directions

There are several limitations to the current study. The use of cross-sectional data and bivariate analyses prevented us from being able to establish any longitudinal relations between NHPI children's foster care placement status and the examined variables. As such, findings related to being placed in relative or NHPI foster homes should be interpreted with caution. Importantly, it should not be assumed that the type of placement in anyway causes differential outcomes for NHPI children in foster care. Future research using longitudinal data along with

**Table 3**

Post-Hoc Analysis Results Showing Mean Differences in Child, Family of Origin, and Foster Care Characteristics for Different Family-Based Placement Types.

Characteristic	1. Non-Relative Foster Care with No Foster Parent as NHPI (n = 232)		2. Non-Relative Foster Care with At Least One Foster Parent as NHPI (n = 61)		3. Relative Foster Care with No Foster Parent as NHPI (n = 113)		4. Relative Foster Care with At Least One Foster Parent as NHPI (n = 198)		F or $\chi^2$	$\eta_p^2$	Bonferroni Corrected Post-Hoc Differences	Total Sample (N = 604)	
	M	SD	M	SD	M	SD	M	SD				M	SD
Child's clinically diagnosed disability	0.16		0.20		0.08		0.08		(3, 604) 12.16**		1,2 ≠ 4	0.12	
Primary parent's age	35.87	9.59	37.64	12.38	33.52	8.11	33.37	7.21	(3, 572) 5.40**	0.03	1,2 ≠ 4; 2 ≠ 3	34.80	9.07
Secondary parent's age	40.50	12.11	40.48	12.93	36.41	9.12	35.22	7.11	(3, 311) 5.97***	0.05	1 ≠ 4	37.91	10.42
Parental illness	0.12		0.30		0.14		0.15		(3, 603) 12.24**		1 ≠ 2	0.15	
Sexual abuse	0.15		0.05		0.06		0.03		(3, 603) 22.94***		1 ≠ 4	0.08	
Parental incarceration	0.12		0.03		0.06		0.04		(3, 603) 13.59**		1 ≠ 4	0.07	
Child behavior problems	0.01		0.07		0.02		0.01		(3, 603) 10.40*		1 ≠ 2	0.02	
Foster family composition:									(6, 587) 25.39***				
Married	0.67		0.69		0.40		0.56				1,2 ≠ 3	0.59	
Cohabiting	0.06		0.07		0.13		0.07				No sig diff	0.08	
Single parent	0.27		0.25		0.47		0.38				1,2 ≠ 3	0.34	
Foster care payment receipt	0.35		0.16		0.06		0.18		(3, 599) 40.77***		1 ≠ 2,3,4; 3 ≠ 4	0.22	
Number of foster care placements	1.83	1.34	1.77	1.33	1.48	0.71	1.45	0.70	(3, 600) 5.74***	0.03	1 ≠ 3,4	1.64	1.07
Length of stay in foster care	125.36	104.90	116.72	94.39	126.24	111.00	160.04	108.18	(3, 600) 5.15**	0.03	1,2,3 ≠ 4	136.02	107.26

Note. Chi-square tests were used for categorical variables and analysis of variances (ANOVAs) were used for continuous variables. *F* and  $\chi^2$  values relate to tests of significance of group difference among the four groups. For ANOVAs, the between group and within group degrees of freedom are provided in parentheses along with *F* values. For chi-square tests, the degrees of freedom and sample size are provided in parentheses along with  $\chi^2$  values.  $\eta_p^2$  = partial eta squared. \**p* < .05, \*\**p* < .01, \*\*\**p* < .001.

appropriate analytic methods (e.g., cross-lagged panel models), is needed to examine causal relations and directionality between placement status and outcomes of interest for NHPI children. Specifically, future research could use longitudinal data and methods to ask questions about what placements are the best matches for which NHPI children given their differential characteristics (e.g., have clinically diagnosed disability, history of sexual abuse, parent who is ill) and what leads to better placement and health outcomes for such children.

Another limitation is the general lack of basic sociodemographic variables in the AFCARS data. As it applies to both families of origin and foster families, this includes sex of primary and secondary parents, their employment status, their education status, household income, and caregivers' relationships (e.g., biological parent, stepparent, grandparent, uncle, aunt, sibling) to the child. Lack of such variables in the data leads to painting only a partial picture of the specific contexts in which NHPI children are cared for, limiting our understanding of the challenges (and strengths) present in their familial and communal environments along with who fosters them (Pieper-Jordan, 2021). Another key variable missing that is specific to NHPI communities and cultural values is a measure of *hanai*, which again refers to kinship relations naturally happening in Hawaiian communities. Importantly, *hanai* includes both biological and fictive kin. This dimension of relative care is not captured in the current study given that AFCARS does not disaggregate data between different types of kinship care (e.g., biological, fictive, formal, informal). Future research on NHPI populations involved in child welfare systems needs to include measures that capture more nuanced sociodemographics and culturally informed *hanai* relationships (with biological and fictive kin) of NHPI children and their caregivers. Relatedly, data collection on NHPI children is needed, which would help with better understanding which NHPI children are entering foster care to aid in prevention efforts.

Because our aims were to conduct within-group analyses comparing

individual and familial characteristics across NHPI children's foster care placements, we did not examine between-group differences where we compare the results of NHPI children to those of other race children. For this study, we were interested in gaining a general understanding of who the NHPI children are in foster care and thus primarily focused on them, along with descriptively examining differences within NHPI children's placements, which we believe is valuable knowledge in and of itself. Further, although NHPIs have overlapping cultural values and norms, it is also a very diverse population that spans many nationalities and languages. Within group-analyses, especially with disaggregated NHPI data, are useful for understanding cultural similarities and differences in NHPI groups. That said, we recognize that between-group differences would allow for identifying areas in which NHPI children might face more challenges and vulnerabilities relative to other race groups, as well as where they may share similarities with other groups. Both lines of inquiries are needed in the field and thus directions for future research could pursue within-group analyses (e.g., What do NHPI children's health outcomes look like across placement status with relatives?) and between-group analyses (e.g., compared to other marginalized groups such as Black and American Indian children in foster care, how do NHPI children fare in terms of their placement outcomes?).

A related point is the need for child welfare researchers to pay attention to, acknowledge, and conduct research involving small and thus often overlooked populations in child welfare. As we noted earlier, while their numbers might be small nationally, many NHPI children in foster care come from contexts in which structural racism, colonialism, and displacement historically have and continue to have intergenerationally adverse effects on their families and communities. It is a child welfare population deserving of much attention, support, and resources from the research community. In aiding this effort, one consideration for future research is the need for collaborations between NHPI and non-NHPI scholars engaging in NHPI child welfare research. In fact, the



development and execution of the current study involved a team of researchers identifying as NHPIs—with lived experiences and firsthand knowledge of indigenous history, culture, and values—and non-NHPIs who recognized the importance of drawing attention to and developed a collective concern around NHPI populations involved in the child welfare system. NHPI researchers—whose expertise were in indigenous health, health equity, and wellbeing—contributed to insights into indigenous models and key cultural values and practices (e.g., *hanai*) framing the study and interpreting its results, while non-NHPI researchers—majority of whom had expertise in child maltreatment, kinship care, and use of AFCARS data—were able to bring in their insights related to broader child welfare literature, practice, and policies. This multidisciplinary and multicultural team effort could extend beyond quantitative research into future community-based participatory research, mixed methods research, or qualitative research where the lived experiences and voices of NHPI children and youth in foster care and their caregivers could be directly captured. In such studies, collaborations between NHPI and non-NHPI scholars could be leveraged, with NHPI scholars contributing to asking research questions relevant to NHPI populations and helping the larger team build relationships with NHPI youth, caregivers, and community members.

#### 4.2. Implications for child welfare practice and policy

Child welfare systems have been increasingly relying on relative foster care and often times without providing relatives with adequate financial support to care for children. By one estimate, the number of children living in homes without foster payments increased by 32% between 2011 and 2017 (Kelly, 2019). Experts project that with the onset of the Family First Prevention Services Act (FFPSA) of 2018—which aims to divert federal funds from foster care to prevention services—states and counties will rely even more on kinship care (e.g., short-term, informal basis without pay) while the biological parents of children receive needed services (Kelly, 2019). For many NHPIs whose interpersonal values and practices are rooted in *hanai*, caring for relative children is not a burden but an opportunity to care for *‘ohana*, a Hawaiian word widely known to mean family. Based on the Ho’okele model informed by Kūkulu Kumuhana principles, *‘ohana* is a place where intergenerational relationships are developed, and transmission of genealogy and ancestral knowledge (*Waiwai*), social supports (*Pilina*), spirituality (*Ke Akua Mana*), and cultural identity and values (*‘Ōiwi*) can naturally occur.

That said, it is equally important to recognize that relatives caring for NHPI children cannot be successful if they continue to go without needed financial support. Family and culture are embedded in broader socioeconomic contexts, and they cannot be fully protective for NHPI children if individuals within such families and cultures—especially ones that have experienced structural colonialism and displacement—live in perpetual inequities. Our results demonstrated that relative caregivers are more disadvantaged than non-relative caregivers and fewer relative caregivers receive monthly foster care payments, suggesting the need to address inequalities and disparities in financial support in the form of foster care payments. Relevant policy and practice efforts on the part of the child welfare system should involve eliminating barriers for relatives to receive foster care payments (e.g., make the foster care licensing process easier for relatives), leveraging Kinship Navigator Programs or similar programs to help relative caregivers identify and access financial resources, and expanding foster care payments to all relative caregivers (Xu et al., 2020).

Although excluded because the group did not fit the current study’s focus, it is worthwhile to point out that approximately 21% of NHPI children in our analytic sample were in care settings other than family-based foster care. This included pre-adoptive homes (1.70%), supervised independent living (1.44%), runaway (0.52%), trial home visits (4.59%), group homes (4.85%) and institutions (5.37%). Congregate care typically involves the last two placement categories (i.e., group

homes and institutions) (NDACAN, 2019). Therefore, approximately 10% of our analytic sample was in congregate care. A tenth of the analytic sample is certainly unignorable, but at the time, it is important to view this number within the context of national trends. For example, NHPI children generally make up <1% of all children in foster care, as well as <1% of children in congregate care (compared to Black children who typically make up around 25% of the foster care population but represent 30% of all children in congregate care) (U.S. Department of Health and Human Services, 2013, 2015). That is, NHPI children make up a small proportion of all children in foster care (as well as congregate care) and likely are not overrepresented in congregate care compared to other race groups (i.e., Black children).

We cannot be certain as to why a tenth of NHPI children in our sample were placed in congregate settings, but we can gather pertinent information again from national trends of all children in congregate care. For example, children placed in congregate care tend to have higher levels of behavior problems, are older with the mean age being 14 years, are more likely to be male (62%) than female (37%), and have spent a longer time in foster care (28 months) compared to children in other placement types (21 months) (National Conference of State Legislatures, 2020; U.S. Department of Health and Human Services, 2015). Similar reasons (e.g., behavior problems, older age of youth) may have contributed to NHPI children’s placement in congregate care in our sample, along with a shortage of culturally attuned foster and kinship parents. With the FFPSA mandating the reduced use of congregate care, states are investing more funds into family- and community-based prevention services and enacting policies that favor family-based foster care over congregate care. As a case in point, Hawai’i now requires parental or guardian consent to place children into foster care, including congregate care, and other states have enacted related measures to curb the use of congregate care (National Conference of State Legislatures, 2020).

Relatedly, the FFPSA established laws around the need to recruit and retain quality foster parents, including relative caregivers. Increased resources—including but not limited to financial and material assistance, training on how to support children with special needs, and foster payment rates that support these higher needs—may encourage more relative foster parents to open their homes and remain as placement options for NHPI children. Such relative placements would provide opportunities for NHPI children to have access to cultural continuity. Finally, more efforts need to be made for culturally responsive practices in foster parent recruitment and retention. It is possible that NHPI children would not benefit from FFPSA without targeted interventions around educating prospective and current foster parents of the diverse and rich histories and cultures of the NHPI people.

At a broader child welfare systems level, decolonizing approaches should be considered for working with and serving NHPI children and families. For example, efforts could be made to understand what an NHPI-centered, decolonized child welfare system might look like. Not only would such a system support *‘Ea* and sovereignty, but also align with current conversations and movements related to building antiracist structures and practices to keep children safe and protected in their homes and communities (Dettlaff, 2021). This involves viewing child maltreatment as a societal, and not family shortcoming, and building stronger culturally responsive social and economic support systems for families to prevent child maltreatment early on. For example, in Hawai’i, the Board and Stone class, sponsored locally by Keiki O Ka ‘Aina and the Kamehameha Schools, is a family-based cultural experience that teaches the Hawaiian tradition of hand-carving a papa ku’i ‘ai (poi board) and a pohaku ku’i ‘ai (stone poi pounder) with natural materials gathered from the land. It is a way of bringing families together in a safe environment for learning and empowerment. It also is an opportunity for *‘ohana* to share a culturally profound and meaningful experience, as well as learn about Hawaiian values of parenting and familial relationships which ultimately lead to family strengthening. Similar culturally responsive practices need to be implemented with

NHPI children and families involved in other state and county child welfare systems.

## 5. Conclusion

The children and families in our foster care system represent some of society's most vulnerable communities. Among BIPOC communities, disparities in the foster care system trigger mistrust and fear in institutions and systems. It also prompts questions as to how this can be remedied. Addressing the lack of research on NHPI children in foster care through this descriptive study is a step towards recognizing the vulnerabilities of this population and understanding where NHPI children come from and where they are placed. Interweaving indigenous understandings of NHPI families move us towards the development of preventive programs and practices that are grounded in the culture and values of the community being served. Advocacy for policies that provide economic support for NHPI foster children and their caregivers, including relative foster parents, would be an important first step to rectifying the inequities of the current system.

## CRedit authorship contribution statement

**Joyce Y. Lee:** Conceptualization, Methodology, Software, Data curation, Formal analysis, Writing – original draft, Visualization, Supervision. **Tara Ogilvie:** Writing – original draft. **Susan H. Yoon:** Methodology, Writing – original draft, Writing – review & editing. **Jaelyn Kirsch:** Writing – original draft, Writing – review & editing. **Eun Koh:** Writing – original draft, Writing – review & editing. **Michael S. Spencer:** Conceptualization, Writing – original draft.

## Declaration of Competing Interest

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

## References

- Anderson, M., & Linares, L. O. (2012). The role of cultural dissimilarity factors on child adjustment following foster placement. *Children and Youth Services Review*, 34(4), 597–1501. <https://doi.org/10.1016/j.childev.2011.11.016>
- Annie E. Casey Foundation. (2012). *Stepping up for kids: What government and communities should do to support kinship families*. <https://assets.aecf.org/m/resourcedoc/AE-CF-SteppingUpForKids-2012.pdf>.
- Antonio, M. C., Makua, K. L., Keaulana, S., Kelihoalokai, L., Vegas, J. K., & Ho-Lastimosa, H. (2021). The study of life and food systems for Native Hawaiians based on their environment. *AlterNative: An International Journal of Indigenous Peoples*, 17(4), 480–490. <https://doi.org/10.1177/11771801211038263>
- Bell, T., & Romano, E. (2017). Permanency and safety among children in foster family and kinship care: A scoping review. *Trauma, Violence, & Abuse*, 18(3), 268–286. <https://doi.org/10.1177/1524838015611673>
- Blaisdell, K. (1993). Historical and cultural aspects of Native Hawaiian health. In P. Manicas (Ed.), *Social process in Hawai'i: A reader* (pp. 37–57). McGraw-Hill.
- Brown, M., & Bloom, B. E. (2009). Colonialism and carceral motherhood: Native Hawaiian families under corrections and child welfare control. *Feminist Criminology*, 4(2), 151–169. <https://doi.org/10.1177/1557085108325232>
- Brown, S., Cohon, D., & Wheeler, R. (2002). African American extended families and kinship care: How relevant is the foster care model for kinship care? *Children and Youth Services Review*, 24(1–2), 53–77. [https://doi.org/10.1016/S0190-7409\(01\)00168-2](https://doi.org/10.1016/S0190-7409(01)00168-2)
- Children's Bureau. (2019). *The AFCARS report: Preliminary FY 2018 estimates as of August 22, 2019 - No. 26*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport26.pdf>.
- Cross, S. L., Day, A. G., & Byers, L. G. (2010). American Indian grand families: A qualitative study conducted with grandmothers and grandfathers who provide sole care for their grandchildren. *Journal of Cross-Cultural Gerontology*, 25, 371–383. <https://doi.org/10.1007/s10823-010-9127-5>
- DeBaryshe, B.D., Yuen, S., Nakamura, L.N., & Stern, I. (2006). The roles of family obligation and parenting practices in explaining the well-being of Native Hawaiian adolescents living in poverty. *Hūlilī: Multidisciplinary Research on Hawaiian Well-being*, 3(1). Kamehameha Publishing.
- Dettlaff, A. J. (Ed.). (2021). *Racial disproportionality and disparities in the child welfare system*. Springer Nature.
- Fong, R., & Petronella, G. (2021). Underrepresented populations in the child welfare system: Asian American and Native Hawaiian/Pacific Islander populations. In A. J. Dettlaff (Ed.), *Racial disproportionality and disparities in the child welfare system* (pp. 100–125). Cham, Switzerland: Springer. <https://doi.org/10.1007/978-3-030-54314-3>.
- Gabrielli, J., Jackson, Y., Tunno, A. M., & Hambrick, E. P. (2017). The blind men and the elephant: Identification of a latent maltreatment construct for youth in foster care. *Child Abuse & Neglect*, 67, 98–108. <https://doi.org/10.1016/j.chiabu.2017.02.020>
- Garcia, A. R., Pecora, P. J., & Aisenberg, E. (2012). Institutional Predictors of Developmental Outcomes Among Racially Diverse Foster Care Alumni. *The American Journal of Orthopsychiatry*, 82(4), 573–584. <https://doi.org/10.1111/j.1939-0025.2012.01181.x>
- Grinnell-Davis, C., Dunnigan, A., & Stevens, B. B. (2022). Indigenous-centered racial disproportionality in American foster care: A national population study. *Journal of Public Child Welfare*, 1–25. <https://doi.org/10.1080/15548732.2021.2022565>
- Geen, R. (2004). The evolution of kinship care policy and practice. *The Future of Children*, 14(1), 130–149. <https://doi.org/10.2307/1602758>
- Gilliom, J. (2001). *Overseers of the poor: Surveillance, resistance, and the limits of privacy*. Chicago: University of Chicago Press.
- Godinet, M. T., Arnsberger, P., & Garlock, J. (2011). Native Hawaiian families systemic disparities in Hawaii's child welfare system. *Asia Pacific Journal of Social Work and Development*, 21(2), 34–45. <https://doi.org/10.1080/21650993.2011.9756105>
- Goebert, D. A., Hamagami, F., Hishinuma, E. S., Chung-Do, J. J., & Sugimoto-Matsuda, J. J. (2018). Change pathways in Indigenous and non-Indigenous youth suicide. *Suicide and Life-Threatening Behavior*, 49(1), 193–209. <https://doi.org/10.1111/sltb.12420>
- Jantz, A., Geen, R., Bess, R., Andrews, C., & Russell, V. (2002). *The continuing evolution of state kinship care policies*. [http://webarchive.urban.org/UploadedPDF/310597\\_state\\_kinship\\_care.pdf](http://webarchive.urban.org/UploadedPDF/310597_state_kinship_care.pdf).
- Kelly, J. (2019, October 10). *Fewer Foster Youth, More Foster Homes: Findings from the 2019 Who Cares Project*. The Imprint. <https://imprintnews.org/featured/less-foster-youth-more-foster-homes-findings-from-the-2019-who-cares-project/38197>.
- Kūkulu Kumuhana Planning Committee. (2017). *Creating radical and new knowledge to improve Native Hawaiian wellbeing*. <https://onipaa.org/pages/culturally-sustainin-g-r-e-practice>.
- Landers, A. L., Danes, S. M., Morgan, A. A., Merritt, S., & White Hawk, S. (2021). My relatives are waiting: Barriers to tribal enrollment of fostered/adopted American Indians. *Journal of Marriage and Family*, 83(5), 1373–1400. <https://doi.org/10.1111/jomf.12797>
- Lin, C.-H. (2012). Children who run away from foster care: Who are the children and what are the risk factors? *Children and Youth Services Review*, 34(4), 807–813. <https://doi.org/10.1016/j.childev.2012.01.009>
- Lindley, L. C., & Slayter, E. M. (2019). End-of-life trends and patterns among children in the US foster care system: 2005–2015. *Death Studies*, 43(4), 248–259. <https://doi.org/10.1080/07481187.2018.1455765>
- Liu, D. M., & Alameda, C. K. (2011). Social determinants of health for Native Hawaiian children and adolescents. *Hawaii Medical Journal*, 70(11), 9–14. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3254224/>.
- Marsh, R. (2004). Shortcomings in American adoption policies and a Hawaiian alternative. *Hohono: A Journal of Academic Writing*, 2, 9–12.
- Merry, S. E. (2000). *Colonizing Hawai'i: The cultural power of law*. Princeton, NJ: Princeton University Press.
- Mokuau, N., & Braun, K. L. (2007). Family support for Native Hawaiian women with breast cancer. *Journal of Cancer Education*, 22(3), 191–196. <https://doi.org/10.1007/bf03174336>
- Murray, J., Ehrle, J., & Geen, R. (2004). *Estimating financial support for kinship caregivers*. Washington, DC: Urban Institute, Assessing the New Federalism.
- National Conference of State Legislatures. (2020). *Congregate care, residential treatment home state legislative enactments, 2014–2019*. <https://www.ncsl.org/research/human-services/congregate-care-and-group-home-state-legislative-enactments.aspx>.
- National Data Archive on Child Abuse and Neglect. (2019). *Adoption and Foster Care Analysis and Reporting (AFCARS) Foster Care Annual File Codebook*. [https://www.ndacan.acf.hhs.gov/datasets/pdfs/user\\_guides/afcars-foster-care-file-codebook.pdf](https://www.ndacan.acf.hhs.gov/datasets/pdfs/user_guides/afcars-foster-care-file-codebook.pdf).
- Neblett, E. W., Rivas-Drake, D., & Umaña-Taylor, A. J. (2012). The promise of racial and ethnic protective factors in promoting ethnic minority youth development. *Child Development Perspectives*, 6, 295–303. <https://doi.org/10.1111/j.1750-8606.2012.00239.x>
- Ofahengau Vakalahi, H. F., Heffernan, K., & Johnson, R. N. (2007). Pacific Island elderly: A model for bridging generations and systems. *Journal of Baccalaureate Social Work*, 12(2), 26–41. <https://doi.org/10.18084/1084-7219.12.2.26>
- Ofahengau Vakalahi, H. F., & Godinet, M. T. (2008). Family and culture, and the Samoan youth. *Journal of Family Social Work*, 11(3), 229–253. <https://doi.org/10.1080/10522150802292319>
- Okpych, N. J. (2015). Receipt of independent living services among older youth in foster care: An analysis of national data from the U.S. *Children and Youth Services Review*, 51, 74–86. <https://doi.org/10.1016/j.childev.2015.01.021>
- Padilla, J. B., Vargas, J. H., & Chavez, H. L. (2010). Influence of age on transracial foster adoptions and its relation to ethnic identity development. *Adoption Quarterly*, 13(1), 50–73. <https://doi.org/10.1080/10926751003662598>
- Pieper-Jordan, S. (2021). *Hidden Data: the untold story of Native Hawaiian children in foster care*. Hawai'i Budget and Policy Center. April 7, 2021. <https://www.hibudget.org/blog/hidden-data-the-untold-story-of-native-hawaiian-children-in-foster-care>.
- Po'A-Kekuawela, K., Okamoto, S. K., Nebre, I. R. H., Susana, H., & Chin, C. I. H. (2009). 'A'ole drugs! cultural practices and drug resistance of rural Hawaiian youths. *Journal of Ethnic and Cultural Diversity in Social Work*, 18(3), 242–258.

- Rubin, D. M., Downes, K. J., O'Reilly, A. L. R., Mekonnen, R., Luan, X., & Localio, R. (2008). Impact of kinship care on behavioral well-being for children in out-of-home care. *Archives of Pediatrics & Adolescent Medicine*, 162(6), 550–556. <https://doi.org/10.1080/15313200903070981>
- Riley, N. E., & Van Vleet, K. E. (2012). Adoption across cultures. *Making families through adoption* (pp. 15–36). Sage. <https://www.doi.org/10.4135/9781483349558.n2>
- Sangalang, C. C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant and Minority Health*, 19(3), 745–754. <https://doi.org/10.1007/s10903-016-0499-7>
- Scannapieco, M., & Jackson, S. (1996). Kinship care: The African American response to family preservation. *Social Work*, 41(2), 190–196. <https://doi.org/10.1093/sw/41.2.190>
- Smith, C. J., & Devore, W. (2004). African American children in the child welfare and kinship system: From exclusion to over inclusion. *Children and Youth Services Review*, 26, 427–446.
- Spencer, M. S., Fentress, T., Touch, A., & Hernandez, J. (2020). Environmental justice, Indigenous knowledge systems, and Native Hawaiian and Other Pacific Islanders. *Human Biology*, 92(1), 45–57. <https://doi.org/10.13110/humanbiology.92.1.06>
- StataCorp. 2021. *Stata Statistical Software: Release 17*. College Station, TX: StataCorp LLC.
- State of Hawaii Department of Human Services. (2019a). *Hawaii data booklet 2015-2019: ASPR final report FFY 2020 & child and family service plan 2020-2024*. <https://humanservices.hawaii.gov/wp-content/uploads/2020/01/2020-APSR-Data-Booklet-FINAL-LD-2019-09-04.pdf>
- State of Hawaii Department of Human Services. (2019b). *Child and family services plan: Federal fiscal year 2020-2024*. <https://humanservices.hawaii.gov/wp-content/uploads/2019/12/Hawaii-CFSP-FINAL-9-30-19-002-002.pdf>
- Sue, D. W. (2003). What must people of color do to overcome racism? *Overcoming Our Racism: The Journey to Liberation*. (pp. 255–276). John Wiley & Sons, Inc.
- Tajima, E. A., Day, A. G., Kanuha, V. K., Rodriguez-JenKins, J., & Pryce, J. A. (2022). What Counts as Evidence in Child Welfare Research? *Research on Social Work Practice*, 10497315211069549. <https://doi.org/10.1177/10497315211069549>
- Teranishi, R. T., Le, A., Guitierrez, R. E., Venturana, R., Hafoka, T., Toso-Lafaele Gogue, D., & Uluave, L. (2019). *Executive summary Native Hawaiians and Pacific Islanders in higher education*. <https://apiascholars.org/wp-content/uploads/2020/01/Native-Hawaiians-and-Pacific-Islanders-in-Higher-Education.pdf>
- Turney, K., & Wildeman, C. (2016). Mental and Physical Health of Children in Foster Care. *Pediatrics*, 138(5). <https://doi.org/10.1542/peds.2016-1118>
- United Nations Children Fund Pacific. (2017). *Situation analysis of children in the Pacific island countries*. <https://www.unicef.org/pacificislands/media/661/file/Situation-Analysis-Pacific-Island-Countries.pdf>
- U.S. Bureau of Labor Statistics. (2019). *Labor force characteristics by race and ethnicity, 2018*. <https://www.bls.gov/opub/reports/race-and-ethnicity/2018/home.htm>
- U.S. Census Bureau (2012). *The Native Hawaiian and Other Pacific Islander Population: 2010*. Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>
- U.S. Census Bureau (2019). *QuickFacts: Hawaii*. Retrieved from <https://www.census.gov/quickfacts/HI>
- U.S. Department of Health and Human Services. (2013). *The AFCARS Report*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport20.pdf>
- U.S. Department of Health and Human Services. (2015). *A national look at the use of congregate care in child welfare*. [https://www.acf.hhs.gov/sites/default/files/documents/cb/cbcongregatecare\\_brief.pdf](https://www.acf.hhs.gov/sites/default/files/documents/cb/cbcongregatecare_brief.pdf)
- Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Database Systematic Reviews*, 1, CD006546. <https://doi.org/10.1002/14651858.CD006546.pub2>
- Xu, Y., Bright, C. L., Ahn, H., Huang, H., & Shaw, T. (2020). A new kinship typology and factors associated with receiving financial assistance in kinship care. *Children and Youth Services Review*, 110, 104822.