

APSAC Research to Practice Brief

Study Title: The Cumulative Prevalence of Termination of Parental Rights for U.S. Children, 2000–2016

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Introduction:

In this study, data on the entire population of children in foster care in the United States for the years 2000 to 2016 were used to estimate the cumulative risk of termination of parental rights. The authors used a demographic technique called the synthetic cohort life table, which has been used with increasing frequency in the child welfare domain to estimate the cumulative prevalence rate of 1) having a Child Protective Services (CPS) investigation, 2) having a confirmed maltreatment case, and 3) being placed in the foster care system. Instead of following the same group of people over time (e.g., following a cohort of children from birth to 18), synthetic cohorts use population level data to estimate the cumulative risk of experiencing any event over a lifetime (or in this case childhood) based on age-specific first event rates for a range of ages over any period. Determining the cumulative prevalence is useful because it tells us the likelihood that a child will experience their parents' rights being terminated at any point in childhood as opposed to just in a given year. Because the cumulative risk over childhood is higher than the annual risk, synthetic cohort life tables can provide a better understanding of the actual risk children face.

Findings from previous studies show that CPS contact is extremely common across all contexts even for more advantaged groups, despite inequalities in contact. This article focuses on termination of parental rights, because although significantly less common than other stages of CPS contact, termination is hypothesized to be more consequential because it signals the end of reunification attempts and the potential shift towards adoption.

Research Questions:

What percentage of American children would ever have parental rights terminated if the rates in any given year held constant throughout their entire childhood?

Data and Analytic Strategy

The data for this study came from the Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS collects annual case-level data on all children in foster care and those adopted with title IV-E agency involvement. The dataset for the current study includes information on every American child placed in the foster care system at any point between the beginning of fiscal year 2000 and the end of fiscal year 2016. The variables used for this analysis were child's age, date of termination of maternal rights, date of termination of paternal rights, and date of termination of parental rights for the second parent. Because AFCARS only collects data on children exposed to the foster care system, this study did not include children in the general population who had one parent's rights terminated, but no contact with the foster care system (e.g., parents who voluntarily sign over rights, parents who lose custody in a divorce or child support proceedings).

Synthetic cohort life tables were used to estimate the cumulative risk of termination of parental rights. The authors produced 17 different synthetic cohort life tables, one for each year from 2000 to 2016, to address potential sensitivity to yearly fluctuations in risk. The authors pooled results for

all 17 years for state-level analyses and created a table showing reasonable lower and upper bounds to highlight sensitive estimates, as state year estimates for small population groups are likely to be unstable.

Findings:

The first set of analyses computed the national estimates of the cumulative prevalence of termination of parental rights by age 18 for all American children and for five racial/ethnic groups (American Indian/Alaska Native, African American, Hispanic, White, and Asian American/Pacific Islander) for each year from 2000 to 2016. The cumulative prevalence of having parental rights terminated for all children was 0.7% in 2000 and 1.1% in 2016, a nearly 60% increase over the study period. While there were fluctuations from year to year, there was a steady increase from 2012 on. African American children had the highest risk in 2000 (1.9%), followed by American Indian/Alaska Native children (1.1%), Hispanic children (0.6%), and White children (0.5%). By 2016, American Indian/Alaska Native children had the highest risk (2.7%), followed by African American children (1.7%), White children (1%), Hispanic children (0.9%). Asian/Pacific Islander children had the lowest risk and remained fairly stable over time at 0.2%. African American children disproportionately experienced every stage of CPS contact (i.e., investigation, substantiation, placement, and termination) compared to White children (around 2x the rate of White children). American Indian/Alaska Native children were less likely to experience a CPS investigation than White children, but were 3x more likely to experience foster care placement and termination of parental rights.

The second set of analyses pooled age-specific risks of parental rights termination for all American children and the five racial/ethnic groups. Similar to the other stages of CPS contact, the risk of termination of parental rights was highest in the first year of life (0.2% of all children in the United States). The risk was higher for children from minority groups, particularly American Indian/Alaska Native children who were twice as likely to have their parents' rights terminated in their first year of life than Asian/Pacific Islander children were over their entire childhoods. Similarly, American Indian/Alaska Native children were half as likely to have their parents' rights terminated in the first year of life as White and Hispanic children were over their entire childhoods.

The third set of analyses pooled state-level estimates of the cumulative prevalence of termination of parental rights by age 18 for all American children and the five racial/ethnic groups, as well as racial and ethnic inequalities in the cumulative prevalence of termination of parental rights. The cumulative probability of experiencing the termination of parental rights varies greatly across states and by race/ethnicity. The states with the overall greatest risk are Alaska (2.1%), West Virginia (2.1%), and Oklahoma (2%), while the state with the lowest risk is Maryland (0.3%). Thus, children in states with the highest risk are 6-7 times more likely to experience termination of parental rights than children in states with the lowest risk. Southeast states as a region had the lowest risk of termination of parental rights with no state over 1%.

State variation in risk is the highest for American Indian/Alaska Native children. American Indian/Alaska Native children in states with the highest risk are 30 times more likely to experience termination of parental rights than American Indian/Alaska Native children in states with the lowest risk. The variation of risk is similar for African American children; however, there is a smaller range between the highest- and lowest-risk states compared to American Indian/Alaska Native children.

In all but two states (Tennessee and Vermont), African American children were at higher risk than White children. Washington, D.C. showed the highest level of African American/White inequality in the nation with African American children being 28 times more likely to have their parents' rights terminated than White children. American Indian/Alaska Native children were at higher risk than White children in 28 states (in states with the greatest disparities, American Indian/Alaska Native children are 5x more likely than White children to have their parents' rights terminated). Inequalities for African American and American Indian/Alaska Native children were greatest in the Midwest and Mountain West, and lowest in the Southeast.

Asian/Pacific Islander and Hispanic children were at or below the risk faced by White children in nearly all states. Although a few states showed high rates of termination of parental rights for Hispanic children (e.g., Maine at 6.6%; Montana at 2.1%), the state rates of risk are generally low. There were very few states where White and Asian/Pacific Islander children experienced high cumulative risks, with no state showing risk above 2% for White children or above 1.6% for Asian/Pacific Islander children.

Recommendations:

The prevalence estimates in this study call for investigations of the causes and consequences of the increasing and disproportionate use of parental rights termination policies. Additionally, this study shows the importance of analyzing data by stage of CPS contact, especially regarding racial disparities since they vary greatly by race/ethnicity and stage. For example, American Indian/Alaska Native children were more likely to experience foster care placement and termination of parental rights than White or African American children, which is not the case for the CPS stages of investigation and substantiation. Child welfare agencies do not often have the resources to explore the nuances of their data, such as differential outcomes by stage and race/ethnicity like in this study. Agencies also often hesitate to share data with external entities out of a fear of how poor outcomes will be interpreted. However, child welfare staff and families involved with the child welfare system are the best positioned to provide meaning to the findings and help identify the causes and consequences. Thus, future research in this area needs intentional and caring collaborations between researchers and child welfare agencies to identify nuanced outcomes, understand the causes and consequences, and create policies and practices that reduce negative outcomes and increase positive outcomes for children and families.

Bottom Line:

Parental rights termination (i.e., a parent's permanent loss of access to their children) is a common occurrence that warrants the attention of the entire social science research community. One percent of the entire population of children in the United States will experience the termination of their parents' rights by the time they turn 18, with American Indian/Alaska Native (3%) and African American (1.5%) children experiencing the highest risk. Risks are highest in the first few years of life and vary greatly by state and region of the United States. More research is needed to understand why these disparities exist across race/ethnicity, stage of CPS, and region of the U.S., as well as what methods (e.g., federal/state/local policy, child welfare agency policy, case worker training, etc.) will address these disparities.

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