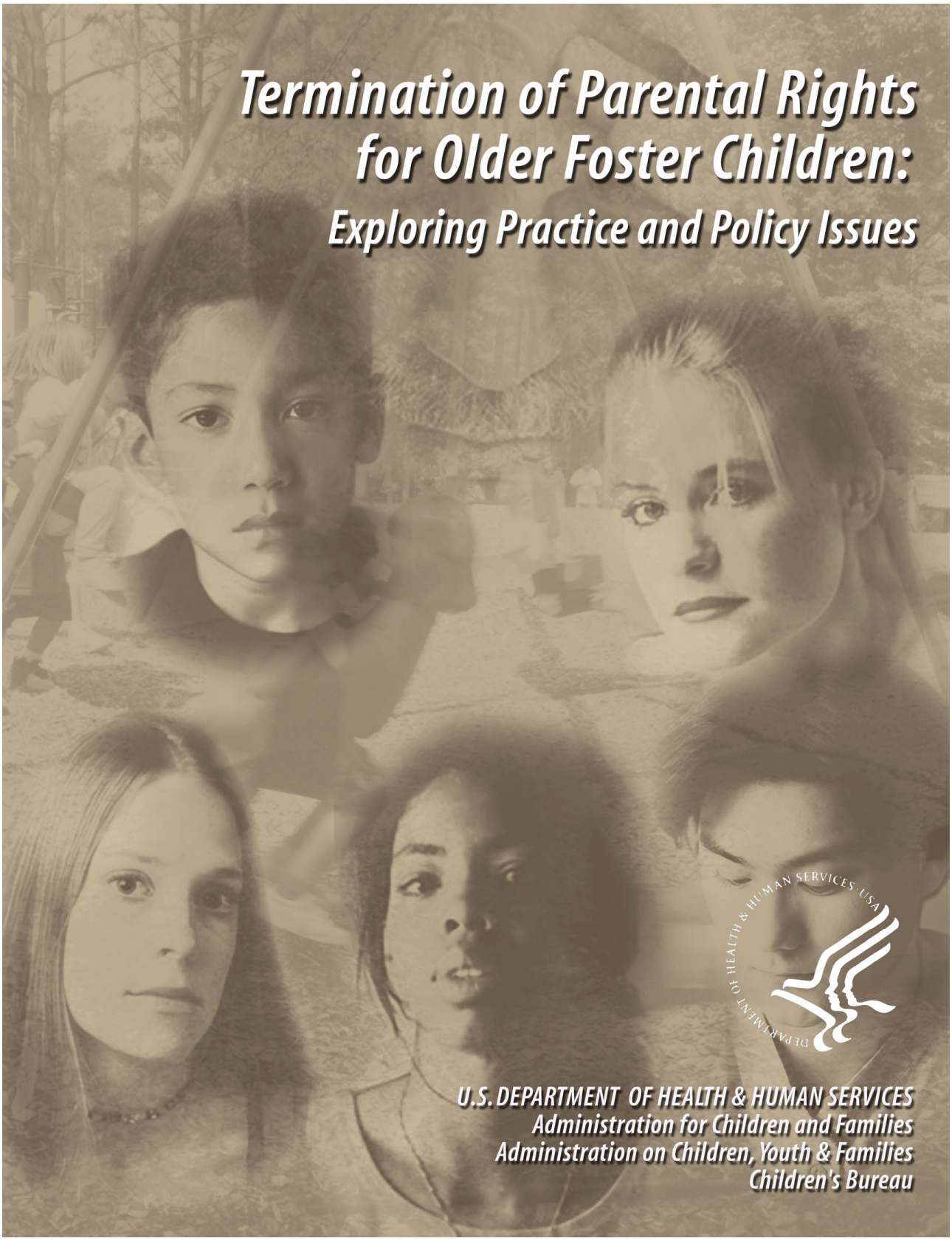

Termination of Parental Rights for Older Foster Children:

Exploring Practice and Policy Issues

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Termination of Parental Rights for Older Foster Children: Exploring Practice and Policy Issues

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BACKGROUND

The Adoption and Safe Families Act of 1997 (ASFA) established the expectation that agencies will quickly move children to permanent family arrangements when reunification with biological parents is unlikely. A key provision of ASFA mandated that child welfare agencies file for termination of parental rights (TPR) when a child has been in care for 15 of 22 months, unless there are compelling circumstances such that TPR would not be in the child's best interests. TPR severs the legal parent-child relationship, making the child legally free for adoption. However, when legal ties to families are severed without establishment of an alternative permanency arrangement, children are placed at risk of becoming what has been called "legal orphans," with only the state as parent and no certain legal ties to the biological or adoptive kinship networks. The extent to which these risks are offset by the expected benefit of expedited permanency is not yet well defined.

RESEARCH QUESTIONS AND METHODS

This study provides a preliminary examination of the effects of ASFA's TPR provisions on older children[1]. The study used multiple methods and data sources to address the following research questions:

- How are states responding to ASFA's TPR provisions with regard to older children?

[1] For most study activities, "older" was operationalized as meaning aged 13 or more; however, to provide additional context some analyses included children aged 8 and older.

- What factors influence achievement of adoption or other permanency outcomes for youth whose parental rights have been severed?
- What kind of supports and services are needed for foster youth who undergo TPR?

The research design combined quantitative and qualitative methods. The study team conducted secondary analyses of three data sources: the Adoption and Foster Care Analysis and Reporting System, child welfare information systems from two states, and the National Survey of Child and Adolescent Well-Being. In addition, the researchers conducted case studies in five states to describe implementation of ASFA's TPR provisions from the perspective of child welfare professionals, members of the judicial system, foster parents, and youth.

KEY FINDINGS

This study provides a preliminary assessment of a population for which little information is currently available: older children who are subject to TPR. Each of the study's components address the core research questions from a different perspective. Key findings of each component are summarized here.

- AFCARS data analyses show that children who have experienced TPR tend to be younger and have more extensive placement histories. The proportion of these children who exit to adoption decreases as they grow older.
- More than a third of children over age 13 who have experienced TPR have case goals of long-term care or emancipation.
- Analysis of state administrative data from Colorado and North Carolina identified variations in practice such as time to TPR between the two states. Youth entering care in recent years are more likely to move quickly to TPR than those entering earlier, suggesting practice changes related to ASFA.
- NSCAW data analyses found that events occurring after placement, such as parental noncompliance with treatment plans, are more influential in TPR decisions than severity or type of abuse. Analysis of the small group of children in the sample who have experienced TPR found no association between TPR and measures of well-being.
- Case studies in five states identified substantial variation within and among the states in TPR practice and the use of alternative approaches to permanency for older children,

such as subsidized guardianship and strengthening long-term relationships.

- Foster youth reported that communications related to TPR were frequently inadequate, i.e., youth did not receive information they could understand, delivered in a timely manner, about their TPR status. Many remain in contact with their birth families after TPR.

The cross-method findings are to some extent complementary, with some themes that can be drawn from these diverse sources:

- Although older children are far less likely than younger ones to experience TPR in all states, time to TPR, frequency of TPR, and permanency outcomes after TPR for older children vary substantially among states.
- TPR practice is changing over time as ASFA-related policy changes are implemented. Children entering care since enactment of ASFA are likely to move to TPR more quickly.
- Permanency options for older children remain limited, with the frequency of adoptions decreasing sharply among older children. Recognizing that many children return to biological parents after emancipation, some states have made planned reunifications with biological parents..
- These analyses do not allow assessment of whether TPR is a determinant of well-being among youth, nor can the relationship between TPR and finding an adoptive home be determined. However, the case study data underscore the personal significance of this event for youth and the dearth of supports for youth experiencing TPR.

Neither the benefits of ASFA's TPR provisions nor the possible hazards can be assessed with available data. If the intent of ASFA is realized, children entering custody in the future will be more likely to achieve permanency in a timely way. For older children currently in care, and for those who enter care as adolescents in the future, successful outcomes may depend on whether strategies can be found to expand permanency options, assist youth with transitions, and provide long-term support into young adulthood.

1 Introduction

1.1 BACKGROUND

The Adoption and Safe Families Act of 1997 (ASFA) established the expectation that agencies will quickly move children to permanent family arrangements when reunification with biological parents is unlikely. The law's provisions specify circumstances under which reasonable efforts toward reunification can be discontinued and require judicial review of permanency plans after 12 months in care. In addition, ASFA required that child welfare agencies file for termination of parental rights (TPR) when a child has been in care for 15 of 22 months. Exceptions to the requirement include (1) the child is being cared for by a relative, (2) the state agency documents that TPR would not be in the child's best interests, and (3) the state agency has not provided services deemed necessary to return the child to a safe home (CWLA, 2004). By July of 1999, all states had enacted statutes that met ASFA's requirements. Although some states had existing provisions in their laws that were as stringent as corresponding federal law, compliance with the federal legislation required substantial retooling of laws and practices in many states (National Clearinghouse on Child Abuse and Neglect Information [NCCANI], n.d.).

TPR severs the legal parent-child relationship, making the child legally free for adoption (NCCANI, n.d.). Expedited time frames for TPR have the potential of focusing states' efforts to reunify children when this is possible, as well as expediting legal permanency for children who cannot be reunited with their

families. However, achievement of permanency through adoption or guardianship may require considerable time after TPR. When legal ties to families are severed without establishment of an alternative permanency arrangement, children are at risk of becoming "legal orphans," (Guggenheim, 1995) with only the state as parent and no certain legal ties to the biological or adoptive kinship network (including grandparents, aunts and uncles, and siblings).

The typical pre-ASFA practice was to reserve TPR for children whose parents had no reasonable likelihood of resuming their care in a timely way and who had family ready to adopt them. This practice, which is still reflected in some state laws that allow the perceived lack of adoptive resources as a compelling reason not to terminate parental rights, is not favored by ASFA. Instead, the logic of ASFA is to reduce the detrimental effects of extended time in foster care by accelerating the move to TPR and eventual adoption. This approach endeavors to balance the harm that could accrue by terminating a child's legal relationship to past family against the potential benefits of exiting foster care and being integrated into a new adoptive family. However, the balance may be tipped in the direction of greater harm if TPR is not followed by an adoptive placement.

The extent to which this detriment may exist depends in part on three factors: (1) the number of children who are exposed to periods of being "legal orphans," (2) the length of those periods, and (3) children's experience of those periods. In the best of circumstances, the children who are exposed to being legal orphans without another adoption resource would be few, the status would be brief, and the experience would not be stressful.[2] Previous research offers very modest clues about these issues. This report adds to the existing information.

Estimating the extent to which the ASFA policy regarding TPR balances the benefits of greater access to an adoptive family and the possible detriments described above is a substantially more difficult challenge. Such an analysis would require that a sample

[2] Although children's experience of TPR has not been well documented, considerable work has been done on children's understanding of adoption. Brodzinsky, Singer, & Braff (1984) have a seminal paper showing that children have very little understanding of adoption prior to age 10.

have enough information about enough children to be able to control for both TPR status and availability of adoption resources. Although such data are not available, this study musters the best evidence available from a review of existing studies, new analyses of available data bases, and insights gained from discussions with youth and agency personnel.

1.2 PREVIOUS RESEARCH

Our understanding of the impact of the recent policy and practice changes has been hindered by the absence of prior research on TPR. Little empirical work has been done to understand the characteristics of children and caregivers involved with TPR. In a study of termination of parental rights in New York and Michigan following the Adoption Assistance and Child Welfare Act of 1980, Guggenheim (1995) found a steady increase in the number of children who have experienced TPR, along with an increase in adoptions. Although a significant gap existed between terminations and adoptions, the analysis did not endeavor to explain which children with TPR were subsequently adopted.

This is consistent with much other literature that indicates a large and growing number of terminations, but is unable to provide very much information on the dynamics that cause these terminations or what follows TPR (e.g., Craig and Herbert, 1997). Although much research has considered the time from placement into foster care until adoption (e.g., Barth, Courtney, and Berry, 1994; Wulczyn and Hislop, 2002), these studies have generally not considered the time to TPR or from parental rights termination to adoption.

Brenda Smith's (2003) analysis of Adoption and Foster Care Reporting System (AFCARS) data for children who experienced TPR provides the best portrait to date of children's lengths of stay in care and factors related to TPR. Among nearly 2,000 children whose parental rights were terminated during October of 1997, Smith's analyses showed that 65 percent remained in care at the end of September 1998. Characteristics associated with remaining in care are older age, being African American, being placed in kinship care, and having multiple placement settings. States vary considerably in the rate of exit from foster care following TPR, even after controlling for differences in the

characteristics of caseloads.[3] An intriguing finding shows that children who have longer placements prior to TPR tend to have faster rates of exiting care following TPR. This hints that the overall time to adoption may vary less than would be suggested by the time from TPR to adoption.

Festinger and Pratt (2002) evaluated an innovative effort to shorten the time between TPR and adoption finalization in New York. All children in the study had a goal of adoption and lived with a foster family that wanted to adopt; thus all children had an adoption awaiting them upon completion of the TPR. Children were referred to the project by attorneys from the Administration for Children's Services in New York City. In this analysis, the elapsed time for children in the innovative project was about 17 months shorter than for those children who were processed in conventional ways. Although this study's population did not include children who experienced TPR and then had to wait to find an adoptive family, the data show how significantly the time from TPR to adoption may vary for other administrative reasons.

Jamieson and Bodonyi (1999) and Kemp and Bodonyi (2002) described children who were legally free for adoption in Washington State and analyzed factors associated with their exit from care. The children who were free for adoption were disproportionately African American and American Indian, had been in care for an average of 4.2 years (about evenly split between time before and after the TPR), and most (76 percent) were younger than 10 years of age. Event history analysis examined the time from being freed for adoption and exits from child welfare services to guardianship or adoptive placements. The findings are consistent with a long history of research on exits from foster care to adoption in that older children (6 or older) and African American children had significantly slower rates (Risk Ratio [RR] = 0.46) of exit than white children had. Hispanic children had faster exits (RR = 1.77) than white children had. Discussions of these findings with program managers, judges, and legislators in Washington led to a variety of initiatives, including

[3] These state comparisons do not, however, control for the great likelihood that there are differences in practice regarding which children are moved to TPR. The impact on differential selection could substantially account for differential outcomes and cannot be controlled for with the limited case characteristics available in AFCARS.

more face-to-face, as opposed to paper, reviews of cases; expedited TPR appeals; specialist guardians ad litem for post-TPR cases; and streamlined and improved adoptive family recruitment process. Family unit meetings were also instituted with relatives to explore re-establishment of family ties.

Schmidt-Tieszen and McDonald (1998) studied a small group of children (n = 147) who had been freed for adoption in an urban county in the central United States. The mean age of the children was 11, and the mean length of time since parental rights were terminated was 4 years. The findings are very similar to the previously cited studies of the transition to adoption for the general foster care population—that is, studies not limited to children who have experienced TPR—in finding relationships to age and race/ethnicity. They found a huge age gradient that predicts adoption rather than long-term foster care. Adolescents are eight times more likely to be in long-term foster care (vs. adoption) than are elementary-age children who are, in turn, four times more likely than preschool-age children. The child's race was also important and interacted with age. Among older children, there were no racial/ethnic differences in likelihood of long-term foster care vs. adoption, but younger African American children did have significantly lower rates of adoption.

1.3 CHANGES RELATED TO ASFA

Prior research suggests that policy changes instigated by ASFA have combined with earlier practice changes, such as the increasing use of planning (GAO, 1999). These practice changes, combined with adoption incentives provided by ASFA and the Adoption 2002 Initiative, have contributed to a dramatic increase in the number of children being adopted from foster care, from an estimated 37,000 in FY1998 to approximately 53,000 in FY2002. There is concern, however, that the impact of ASFA may be less favorable for older children. Growth in the number of children awaiting adoption has kept pace with the growth in adoptions, both having increased nearly 40 percent between FY1998 and FY2001. Nearly all of the increase in the number of waiting children is among children over the age of 6 (DHHS, 2000; DHHS, 2001; DHHS, 2002; DHHS, 2003).

Notwithstanding its emphasis on timeliness and accountability, ASFA allows considerable flexibility in decisions on specific cases. Agencies need not file for TPR if there is a compelling reason why this would not be in the best interest of the child. Some state laws specify that the likelihood of adoption or other permanency outcomes may be, or should be, considered before filing for termination (NCCANI, n.d.). In a 1999 survey, 12 states reported that approximately 60 percent of cases reviewed were exempted from TPR based on determination that adoption would be inappropriate (GAO, 1999).

The effects of ASFA cannot yet be fully assessed. To understand whether the law's TPR provisions shorten children's time to permanency, analyses must follow cohorts of children who entered the system after the law's passage (Wulczyn, 2002). More information is needed to assess whether ASFA's implementation creates "a system that encourages speedy resolution of children's legal status but lacks the resources to assure permanency once children are legally free" (Kemp and Bodonyi, 2002, p. 63). In particular, there is a lack of information regarding older children, such as the characteristics of youth whose parental rights have been terminated; the timing of termination and subsequent progress to permanency; and what factors influence TPR practice.

1.4 RESEARCH QUESTIONS

This study provides a preliminary examination of the effects of ASFA for older children. While the study's primary focus is on youth aged 13 and older, analyses will also include younger children (aged 8 through 12) to provide context. The study used data from several sources to address the following research questions:

- How are states responding to ASFA's TPR provisions with regard to older children?
- What factors influence achievement of adoption or other permanency outcomes for TPR youth?
- What kind of supports and services are needed for foster youth who undergo TPR?

The research design combined quantitative and qualitative methods to explore the research questions:

- analysis of AFCARS data to describe the characteristics and permanency outcomes of TPR youth;
- analysis of administrative data from two states' child welfare information systems to estimate the time from removal to TPR and from TPR to permanency;
- analysis of data from the National Survey of Child and Adolescent Well-being (NSCAW) to describe the well-being and service needs of children who have experienced TPR; and
- case studies of five states to describe implementation of ASFA's TPR provisions from the perspective of child welfare professionals, members of the judicial system, foster parents, and youth.

This project was funded by the U.S. Department of Health and Human Services (DHHS), Administration for Children, Youth and Families (ACYF), Children's Bureau. Research was conducted by RTI International and the School of Social Work of the University of North Carolina at Chapel Hill.

Child welfare and judicial professionals at the case study sites gave generously of their time. Staff in Colorado and North Carolina shared administrative data for analysis and assisted the study team in defining analyses and interpreting findings.

AFCARS data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. AFCARS data were originally collected by the Children's Bureau. AFCARS is supported by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The collector of the original data, the funder, the Archive, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

2 Methodology

This study used multiple data sources and methods to describe children affected by TPR. Researchers analyzed three distinct data resources: data from a national reporting system including every child who spent time in foster care during fiscal year 2000; administrative data from two states, representing all entries to foster care over multiple years; and a national survey of children who have been involved with the child welfare system. To provide context and explanatory data for these analyses, the study also involved case studies of policy and practice related to TPR in five states.

2.1 OVERVIEW

This study used a combination of secondary analyses and case study methodologies to examine current practice and policies with respect to TPR for older children, permanency options, and the well-being of youth who have experienced TPR. Secondary analyses of three distinct data sources allowed the study team to mine the advantages associated with each: the comprehensive scope of AFCARS, unbiased time estimates from longitudinal files based on administrative data from Colorado and North Carolina, and the rich data on child characteristics and well-being available from NSCAW. Case study data provides in-depth data on policies and practices within five diverse sites, adding the perspectives of child welfare and judicial system representatives as well as foster parents who care for youth with TPR, and youth who have experienced TPR. Table 2-1 provides an overview of how researchers used each method to address the study's principle research questions.

Table 2-1. Research Questions and Methods

AFCARS	State Data	NSCAW	Case Studies
1) How are states responding to the ASFA's TPR provisions with regard to older children?			
Z Distribution of older children by TPR and in-care status Z Characteristics of youth who have experienced TPR—demographics, case characteristics, time in care, case goals Z Time from removal to TPR (cross-sectional)	Z Distribution of older children by TPR and in-care status Z Characteristics of youth who have experienced TPR—demographics, case characteristics, case goals Z Time from first placement to TPR (longitudinal)	Z Distribution of children and youth by TPR and in-care status Z Characteristics of youth who have experienced TPR—demographics, case history, case goals, well-being indicators, service needs	Z State statutes review Z Policy and practice changes since ASFA Z Gaps between policy and practice Z Factors influencing timeliness of TPR process for older children
2) What factors influence achievement of adoption or other permanency outcomes for TPR youth?			
Z Case plan goals for youth who have experienced TPR Z Time from TPR to discharge (cross-sectional) by discharge status	Z Time from TPR to discharge (longitudinal) by discharge status		Z Factors influencing choice of permanency goals Z Efforts to expand range of permanency options
3) What kind of supports and services are needed for foster youth who undergo TPR?			
		Z Indicators of well-being among youth who have experienced TPR	Z Youths' understanding of TPR and transition through the TPR process Z Availability of and satisfaction with services for youth: X while in care X to prepare for permanency X following permanency

2.2 AFCARS DATA ANALYSIS

National data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) provide case-level information on children in foster care and children adopted from foster care during a 1-year reporting period. Foster care and adoption data reside in two separate data files. No identifying information links these two sets of data, nor is there identifying information linking data from one year to another. For the purposes of this report, researchers used AFCARS foster care data for fiscal year 2000.[4],[5] Subsequent descriptions of AFCARS refer to the foster care data file.

All 50 states, as well as the District of Columbia, reported foster care data for FY2000. States are required to report data on all children in foster care for whom the state child welfare agency has the responsibility for placement, care, or supervision. The data file contains one record for each child who was in the foster care system during the reporting period, including children who entered and exited care during this time.

The following variables of interest are included in the file:

- child's sociodemographic characteristics (e.g., age, sex, race, ethnicity, clinical diagnosis);
- child's case characteristics (e.g., total number of removals, number of placement settings, removal reasons, current placement setting, case plan goal, discharge reason);
- key dates (e.g., first removal date, last removal date, discharge date for previous removal, discharge date for latest removal, mother's TPR date, father's TPR date); and
- administrative data (e.g., state, reporting period).

AFCARS data are cross-sectional, meaning that they represent data at a single point in time, in this case, the end of the reporting period (September 30, 2000). Cross-sectional data provide a valuable "snapshot" of the current population in care; however, children who leave care quickly are less likely to be included in a cross-sectional population. AFCARS data therefore over-represents the experiences of children who have been in care for longer periods. Estimates of the length of time in care based on

[4] NDACAN Dataset #97, AFCARS 2000, fc2000v2.

[5] Reporting period for AFCARS 2000 is October 1, 1999, through September 30, 2000.

AFCARS data will be higher than those based on cohorts of all children who entered care, described in Section 2-3.

The analysis population was composed of children who were aged 8 to 17 as of the end of the reporting period.[6] In addition to including children in the foster care system, some states (16 states in 2000, according to the National Data Analysis System [CWLA, 2004]) include youth involved with the juvenile justice system in their child welfare information system. A subset of these states may be unable to differentiate their child welfare cases from their juvenile justice cases in the data reported to AFCARS. Including these juvenile justice cases in the AFCARS analysis may reduce comparability among states, because children involved with juvenile justice are older and rarely undergo TPR.

From an analytical perspective it would have been preferable to distinguish between children in foster care as a result of juvenile justice involvement from those in care for other reasons, because these groups may have different experiences with TPR. Unfortunately, this was not possible. However, it should be noted that according to federal legislation and policy, all children under the care and custody of the Title IV-B/IV-E state agency receive the same protection and are subject to the same processes, regardless of their reason for being in custody.

While the AFCARS data elements are straightforward, the analysis took into account potential concerns regarding the reliability of specific variables. Additional steps to prepare the analysis files included identifying outliers for continuous variables and setting them to missing. Staff from DHHS assisted in identifying and resolving other issues that would have obscured the interpretation of these data.

Analyses are presented for two separate populations:

- Children who were in out-of-home care at the end of the reporting period.
- Children who exited from out-of-home care as of the end of the reporting period.

Descriptions of the creation of key analysis variables follow.

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[6] With the exception of Figure 3-1, which includes children aged 21 and under.

Child age. For these analyses, "older children" is defined as those aged 8 to 17. The study staff used age as of the end of the reporting period for all age analyses. After an initial overview of the foster care population, all subsequent analyses are limited to children aged 8 to 17. Researchers stratified most of the analysis results by three age groups (8 to 9, 10 to 12, and 13 to 17). These age groups were defined based on developmental stages.

Race/ethnicity. Multiple race designations could apply to each child. The ethnicity variable was dichotomous: Hispanic and non-Hispanic. For simplicity and consistency with other analyses conducted by ACYF, researchers consolidated race and ethnicity categories, categorizing them as white, non-Hispanic; African American, non-Hispanic; Hispanic; and "other" race/ethnicity. The "other" category includes non-Hispanic American Indians, Asians, Native Hawaiians, and children with more than one race designation. Researchers used race/ethnicity to describe the out-of-home population and to stratify analysis of time in out-of-home care and TPR status.

Termination of Parental Rights (TPR). The data file includes the biological mother and father's TPR date, if available. For these analyses, the study staff defined a valid TPR date as one that occurs on or after a child's date of birth. If both biological parents had a valid TPR date, researchers used the more recent one as the definitive TPR date. Because it is necessary to terminate parental rights for two parents before a child is considered free for adoption, staff coded cases with only one valid TPR date as not having TPR. A review of TPR dates for each state showed that Florida did not report any TPR dates, the District of Columbia did not report any cases that had TPR dates for both parents, and three other states[7] reported TPR dates for both parents for fewer than 2 percent of their cases. After consultation with DHHS staff, researchers excluded these five states from all TPR-related analysis. Percentages of children with TPR are presented, stratified by child's demographics, case characteristics, and length of time in out-of-home care. Comparisons of children with TPR and without TPR are presented for analysis of removal reasons and case goals.

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[7] Kentucky, New Mexico, and West Virginia.

Length of time in care. AFCARS includes dates for the first and most recent removal, and dates of discharge for the latest and previous discharge. Therefore, analyses of time segments are limited to the 95 percent of children who had only one or two removals. In addition, cases for which dates appear to be reported in error are excluded from these analyses. Analysis of the following three time segments are presented:

- time in out-of-home care (for children still in placement and those who were discharged);
- time from removal to TPR (comparison of children with TPR who are still in placement vs. discharged); and
- time from TPR to discharge (for children with TPR who were discharged).

The analyses presented in Section 3 are descriptive, using tables and graphic presentations. Initial analyses describe demographic characteristics (gender, race/ethnicity, and age) and case characteristics (length of time in care, current placement setting) of all children in out-of-home care as of the end of the reporting period. A second group of analyses compares children who have and have not experienced TPR, based on demographic characteristics and case characteristics. These analyses include case goals stratified by TPR status and case goals by time to TPR. For children who have experienced TPR, analyses examine the length of time to TPR for children still in care compared with children who have been discharged, and permanency outcomes (i.e., adoption, relative care, or emancipation) and the time in out-of-home care among children who have been discharged from care. A final set of analyses presents state-level data on the incidence of TPR, discharge status among older children with TPR, and time spent in out-of-home care among children who were adopted for each state. These analyses were conducted to determine the level of variation of practice among states.

2.3 STATE DATA ANALYSIS

State data can provide opportunities for detailed examination of foster care and adoption dynamics. These analyses are based on longitudinal files that capture all experiences for children who enter care during specific years. This allows unbiased estimation of length of time from entry into care to TPR, using longitudinal methods that are not possible with the cross-sectional AFCARS

dataset. In addition, comparison of findings from two states identifies similarities and differences that may indicate the effect of practice variations related to TPR and permanency.

Note that these state data files will provide very different estimates of time to discharge and permanence than will analyses based on AFCARS data. The state data, as described above, are longitudinal files tracking each child's experience from first entry into foster care. AFCARS is a cross-sectional file representing all children in care during a single year. As such, it will over-represent the experiences of children who have been in care for longer periods, and thus the length of time in care for all children. While AFCARS offers the advantage of providing national data, the state files produce more sensitive estimates of time.

The project used administrative data files maintained by the North Carolina Department of Social Services and the Colorado Department of Human Service's Division of Child Welfare to create the analysis files required to examine issues related to TPR. Study staff selected North Carolina and Colorado because they had prior experience with these states, which expedited the development of these analyses. Colorado and North Carolina are the 24th and 11th largest states in terms of population, and the 32nd and 13th largest states in terms of their foster care populations. Both are county-administered, state-supervised states.

In previous work with these data files, University of North Carolina faculty configured the administrative placement files into longitudinal data files that tracked all placement experiences for children initially entering placement in multiple years. For this project, staff modified these entry cohort data files to also include information on TPR. By including all children who enter placement, these longitudinal databases provide an unbiased population for examining the likelihood of permanency through various pathways. The North Carolina data files track the experiences of children from initial entry through adoption finalization; Colorado data files summarize placement events beginning with initial placement and ending with placement in an adoptive home. At the point of adoptive home placement in Colorado, the child identification number changes making it

impossible to track beyond adoptive placement to adoption finalization.

Because the project focus is on TPR experiences of youth, researchers restricted the analysis population to children who were over 7 years old at the time of initial entry. Both databases allowed identification and exclusion of youth involved with the juvenile justice system. As shown in Table 2-2, 12,272 children who met these criteria initially entered placement authority in North Carolina between July 1, 1996, and June 30, 2002, and 10,994 children initially entered placement between January 1, 1994, and December 31, 2000, in Colorado. The North Carolina data files provide information on all placement events that occurred prior to January 2003; Colorado files have placement information prior to February 2001.

Table 2-2. Description of Entry Cohort Data Files Used for TPR Analysis

	North Carolina	**Colorado**
	Files track experiences from initial entry to placement through adoption finalization	Files track experiences from initial entry to placement through placement in an adoptive home
Period of initial entries	7/1/1996 – 6/30/2002	1/1/1994 – 12/31/2000
Number of children initially entering out-of-home placement	31,050	38,477
Number of adjudicated delinquent youth (North Carolina terminology)/youth in conflict (Colorado terminology)	1,515[a]	12,496[b]
Number of children between birth and 7 years	17,263	14,987
Number of children included in analysis[a]	12,272	10,994
Number of children with TPR dates:		
TPR both parents[b]	1,137	543
TPR date for mother only[c]	128	83
TPR date for father only[c]	61	57
File creation	1/2003	2/2001

[a] Adjudicated delinquent youth/youth in conflict and children between birth and 7 years are excluded from the analyses.

[b] Excludes 34 adjudicated delinquent youth in North Carolina and 27 youth in conflict in Colorado who had experienced TPR.

[c] TPR for these analyses is defined as TPR for both parents.

As described in Section 2.2, the TPR definition used for these analyses required that TPR be completed for both parents. Thus, as shown in Table 2-2, in both states a small number of children are excluded from the analyses because there was information on TPR for only one parent.

The analysis strategy for assessing the TPR experience of youth begins with a descriptive comparison of youth experiencing TPR to those who have not experienced TPR. Tables and charts provide summary information for each group of youth on demographic characteristics (age at initial entry, gender, race, and ethnicity); experiences in placement (year of initial entry, initial placement type, number of placements, and number of custody episodes); reason for placement; and status of permanency. Stratified analyses assess differences in characteristics of youth experiencing TPR versus youth not experiencing TPR by age. Finally, conditional probabilities of TPR summarize the likelihood that youth of varying ages will experience TPR in years 1 through 5 following the initial placement.

To examine the likelihood of permanency following TPR, staff further restricted the analysis sample to include only youth who have experienced TPR. This group includes 1,137 youth in North Carolina and 543 in Colorado. Descriptive analyses summarize demographic characteristics and placement experiences for youth experiencing TPR by permanency status groups (adoption finalized, still in placement, other permanency reason). Life table analyses estimate the cumulative probability of permanence within specified time periods ranging from 1 to 4 years after TPR and from 1 to 5 years after initial entry. Kaplan Meier analyses provide estimates of the median time to permanency for youth who experience TPR.

2.4 NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING (NSCAW)

The National Survey of Child and Adolescent Well-Being (NSCAW) data support analyses of case events and measures of

well-being that cannot be done with either AFCARS or state administrative data. The survey provides detailed information on circumstances leading to placement in out-of-home care and events since placement, as well as data on case workers' perceptions of factors affecting case decisions and child well-being. However, these analyses are limited by the relatively small number of children who have experienced TPR during the initial rounds of data collection.

NSCAW is a longitudinal study that examines the characteristics, needs, experiences, and outcomes for children and families involved with child welfare services (CWS). This survey has the potential, over time, of providing substantial information about children and families who experience TPR. The study design includes interviews or assessments with children and their caregivers, as well as child welfare investigators and teachers. Data available for analysis included the second and third waves of data collection, which took place 12 and 18 months after the initial interviews. These data provide us with a preliminary basis for examining TPR, and the caregiver and child characteristics associated with TPR.

All children and families in the study were introduced to the CWS through reports of child maltreatment.[8] Those entering the child welfare system through other means were ineligible. NSCAW is a nationally representative sample that includes 6,228 children, from birth to age 14 (at the time of sampling), whose families were investigated by Child Protective Services (CPS) between October 1999 and December 2000. This group includes 5,501 children who have had a completed CPS investigation and make up the CPS/core cohort. A substudy of 727 children who had been in out-of-home placement for approximately 12 months at the time of sampling, and whose placement in out-of-home care was preceded by an investigation of child abuse or neglect, make up the One Year in Foster Care (OYFC) cohort. The OYFC substudy allows identification of important processes and outcomes involved in the provision and experience of out-of-home care, including conventional foster care, kinship foster care, group care, and other

[8] Children entered NSCAW upon the completion of their child welfare services investigation, and may have been involved with CWS before.

settings. The study team analyzed both cohorts to make use of all available data.

The NSCAW sample used a two-stage stratified design. In the first stage, primary sampling units (PSUs) were selected from each of nine sampling strata. In the second stage, children were selected from 92 PSUs comprising 97 counties nationwide. Infants, children who were sexually abused, and cases receiving ongoing services after investigation were oversampled to ensure sufficient numbers of these cases for specific analyses. Children who were over 14 years of age, children who were siblings of children already selected to participate in the study, and children who were the perpetrators of the maltreatment were excluded from the study. The overall weighted response rates for the three completed waves of data collection can be seen in Table 2-3.[9]

Table 2-3. Weighted Response Rates

Cohort	Wave 1 (Baseline)	Wave 2	Wave 3
CPS/Core	64%	87%	87%
OYFC	73%	93%	94%

2.5 CASE STUDIES

2.5.1 Method

The qualitative component of this study allows examination of policy and practice from multiple perspectives. It focuses on questions framed in terms of "how" and "why," related to events not under control of the researcher, with a focus on contemporary rather than historical events (Yin, 1994). The study focus is on describing the range of perspectives and experiences across a set of diverse sites, rather than analyzing similarities and differences across sites. Findings from the case studies cannot be generalized to other sites, but depict the range of perspectives and practice within and across systems.

[9] Additional information on the NSCAW sample and response rate can be found at http://www.acf.dhhs.gov/programs/core/ongoing_research/afc/wellbeing_intro.html

2.5.2 Site Selection

The site selection process used in this study was designed to include states with diverse policies and practices with respect to TPR. Researchers used two types of data as the basis for selection:

- a review of state statutes enacted in response to ASFA, identifying provisions related to TPR in advance of the ASFA-mandated guidelines, and the extent to which permanency was mentioned as a consideration in TPR decisions; and
- AFCARS data for fiscal year 2000 on the number of TPRs for children age 13 and over; the proportion of all TPRs that were for older children, and the mean number of months from entry to care to TPR for older children in nonrelative foster homes.

Researchers categorized states in which statutes identified circumstances under which reasonable efforts to reunify children with parents could be ended (beyond those specified by federal law) and states that allowed expedited TPR under some circumstances as having "expedited" rather than "standard" policies. The study team characterized states as having "faster" or "slower" TPR practice based on the mean number of months from entry to care to TPR as described above. Selection was limited to states with more than the national median for the number of TPRs among children aged 13 or older. Final selection favored sites with expedited policies and faster TPR practice, based on the expectation that these sites would have more TPR-related experience to share.

Following selection of several candidate states, Susan Orr, Associate Commissioner of the Children's Bureau, sent lead letters to state child welfare directors describing the study and requesting their participation. Project staff followed up by telephone to discuss the study and answer any questions. State child welfare leaders were asked to suggest interviewees in both the child welfare and judicial systems at the state level. Researchers chose local sites based on size, diversity of local practice, and willingness to participate. State-level contacts made initial contact with child welfare leaders at the local level, after which staff followed up to identify possible interviewees there. The final set of states and local sites is shown in Table 2-4.

2.5.3 Site Visits

RTI's Institutional Review Board (IRB) reviewed all study methods and procedures prior to data collection. In addition, one state (Illinois) required approval by its internal IRB, which was received prior to that site visit. Staff conducted five site visits between May and December 2003. In addition, a study team member attended the National Council of Juvenile and Family Court Judges' Family Court Symposium in September 2003, where she conducted an informal discussion group to expand the study team's understanding of judicial perspectives on TPR.

Table 2-4. Policy and Practice Characteristics of Selected Sites

	State				
	Colorado	**Illinois**	**Kansas**	**Ohio**	**West Virginia**
Policy category	Expedited	Standard	Expedited	Expedited	Standard
Practice category	Faster	Slower	Faster	Faster	Faster
Number of TPRs for children over age 13 (FY2000)	151	1,141	304	459	224
TPRs for children over age 13 as a percentage of all TPRs (FY2000)	8%	9%	22%	9%	15%
State/county administration	State	State	State	County	State
Local site	Jefferson County (Denver metro area)	Chicago	Wyandotte County (Kansas City)	Montgomery County (Dayton)	Kanawha County (Charleston)

Two-person teams visited each site to speak with individuals representing a variety of perspectives and experiences. Each site visit included the following activities:

- interviews with the state-level adoption program manager and foster care program manager;
- interviews with the local adoption supervisor and foster care manager;
- interviews with the state court improvement contact, the dependency court judge, guardian ad litem or Court Appointed Special Advocate (CASA) program representative, and children's counsel;
- group discussions with foster care/adoption workers;

- focus group with 6 to 8 foster parents who are caring for, or have recently cared for, children aged 13 or older who have experienced TPR;
- when possible, focus groups with foster youths who have experienced TPR and were identified by child welfare agencies. Focus groups were conducted at three sites and an in-depth individual interview was held at one site, with a total of 25 youth participating; and
- document collection, both in advance of the site visit and on site.

Table 2-5 presents an overview of topics addressed through interviews, focus groups, and document collection. The study team developed the interview guides around the relevant primary research topics and data from the review of state legislation, preliminary analyses of AFCARS data, and a recent GAO report (GAO, 1999). Researchers adapted interview questions to the circumstances of the agency and particular expertise of the individual being interviewed, while adhering to core topics. Staff added ideas that occurred spontaneously during early interviews to the interview guide to be explored during similar interviews at other sites. Some nonproductive lines of questioning were dropped after initial site visits.

2.5.4 Data Management and Analysis

For interviews, researchers summarized handwritten notes in electronic format shortly after the discussions, using audiotapes as backup to written notes as necessary. For focus groups and individual conversations, staff summarized written notes immediately after each group using handwritten notes and audiotapes. A study team member who had participated in that site visit reviewed documents and prepared a written summary of content relevant to the study questions.

Staff entered all written notes (from interviews, focus groups and document review) into a qualitative database and coded them using an analytic structure that reflected the study questions. Analysis focused on identifying patterns and themes, both within and across sites. Pattern identification was assisted by the development of summary matrices that allowed researchers to map respondents' information to study questions to identify areas of convergence and disagreement within sites as well as across sites. These matrices assisted in reducing large volumes of qualitative data to a level at which patterns could be identified.

To preclude any risk of exacerbating existing conflicts, quotes presented in Section 6 are not attributed by name or site. Quotes have been edited for brevity and clarity.

Table 2-5. Overview of Topics Addressed through Interviews, Focus Groups, and Document Collection

Topic	Types of Respondents			
	Child Welfare Representatives	**Judicial System Representatives**	**Foster/Adoptive Parents**	**Foster/Adopted Youths**
TPR policy and practice	Z Changes to policies and operating procedures as a result of ASFA Z Differences between child welfare and judicial perspectives Z Assessment of how changes have affected practice Z Timeliness of court and child welfare processes Z Impact of policy changes for children (particularly for 13+), parents, system		Z How much information do foster parents get on youth's legal status Z Parents' perceptions of changes in policy since ASFA	Z Youths' awareness of policies related to permanency and TPR Z Opinions about TPR: how quickly should it occur; when should it not occur Z How much do youths know about their own status; how do they get information
Services for youths	Z Initiatives to improve permanency for youths Z Services to youths for whom TPR is likely or has occurred Z Services needed	Z Court improvement efforts related to achieving permanency Z Efforts needed	Z Services needed by youths to deal with TPR Z Service availability and effectiveness Z Improvements needed	
Effects of TPR	Z Effects of TPR on youths Z Effects of TPR on workers and agency	Z Effects of TPR on youth Z Effects of TPR on court personnel	Z Children's awareness of TPR at different ages Z Impact of TPR on youth who are/are not in adoptive placement Z Effect of youth's TPR status on parents' consideration of adoption	Z Children's awareness of TPR at different ages Z Impact of TPR on youth who are/are not in adoptive placement

3 AFCARS Data Analysis

AFCARS analyses examine the experience of children aged 8 to 17 who were in foster care during fiscal year 2000. Analyses reported in this section describe characteristics of children in out-of-home care, compare characteristics of children with and without TPR, and examine the time in care and discharge reasons for children who exit care after TPR.

3.1 TPR PRACTICE

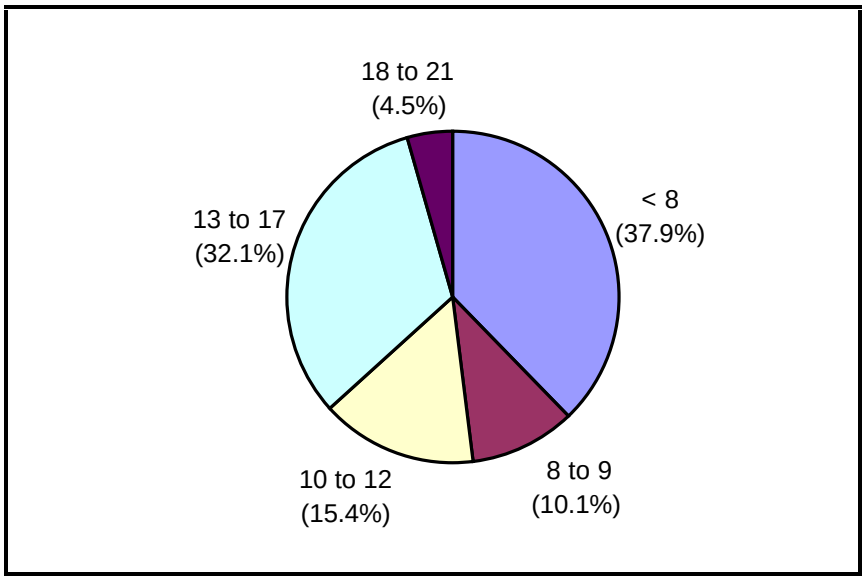
3.1.1 AFCARS Population

Of the 538,801 children in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000), 57.6 percent were aged 8 to 17 years (Figure 3-1). About 41 percent of these children were white, non-Hispanic; another 41 percent were black, non-Hispanic; and 14 percent were of Hispanic origin (regardless of race). American Indians, Asians, Native Hawaiians, and children with more than one race designation comprised the "other" category with 4 percent (Figure 3-2).

Examination of the differences in the distribution of race/ethnicity among the three age groups revealed that there were more black, non-Hispanics compared to white, non-Hispanic children in the two younger age groups (44.3 vs. 35.2 in the 8 to 9 age group, and 43.9 vs. 37.3 in the 10 to 12 age group) (Table 3-1). This trend was reversed for the children aged 13 to 17, with white, non-Hispanic children outnumbering black, non-Hispanic children in out-of-home care (43.9 vs. 38.3 percent). Several explanations

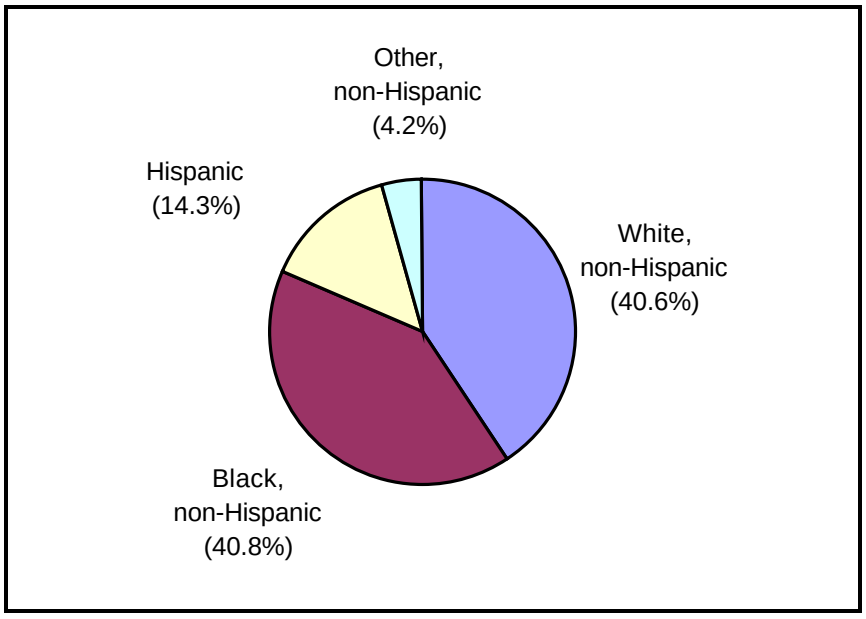
for these age-related disproportionalities have been posed, based on

Figure 3-1. Percentage of Children in Out-of-Home Care, by Age



Note: Includes only children who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

Figure 3-2. Percentage of Older Children in Out-of-Home Care, by Race/Ethnicity



Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. "Other" category includes American Indians, Asians, Native Hawaiians, and children with more than one race designation.

Table 3-1. Percentage of Older Children in Out-of-Home Care, by Race/Ethnicity in Each Age Group

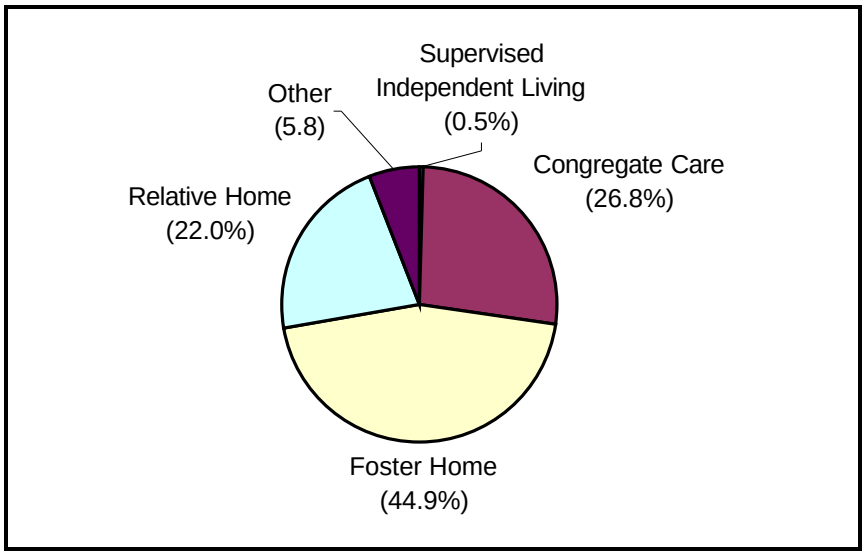
Race/Ethnicity	Age Group		
	8 to 9	10 to 12	13 to 17
N	50,515	77,535	161,837
White, non-Hispanic	35.2	37.3	43.9
Black, non-Hispanic	44.3	43.9	38.3
Hispanic	15.9	14.5	13.8
Other, non-Hispanic	4.5	4.3	4.1

Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).
2. "Other" category includes American Indians, Asians, Native Hawaiians, and children with more than one race designation.

differential entry and exit rates by age and race. These include the greater rate of entrance into care for adolescent white children in order to obtain mental health services (Bazelon Center for Mental Health Law, 1999) and the earlier entry into care of black, non-Hispanic newborns, because of higher rates of involvement of African American mothers with substance abuse and parental arrest (Phillips et al., in press). Slower exits to adoption for those younger black, non-Hispanic children may also contribute to a larger population of these children in the school-age groups (Barth, 1997).

About 45 percent of the children in out-of-home care are placed in a foster home; one-quarter are in a group home or institution and about 22 percent are in relative care (Figure 3-3). Table 3-2 shows that more than one-half of the children 8 to 12 years old are currently in a foster care placement, compared to 37 percent of children 13 to 17. Placements with relatives are the second-most common placement for children 8 to 12 years old. Children aged 13 to 17 are just as likely to be placed in congregate care as in a foster home, and less likely to be placed with relatives than their younger counterparts.

Figure 3-3. Older Children in Out-of-Home Care, by Current Placement Setting



Note: Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

Table 3-2. Older Children in Out-of-Home Care, by Current Placement Setting, by Age

	Age Group		
Current Placement Setting	**8 to 9**	**10 to 12**	**13 to 17**
N	53,282	81,481	170,149
Foster home	57	53.1	37.2
Relative home	31	27.6	16.5
Congregate care	7.9	15.5	38.1
Supervised independent living	0	0	0.9
Other	4.1	3.8	7.4

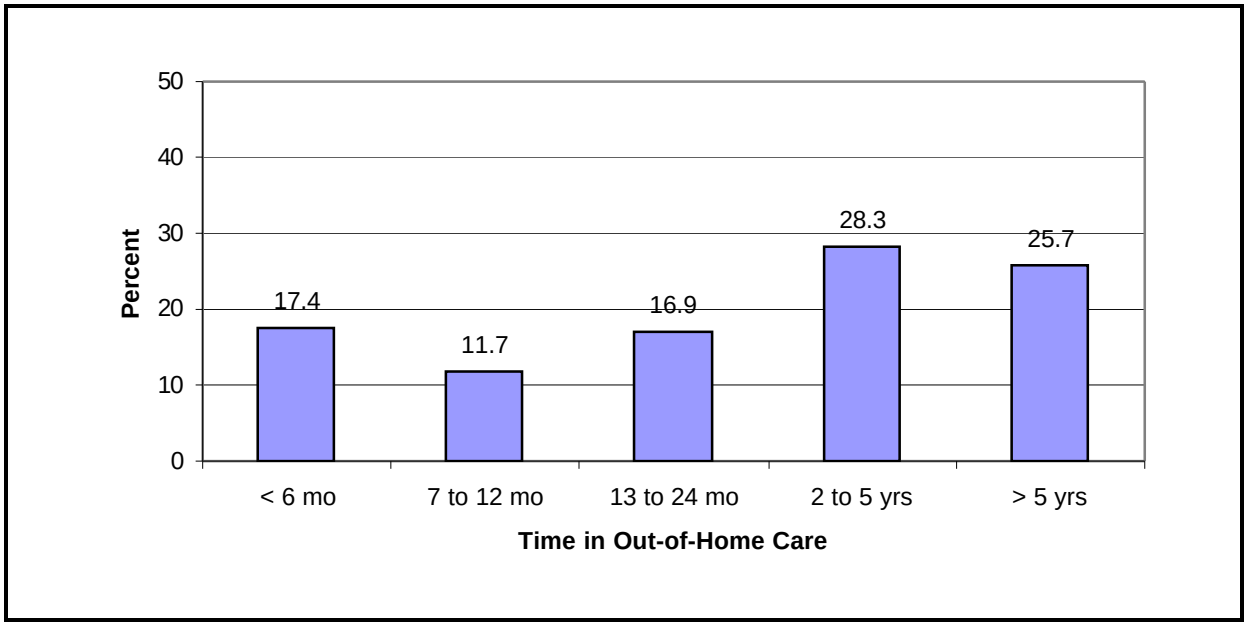
Note: Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

3.1.2 Length of Time in Out-of-Home Care

Figure 3-4 shows that many children currently in care have experienced substantial time in out-of-home care.[10] More than one-half of the children in out-of-home care at the end of the AFCARS 2000 reporting period had spent at least 2 years in out-of-home care. A quarter of these children had spent more than 5 years in out-of-home care.

[10] See discussion in Section 2.2 describing why estimates of time in care using AFCARS data are upwardly biased.

Figure 3-4. Length of Time Older Children Have Spent in Out-of-Home Care



Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. Includes only children with one or two removals from the home and cases with valid data for key dates.

Table 3-3 shows the length of time children have been in out-of-home care by age. More than one-fifth of children aged 8 to 9 have already spent at least half of their lives in out-of-home care; almost one-third have been in out-of-home care for 2 to 5 years. About one-quarter of the children over age 10 have spent more than 5 years in out-of-home care.

Table 3-3. Length of Time Older Children Have Spent in Out-of-Home Care, by Age

Time Spent in Out-of-Home Care	Age Group		
	8 to 9	10 to 12	13 to 17
N	50,039	74,617	151,096
< 6 months	16.7	16.2	18.2
7 to 12 months	11.8	10.9	12
13 to 24 months	18.3	16.5	16.7
2 to 5 years	31.3	29.8	26.6
> 5 years	21.8	26.7	26.5

Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. Includes only children with one or two removals from the home and cases with valid data for key dates.

Table 3-4 shows that time in care varies by race and ethnicity. Two-thirds of black, non-Hispanic children currently in out-of-home care have been in care for 2 or more years; 40 percent have been in care for more then 5 years. In contrast, slightly fewer than one-half of the white, non-Hispanic children in out-of-home care have spent at least 2 years in care; 17 percent have been in care for more than 5 years. Fifty-three percent of Hispanic children have been in out-of-home care for 2 or more years; slightly fewer than one-quarter have spent more than 5 years in out-of-home care.

Table 3-4. Length of Time Older Children Have Spent in Out-of-Home Care, by Race/Ethnicity

	Race/Ethnicity			
Time Spent in Out-of-Home	**White, Non-Hispanic**	**Black, Non-Hispanic**	**Hispanic**	**Other, Non-Hispanic**
N	104,734	105,158	36,994	10,323
< 6 months	21.6	12.2	17.3	21.9
7 to 12 months	13.9	8.6	12.1	13.5
13 to 24 months	19.2	13.6	17.4	18.8
2 to 5 years	28.4	27.6	30.7	27.8
> 5 years	17.0	38.0	22.6	18.0

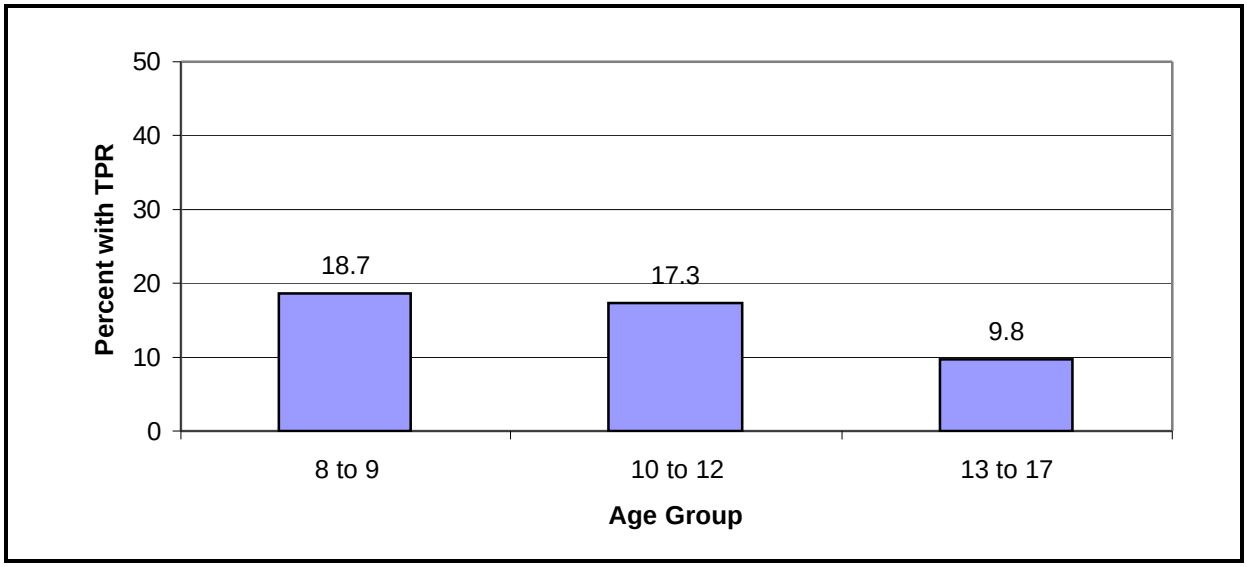
Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Includes only children with one or two removals from the home and cases with valid data for key dates.
3. "Other" category includes American Indians, Asians, Native Hawaiians, and children with more than one race designation.

3.1.3 TPR Status

Thirteen percent of older children in out-of-home care at the end of the AFCARS 2000 reporting period had their legal relationships to their biological parent(s) severed by TPR. The two younger age groups experienced TPR at a higher rate compared to the children aged 13 to 17, likely because of their greater prospects for adoption (Figure 3-5). Children aged 8 to 9 had double the rate of TPR compared to those aged 13 to 17.

A higher proportion of black, non-Hispanic children experience TPR compared to their counterparts, which may reflect their over-representation among younger children, the likelihood that they have had longer stays in out-of-home care than other children, and the higher likelihood that they have lost parents to homicide or incarceration (Figure 3-6). Males and females have similar likelihood of TPR (13.5 and 13.2 percent, respectively; Table A-2 in Appendix A).

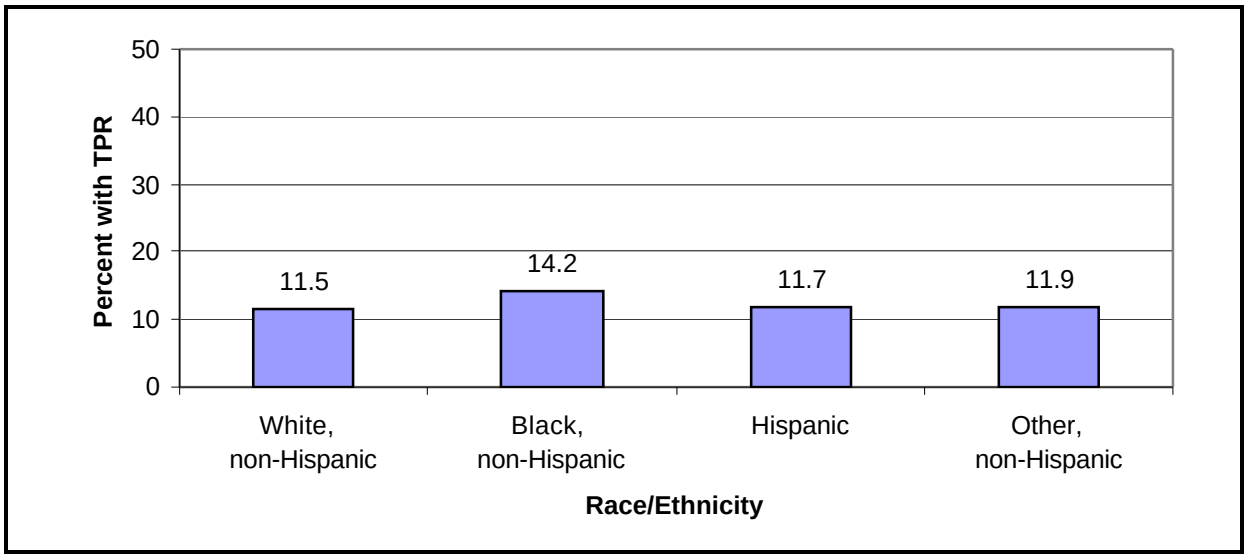
Figure 3-5. Percentage of Older Children in Out-of-Home Care with TPR, by Age



Notes: 1. Includes all children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. Excludes five states where TPR data are missing or incomplete.

Figure 3-6. Percentage of Older Children in Out-of-Home Care with TPR, by Race/Ethnicity



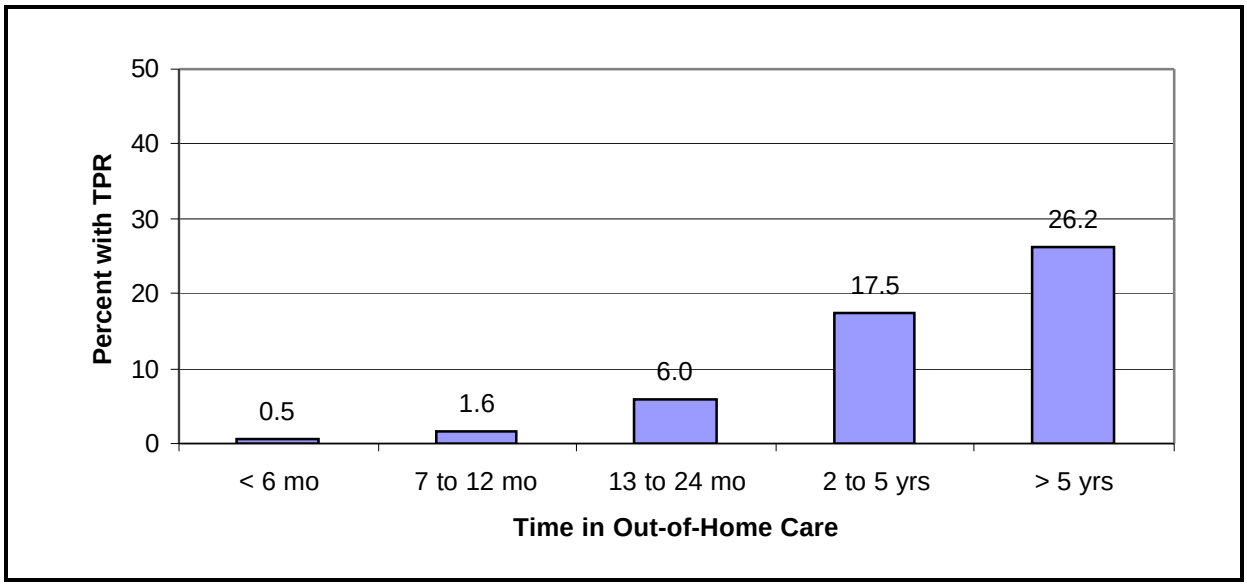
Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. "Other" category includes American Indians, Asians, Native Hawaiians, and children with more than one race designation.

3. Excludes five states where TPR data are missing or incomplete.

Figure 3-7 shows the percentage of older children in out-of-home care with TPR, stratified by their time in out-of-home care. Very few of the older children who have been in out-of-home care for less than 2 years experienced TPR. TPR for children in out-of-home care for only a short time could indicate that this was not their first or second spell in care or that states were not required to make reasonable efforts to reunify the child due to aggravated circumstances (i.e., abandonment or chronic abuse) or murder, manslaughter, or TPR of another of the parent's children. More than one-quarter of children in out-of-home care for more than 5 years have TPR.

Figure 3-7. Percentage of Older Children in Out-of-Home Care with TPR, by Length of Time in Out-of-Home Care

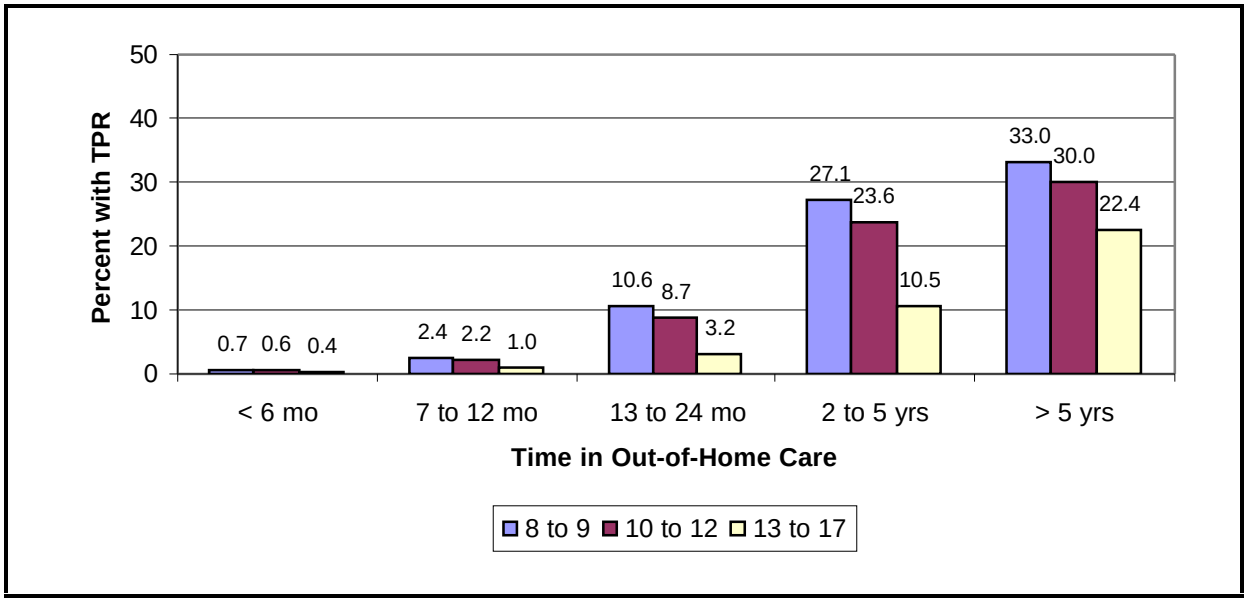


Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Includes only children with one or two removals from the home and cases with valid data for key dates.
3. Excludes five states where TPR data are missing or incomplete.

Another way to look at the relationship between time in out-of-home care and TPR is to examine the percentage of children in each time period among children with TPR (Table A-3 in Appendix A). Among the children with TPR, almost 10 percent were in out-of-home care for less than 24 months, 38 percent were in care for 25 to 60 months, and 53 percent were in care for more than 5 years.

Examining the relationship between time in out-of-home care and TPR status for each age group reveals that about one-third of children aged 8 to 12 in out-of-home care for more than 5 years have had TPR, whereas only slightly more than one-fifth of the oldest age group in care for more than 5 years have had TPR (Figure 3-8). Rates of TPR for all three age groups are low for children who have been in out-of-home care for less than 1 year (less than 2.5 percent). The likelihood of TPR is greatest for children aged 8 to 9 and smallest for children ages 13 to 17. This could be because the older children were judged not to benefit from TPR at the same rate as the younger children did, or it could be because the older children more often entered care as a result of their own behavioral disorders, rather than serious maltreatment by their parents (GAO, 2003).

Figure 3-8. Percentage of Older Children in Out-of-Home Care with TPR, by Length of Time in Out-of-Home Care, in Each Age Group



Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

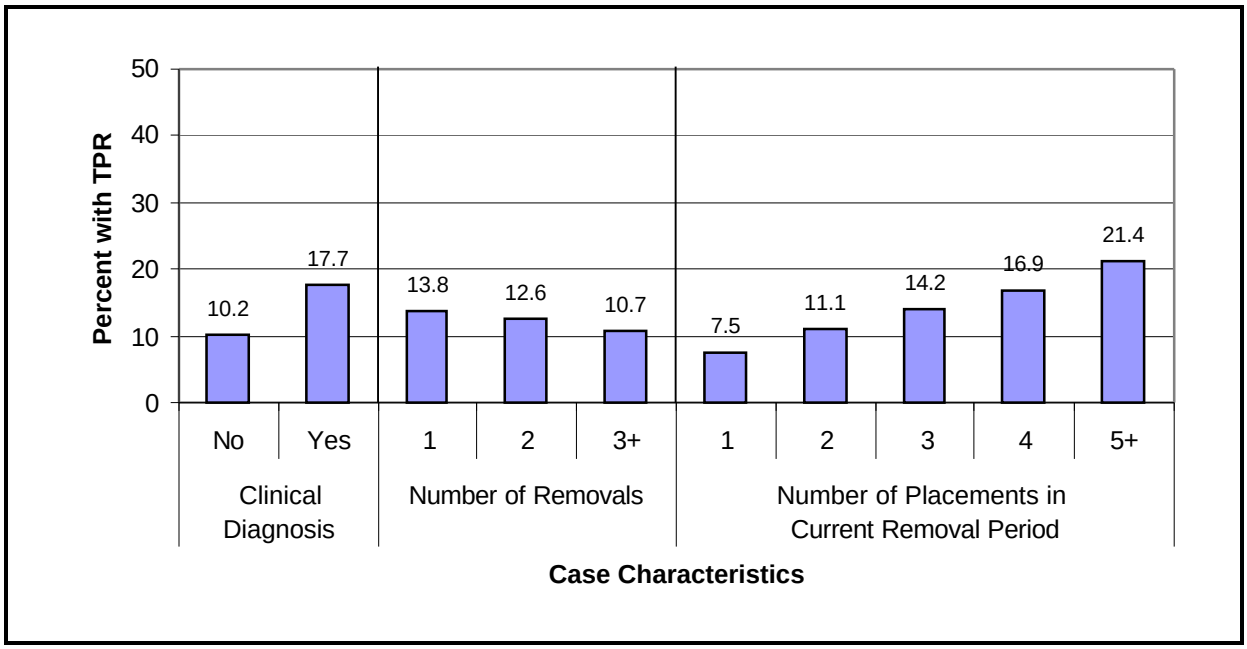
2. Includes only children with one or two removals from the home and cases with valid data for key dates.

3. Excludes five states where TPR data are missing or incomplete.

Figure 3-9 displays the percentage of older children in out-of-home care with TPR, stratified by the presence of a clinically diagnosed disturbance, handicap or disability; number of removals from the home; and number of placements during the current

removal period. A higher proportion of older children in out-of-home care

Figure 3-9. Percentage of Older Children in Out-of-Home Care with TPR, by Case Characteristics



Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. Excludes five states where TPR data are missing or incomplete.

3. Clinical diagnosis includes diagnosis by a professional as having mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. (Information available at: http://www.ndacan.cornell.edu/NDACAN/Datasets/UserGuidePDFs/AFCARS_Guide_2000-Present.pdf.)

with a clinical diagnosis have TPR compared to children with no clinical diagnosis (17.7 vs. 10.2 percent). This trend was evident across all age groups (Table A-4 in Appendix A). The interaction between TPR status and behavioral/emotional issues is likely a complex one, and these data do not support inferences about any causal direction between the two phenomena.

It appears that children who have experienced more removals from home are less likely to be free for adoption. Among 8- to 9-year-olds, however, the percentage of children with TPR did not vary with the number of removals the child experienced. The relationship between number of removals and lower rates of TPR for the older children may be an artifact, because these older children may be coming in and out of care for different reasons

than the younger children. This entering and re-entering of care may indicate that the child is deeply involved with a family that retains the hope of reunification. Or, it could mean that the child welfare service agency is not able to track the lapsed time in care for children with so many child welfare episodes, and are not proceeding to free children for adoption even though they have had an elapsed time that exceeds 15 of the last 22 months.

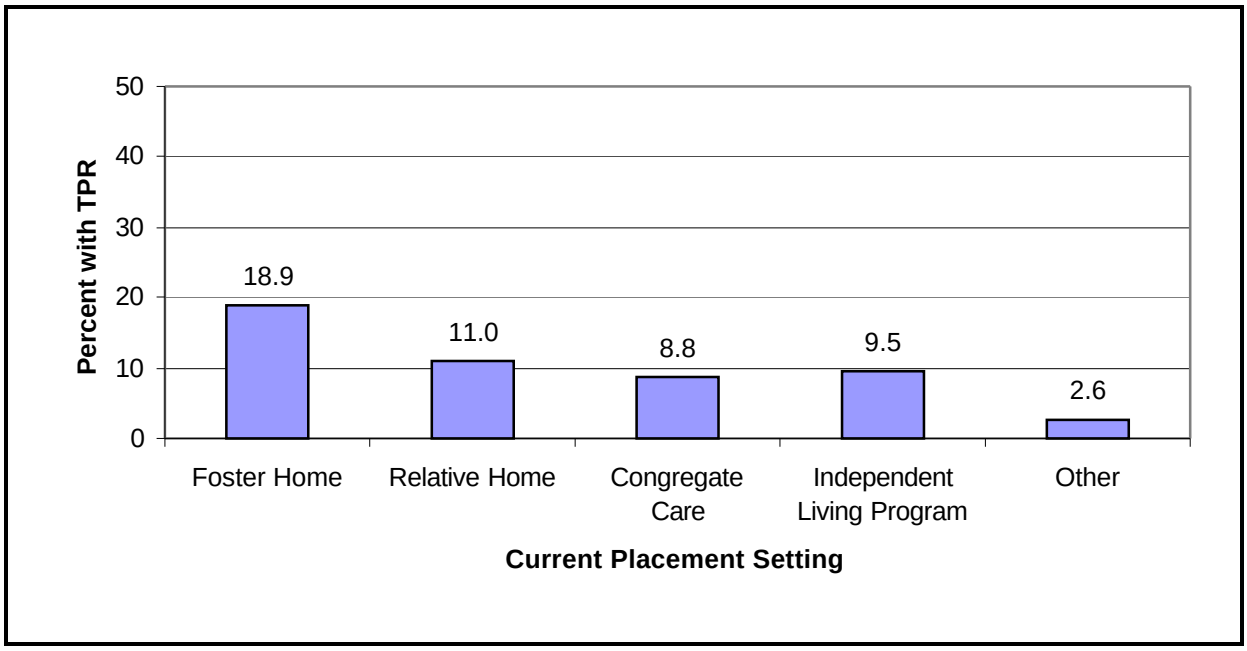
Children with multiple placements during the current removal were more likely to have TPR, regardless of age. Although the reasons for this are unclear, there are two strong hypotheses. Children in kinship care have been repeatedly shown to have fewer placement moves (Barth, Courtney, and Berry, 1994); they are also less likely to be adopted (Wulczyn, 2000). Thus, most adopted children are not living with relatives and they are likely to move from shelter or emergency foster care, to conventional foster care, to a preadoptive home (a minimum of three moves). Although placement moves may be a result of children's problem behavior, they may also be due to administrative reasons, including placing children into homes with siblings and into preadoptive placements when the foster care placement was not an adoptive home (James, Landsverk, and Slymen, In Press).

Figure 3-10 shows that children in foster homes had the highest percentage of TPR rates compared to children in other placement settings. Children in relative homes, congregate care, and those with an independent living plan experienced similar rates of TPR (9 to 11 percent).

The next analyses assess the association between reasons why children enter care and the likelihood of TPR (Table 3-5). Because multiple reasons for removal can be entered, these data are shown in two ways. The first three columns show the percentage of children with each removal reason, by TPR status. The last column presents the percentage of children who have a specific removal reason *and* have additional removal reasons reported. There is a significant proportion of children removed because of neglect and/or abuse and who do not have TPR. Only two removal reasons—child behavior problems and caretaker's inability to cope—were more common among children who had not had TPR. These removal reasons are among those likely to be used for children in custody as a result of juvenile justice

involvement, for whom TPR is generally not considered an appropriate outcome.

Figure 3-10. Percentage of Older Children in Out-of-Home Care with TPR, by Current Placement Setting



Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. Excludes five states where TPR data are missing or incomplete.

3.2 TPR AND PERMANENCY

3.2.1 Case Goals

Children without TPR. Study staff examined the case goals of older children to understand how these goals differ for children with TPR compared to those without TPR (Table 3-6). Staff further examined these differences among the three older age groups. Among children without TPR, reunification was the most common goal, for about 43 percent.

Ten percent of children without TPR had a goal of adoption, suggesting that TPR may already be in process for these children or indicating that the agency may be delaying TPR proceedings until an adoptive family is identified for the child (Table 3-6). A significant number of children had a case goal of long-term foster care (13 percent), particularly among the oldest age group. Relative care or guardianships were the goals for 10 percent of these children.

Table 3-5. TPR Status of Older Children in Out-of-Home Care, by Removal Reasons

Removal Reason	No TPR	TPR	Total	Total with Co-occurring Reasons
N	223,768	32,058	255,826	255,826
Physical abuse	14.8	18.7	15.3	8.7
Sexual abuse	8.2	11.4	8.6	5.6
Neglect	43.2	54.5	44.6	20.5
Parent–alcohol abuse	7.1	8.2	7.2	6.9
Parent–drug abuse	11.0	13.2	11.3	10.5
Child–alcohol abuse	1.1	0.7	1.1	1.0
Child–drug abuse	2.6	4.5	2.9	2.8
Child disability	3.1	4.5	3.3	2.9
Child behavior problem	23.7	8.4	21.8	9.5
Parent died	1.0	1.2	1.0	0.9
Parent incarcerated	3.8	4.1	3.9	3.4
Caretaker inability to cope	20.3	17.7	20.0	11.7
Abandonment	5.3	7.6	5.6	4.2
Relinquishment	1.3	5.5	1.8	1.3
Housing	6.8	8.7	7.1	6.7

Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. Excludes five states where TPR data are missing or incomplete.

3. Co-occurring reasons indicate that at least one other removal reason was reported in addition to the specific removal reason.

Several patterns were observed in the data when researchers examined the case goals by age group. Younger children were more likely to have a case goal of reunification. Children in the 10- to 12-year and 13- to 17-year age groups were less likely to have adoption as their goal than younger children, showing that adoption is sought for younger children more often that it is for older children. As a result of their lower likelihood of either reunification or adoption, older children were more likely to have long-term foster care or emancipation as goals.

Among children aged 13 to 17, 12 percent had emancipation as a goal, compared to less than 1 percent of children aged 8 to 12. Seventeen percent of children without TPR did not have a case goal identified in AFCARS.

Table 3-6. Case Goals of Older Children in Out-of-Home Care, by TPR Status and Age

	No TPR				TPR			
	8 to 9 (%)	**10 to 12 (%)**	**13 to 17 (%)**	**Total (%)**	**8 to 9 (%)**	**10 to 12 (%)**	**13 to 17 (%)**	**Total (%)**
N	39,059	61,319	141,161	241,539	8,981	12,900	15,635	37,516
Adoption	20.5	16.2	4.8	10.2	78.7	75.2	46.2	63.9
Relative/ guardianship	10.8	12.4	9.0	10.1	4.1	5.5	7.2	5.9
Long-term foster care	5.7	10.5	15.3	12.6	2.7	7.1	17.6	10.4
Emancipation	0.1	0.5	12.1	7.2	0.2	0.8	19.2	8.3
Reunification	46.7	44.3	41.2	42.9	6.2	5.7	5.6	5.8
No case goal established	16.3	16.2	17.6	17.1	8.1	5.8	4.3	5.7

Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Excludes five states where TPR data are missing or incomplete.

Children with TPR. Most of the children in out-of-home care with TPR had a case plan of adoption (64 percent). Several patterns were observed in the data when staff examined the case goals by age group. Almost 80 percent of children 8 to 9 years old and 75 percent of children 10 to 12 years old had a goal of adoption. However, less than one-half of the children aged 13 to 17 had adoption as a permanency plan. A significant proportion of these older children were planning to emancipate (19 percent) or continue in long-term foster care (18 percent). Nearly 6 percent of children with TPR did not have a case plan identified in AFCARS, possibly due to a state's not updating this data field or reflecting a lack of a permanency plan for children with TPR. The goal of reunification for children who have had TPR may also reflect plans that have not been updated, although case study interviews identified this as an intentional goal for some older children, as discussed in Section 6.2.2.

In all, more than one-third of children who had experienced TPR did not have a case plan goal of adoption—ostensibly the major rationale for TPR. Although TPR could occur for children without an adoption goal who are living with relatives in cases with contact with biological parents must be curtailed, such a process is uncommon for children not living with relatives. The remaining

group of children who are free for adoption and are not living with relatives but do not have a case plan goal of adoption is quite sizable—representing 30 percent of all cases and more than 11,000 children in 2000–2001.

Next, the study team examined the length of time children with TPR have spent in out-of-home care, stratified by their case goal. Table 3-7 presents the median time from first removal to TPR and the median time children have been in out-of-home care for each case goal. Although time to TPR was similar for children with case goals of adoption and relative care or guardianship (34.5 and 34.2 months, respectively), children with the latter case goals have spent significantly more time in out-of-home care. Children with reunification as a goal had the shortest wait before TPR and have spent the shortest time in out-of-home care compared to children with other case goals. It is likely that the original case goal of these children was reunification; however, later circumstances indicated that these children should be free for adoption and the case goal was not updated as such in the administrative data system. Children with a goal of emancipation waited the longest for TPR and had the longest total time in care, a median of almost 9 years in out-of-home care, as they wait to age out of the system.

Table 3-7. Length of Time Children with TPR Spent in Out-of-Home Care, by Case Goal

	N	Median Months to TPR	Median Months in Out-of-Home Care
Adoption	21,317	34.5	59.9
Relative/guardianship	1,891	34.3	72.8
Long-term foster care	3,249	30.5	81.8
Emancipation	2,691	45.0	106.5
Reunification	1,779	24.3	36.3
No case goal established	1,732	35.8	60.4

Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Includes only children with one or two removals from the home and cases with valid data for key dates.
3. Excludes five states where TPR data are missing or incomplete.

3.2.2 TPR and Discharge Status

Analyses of children in care at a specific point in time, such as these analyses of children in care at the end of the AFCARS reporting period, may be biased if they overrepresent children with longer stays compared to those who have exited care. The analysis in Table 3-8 suggests that this is not the case for the AFCARS population. Comparing children who are still in placement with those who have been discharged shows that children who have been discharged generally spend more time in out-of-home care prior to TPR compared to children who are still in out-of-home care. For children still in placement and for those who were discharged during the reporting period, time to TPR increased with age.

Table 3-8. Length of Time Older Children Spend in Out-of-Home Care Prior to TPR, by Discharge Status and Age

	Still in Placement				Discharged			
Months to TPR	**8 to 9 Years**	**10 to 12 Years**	**13 to 17 Years**	**Total**	**8 to 9 Years**	**10 to 12 Years**	**13 to 17 Years**	**Total**
25th percentile	20.0	20.5	20.1	20.2	23.1	24.1	23.6	23.6
Median	32.3	34.0	35.8	34.1	36.5	39.2	41.5	38.5
75th percentile	51.5	55.6	60.1	56.2	55.7	63.2	68.4	61.7
95th percentile	85.6	99.1	108.6	99.1	85.1	104.2	118.4	102.9
N	8,235	11,513	13,269	33,017	4,786	5,369	3,910	14,065

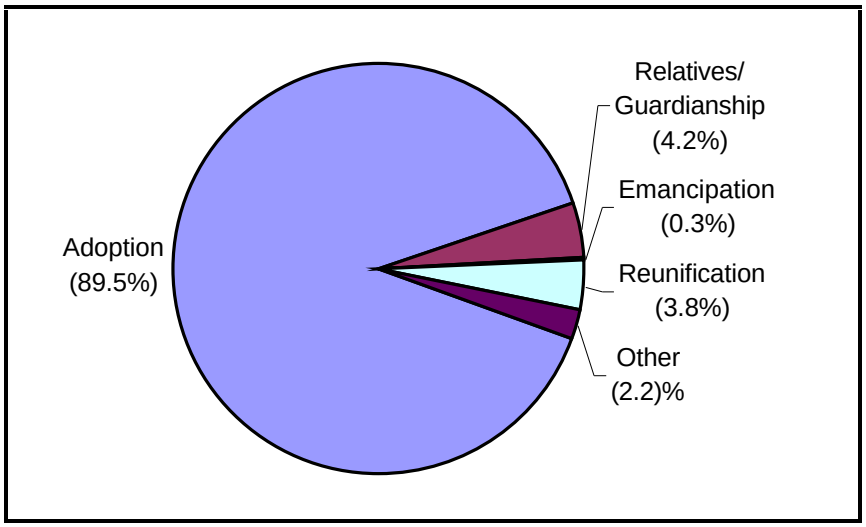
Notes: 1. "Still in Placement" includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).
2. "Discharged" includes children aged 8 to 17 who had exited out-of-home care by the end of the AFCARS reporting period.
3. Includes only children with one or two removals from the home and cases with valid data for key dates.
4. Excludes five states where TPR data are missing or incomplete.

Figure 3-11 shows the percentage of children who have experienced TPR and have been discharged, by their reason for discharge. Almost 90 percent of these children were adopted. Most of the other children were placed with a relative or guardians (4.2 percent) or were reunified with their families (3.8 percent).

Table 3-9 shows the discharge reasons stratified by age group. About 94 percent of the children in each of the two younger age groups (8 to 9 and 10 to 12) were adopted, compared to 79 percent of the children aged 13 to 17. Children in the oldest age group were more likely to be placed with relatives or

guardians or be reunified with their families compared to their younger counterparts.

Figure 3-11. Discharge Reasons for Older Children with TPR



Notes: 1. Includes only children aged 8 to 17 who had TPR and who exited out-of-home care by the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Other discharge reasons include transfer, runaway, and death
3. Excludes five states where TPR data are missing or incomplete.

Table 3-9. Discharge Reasons for Older Children with TPR, by Age

	Age Group		
	8 to 9 Years	**10 to 12 Years**	**13 to 17 Years**
N	5,189	5,879	4,542
Adoption	94.2	93.5	79
Relatives/guardianship	2.4	3.6	6.9
Emancipation	0	0.03	1
Reunification	2.4	2.1	7.7
Other	1	0.8	5.5

Notes: 1. Includes only children aged 8 to 17 who had TPR and who exited out-of-home care by the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Other discharge reasons include transfer, runaway, and death.
3. Excludes five states where TPR data are missing or incomplete.

Table 3-10 shows the percentiles for time to TPR,[11] time from TPR to discharge, and the total time in out-of-home care for children with TPR who have exited care, overall and stratified by age group. The median time children 8 to 17 spent in out-of-home care prior to TPR was slightly more than 3 years (38.5 months). After TPR, they spent a median of 15 more months in out-of-home care prior to exiting care. Overall, children 8 to 17 with TPR were in out-of-home care for a median of 5 years.

Table 3-10. Length of Time Older Children with TPR and Discharged from Care Were in Out-of-Home Care, by Age

	8 to 9 Years Old	10 to 12 Years Old	13 to 17 Years Old	Total
Months to TPR				
25th percentile	23.1	24.1	23.6	23.6
Median	36.5	39.2	41.5	38.5
75th percentile	55.7	63.2	68.4	61.7
95th percentile	85.1	104.2	118.4	102.9
N	4,786	5,369	3,910	14,065
Months from TPR to Discharge				
25th percentile	7.7	8.0	8.4	8.0
Median	14.0	14.9	16.4	14.9
75th percentile	23.1	26.6	32.7	26.5
95th percentile	46.1	59.5	79.8	62.5
N	4,730	5,288	3,785	13,803
Total Months in Out-of-Home Care				
25th percentile	38.4	40.5	42.1	40.1
Median	55.8	60.8	66.7	60.2
75th percentile	77.8	88.8	105.1	87.6
95th percentile	103.2	130.0	152.5	133.3
N	4,786	5,369	3,910	14,065

Notes: 1. Includes only children aged 8 to 17 who had TPR and who exited out-of-home care by the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Includes only children with one or two removals from the home and cases with valid data for key dates.
3. Excludes five states where TPR data are missing or incomplete.
4. TPR date must have occurred after the most recent removal for calculations of time from TPR to Discharge.

[11] These data are presented in Table 3-8 and are included again in this table for the reader's convenience.

Table 3-11 shows median time to TPR, time from TPR to discharge, and the total time in out-of-home care for children with TPR who have exited care, stratified by discharge reason. Findings were similar to the analysis of time in out-of-home care stratified by case goal. Children who were adopted waited a median of almost 40 months before they were free for adoption. Once they had experienced TPR they remained in out-of-home care for a median of almost 15 months prior to adoption. These older children spent a median of 5 years in out-of-home care before they were adopted.

Table 3-11. Length of Time Older Children with TPR and Discharged from Care Were in Out-of-Home Care, by Discharge Reason

	Months to TPR		Months from TPR to Discharge		Months in Out-of-Home Care	
Discharge Reason	**N**	**Median**	**N**	**Median**	**N**	**Median**
Adoption	12,638	39.6	12,485	14.8	12,638	60.6
Relatives/guardianship	513	33.4	485	17.3	513	56.9
Emancipation	30	54.5	30	35.6	30	88.6
Reunification	408	29.2	360	16.4	408	54.4

Notes: 1. Includes only children aged 8 to 17 who had TPR and who exited out-of-home care by the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Includes only children with one or two removals from the home and cases with valid data for key dates.
3. Excludes five states where TPR data are missing or incomplete.
4. TPR date must have occurred after the most recent removal for calculations of time from TPR to Discharge.

Fewer than 1,000 children were discharged for placement with relatives or guardians, were emancipated, or reunited with their families. Children placed with relatives or guardians spent slightly less time in out-of-home care prior to TPR compared to those who were adopted. However, they spent slightly more time in out-of-home care after TPR and prior to permanent placement compared to children who were adopted.

3.3 STATE-LEVEL TPR PRACTICE AND PERMANENCY STATUS

The variation of practices regarding TPR and permanency among states is widespread. Tables 3-12 to 3-14 present the incidence of TPR, discharge status among older children with TPR, and time

spent in out-of-home care among children who were adopted for each state. To discern whether differences in practice patterns were due to the population of children in out-of-home care in a state, each table is divided into three categories of population size. The populations of the 10 largest states ranged from 10,000 to 90,000; the 10 smallest states' populations ranged from 900 to 2,000. The population of the mid-sized states ranged from 2,000 to 10,000. The state numbers were assigned according to each state's TPR rate within its population category. For example, State 1 has the highest TPR rate among the 10 largest states; State 11 has the highest TPR rate among the mid-sized states, and State 37 has the highest TPR rate among the 10 smallest states. The assigned state number is consistent across the three tables to aid in state-specific comparisons.

Table 3-12 presents the percentage of older children in out-of-home care with TPR, overall and stratified by age for each state. States vary widely on both the percentage of children with TPR, which ranged from less than 1 percent to 38 percent. Most states followed the pattern shown in Figure 3-5, with higher rates of TPR among younger age groups. There are several exceptions to this pattern, e.g., the high rates of TPR among all age groups in States 12 and 37. Several other states (States 29, 31, 34, 38, and 46) have similar TPR rates among all age groups. Examination of patterns by population size did not yield any observable differences.

Table 3-13 compares the percentage of older children with TPR who were adopted, exited for other reasons, and are still in placement for each state. In most states, those still in placement were the largest group of children with TPR, followed by those who were adopted. Children exiting for other reasons generally comprised the smallest percentage of children with TPR. Excluding Oregon (which does not terminate parental rights until children are in adoptive placements, at which point they are reported as having exited care), three states in which the children with TPR were more likely to have been adopted than to remain in placement (Oklahoma, Arkansas, and Wisconsin).

Table 3-12. Percentage of Older Children In Out-of-Home Care with TPR, by Age and State

State	Age Group			Total
	8 to 9	10 to 12	13 to 17	
Large states (between 10,000 and 90,000 children in care)				
Texas	39.8	42.3	31.6	36.1
Michigan	35.0	34.1	23.0	28.3
Illinois	28.6	28.1	16.9	22.5
New York	24.4	25.5	18.2	21.4
Ohio	21.2	19.4	12.0	15.3
Minnesota	26.4	22.2	9.2	13.9
Missouri	14.8	14.8	11.7	13.1
California	9.4	6.3	2.5	4.8
Pennsylvania	5.8	6.3	3.7	4.7
Massachusetts	9.8	7.8	2.0	4.5
Medium states (between 2,000 and 10,000 children in care)				
New Jersey	48.5	44.0	22.5	33.4
Hawaii	26.6	29.0	29.8	28.9
South Carolina	24.5	29.9	16.6	21.2
Maine	38.8	31.5	10.0	20.9
North Carolina	23.7	26.4	15.8	20.1
Washington	30.3	25.3	13.1	20.1
Arizona	33.0	30.3	12.0	20.1
Kansas	22.4	23.3	15.7	18.5
Colorado	29.4	28.0	11.2	17.5
Georgia	18.1	17.4	13.4	15.5
Indiana	16.8	17.8	13.8	15.4
Maryland	18.2	17.2	11.7	14.5
Iowa	29.7	25.3	7.5	13.1
Utah	20.8	19.9	8.7	13.0
Alabama	15.6	15.9	9.1	12.1
Connecticut	21.1	17.4	5.8	11.3
Rhode Island	15.7	20.4	6.2	10.2
Louisiana	15.4	12.9	6.4	9.3

(continued)

Table 3-12. Percentage of Older Children In Out-of-Home Care with TPR, by Age and State (continued)

	Age Group

State	8 to 9	10 to 12	13 to 17	Total
Mississippi	9.2	7.6	10.2	9.3
Virginia	17.0	10.4	1.9	5.8
Wisconsin	3.8	4.6	3.0	3.6
Nebraska	9.2	6.2	2.0	3.5
Tennessee	5.5	6.9	1.8	3.1
Arkansas	3.0	2.5	1.2	1.8
Oklahoma	0.2	0.2	0.0	0.1
Oregon	0.0	0.0	0.0	0.0
Small states (between 900 and 2,000 children in care)				
Montana	40.9	34.2	38.5	37.7
South Dakota	20.0	22.4	19.0	20.3
Idaho	17.0	26.6	13.8	17.6
Alaska	17.5	19.3	13.0	16.3
Vermont	31.8	24.5	8.8	13.0
Delaware	30.4	24.8	3.1	11.7
North Dakota	18.9	20.1	5.6	9.9
New Hampshire	12.1	5.7	1.8	4.7
Wyoming	15.8	7.2	2.2	4.3
Nevada	4.6	3.9	3.9	4.0

Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000).

2. Excludes five states where TPR data are missing or incomplete.

3. Population size is based on the number of children aged 8 to 17 who spent time in out-of-home care during the AFCARS 2000 reporting period.

The proportion of children with TPR who exited to adoption ranged from 15 to 47 percent for the 10 largest states and from 1 to 100 percent for the mid-sized states. The proportion of exits to adoption for the 10 smallest states ranged from 10 to 43 percent.

Table 3-13. Percentage of Older Children with TPR, by Discharge Status and State

State	Adopted	Other Exit	Still in Placement
Large states (between 10,000 and 90,000 children in care)			
Massachusetts	46.8	2.5	50.8
Pennsylvania	41.9	2.4	55.7
Illinois	39.4	3.5	57.1
Missouri	30.0	1.9	68.0
California	29.8	1.1	69.1
New York	27.7	2.1	70.1
Ohio	24.0	1.5	74.5
Minnesota	21.3	4.3	74.4
Texas	15.1	2.2	82.6
Medium states (between 2,000 and 10,000 children in care)			
Oregon	100.0	0.0	0.0
Oklahoma	98.7	0.0	1.3
Arkansas	73.2	1.6	25.2
Wisconsin	55.5	15.2	29.3
Mississippi	44.1	1.6	54.3
Indiana	41.2	2.8	56.0
Utah	38.3	2.4	59.3
Iowa	35.1	3.7	61.2
Virginia	33.5	0.0	66.5
Georgia	32.9	5.1	62.0
Tennessee	32.6	0.9	66.5
Louisiana	31.9	0.4	67.7
Arizona	30.5	3.6	65.9
Rhode Island	26.8	9.6	63.6
Washington	25.2	6.9	67.9
North Carolina	22.2	2.2	75.6
Connecticut	22.2	0.3	77.5
Maine	22.0	0.4	77.6
South Carolina	21.6	1.6	76.8
Hawaii	12.5	14.9	72.6
Maryland	11.3	5.6	83.0
Alabama	10.9	0.4	88.6
New Jersey	9.2	11.4	79.4
Nebraska	8.6	18.4	73.0
Colorado	5.0	18.1	76.9
Kansas	1.3	1.8	96.9

(continued)

Table 3-13. Percentage of Older Children with TPR, by Discharge Status and State (continued)

State	Adopted	Other Exit	Still in Placement
Small states (between 900 and 2,000 children in care)			
New Hampshire	43.1	1.4	55.6
Alaska	26.2	5.8	68.1
Idaho	26.1	7.5	66.5
Vermont	22.4	0.0	77.6
Montana	14.5	5.1	80.4
North Dakota	13.8	4.3	81.9
Delaware	9.6	3.2	87.2
South Dakota	9.6	7.7	82.7

Notes: 1. Includes only children aged 8 to 17 who had TPR and were in out-of-home care during AFCARS 2000 reporting period (September 30, 2000).
2. Excludes eight states where TPR or adoption data are missing or incomplete.
3. Population size is based on the number of children aged 8 to 17 who spent time in out-of-home care during the AFCARS 2000 reporting period.

Table 3-14 shows the median number of months adopted children wait from the date they are legally free for adoption to the date their adoption is legalized, and the total time spent in out-of-home care prior to adoption. Because the number of adoptions is small in some states, caution should be used in interpreting these results. The median time from TPR to adoption ranged from 6.7 to 29.5 months among states. Patterns of time from TPR to adoption did not appear to vary according to the size of the state. Children in 12 states waited a median of 12 months or less between their TPR dates and the dates their adoptions were finalized. Children in two states waited a median of more than 2 years from their TPR dates to their adoption dates.

The median time from TPR to adoption varied widely among the three age groups. Children in the youngest age group (8 to 9) had the lowest median months from TPR to adoption in about one-half of the states. The oldest children (13 to 17) in almost one-third of the states and the middle age group (10 to 12) in about one-fifth of the states waited the least amount of time for adoption once they were legally available. Short wait times for older children may reflect a practice pattern in which parental rights are not terminated until an adoptive home is identified, after which TPR is executed and the child is adopted in a relatively short time period.

Table 3-14. Median Months Older Adopted Children Spent in Out-of-Home Care, by Age and State

State	TPR to Adoption				Entry to Adoption			
	8 to 9	10 to 12	13 to 17	Total	8 to 9	10 to 12	13 to 17	Total
Large states (between 10,000 and 90,000 children in care)								
Texas	15.0	16.1	16.9	15.7	39.1	41.3	42.9	40.4
Ohio	19.0	21.4	26.2	21.4	42.4	47.4	54.1	46.9
Pennsylvania	7.6	8.7	7.1	7.8	44.3	48.1	55.6	48.4
Missouri	10.2	10.0	10.9	10.4	51.5	48.6	55.9	51.1
California	13.9	14.7	14.1	14.3	52.4	55.2	56.9	54.1
Minnesota	28.8	29.5	33.7	29.5	60.5	58.2	66.2	61.5
Massachusetts	23.5	20.6	23.6	23.5	62.7	68.1	76.0	67.8
Illinois	9.3	9.4	9.1	9.3	67.1	70.2	74.9	69.7
New York	21.0	24.2	26.1	23.7	87.3	108.8	112.0	97.9
Medium states (between 2,000 and 10,000 children in care)								
Utah	6.3	10.6	11.8	9.6	25.0	32.2	33.3	28.1
Colorado	11.6	9.6	14.0	11.7	32.5	24.4	50.1	32.5
Arkansas	14.4	11.4	10.2	11.4	32.2	32.0	35.9	32.8
Kansas	9.4	12.9	22.0	12.9	38.8	33.2	64.2	33.2
Hawaii	18.7	23.8	11.2	20.8	36.4	36.6	24.0	36.4
Iowa	14.5	15.5	15.0	15.3	38.8	41.5	48.5	41.2
Rhode Island	12.4	8.9	10.9	9.1	41.4	44.5	41.4	41.9
Oklahoma	12.7	14.5	15.8	14.6	43.4	46.5	42.4	44.3
Arizona	17.5	18.5	16.2	17.7	44.9	44.8	44.5	44.9
North Carolina	13.3	13.8	18.8	14.0	41.8	43.2	54.9	45.8
Nebraska	14.9	27.6	22.0	20.1	45.4	57.3	43.0	48.5
Virginia	16.4	18.9	23.9	19.0	44.1	48.5	59.7	49.3
Washington	20.1	17.7	19.8	19.3	51.9	48.2	56.8	52.0
Oregon	19.8	19.6	15.5	18.7	50.7	55.2	55.3	53.7
Wisconsin	6.7	6.1	8.4	6.7	51.5	54.8	57.0	54.7
South Carolina	17.1	18.8	18.3	17.8	51.9	59.9	55.3	55.4
Connecticut	19.3	20.8	15.9	20.0	53.4	56.7	56.1	56.0
Indiana	14.0	12.3	14.3	13.5	58.4	53.1	65.4	57.2
Mississippi	12.4	14.4	15.0	13.1	59.7	58.2	63.4	60.5
Louisiana	14.5	18.3	23.3	17.1	54.4	65.7	71.0	62.0
Georgia	16.6	17.8	17.3	17.3	57.4	64.8	73.0	64.2

(continued)

Table 3-14. Median Months Older Adopted Children Spent in Out-of-Home Care, by Age and State (continued)

State	TPR to Adoption				Entry to Adoption			
	8 to 9	10 to 12	13 to 17	Total	8 to 9	10 to 12	13 to 17	Total
Tennessee	11.9	13.3	10.9	12.1	62.7	62.4	83.3	64.4
Maine	24.9	27.1	32.6	27.1	59.6	63.8	78.9	65.2
New Jersey	7.6	8.6	7.3	8.4	64.2	67.5	75.4	67.3
Maryland	15.6	20.4	10.5	16.4	70.5	75.6	72.8	72.9
Alabama	12.4	43.4	12.6	15.6	63.9	105.7	113.8	80.6
Small states (between 900 and 2,000 children in care)								
Delaware	13.7	8.9	6.1	10.8	59.9	29.1	21.0	35.2
Montana	12.5	19.2	16.0	15.7	31.3	42.3	46.7	40.9
Vermont	10.5	17.3	15.1	14.9	38.3	48.3	53.6	47.0
Alaska	16.6	11.4	16.2	14.5	51.3	45.0	47.4	47.4
Idaho	20.4	15.6	21.9	20.4	44.8	62.8	59.3	48.0
North Dakota	15.4	16.5	10.6	15.4	27.6	57.3	54.5	51.0
South Dakota	9.9	22.6	41.1	18.2	29.1	55.1	61.0	51.3
New Hampshire	13.0	13.8	4.9	11.3	50.7	81.0	106.0	63.8

Notes: 1. Includes only children aged 8 to 17 who had TPR and who were adopted by the end of the AFCARS 2000 reporting period (September 30, 2000).
2. Includes only children with one or two removals from the home and cases with valid data for key dates.
3. Excludes eight states where TPR or adoption data are missing or incomplete.
4. Population size is based on the number of children aged 8 to 17 who spent time in out-of-home care during the AFCARS 2000 reporting period.

The median time between entry into out-of-home care and adoption ranged from 28 to 98 months. Children in 13 states spent a median of 5 years or more in out-of-home care prior to adoption. Time spent in out-of-home care did not vary greatly among the three age groups in most states; however the oldest age group appeared to remain in out-of-home care for a significantly longer period compared to their younger counterparts in five of the mid- to large-sized states (New York, Colorado, Kansas, Tennessee and Alabama).

Comparing patterns across each of the three state-specific tables provides a more complete picture of states' TPR and adoption practices. For example, Texas has the highest TPR rate (36.1 percent) and the lowest proportion of children who exit to adoption among the largest states (15.1 percent). By contrast, Pennsylvania and Massachusetts have the lowest TPR rates (4.7

and 4.5 percent, respectively) and the highest proportion of children who exit to adoption among the largest states (41.9 and 46.8 percent, respectively). These findings suggest the range of state practices related to TPR and its relation to adoption. In addition, the substantial variation in time from TPR to adoption among states (Table 3-14) suggests that children in those states with shorter times from TPR to adoption are likely to have adoptive homes identified prior to the legal termination of their relationship with their biological parents. Taken together, these data provide a more in-depth view of how states differ in the overall time to permanency, as well as whether time spent in care is likely to occur before or after TPR. It is rare for states to both free a large proportion of their children in out-of-home care for adoption and subsequently place them for adoption in a timely manner.

3.4 DISCUSSION

Analyses of AFCARS data identify broad patterns of TPR practice for the entire foster care population, as well as variations among states. Similar to recent research cited in Section 1, the likelihood of TPR is related to age and placement experiences. These analyses are also consistent with Smith's (2003) findings that race and state variation are associated with the likelihood of adoption following TPR.

Children who experienced TPR were likely to be younger, have spent a significant amount of time in out-of-home care, have clinical diagnoses, and have had multiple placements during the current removal period. Children in foster homes were more likely to have experienced TPR compared to those in other placement settings. This is likely to reflect the decreased rate of adoption among children in relative care as well as the higher proportions of older (aged 13 to 17) children in congregate care and independent living programs.

Very few of these children had experienced TPR within 2 years of removal from the home, indicating that implementation of ASFA time lines has been challenging for states. Child welfare agencies have had to execute a paradigm shift from focusing their efforts on reunification with families as the primary goal, with little regard to how long it may take, to finding permanent homes for children

expeditiously. This type of paradigm shift requires time for child welfare workers, supervisors, judges, and attorneys who must adjust their beliefs and attitudes regarding the best placement for a child. The reluctance of some courts to grant TPR to children without a waiting adoptive family may partially explain why there are so many children with a goal of adoption who have not experienced TPR. Children who exited care generally spent more time in out-of-home care prior to TPR than after TPR. This may indicate that adoptive homes had already been found for these children before they were freed for adoption. However, the fact that 37 percent of children aged 13 to 17 with TPR have a case plan goal of either long-term foster care or emancipation indicates that many children experience TPR without plans for adoption.

4 State Data Analysis

Data on out-of-home placement experiences for all youth initially entering placement in North Carolina and Colorado during the mid-1990s illustrate how these two states are responding to the ASFA TPR provisions with regard to older children. Descriptive analyses presented below compare youth who experienced TPR to youth who did not by different demographic characteristics and placement experiences. These analyses are followed by the probability of TPR occurrence during each year after placement.

4.1 TPR PRACTICE

Characteristics of youth. In both Colorado and North Carolina, age is inversely related to the number of children experiencing TPR. Although older children aged 13 to 17 comprised the largest group in both North Carolina and Colorado, this group accounted for the smallest number of youth experiencing TPR in both states. Youth aged 13 to 17 comprised 49 percent of children between ages 8 and 17 in each state, but accounted for only 20 percent of TPRs in each state (Figure 4-1).

The age distribution of children experiencing TPR varied by state. Over half of the older children who experienced TPR in Colorado were less than 10 years old compared to 40 percent of youth in North Carolina. In North Carolina, about one-fifth of youth experiencing TPR were between the ages of 13 and 17, compared to 15 percent in Colorado (Figure 4-2).

Figure 4-1. Ages of Youth, by TPR Status

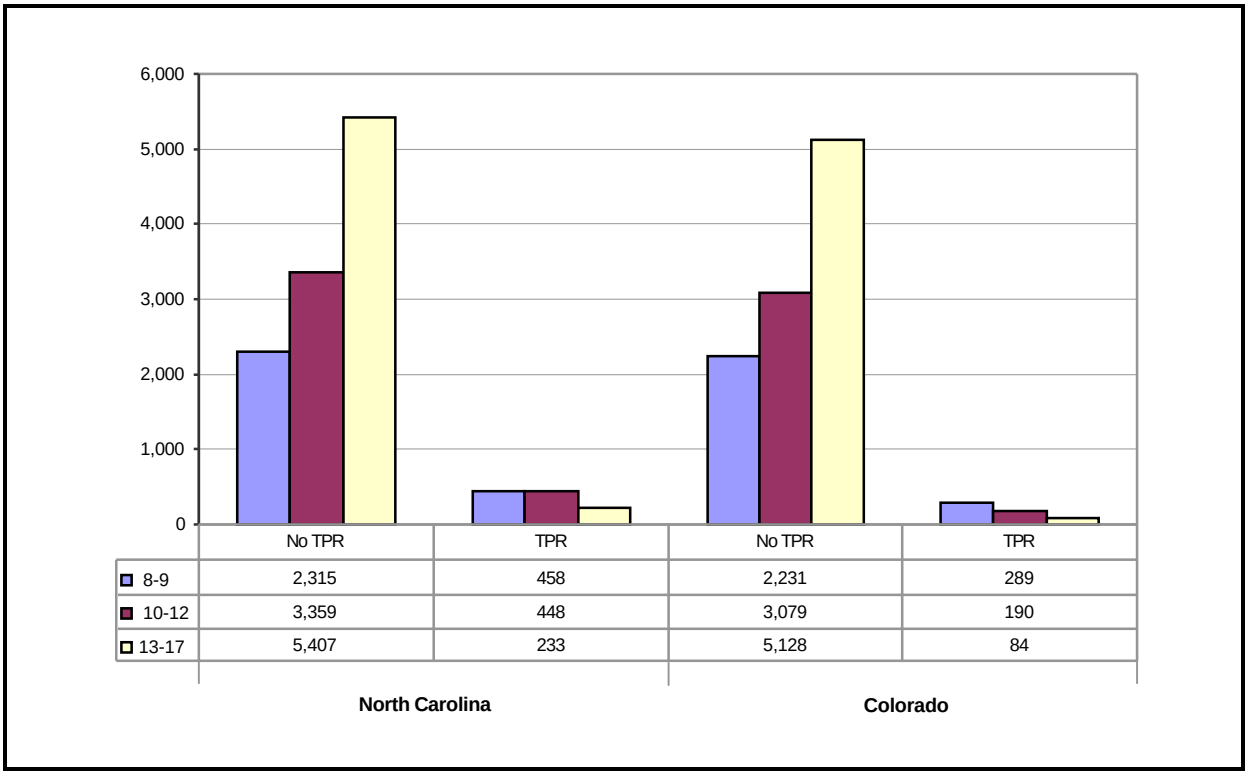
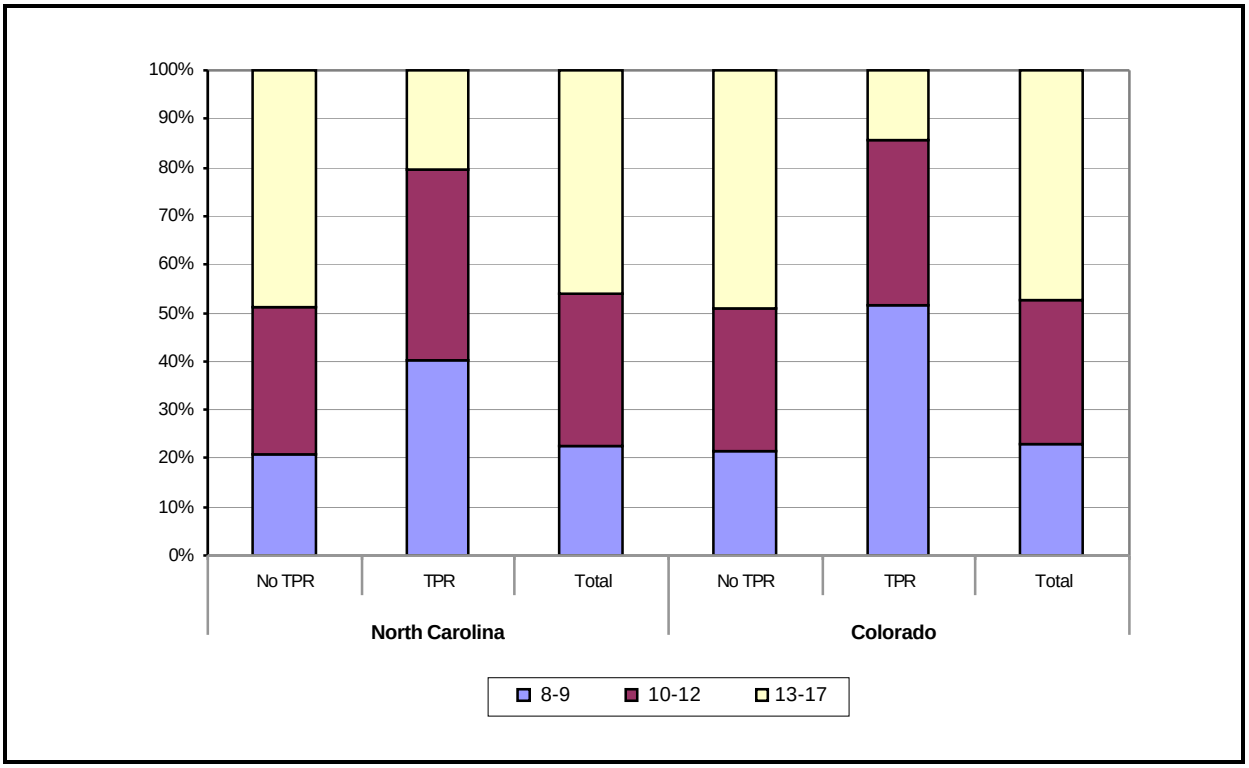


Figure 4-2. Age Distributions of Youth, by TPR Status in North Carolina and Colorado



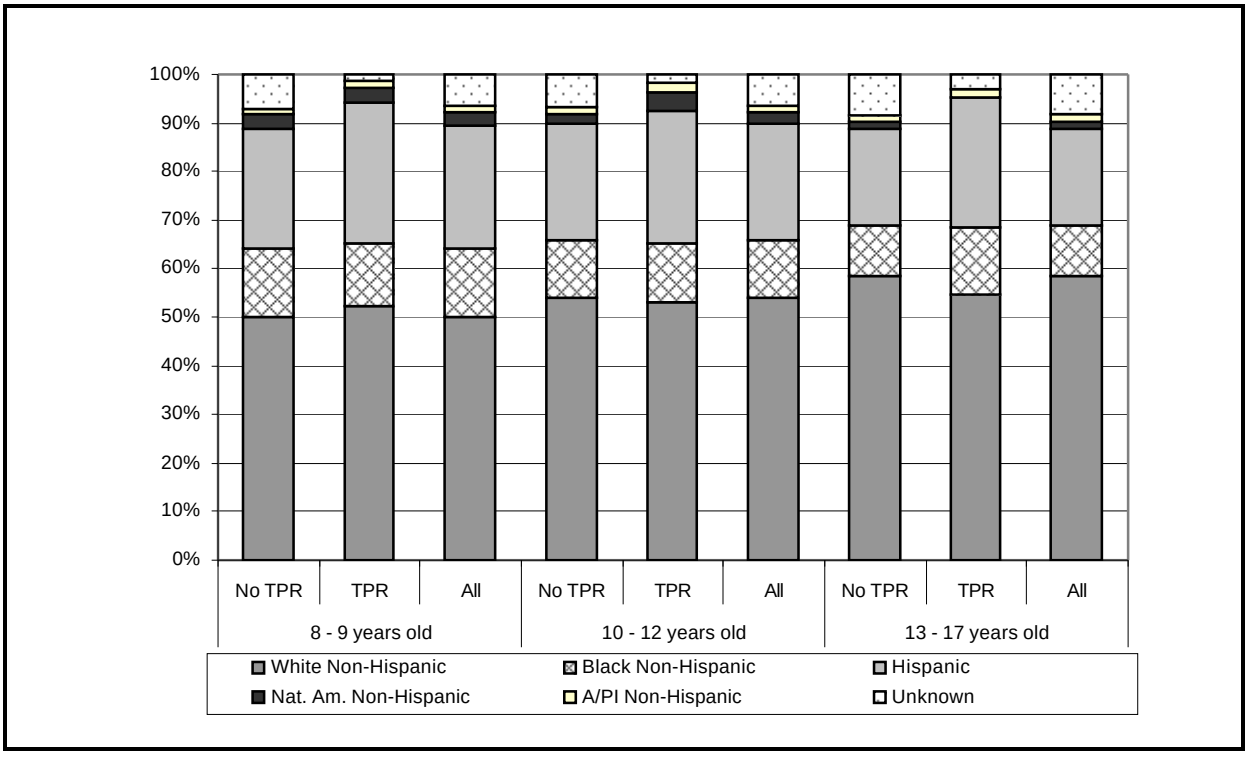
In both states, the proportion of youth experiencing TPR was largely proportionate to the race/ethnicity and gender of youth entering placement. The percentage of white youth experiencing TPR was similar to the percentage of white youth in the population that initially entered placement during the study years, 52 percent in Colorado, and 51 percent in North Carolina (Table 4-1). The percentage of black youth experiencing TPR in each state was also almost equal to the percentage of black youth in the population of children entering placement. Hispanic youth comprised a slightly larger percentage of youth (28 percent) in the TPR group in Colorado, compared to 22 percent of all youth entering placement who were Hispanic. Slightly over half (54 percent) of youth experiencing TPR were female in Colorado, a percentage similar to the percentage of all youth who are female. In North Carolina, 53 percent of youth entering placement were female, the same percentage of females in the TPR group.

Table 4-1. Race and Gender Distribution for Youth, by TPR Status

	Colorado			**North Carolina**		
	No TPR (%)	**TPR (%)**	**All Youth (%)**	**No TPR (%)**	**TPR (%)**	**All Youth (%)**
Child's Race/Ethnicity						
White, non-Hispanic	55.4	52.9	55.3	50.9	52.4	51.0
Black, non-Hispanic	11.60	12.9	11.6	40.4	41.1	40.4
Native American, non-Hispanic	2.0	2.8	2.0	2.7	1.6	2.6
Asian/Pacific Islander, non-Hispanic	1.24	1.7	2.0	0.6	0.6	0.6
Hispanic	22.1	28.2	22.4	5.5	4.3	5.4
Unknown	7.6	1.7	7.3	0.1	0.0	0.0
Gender						
Female	54.9	53.8	54.9	53.2	52.9	53.1
Male	45.1	46.2	45.1	46.8	47.1	46.9

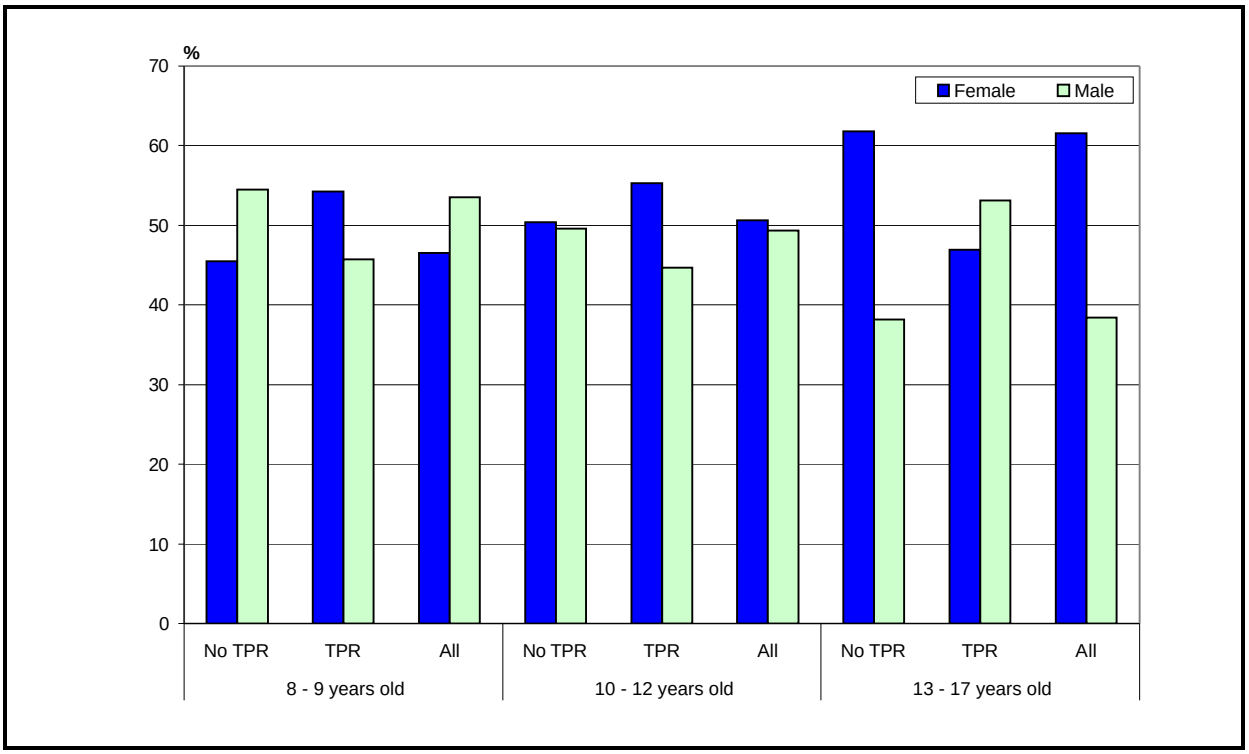
The race/ethnicity distributions for youth within different age groups who experienced TPR and those who did not were also similar to the distributions of all youth who entered placement during these years. That is, there were not major race by age interactions. In Colorado, approximately 52 percent of 8- and 9-year-olds entering placement who eventually experienced TPR were white, 29 percent Hispanic, and 13 percent black. These percentages are comparable to those of all 8- and 9-year-olds entering placement (50 percent, 25 percent, and 14 percent, respectively). Likewise, among youth who were between 10 and 12 years old at placement, the race/ethnicity distributions for those experiencing TPR and those who do not were similar (Figure 4-3). As youth enter the teen years, however, there was a slight change in these distributions. While Hispanic youth account for about 20 percent of all teens, 27 percent of teens who experienced TPR were Hispanic. In North Carolina, the race/ethnicity distributions of youth who experienced TPR were similar to the overall population distributions (see Table B-5 in Appendix B).

Figure 4-3. Race/Ethnicity Distribution for Youth in Colorado, by TPR Status



Unlike race/ethnicity, gender distribution varied by TPR status in Colorado. Figure 4-4 shows that among youth who entered placement at younger ages, females were more likely to experience TPR (54 percent versus 46 percent in the population of 8- to 9-year-olds), but at older ages there was a larger percentage of males in the TPR group than in the overall population (53 percent versus 38 percent of all teens).

Figure 4-4. Gender Distribution of Youth, by TPR Status in Colorado

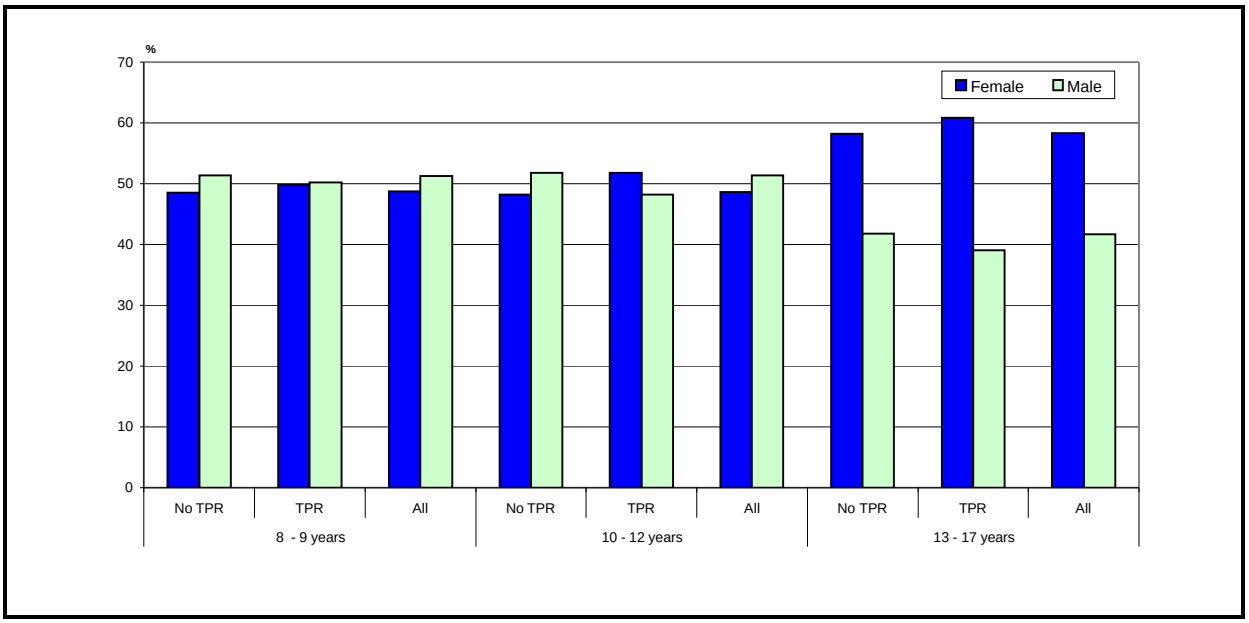


In North Carolina, although there are not disproportionate numbers of males or females in the TPR populations, the gender distribution shifts as youth get older. At younger ages, approximately 50 percent of youth are male and 50 percent female. However, in the teen years, the percentage of youth entering placement was 58 percent female and 42 percent male. This distribution was also seen among youth experiencing TPR (see Figure 4-5).

The reason for removal from the home, prior to placement, is associated with eventual TPR. In North Carolina, nearly two-thirds

(64 percent) of all youth initially entered placement due to *neglect,* whereas an entry reason of *dependency determination* accounted

Figure 4-5. Gender Distribution of Youth, by TPR Status in North Carolina



for only 9 percent of all youth entries. State personnel report that a dependent juvenile is in need of "assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or whose parent, guardian, or custodian is unable to provide for the care or supervision and lacks an appropriate alternative child care arrangement." This category could include children of disabled or incarcerated parents, as well as actual orphans.

Among the group of youth experiencing TPR, distribution of reason for removal varied by TPR status (see Table 4-2). Fifty-eight percent of the TPR group entered placement due to a dependency determination and 25 percent because of neglect resulting in disparate distributions for the TPR and no TPR groups on reason for placement. *Abuse* was less common (5 percent) among TPR cases than non-TPR cases (8 percent). The disproportionate number of youth entering placement because of dependency was evident across all age groups (Table 4-3). In all age groups, dependency accounted for the largest proportion of

youth in the TPR group, whereas neglect was the most prevalent reason for entry among the overall population.

Table 4-2. Reasons for Placement, by TPR Status for North Carolina Youth Entering Placement

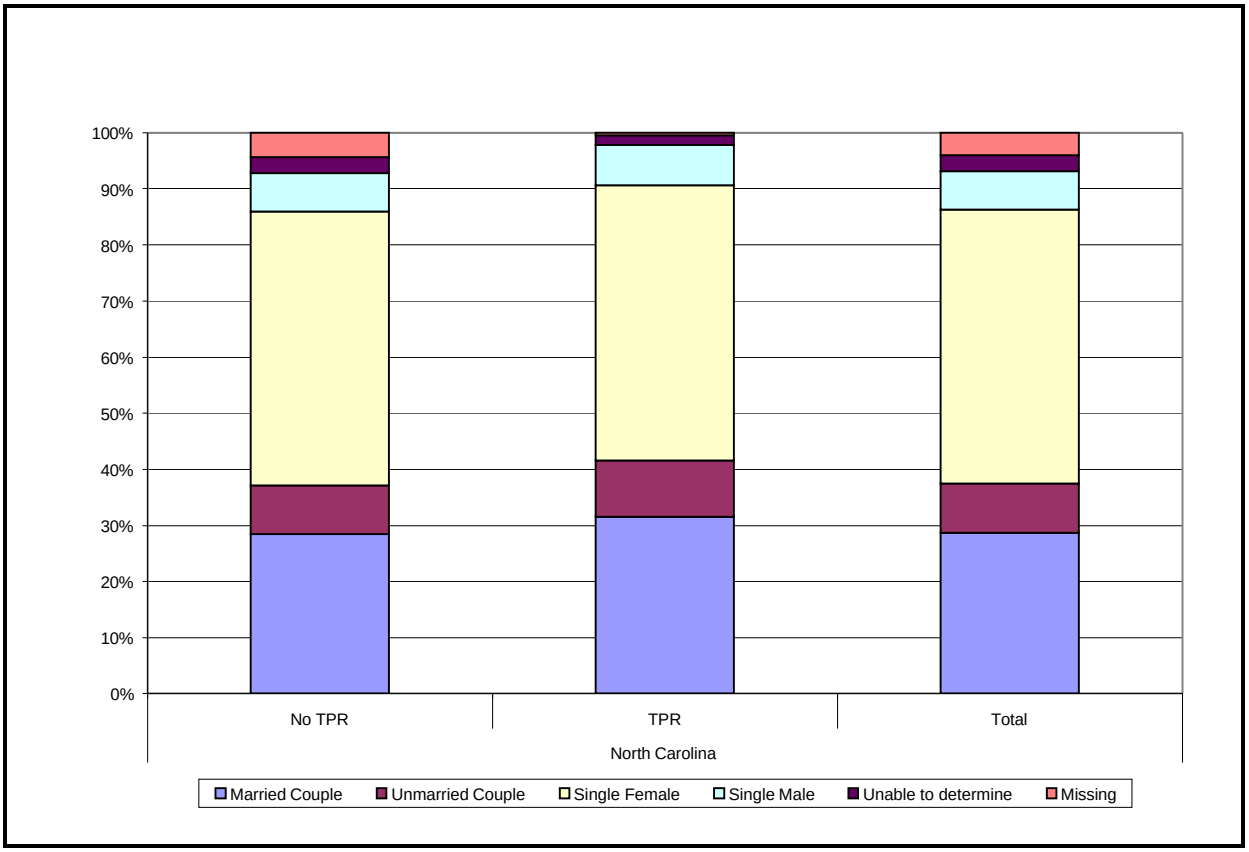
	No TPR		TPR		Total	
	Number	**%**	**Number**	**%**	**Number**	**%**
Abuse	900	8.1	53	4.7	953	7.8
Neglect	7,517	67.8	284	25.0	7,801	63.8
Dependency	475	4.3	663	58.3	1,138	9.3
Parent surrender child for adoption	393	3.5	42	3.7	435	3.6
Adjudicated undisciplined	364	3.3	18	1.6	382	3.1
Child disability	415	3.7	28	2.5	443	3.6
Parent condition	454	4.1	20	1.8	474	3.9
Other known	561	5.1	28	2.5	589	4.8
Unknown	2	0.0	1	0.1	3	0.0
Total	11,081	100.0	1,137	100.0	12,218	100.0

Table 4-3. Percentages of North Carolina Youth Entering Placement by Age at Initial Entry, Reason for Placement and TPR Status

	8 to 9 Years Old			10 to 12 Years Old			13 to 17 Years Old		
Placement Reason	**No TPR (%)**	**TPR (%)**	**All (%)**	**No TPR (%)**	**TPR (%)**	**All (%)**	**No TPR (%)**	**TPR (%)**	**All (%)**
Abuse	7.3	5.0	7.3	7.8	4.5	7.8	8.7	4.3	8.7
Neglect	73.2	26.1	73.2	70.0	22.8	70.0	64.2	27.0	64.2
Dependency	5.8	61.0	5.8	5.4	61.4	5.4	3.0	47.2	3.0
Parent surrender child for adoption	3.8	3.9	3.8	3.6	2.5	3.6	3.4	5.6	3.4
Adjudicated undisciplined	3.0	0.7	3.0	3.7	2.5	3.7	3.2	1.7	3.2
Child disability	1.3	0.9	1.3	4.0	3.6	4.0	4.6	3.4	4.6
Parent condition	2.8	0.9	2.8	2.9	2	3.0	5.4	3.0	5.4
Other known	2.8	1.5	2.8	2.6	0.9	2.6	7.6	7.3	7.6
Unknown	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.4	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

The disproportionate percentage of dependency cases in the TPR group suggests that the family structure of youth entering placement might be different between the TPR and no TPR groups. However, Figure 4-6 suggests otherwise. In North Carolina, 56 percent of youth entering placement came from single parent families and 37 percent from two-parent households. These percentages are similar in the TPR group (56 percent and 41 percent, respectively).

Figure 4-6. Family Structure of Youth Entering Placement in North Carolina, by TPR Status



Placement experiences. Youth coming into out-of-home placement for the first time comprised the study population. As Table 4-4 indicates, in Colorado there were 10,982 youth entering placement between January 1, 1994, and the end of December 2000. Of these, about 5 percent (543) had experienced the TPR by early 2001. In North Carolina, between July 1, 1996, and June 30, 2002, 12,218 youth entered placement for the first time. About 10 percent in all (1,137) experienced TPR by early 2003.

Table 4-4. Number of Youth,[a] Aged 8 to 17 Years, Initially Entering Placement in North Carolina and Colorado, by Year of Initial Entry and TPR Status[b]

	Colorado				North Carolina			
			TPR				TPR	
Year[c]	All Youth	No TPR	N	%	All Youth	No TPR	N	%
1994	1,658	1,586	72	4	—	—	—	
1995	1,685	1,593	92	6	—	—	—	
1996	1,605	1,521	84	5	—	—	—	
1997	1,579	1,468	111	7	1,920	1,722	198	10
1998	1,521	1,416	105	7	2,003	1,761	242	12
1999	1,476	1,411	65	4	2,018	1,773	245	12
2000	1,458	1,444	14	1	2,056	1,833	223	11
2001	—	—	—		2,055	1,892	163	8
2002	—	—	—		2,166	2,100	66	3
Total	10,982	10,439	543	100	12,218	11,081	1,137	100

[a] Excludes youth in conflict in Colorado and youth adjudicated delinquent in North Carolina.

[b] TPR status as of January 2003 in North Carolina and February 2001 in Colorado.

[c] In North Carolina, years refer to state fiscal years.

The first response of the child welfare system to children entering placement, as represented by the initial placement type, is often related to subsequent placement experiences. In Colorado, the initial placement differs for youth who have experienced TPR compared to those who have not. Almost half of the TPR group entered placement through a family foster home, compared to only one-third of all youth and youth not experiencing TPR (Table 4-5). Among the less common initial placements for youth, the TPR group was more likely to be kin care (16 percent) and less likely to be shelter care (11 percent) or specialized group care (8 percent), compared to all youth or experiences of youth in the no TPR group (9 percent, 23 percent, and 14 percent, respectively). In both the TPR and non-TPR groups, 17 percent of children were placed in receiving homes (assessment centers). By contrast, in North Carolina, the proportions of youth beginning placement in a foster home, relative home, or shelter care were similar regardless

of TPR status. The proportion of youth experiencing TPR in North Carolina

Table 4-5. Initial Placement Type for Youth, by TPR Status

	North Carolina			Colorado		
Initial Placement	**No TPR (%)**	**TPR (%)**	**Total (%)**	**No TPR (%)**	**TPR (%)**	**Total (%)**
Foster home	34.3	39.8	34.8	33.8	47.3	37.5
Receiving home				16.6	16.6	16.6
Shelter care	7.3	4.2	7.0	23.5	11.0	21.1
Relative	17.8	16.0	17.6	8.7	15.5	12.3
Spec. group care/RTX				14.0	8.1	7.3
GH—residential	8.5	5.9	8.3			
GH—treatment	1.6	1.4	1.6			
All others	30.4	32.6	30.7	3.4	1.5	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

initially placed in foster homes or relative homes was also comparable to the percentages seen in the overall population (Table B-5 in Appendix B).

In Colorado, there are age-by-placement type interactions with regard to TPR status. As shown in Table 4-6, there were a disproportionate number of youth in the TPR group initially placed in foster homes and kin care across almost all age groups. Forty-five percent of youth entering placement at 8 and 9 years old who subsequently experienced TPR were initially placed in a foster home, compared to 36 percent of 8- and 9-year-olds who did not experience TPR. A larger proportion of these youth not experiencing TPR (23 percent) were first placed in shelter care versus 13 percent of the TPR group of the same age. In the two older age groups, approximately half of the TPR group began placement in a foster home (48 percent for the 9- to 10-year-old group and 55 percent of the 13- to 17-year-old group), compared to 36 percent and 31 percent, respectively, of older children in the "no TPR" group. The percentages of youth placed with relative caregivers were somewhat disproportionate—19 percent versus

11 percent for the 9- to 10-year-olds and 11 percent to 6 percent for the teen group.

Table 4-6. Percentages of Initial Placement Type, by Age and TPR Status in Colorado

	8 to 9 Years Old			10 to 12 Years Old			13 to 17 Years Old		
Initial Placement	**No TPR**	**TPR**	**Total**	**No TPR**	**TPR**	**Total**	**No TPR**	**TPR**	**Total**
Foster home	35.7	45.0	36.7	36.4	48.4	37.1	31.4	54.7	31.6
Receiving home	22.0	20.8	21.8	18.8	13.7	18.5	12.9	6.3	12.9
Shelter care	23.2	13.1	22.0	22.1	8.4	21.3	24.4	9.4	24.2
Relative	12.8	14.2	13.0	10.9	18.9	11.4	5.6	10.9	5.7
Spec. group care/RTX	4.5	5.2	4.6	9.2	8.9	9.2	21.1	18.8	21.1
All others	1.9	1.7	1.9	2.5	1.6	2.5	4.5	0.0	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

In North Carolina, over 90 percent of youth, regardless of TPR status, experienced only one episode of out-of-home placement (Table 4-7). However, youth in Colorado, especially those experiencing TPR, were much more likely to re-enter placement following exit from the initial episode.[12] About 75 percent of all youth experiencing TPR did so during the first episode of out-of-home placement. Looking across age groups, 75 percent of TPRs occurred during the first out-of-home placement episode for youth aged 8 to 12; a comparable 78 percent of TPRs occurred during the first episode for teens (Table B-4 in Appendix B).

Although a significant percentage (28 percent) of all youth in North Carolina had placement experiences characterized by four or more placements in the first out-of-home episode, an even greater percentage (48 percent) of youth experiencing TPR moved frequently. In Colorado, 27 percent of the TPR group had more than three placements in episode one, compared to only 9 percent of all youth. However, in Colorado, because a significant proportion of youth who experience TPR did so in a second or third episode of out-of-home placement, the placement experiences of youth in the first spell do not tell the entire story. Across all placement episodes, 47 percent of the TPR group had four or more placements, compared to 21 percent of all youth.

[12] This is more consistent with the AFCARS findings described above.

TPR youth in all age groups experienced similar placement patterns with substantial numbers of moves. It should be noted that these numbers do not distinguish between placements that occurred prior to TPR and

Table 4-7. Number of Out-of-Home Placement Episodes and Number of Placements across all Episodes

	North Carolina			Colorado		
	No TPR	**TPR**	**Total**	**No TPR**	**TPR**	**Total**
Number of Out-of-Home Episodes						
1	93.7	94.8	93.8	70.8	63.5	70.4
2 or more	6.3	5.2	6.2	29.2	36.4	29.6
Number of Placements in First Out-of-Home Placement Episode						
1	40.3	17.1	38.2	68.9	34.8	67.2
2	21.3	19.4	21.1	15.7	22.5	16.0
3	12.6	15.0	12.8	6.8	15.3	7.2
4	7.6	10.6	7.9	3.4	10.1	3.7
5 or more	18.2	37.9	20.0	5.3	17.3	5.9
Number of Placements Across All Out-of-Home Placement Episodes						
1	37.5	14.1	35.4	49.4	14.7	47.7
2	20.9	18.7	20.7	18.0	19.5	18.1
3	13.1	15.3	13.3	11.6	19.3	12.0
4	8.2	11.0	8.4	6.8	12.2	7.0
5 or more	20.3	40.9	22.2	14.2	34.3	15.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

those happening after TPR. Since a significant proportion of youth who had experienced TPR remained in placement on the last follow-up day (Table 4-8), it is possible that the number of placements will further increase before permanency is achieved. It is also plausible that the last placement is a preadoptive placement and will result in their exit from care, without any additional placement moves.

In both states, a substantial percentage of youth in the TPR group had not yet achieved permanency—47 percent in Colorado and 40 percent in North Carolina. Slightly over 20 percent of all youth in both North Carolina (Table 4-8) and Colorado were still in

placement. Of TPR youth achieving permanency, the largest group, 42 percent of all youth experiencing TPR, exited to adoption. Emancipation accounted for the exit reason for 4 percent and 5 percent of youth in North Carolina and Colorado, respectively, but

Table 4-8. Exit Reason for Youth, by TPR Status

	North Carolina			Colorado		
	No TPR (%)	TPR (%)	Total (%)	No TPR (%)	TPR (%)	Total (%)
Reunification	43.5	6.2	40	54.1	1.5	51.5
Guardianship	8.7	2.6	8.1	6.6	2.8	6.4
Adoption	0.6	41.9	4.5	0.3	42.9	2.3
Custody with nonremoval parent/relative/other	13.3	3	12.4	—	—	—
Emancipation	4.4	2.7	4.3	4.6	1.8	4.5
Runaway	0.9	0.3	0.8	3.1	1.1	3.0
Other/unknown	9.3	3.1	8.7	10.5	2.6	10.2
Still in placement	19.3	40.2	21.2	20.8	47.3	22.1

only accounted for 3 percent and 2 percent of the exits for youth who had parental rights terminated. Even though parental rights were terminated, a small number of youth with TPR were reunified upon exit from foster care (71 in North Carolina and 8 in Colorado). Permanency patterns varied across age groups of youth experiencing TPR because the prevalence of adoption decreased with age. This is examined in more detail in Section 4-2.

Likelihood of TPR. The conditional probabilities presented in Figures 4-7 and 4-8 indicate the likelihood of TPR for youth entering placement during the study years in each state. The conditional probability estimates the probability that TPR will occur in a given year for all youth remaining in placement during that

time period. The probabilities are calculated for youth in each entry cohort for multiple years since first entry.[13]

Figure 4-7. Conditional Probability of TPR by Entry Cohort Year and Years since Initial Entry for Youth in Colorado

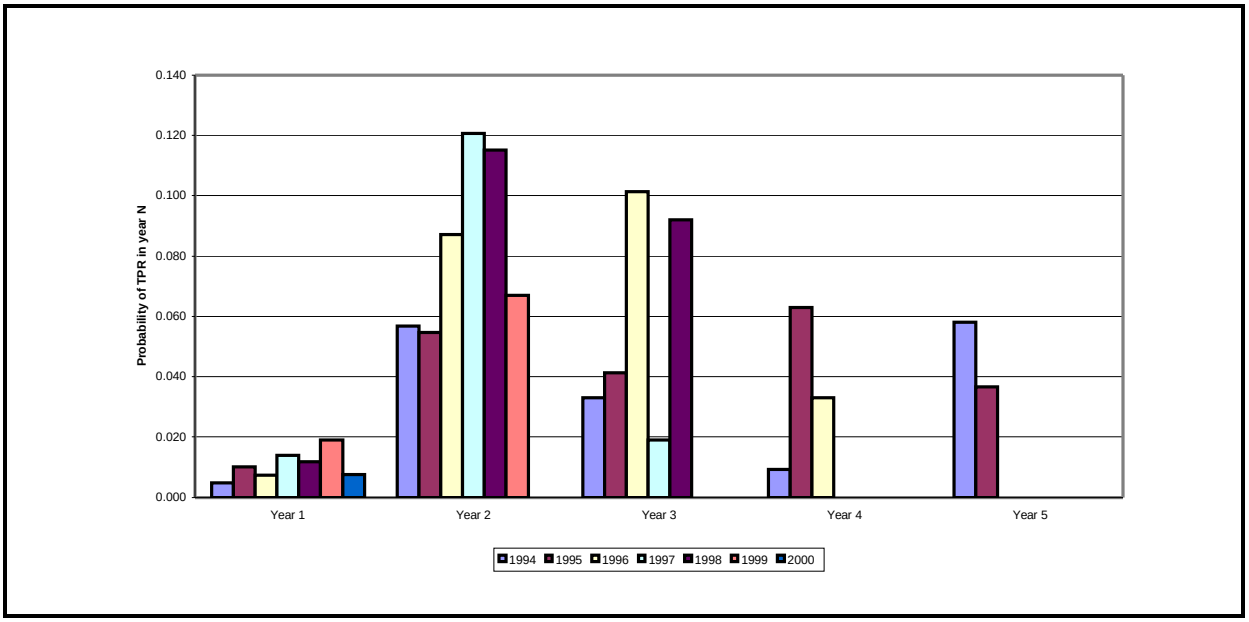
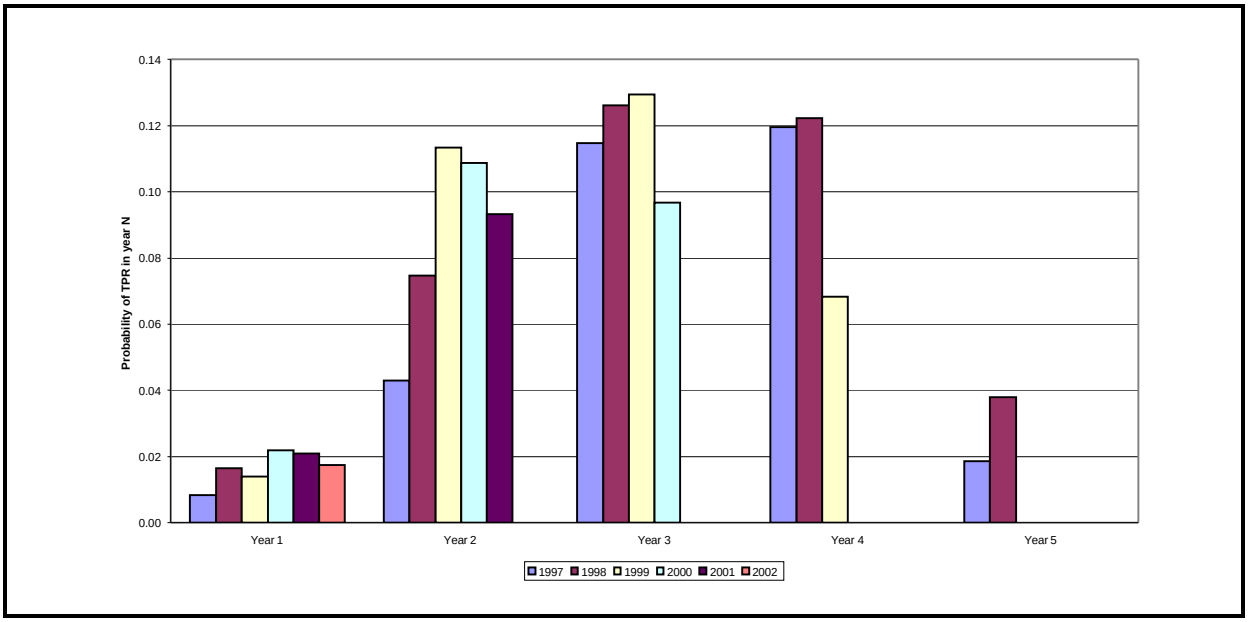


Figure 4-8. Conditional Probability of TPR by Entry Cohort Year and Years since Initial Entry for Youth in North Carolina



[13] Some conditional probabilities are not shown in years 4 and 5 because the inadequate follow-up time available for these years could result in unstable estimates.

Conditional probabilities estimate the likelihood that an event will occur, given the presence of another event or characteristic. To calculate conditional probabilities, researchers first identified all children who were still in placement at the beginning of the time period. They then calculated the probability that TPR would occur for this population of children by dividing the total number of children experiencing TPR during the time period by the number of children in the subpopulation of children still in placement at the beginning of the period. If a child had experienced TPR or exited placement prior to the start of the time period under consideration, the child was not included in either of the numbers used in these calculations.

In both states, the probability of TPR occurring during the first year of admission was very small for all entry cohort groups. In Colorado this probability ranged from 0.005 for youth entering placement in 1994 to a high of 0.019 for youth entering placement in 1999.

In North Carolina, the likelihood of TPR during the first year of placement, for youth entering placement in 1997,[14] was 0.007. The probability increased to around 0.02 for youth entering in 2000 through 2002.

In Colorado, youth in almost all entry cohorts groups were most likely to experience TPR in their second year of placement. The conditional probability of TPR in year 2 increased from around 0.06 for youth entering in 1994 and 1995 to 0.087 for youth entering in 1996, and 0.12 and 0.11 for youth entering in 1997 and 1998, respectively. This suggests an increasing use of TPR within the early years of placement.

In North Carolina, there were similar patterns of increased conditional probabilities of TPR for youth in more recent entry cohort groups. For youth who entered in 1997, the conditional probability of TPR was greatest in the fourth year after admission. For all other entry cohort groups, the conditional probability of TPR was greatest in the third year of placement, signifying a more rapid movement to TPR in more recent cohort years.

[14] More precisely, this is North Carolina state fiscal year (SFY) 1996–1997. For simplicity, only the latter year of the NC SFY will be indicated.

In general, youth in the first two entry cohort groups, 1997 and 1998, were less likely to experience TPR than youth in the more recent cohorts in every year since admission (if they remained in placement during the year).

Tables 4-9 and 4-10 provide the conditional probability of TPR for youth in each group by year of initial entry and years since first placement. Note that caution is warranted in interpreting these numbers, given that the small number of 13- through 17-year-olds who experienced TPR in the state may result in erratic distributional patterns. In general, there was a greater likelihood of moving toward TPR more quickly for youth who entered placement in the more recent years. In Colorado, 8- to 12-year-old youth initially placed in 1996 or 1997 were substantially more likely to experience TPR in year 2 of placement than youth of similar ages entering in the 2 previous years. Older children, aged 13 through 17 at entry, also showed similar increases in the conditional probability at year 2.

In North Carolina, youth in each subsequent entry cohort group had a greater conditional probability of TPR in the earlier years than earlier groups. Although there were increases in the conditional probability of TPR in year 2 for youth of all ages in both the 1998 and 1999 cohorts, the greatest likelihood of TPR was in year 3 for youth entering placement during the preteen years (i.e., 8 to 12 years old); there was only a small amount of change in these numbers for the more recent entry cohort groups.

These analyses, in conjunction with the increasing numbers of TPRs reported in Table 4-2, suggest that these states are moving to terminate parental rights more quickly for a larger number of youth. The overall percentage of TPR youth in Colorado increased from 4 percent of youth entering in 1994 to 7 percent of youth entering in 1997 and 1998. In North Carolina, the fraction increased from 10 percent of youth entering in 1997 to 12 percent in the next 2 years. Moreover, the percentage of TPR youth among youth entering in more recent years is likely to increase as time passes and the data are able to track youth through their 4- and 5-year anniversaries of the initial entry to placement.

Table 4-9. Number of Youth and Conditional Probability (CP) of Experiencing TPR During Initial Placement Spell by Year of Initial Entry for Children in Colorado

	Number and CP of Youth Experiencing TPR in the Nth Year of Placement[a]									
	1st Year		**2nd Year**		**3rd Year**		**4th Year**		**5th Year**	
Year of Initial Entry	**No.**	**CP**	**No.**	**CP**	**No.**	**CP**	**No.**	**CP**	**No.**	**CP**
	Youth 8 to 9 Years Old at Initial Entry									
1994	2	0.005	13	0.125	4	0.082	1	0.031	3	0.107
1995	6	0.017	15	0.144	6	0.122	4	0.114	1	0.043
1996	7	0.020	16	0.198	7	0.200	2	0.095		
1997	9	0.026	28	0.286	10	0.286				
1998	9	0.024	25	0.245	1	0.023				
1999	10	0.028	15	0.156						
2000	5	0.014								
	Youth 10 to 12 Years Old at Initial Entry									
1994	5	0.010	5	0.052	1	0.018	0	—	1	0.050
1995	7	0.014	6	0.048	2	0.033	2	0.050	2	0.063
1996	3	0.007	10	0.098	9	0.173	1	0.029		
1997	10	0.021	13	0.107	4	0.074				
1998	6	0.014	18	0.143	3	0.052				
1999	11	0.025	8	0.072						
2000	5	0.010								
	Youth 13 to 17 Years Old at Initial Entry									
1994	1	0.001	1	0.007	1	0.013	0	—	0	—
1995	4	0.005	0	0	0	0	2	0.038		
1996	2	0.002	3	0.020	0	0				
1997	3	0.004	3	0.021	1	0.014				
1998	3	0.004	2	0.012	1	0.013				
1999	7	0.001	1	0.007						
2000	1	0.002								

[a] Includes only youth experiencing TPR in first spell.

Table 4-10. Number of Youth and Conditional Probability (CP) of Experiencing TPR During Initial Placement Spell by Year of Initial Entry for Children in North Carolina

		Number and CP of Youth Experiencing TPR in the Nth Year of Placement[a]									
		1st Year		2nd Year		3rd Year		4th Year		5th Year	
SFY of Initial Entry		No.	CP	No.	CP	No.	CP	No.	CP	No.	CP
Youth 8 to 9 Years Old at Initial Entry											
9697	1997	7	0.015	20	0.079	32	0.232	19	0.306	2	0.065
9798	1998	8	0.018	29	0.137	29	0.290	16	0.400	4	0.190
9899	1999	11	0.022	47	0.197	29	0.271	7	0.121		
9900	2000	13	0.027	55	0.224	19	0.218				
0001	2001	6	0.013	27	0.129						
0102	2002	7	0.017								
Youth 10 to 12 Years Old at Initial Entry											
9697	1997	5	0.009	18	0.059	23	0.143	13	0.123	1	0.013
9798	1998	19	0.029	31	0.092	29	0.155	15	0.142	2	0.027
9899	1999	12	0.019	40	0.123	25	0.139	8	0.082		
9900	2000	19	0.029	35	0.117	20	0.137				
0001	2001	25	0.039	34	0.106						
0102	2002	9	0.014								
Youth 13 to 17 Years Old at Initial Entry											
9697	1997	4	0.005	3	0.008	4	0.019	1	0.009	0	—
9798	1998	6	0.007	13	0.030	7	0.031	2	0.016		
9899	1999	5	0.006	22	0.055	5	0.030	1	0.013		
9900	2000	13	0.014	14	0.034	4	0.019				
0001	2001	12	0.012	27	0.065						
0102	2002	22	0.020								

[a] Includes only youth experiencing TPR in first spell.

4.2 TPR AND PERMANENCY

To examine factors related to permanency for TPR youth, the analyses below focus on the 371 youth in Colorado and the 1,078 youth in North Carolina who initially entered placement during the

study years and had experienced TPR during the initial episode of placement within the follow-up time available in each state.[15] The following analyses compare characteristics of youth who exited out-of-home placement due to adoption or other reasons, and those who remained in placement at the end of the follow-up period.

TPR youth in Colorado, as shown in Table 4-11, exited primarily to adoptive homes (37 percent), but a sizable proportion (16 percent) experienced other exits, such as reunification, emancipation, or guardianship. Nearly half (47 percent) of the children with TPR remained in placement (47 percent). In Colorado, TPR youth who were adopted were most likely younger than 10 years old at time of entry (61 percent), 10 to 12 years old at time of adoption (56 percent), female (62 percent) and white, non-Hispanic (54 percent). Since only 54 percent of all TPR youth in Colorado were girls, this represents a disproportionate number of girls in the adopted population. Although black, non-Hispanic youth accounted for 14 percent of the TPR youth, only 9 percent of adopted youth were black. About 25 percent of adopted youth had placement experiences characterized by four or more placements during the first spell, compared to 41 percent of TPR youth who remained in placement, and 37 percent of all TPR youth. This finding suggests that there may be a placement movement threshold regarding adoption—that several adoption placements are common as children move toward adoption but that higher numbers of placements may, then, be associated with some slowing of adoption or with unsuccessful preadoptive placements.

Forty-four percent of TPR youth in North Carolina exited to adoption (Table 4-12), and 14 percent to other exits, such as reunification, emancipation, and guardianship. Forty-two percent of TPR youth remained in placement. The profile of an average adopted youth in North Carolina was similar to Colorado's profile, an 8- or 9-year-old (55 percent), white, non-Hispanic (53 percent), female (55 percent) who experienced TPR between the ages of 10 and 12 years (55 percent). In general, youth entering

[15] The 172 youth in Colorado and 69 youth in North Carolina who experienced TPR in a second or subsequent episode of placement are not included in these analyses.

placement and experiencing TPR at younger ages were more likely to exit to adoption.

Table 4-11. Characteristics of TPR Youth in Colorado, by Permanency Status[a]

	Adoption (%)	Other[b] (%)	Still in Placement (%)	All Youth (%)
Number	**138**	**59**	**174**	**371**
Age at Entry				
8 to 9 years	60.1	47.5	52.9	54.7
10 to 12 years	32.6	27.1	40.8	35.6
13 to 17 years	7.2	25.4	6.3	9.7
Age at TPR				
8 to 9 years	24.1	13.8	16.7	19.0
10 to 12 years	56.2	56.9	63.2	59.6
13 to 17 years	19.7	29.3	20.1	21.4
Gender				
Female	61.6	45.8	51.1	54.2
Male	38.4	54.2	48.9	45.8
Race/Ethnicity				
White, non-Hispanic	53.6	50.8	44.8	49.1
Black, non-Hispanic	8.7	16.9	17.2	14.0
American Indian, non-Hispanic	1.4	0.0	4.0	2.4
Asian Pacific Islander, non-Hispanic	3.6	0.0	0.6	1.6
Hispanic	31.2	30.5	32.2	31.5
Unknown	1.4	1.7	1.1	1.3
Year of First Placement				
1994	11.6	25.4	5.7	11.1
1995	18.8	27.1	8.6	15.4
1996	16.7	25.4	12.6	16.2
1997	22.5	13.6	24.1	21.8
1998	21.0	3.4	21.3	18.3
1999	8.7	3.4	21.8	14.0
2000	0.7	1.7	5.7	3.2
Initial Placement (Spell 1)				
Family foster care	44.2	44.1	50.0	46.9
Receiving home	19.6	6.8	16.1	15.9
Kin care	13.8	18.6	22.4	18.6

(continued)

Table 4-11. Characteristics of TPR Youth in Colorado, by Permanency Status[a] (continued)

	Adoption (%)	Other[b] (%)	Still in Placement (%)	All Youth (%)
Number	**138**	**59**	**174**	**371**
Specialized group care/RTX	10.1	15.3	3.4	7.8
Shelter care	10.9	11.9	6.3	8.9
Other	1.4	3.4	1.7	1.9
Number of Placements (Spell 1)				
1	28.3	11.9	17.2	20.5
2	27.5	18.6	22.4	23.7
3	19.6	13.6	19.5	18.6
4	15.2	20.3	9.8	13.5
5 or more	9.4	35.6	31.0	23.7

[a] Permanency status as of February 2001.

[b] Other exit reasons were reunification (4 youth), with relatives (2 youth), emancipation (6 youth), runaway (4 youth), and missing or otherwise conflicting codes (43 youth).

Although 61 percent of TPR youth in North Carolina initially entered placement for a reason of dependency, only 50 percent of adopted youth entered for this reason. About one-third of adopted youth were initially placed due to neglect, whereas neglect explained only 23 percent of all entries in the TPR population.

As in Colorado, instability characterized the placement experiences of North Carolina's youth who experienced TPR—half of these youth had four or more placements. However, placement disruptions were not equally distributed over all permanency groups. Whereas 36 percent of adopted youth had four or more placements, youth experiencing TPR and remaining in placement were almost twice as likely (66 percent) to move more than four times. This pattern is consistent with the pattern in Colorado.

Table 4-12. Characteristics of TPR Youth in North Carolina by Permanency Status[a]

	Adoption (%)	Other[b] (%)	Still in Placement (%)	Total (%)
Number	**476**	**147**	**455**	**1,078**
Age at Initial Entry				
8 to 9 years	46.2	20.4	39.1	39.7
10 to 12 years	39.5	29.3	43.1	39.6
13 to 17 years	14.3	50.3	17.8	20.7
Age at TPR				
8 to 9 years	15.0	5.0	7.1	10.6
10 to 12 years	54.7	38.6	51.8	51.8
12 to 17 years	30.3	56.4	41.1	37.6
Gender				
Male	45.4	37.4	53.0	47.5
Female	54.6	62.6	47.0	52.5
Race/Ethnicity				
White, non-Hispanic	53.3	46.2	50.2	51.0
Black, non-Hispanic	39.9	45.5	43.6	42.2
American Indian, non-Hispanic	1.3	1.4	2.0	1.6
Asian Pacific Islander, non-Hispanic	0.6	0.0	0.9	0.7
Hispanic	4.9	6.9	3.3	4.5
Year of Entry				
1997	15.8	19.7	17.4	17.0
1998	23.3	27.2	17.4	21.3
1999	23.5	19.7	19.1	21.2
2000	21.4	17.0	19.1	19.9
2001	13.0	10.9	17.4	14.6
2002	2.9	5.4	9.7	6.1
Placement Reason				
Abuse	6.1	7.5	0.9	4.1
Neglect	34.0	48.3	3.1	22.9
Dependency	50.4	21.8	85.5	61.3

(continued)

Table 4-12. Characteristics of TPR Youth in North Carolina by Permanency Status[a] (continued)

	Adoption (%)	Other[b] (%)	Still in Placement (%)	Total (%)
Number	**476**	**147**	**455**	**1,078**
Parent surrender child for adoption	4.8	5.4	2.0	3.7
Adjudicated undisciplined	0.6	5.4	1.5	1.7
Child disability	0.6	2.0	4.8	2.6
Parent condition	1.7	2.7	0.9	1.5
Other known	1.7	6.8	1.3	2.2
Initial Placement				
Foster home	38.0	36.7	41.1	39.1
Relative	23.9	12.2	9.0	16.0
GH—residential	2.5	9.5	8.1	5.8
GH—treatment	0.4	2.7	1.8	1.3
Shelter	4.0	4.1	4.8	4.4
All others	31.1	34.7	35.2	33.3
Year of Entry				
Number Placements				
1	19.7	17.0	9.0	14.9
2	26.9	19.7	11.4	19.4
3	17.4	14.3	13.4	15.3
4	11.8	9.5	10.1	10.8
5 or more	24.2	39.5	56.0	39.7

[a] Permanency status as of January 2003.

[b] Other permanency exits include: reunification (33 youth), with a relative or other court-approved caretaker (53 youth), emancipation (30 youth), runaway (3 youth), other and unknown (28 youth).

Tables 4-13 and 4-14 summarize the median number of days between TPR and adoption, between TPR and all exits, between initial entry and adoption, and between initial entry and all exits by age. The median days between initial entry and adoptive placement or all exits provide an overall estimate of the amount of time to achieve permanency for this group of children. In general, to achieve permanency through adoptive placement in Colorado

Table 4-13. Median Days to Adoption and All Exits, by Age at Entry, Age at TPR, and Combined Age Entry and TPR for Youth Initially Entering Placement in Colorado

	Median Days Between TPR and Exit		Median Days Between Entry and Exit	
	Adoptive Placement	**All Exits**	**Adoptive Placement**	**All Exits**
Age at Entry				
8 to 9 years	798	660	1,770[a]	1,314
10 to 12 years	1,593[a]	809	1,734[a]	1,434
13 to 17 years	na	422	na	946
Age at TPR				
8 to 9 years	471	457	1,002	886
10 to 12 years	1,593[a]	755	2,332[a]	1,347
13 to 17 years	1,834[a]	720	1,978[a]	1,459
Age at Entry/Age at TPR				
8 to 9/8 to 9 years	471	457	1,002	886
8 to 9/10 to 12 years	1,593[a]	778	1,837[a]	1,435
8 to 9/13 to 17 years	na	243	2,200[a]	2,200
10 to 12/10 to 12 years	1,593[a]	714	2,332[a]	1,213
10 to 12/13 to 17 years	1,059[a]	1,059	1,734[a]	1,530[a]
13 to 17/13 to 17 years	na	433	na	920
All Youth	1,161	703	1,770	1,293

[a] Estimates may be unstable due to inadequate follow-up time and/or small numbers.

Table 4-14. Median Days to Adoption and All Exits, by Age at Entry, Age at TPR, and Combined Age Entry and TPR for Youth Initially Entering Placement in North Carolina

	Median Days Between TPR and Exit		Median Days Between Entry and Exit	
	Adoption	**All Exits**	**Adoptive Placement**	**All Exits**
Age at Entry				
8 to 9 years	577	522	1,364	1,272
10 to 12 years	776	602	1,477	1,293
13 to 17 years	1,061	460	1,315[a]	1,061
Age at TPR				
8 to 9 years	544	520	945	866
10 to 12 years	683	573	1,346	1,230
13 to 17 years	882[a]	512	1,626[a]	1,435
Age at Entry/Age at TPR				
8 to 9/8 to 9 years	527	515	959	904
8 to 9/10 to 12 years	577	495	1,444	1,392
8 to 9/13 to 17 years	na	na		
10 to 12/10 to 12 years	743	606	1,114	1,029
10 to 12/13 to 17 years	861	595	1,744[a]	1,605
13 to 17/13 to 17 years	886[a]	423	1,199[a]	1,100
All Youth	722	546	1,417	1,233

[a] Estimates may be unstable due to inadequate follow-up time and/or small numbers.

took almost 5 years, with youth remaining in a child-welfare supervised (CWS) placement an average of 3 years after TPR was achieved.[16] There were differences across initial entry age groups, as well as differences within age groups that are related to the time to achieve TPR. Eight- to 9-year-olds who entered placement and experienced TPR exited to adoptive placement more quickly than any other age group. However, 8- to 9-year-olds entering placement for which TPR took more than a year or two experienced some of the longest lengths of time to adoptive placement. When time to all exits was estimated, the length of time between initial entry and permanency decreased

[16] These youth may have been in preadoptive homes during this time, so the end of their formal "placement" under CWS supervision does not mean that their actual physical placement changed upon adoption.

substantially for all age groups. For older children, this can be partially attributed to aging out of the foster care system.

In North Carolina, the average time from initial entry to adoption was about 4 years for youth entering in the study years. Youth remained in placement for about 2 years after TPR was achieved. Because average time to adoptive placement varied by both age of entry and age at TPR, the table shows different combinations of these two categories. The median number of days from entry to adoption was longest for youth who were 10 to 12 years old at entry and 13 to 17 years old at TPR—about 5 years. The length of time to exit through adoption varied for 8- to 9-year-olds entering placement dependent on how quickly TPR occurred. Among 8- to 9-year-olds who did not experience TPR until they were 10 to 12 years old, the time to adoption was more than 3 years; they had the second-longest median number of days to adoption at 1,444 days. Those who experienced TPR quickly exited to adoption faster than any other group. When permanency included all exits for youth, the time to permanency was reduced for all age groups.

Since adoption in both North Carolina and Colorado takes a considerable amount of time, it is important to note that the median estimates for exit to adoption may be unstable due to inadequate follow-up time for youth initially entering placement in these years. When all exits were included in the permanency analyses, the estimates stabilized since less time to permanency was required.

4.3 DISCUSSION

Administrative state data provide the opportunity to examine the pathways to TPR and permanency for youth entering out-of-home placement. By tracking the placement experiences of youth from the initial entry into out-of-home placement through placement changes, TPR, and progress toward permanency, these analyses provide a broader window to examine experiences of youth moving through the child welfare system. Including all youth who enter placement and grouping youth by the year of initial entry allowed researchers to examine changes in the progress of youth to permanency over time.

Not unexpectedly, older children were less likely to experience TPR than their younger counterparts in both states. This could certainly be an indication of the hesitancy of some child welfare agencies to terminate parental connections until a suitable adoptive home is identified. Overall, there was no racial/ethnic disproportionality in TPR rates and no gender differences. However, stratified analyses by age groups indicate that there were differences in the TPR experiences of males in Colorado and a shift in the gender distribution as youth age in North Carolina, indicating the importance of disaggregating the "youth" population into smaller, more homogeneous age groups. Unfortunately, due to the small number of youth experiencing TPR, it was not possible to subdivide the 13- to-17-year-old group.

The placement experiences of youth in this study were characterized by multiple moves, as seen in other studies. Youth experiencing TPR moved even more frequently than other youth. It is certainly possible that some of the extra moves experienced by youth whose parents' rights had been terminated were the result of movement into an adoptive home. However, given the degree of differences in the percentages of youth experiencing TPR compared to youth who were not with four or more moves, it seems likely that there are other factors, either pre- or post-TPR, also at play here. Further analyses of the timing of moves and TPR could help to clarify these dynamics.

These analyses suggest that both Colorado and North Carolina are moving to terminate parental rights more quickly for children entering in recent years. In Colorado, where 3 years of pre-ASFA entry cohorts can be compared to 3 years of post-ASFA entry cohorts, it is easy to postulate that these changes are related to the passage of the legislation. Unfortunately, similar analyses on pre- and post-ASFA groups are not possible in North Carolina since the state did not record TPR dates for all children until mid-1996.

Taken together these analyses imply that states are moving more quickly to terminate parental rights on a larger number of youth. However, until we have additional follow-up time, we cannot determine whether the increase in TPR will actually result in more adoptions for youth or whether these youth will continue to linger in foster care but do so now without permanent ties to any family.

Because about half of the TPR population remained in placement at the time these files were created, it is difficult to make estimates on changes in length of time to permanency for the different entry cohort groups. However, it is clear from the analyses that there are definitely differences in the time to permanency related to age at initial entry and age at TPR. As states move more quickly to TPR, it seems likely that, at least for some of these youth, the time to permanency will decrease. Unfortunately, these results must await future analyses when more follow-up time is available.

5 NSCAW Data Analysis

Analyses of data from this national survey of children in the child welfare system complements those based on AFCARS and state administrative data. Although the number of TPRs occurring to date within the NSCAW sample is not large, the survey offers detailed information about the case history and well-being of these children.

5.1 TPR PRACTICE

5.1.1 Child Welfare Experiences Preceding TPR

NSCAW offers national probability estimates about the transition to TPR.[17] Although this study focuses on the older children, younger children are included in these analyses because the sample sizes for children older than 8 years with TPR remain quite small at this early point in the study.

The following analyses on TPR for children involved with the child welfare system are based on the subpopulation of children who were in out-of-home care at the time of the first wave of data collection (baseline). Analyses were also limited to children who continued to have an open case with child welfare services at the time of at least one subsequent wave of data collection (i.e., Wave 2 and/or Wave 3, 12 and 18 months after the initial interview, during which researchers collected the court hearing information).

[17] Although NSCAW sampling can provide some state estimates for child welfare service dynamics, it does not allow comparison of TPR implementation across states—for such infrequent events, only national probability estimates are available.

Table 5-1 includes information about the children in the CPS/core study as well as the OYFC study (children who had been in foster

Table 5-1. Termination of Parental Rights Hearings, Recommendations, and Results[a]

Process/Action	CPS/Core (%)	OYFC Study (%)
Any court hearing since contact date	87.7	94.8
TPR hearing since contact date[b]	17.3	38.1
Permanency planning hearing since contact date[b]	37.5	49.0
Periodic court review hearing since contact date[b]	68.3	65.2
Agency recommended TPR petition since contact date[c]	21.5	39.3
Result of hearing for child = TPR petition[c]	16.9	29.5
Result of court hearing = TPR[c]	16.7	34.6

[a] For children in out-of-home care at Wave 1, with an open case at Wave 2 and/or Wave 3.

[b] For those with any hearing.

[c] For those with any hearing other than civil commitment hearing or Other hearing.

care for 1 year prior to sampling). The latter study has a smaller sample size, but was designed for analyses of permanency, because the children were sampled at the point at which they were less likely to be reunified to the home of the parent, compared to the CPS sample. Because of the unique sampling strategies used to create them, these samples cannot be combined and are discussed separately. Common characteristics are highlighted.

According to the child welfare workers, the vast majority of all children in out-of-home care at baseline have had at least one court hearing by 12 to 18 months after the beginning of the investigation (Table 5-1). The proportion is somewhat higher for children in the OYFC cohort than for children in the core cohort (95 percent vs. 88 percent). Of those who have had a court hearing, a periodic court review hearing is the most common, with approximately two-thirds of the children in each cohort having had such a hearing. Forty-nine and 38 percent of children in the OYFC and core cohorts, respectively, who have had a court hearing since the beginning of the investigation have had a permanency planning hearing. Almost two-fifths of children in the

OYFC cohort who have had a court hearing have had a TPR hearing since the beginning of the investigation—over twice the proportion of children in the core cohort with such a hearing (38 percent vs. 17 percent). Children in the OYFC sample are more likely to have passed each milestone due to their longer tenure in out-of-home care.

Child welfare workers reported that for about two-fifths of the children in the OYFC cohort who had a relevant hearing, the agency recommended a TPR petition with regard to at least one of these hearings. Again, this number was almost twice the proportion of the core cohort (39 percent vs. 22 percent).

A TPR petition was the result of at least one hearing for 30 percent and 17 percent of children in the OYFC and core cohorts, respectively, who had a relevant hearing. Actual TPR occurred as the result of hearings for 35 percent and 17 percent of the respective cohort children.

Although TPR was most often associated with a TPR hearing, it was also the recommendation of the agency at permanency planning and periodic court review hearings and, in smaller percentages, at disposition hearings; emergency, detention, shelter care, or custody hearings; and adjudication/jurisdiction hearings (Table 5-2).

Table 5-2. Hearings at Which Agency Recommended Petition for TPR[a] (All Ages)

Type of Hearing	CPS/Core (%)	OYFC Study (%)
Emergency, detention, shelter care, or custody hearing	2.6	0.5
Adjudication/jurisdiction hearing	1.5	1.9
Disposition hearing	3.7	3.1
Periodic court review hearing	23.4	16.9
Permanency planning hearing	26.4	22.6
Termination of parental rights and responsibilities hearing	42.4	55.1
Total	100.0	100.0

[a] For children in out-of-home care at Wave 1, with an open case at Wave 2 and/or Wave 3.

When a court hearing resulted in TPR, child welfare workers were asked about the factors in the decision to pursue this outcome.

For both the OYFC and core cohorts, the three reasons most commonly cited—by up to three-fourths of the child welfare workers—were the parent's failure to participate in services, the lack of change in parental behavior, and the lapse of time limits. Only about one-third of the child welfare workers of children in each cohort cited severity of abuse/neglect as a reason for pursuing TPR, indicating that a parent's actions since the investigation of abuse or neglect may override past behavior in terms of his/her retention of the child (Table 5-3).

Table 5-3. Reasons for Pursuing TPR[a]

Process/Action	CPS/Core (%)	OYFC Study (%)
Parent did not participate in services	75.5	70.7
No change in parental behavior	73.1	69.9
Severity of abuse/neglect	34.8	32.3
Time limits elapsed	62.1	70.6
Parent incarcerated for long sentence	11.3	12.9
Parent otherwise incapacitated	14.1	28.6
Abandonment by parent	39.5	27.9
Other reason for pursuing TPR	18.3	16.3

[a] For children in out-of-home care at Wave 1, with an open case at Wave 2 and/or Wave 3, and for whom a court hearing resulted in TPR (i.e., last row of Table 5-1).

5.1.2 Characteristics of Children With and Without TPR

The study team compared the case characteristics and services experiences of children who had been in foster care for approximately 18 months (the CPS sample of NSCAW, described above). The sample was limited to children who had been continuously in out-of-home care (OOHC), because children who had entered foster care after several months at home would be less likely to have reached their permanency planning hearing or to have experienced TPR. This ensures more equal follow-up time, although the time to follow-up does vary by several months because some cases were more rapidly assessed following sampling (i.e., at baseline) or were located and assessed more rapidly at the 18-month follow-up.

By using this selection criterion, researchers also eliminated cases that had reunifications, because the general policy assumption is that TPR is not intended to compete with reunification, but is instead considered a procedure for promoting an alternative to long-term and impermanent foster care. The data are weighted to accommodate the complex sampling of NSCAW, but the underlying number of cases is instructive, because it suggests the need to analyze the data very conservatively. In all there were 222 children who were identified as having experienced TPR. There were 106 infants (less than 1 year old) placed in OOHC immediately after child welfare investigation whose parents had their parental rights terminated. An additional 80 children between the ages of 1 and 7 were placed in OOHC immediately and experienced TPR, and 36 youth aged 8 and older were placed in OOHC immediately and later had their relationship to their parent legally terminated.[18] These small sample sizes also suggest the reasons why large percentage differences (e.g., that males aged 8 years or more have a far lower percentage among those not experiencing TPR than do females) are not statistically significant (Table 5-4). Although staff did not include standard errors in the tables, these are generally quite large. Nonetheless, some findings do show striking and significant differences between children who have and have not experienced TPR.

The race/ethnicity of the child is not associated with TPR for any age group. For older children, researchers also examined their Achenbach CBCL scores, and found that these are not significantly different between the TPR and non-TPR group for children 1 to 7 years old and the children 8 or older. Exceptionally high proportions of children have CBCL scores in the borderline or clinical range across both groups.

The next comparison involves the most serious type of abuse. These data are gathered at baseline, during the field representative's interview with the child welfare worker (CWW), using a modified maltreatment classification system (MCS: Manly, Cicchetti, and Barnett, 1994). Although other types of maltreatment may have occurred, the MCS asks about the most serious type. The major types are compared below, with regard to

[18] Note: These unweighted samples do not reflect the underlying population, as infants were oversampled in NSCAW.

their association to a later decision to free children for adoption. The "failure to supervise" category includes the very few cases (less than 3 percent of all cases) that were coded with "abandonment" as the most serious type of maltreatment.

In addition to the most serious type of maltreatment, the MCS yields an estimate of maltreatment severity for each of the main types of maltreatment. The association between these and the ages of children by TPR status are shown in Table 5-4. There were no age groups in which the severity levels were significantly different between the TPR and non-TPR cases, which is consistent with the previously mentioned findings that more recent events are more important than the original severity of the maltreatment. Yet, at the extremes, some apparent interactions exist between the severity of the initial maltreatment, the age of the child, and the likelihood of being freed for adoption. For the younger and older children, very low severity appears to be more common among "No TPR" cases. For the noninfant children who had experienced the most severe maltreatment, there is also a hint that this is involved in the TPR decision. More cases and more refined analyses would be required to confirm these findings.

Some aspects of a family's prior involvement with CWS are predictors of subsequent case outcomes (English et al., 2002). Yet in the NSCAW data, a history of prior abuse and neglect reports, previously substantiated maltreatment, and past case openings in CWS were not strongly associated with later being freed for adoption.

Child welfare workers identified a variety of parental risks that they observed during the child protective services investigation. Although many of these risks may have been mitigated by the 18-month follow-up, they offer some perspective about the kinds of presenting problems that are most likely to be followed by TPR. Researchers developed the total caregiver risk score categories by summing the number of risk factors identified (out of a potential 23), and dividing by the number of risk items to which the child welfare worker responded. The distribution of resulting proportions was then classified by tertiles into low, medium, or high risk. Most of the children whose parents experienced TPR had parents with high risk.

Table 5-4. Percentages of Children and Families with Selected Characteristics, by Age at Entry to Placement and TPR Status

	< 1 Year		1 to 7 Years		8+ Years	
	TPR	**No TPR**	**TPR**	**No TPR**	**TPR**	**No TPR**
Child Characteristics						
Male	38.0	50.2	40.2	47.9	45.0	29.1
Black	46.6	35.5	26.0	31.3	23.3	33.3
White	26.5	30.0	45.3	44.7	67.7	49.7
Hispanic	18.1	21.9	13.6	19.1	8.1	8.9
Other	8.8	12.5	15.2	4.9	0.0	8.1
CBCL normal			37.4	59.3	68.8	45.4
CBCL borderline			8.3	9.1	3.0	6.3
CBCL clinical			54.2	31.7	28.2	48.3
Level of Abuse and Previous CW History—Abuse Type						
Physical maltreatment	14.8	16.6	10.1	28.0	2.5	25.3
Sexual maltreatment	0.0	1.0	17.6	5.9	18.1	14.8
Neglect, failure to protect	56.9	44.9	36.4	27.0	60.1	13.1
Neglect, failure to supervise	27.7	35.0	28.1	34.0	15.0	33.5
Other	0.6	2.4	7.9	5.1	4.3	13.2
Severity of Abuse						
1 (lowest)	11.5	22.5	27.2	23.0	2.3	25.3
2	12.4	2.2	26.7	18.7	15.0	17.2
3	6.1	5.8	19.1	39.9	10.9	31.9
4	34.8	35.4	14.4	15.3	20.2	9.4
5 (highest)	35.1	34.1	12.6	3.1	51.5	16.3
Level of Harm						
None	5.2	16.1	14.8	16.9	0.2**	18.5
Mild	12.1	16.5	21.9	20.9	3.3	18.5
Moderate	41.5	27.6	29.8	33.4	58.3	44.1
Severe	41.2	39.8	33.4	28.9	38.2	19.0
History of Abuse/Neglect	56.5	60.7	44.5	45.1	58.0	34.2
Previous maltreatment	59.6	60.4	62.7	59.7	73.7	79.5
Past child welfare history	66.0	50.9	54.9	47.8	45.2	56.8

(continued)

Table 5-4. Percentages of Children and Families with Selected Characteristics, by Age at Entry to Placement and TPR Status (continued)

	< 1 Year		1 to 7 Years		8+ Years	
	TPR	**No TPR**	**TPR**	**No TPR**	**TPR**	**No TPR**
Biological Caregiver Risk Factors						
Alcohol use	22.9	24.7	32.0	30.2	64.8	25.6
Drug use	57.2***	48.8	43.0	35.3	79.8	25.9
Recent arrest	51.2	41.1	42.8	35.2	55.5	44.5
Domestic violence	28.7	25.2	16.0	24.2	57.2	25.2
Low social support	73.1**	43.4	55.9	56.9	89.1	52.1
Difficulty paying basic expenses	81.4**	57.8	59.0	55.1	86.1*	36.9
Total Risk Score						
1 (lowest)	2.4**	14.2	9.5	17.8	2.0	30.1
2	9.5	26.7	31.2	27.1	9.2	22.0
3 (highest)	88.1	59.2	59.3	55.2	88.8	48.0
Current Caregiver Poverty						
Below	18.7	25.2	18.5*	40.3	3.2*	31.7
Above	81.3	74.8	81.6	59.7	96.8	68.3

* $0.05 < p <= 0.10$.

** $0.01 < p <= 0.05$.

*** $0.001 < p <= 0.01$.

The specific risk scores associated with experiencing TPR varied by the age of the child. For infants, the risk factors were parental drug use, low social support, and difficulty paying for basic expenses. The total risk scores were significantly different. There were no significant differences for the 1- to 7-year-olds, but difficulty paying for basic expenses was significant for the children 8 or older.[19]

Study staff examined the characteristics of the current caregiver to better understand how caregiver economic status (a kinship foster parent or foster parent) is associated with TPR. For older children, researchers found a strong association—those who are freed for adoption are much less likely to have caregivers who fall below the poverty level.

[19] Difficulty paying for basic expenses is often a partial proxy for substance abuse, because although this variable is correlated with a family's poverty level, many families involved in child welfare who are poor are not identified as unable to pay for basic expenses.

5.1.3 Child Well-Being Among Children With and Without TPR

The literature review identified no studies that have endeavored to identify the direct impact of TPR, alone or in combination with adoption, on the well-being of children. Several studies do indicate that children who are adopted from foster care have elevated levels of mental health problems (e.g., Smith and Howard, 1999), but staff could find no study that compared the mental health status of children whose parental rights had been terminated to those in foster care who had not experienced TPR. Although it is theoretically possible to capture the influence of TPR on child well-being, this would require a longitudinal design that included at least three data points. A trajectory of well-being before TPR and one after TPR would have to be compared for children who are subsequently adopted and those who remain in long-term foster care. At this time, the NSCAW study can only provide two data points—baseline and 18-month follow-up. Because few adoptions have been completed, no comparisons are possible between children who have experienced TPR and are still waiting for adoption vs. those who have been adopted. Hence, these analyses are clearly only suggestive of the well-being of children near the point of adoption.

Researchers compared children aged 1 to 7 and 8 or older, at the time of their placement, with regard to their CBCL scores; children who were less than 1 at baseline were not included because there is no comparable version of the CBCL for these children.[20] For children aged 8 years or older and in out-of-home care at baseline, in both the core and OYFC cohorts, there were comparable proportions of normal CBCL scores at 18-months among those children whose parents had their parental rights terminated and those whose parents had not. The differences in proportions, although not statistically significant, do suggest that the "No TPR" cases have more behavioral problems. The opposite pattern exists for children between the ages of 1 and 7, although, overall, higher proportions of these younger children had normal CBCL scores. For the 1- to 7-year-olds in the core cohort, however, proportions with behavioral problems tended to be higher for the TPR cases (Table 5-5).

[20] There is a CBCL version that covers children ages 2 to 3 and that is intended to be standardized to correspond to the CBCL for 4- to 16-year old children.

Table 5-5. CBCL Scores at 18 Months and TPR[a]

CBCL Total	CPS/Core (%)		OYFC Study (%)	
	TPR	No TPR	TPR	No TPR
1- to 7-Year-Olds				
Normal	49.7	68.2	70.0	65.2
Borderline/clinical	50.3	31.8	30.0	34.8
Total	100	100	100	100
8 + Year-Olds				
Normal	59.4	44.9	59.3	50.1
Borderline/clinical	40.6	55.1	40.7	49.9
Total	100	100	100	100

[a] For children in out-of-home care at Wave 1, with an open case at Wave 2 and/or Wave 3.

Two cautions must be noted about the methods used for this analysis. First, because TPR is strongly associated with elapsed time and because there are different lengths of follow-up, many of the "No TPR" cases may be misclassified. They may later become TPR cases. As such, these findings are preliminary, and a more complete analysis of these and other questions should wait until data from NSCAW Wave 4 (the 36-month follow-up) are analyzed. Second, because the sample size does not allow for multivariate analyses, the study staff cannot determine whether the significant differences noted would remain significant after controlling for other factors.

Conversely, staff cannot be sure that some of the differences that appear large might not become less prominent after controlling for other characteristics. Thus, the finding that younger children with behavior problems tend to be more likely to be in the TPR group and the older children with behavior problems tend to be less likely to be in the TPR group must await confirmation.

5.2 DISCUSSION

The parents who have had their parental rights terminated are, generally, parents who have not participated in services and not shown a change in parental behavior within the legally prescribed time limits. Severity of maltreatment is far less frequently cited as a reason for action, along with parental incapacity and

incarceration. Very few children had TPR ordered at the opening of the case, indicating that ASFA's provisions to make exceptions to the requirement of reasonable efforts to achieve reunification appear to be used infrequently in late 1998, 1999, and 2000, when these cases came into foster care. This finding is consistent with other investigations (e.g., Frame et al., 2004; GAO, 1999). There is also no hint that a family's prior history of involvement with CWS plays any role in determining whether TPR occurs. The evidence converges to support a finding that most families do not experience TPR quickly. Rather, they are families with many problems to overcome who have the opportunity to participate in services and do not make significant progress before they reach the mandatory time limits.

The characteristics of older children are not a primary determinant of who experiences TPR. Younger children with more behavioral problems may be more likely to experience TPR, and the opposite may be true for older children, but the data does not clearly indicate that this is so. Fewer than 4 percent of the older children who have experienced TPR are living with foster families who are not having trouble paying for basic necessities. Given the high rate of adoptions by foster families, many of these foster families are likely to be their future adoptive families. This rate is far lower than the rate for children who have not experienced TPR. Although adoptive families of older children are no longer predominantly affluent ones (Magruder, 1994), they appear to be far less likely to be very poor than the current caregivers of children in out-of home care who have not experienced TPR.

Although the behavioral problems of children who have experienced TPR are not very different from those who have not experienced TPR, both groups have behavior problems that are far greater than would be observed in the general population. These children are also likely to be considerably behind in academic performance, given the generally poor academic performance of children in foster care for a year (DHHS, In Press). These children, and their future caregivers, certainly appear to be in need of significant parenting and academic support.

6 Case Studies

Case studies allow examination of policy and practice in diverse settings, using interviews with child welfare and judicial staff. Focus groups with youth who have experienced TPR and foster parents who care for such youth add a very different perspective on the impact of TPR. As described in Section 2.5, this portion of the study focuses on questions framed in terms of "how" and "why," with a very different focus from the quantitative analyses presented in the three previous sections. The specific focus of the case studies was on changes in TPR practice related to ASFA and other influences, efforts to increase permanency options for older children, and the well-being of children who have experienced TPR.

6.1 TPR PRACTICE

6.1.1 State Statutes

State practices with respect to TPR have been shaped by a variety of factors, among which statutes passed in response to ASFA are not necessarily the most powerful of these influences. Agency policy and procedures, and judicial interpretation and leadership were all cited by interviewees far more often than were specific provisions of law. In many states, changes similar to those specified by ASFA were already underway in practice, if not in statute, prior to ASFA. For example, agency officials in West Virginia pointed out that state court rulings, which required permanency within 18 months, predated ASFA.

Nevertheless, examination of statutes from the five case study states reveals some significant differences in their key provisions, as shown in Table 6-1. Although all states specified aggravated circumstances under which parents could be determined unfit, and reasonable efforts to reunify foregone, only two states specified time periods for this consideration. Ohio's law requires the agency to file for termination after 12 months rather than 15 because most of the agency's case reviews are based on a 12-month determination, according to a state official. Three states (Colorado, Illinois, and Kansas) allow expedited termination with early foreclosure of reunification efforts, based on evidence of parental unfitness or noncompliance with treatment plans.

Specification of exemptions to required TPR filings vary among states as well. Two states (Colorado and West Virginia) identify placement with a relative as an allowable reason for not filing for TPR. Colorado law also allows an exemption if the agency has documented that termination would not be in the best interests of a child. Kansas allows the court to award permanent guardianship to an individual without TPR, if termination is not in the child's best interests. Although this is similar to the Colorado and West Virginia provisions, the requirement that guardianship be awarded is a significant difference. Illinois, Ohio, and West Virginia laws consider the child's need for permanency, each in somewhat different terms. However, Illinois law also notes that the child's prospects for adoption are not a factor in determining parental unfitness. Ohio law stipulates that the court consider whether permanency can be achieved without TPR, and West Virginia specifies consideration of the time required for the child to be integrated into a stable and permanent home.

Three of the five states mention consideration of the child's wishes as a factor affecting TPR. West Virginia specifies consideration at age 14 or at an age determined by the court; Illinois and Ohio statutes do not specify an age. Although neither Colorado nor Kansas mention consideration of children's wishes in their statutes, case study respondents in Colorado reported doing so for children over age 12.

Table 6-1. Key Provisions of State Statutes Regarding TPR

	Colorado	Illinois	Kansas	Ohio	West Virginia
Timing of Termination Process	15 of 22 months	15 of 22 months	15 of 22 months, beginning 60 days after removal	12 of 22 months	15 of 22 months, from adjudication or 60 days after removal
Provisions for Expedited TPR	Court may terminate if abandoned for 6 months or no treatment plan can address parental unfitness	Aggravating circumstances or parental incapacity justifies expedited TPR	Rebuttable presumption of unfitness after child has been in care 1 year if parent is not compliant	Not mentioned	Not mentioned
Exceptions to Requirement to File	Child is placed with relative; agency has documented that termination would not be in child's best interest	Not mentioned	Court may award permanent guardianship to an individual if termination not in child's best interests	Not mentioned	Child is placed with relative
Opportunities for Permanency as a Factor in TPR	Not mentioned	Parental unfitness determined without regard to child's likelihood of adoption; need for permanency considered in determining "best interest"	Not mentioned	Court shall consider child's need for permanency and whether that can be achieved without TPR	Court shall consider time required to be integrated into permanent home
Consideration of Child's Wishes	Not mentioned	Child's wishes and long-term goals considered (no age specified)	Not mentioned	Court shall consider wishes of child with regard for child's maturity (no age specified)	Court shall consider child's wishes at age 14 or "of an age of discretion determined by the court"

Source: National Clearinghouse on Child Abuse and Neglect Information (n.d.).

It is difficult to characterize these laws as comparatively more or less stringent. Each allows considerable room for interpretation in both timing and circumstances. Each specifies consideration of the child's best interests as a consideration in the termination decision. Perhaps the strongest distinction, with respect to older children, is the presence or absence of the child's wishes as a factor in termination. In some states, a child's desire not to have parental rights terminated gains formal recognition; in other states, whether or not such information is elicited and how it is used is

more case specific and at the discretion of the judge. However, discussions with both child welfare and judicial interviewees suggest that distinctions in interpretation of the statutes have a far greater influence on practice than do specific points in statutes.

6.1.2 Practice and Policy Changes Resulting from ASFA

Interviews revealed far more concurrence than distinctions among sites regarding the impact of ASFA. While West Virginia officials contend that their practice changes predated ASFA, interviewees at other sites described several shifts in practice. Most frequently mentioned was a heightened focus on timely permanency, on the part of both the child welfare and judicial systems. "Everything is quicker, faster, which is good, because one year is a long time in the life of a child," according to one state agency administrator in Kansas. Several interviewees pointed out that making permanency decisions while children were relatively young increased their chances of both being adopted and successfully adapting to adoptive homes. Other interviewees noted the accelerated pace of decision-making was also communicated to parents, resulting in better adherence to treatment plans.

"Permanency is always at the forefront."

Child welfare worker

The increased focus on permanency has "made child welfare look at more creative ways of doing casework," using a variety of strategies to expand permanency options and accelerate permanency planning. The most commonly cited strategy in this area was concurrent planning (Colorado, Kansas, and West Virginia). Other approaches include use of subsidized guardianship (Illinois, Ohio and West Virginia); and expanded efforts to identify relative or nonkin connections that might provide permanency resources (Kansas, Colorado). These strategies are discussed in detail in Section 6.2.2.

While applauding the increase in timely decision-making, interviewees expressed concern that proceedings could move too quickly in some cases—"the black helicopter syndrome: agencies or courts swooping in." Delays in service initiation, problems accessing services, and relapses during treatment for substance abuse were among the reasons cited for parents not completing service plans. Extended improvement periods are granted at the discretion of judges. In Colorado, a permanency hearing is

possible in some cases 90 days after adjudication, at which point there may not be adequate information on which to base a plan.

"There's a lot of pressure from the agency and courts on parents to get well faster than the treatment model would say is realistic."

Judicial Administrator

Across sites, interviewees described an increased focus on the needs of the child rather than parental behavior as a result of ASFA. While some judges were described as overly attentive to parents' rights, most child welfare and judicial interviewees agreed practice changes have been made in the context of a philosophical shift toward child-centered decision-making. As described by one guardian ad litem, "the burden has shifted to the parent to prove that they are likely to complete the improvement period."

Interviewees in both child welfare and judicial systems agreed that practice had become more formal in the wake of ASFA. Several noted that reviews were conducted by judicial hearings rather than case record reviews. Others noted that both systems had improved their documentation of services and decisions. Both West Virginia and Kansas have developed software to track court events and provide a standard format for documenting court decisions (journal entries).

6.1.3 TPR Practice for Older Children

Interviews with child welfare agencies and judicial professionals identified clear distinctions among sites with respect to the implementation of TPR for older children. In all sites, interviewees emphasized the existence of considerable variation among and within jurisdictions, so that these findings cannot be assumed to represent practice in other areas of these states. However, some trends were seen. TPR practice for older children was described as varying in terms of two dimensions: the need for evidence of likely adoption, and the extent to which youths' wishes were considered.

In three of five sites visited—Chicago, Illinois; Dayton, Ohio; and Denver, Colorado—the paramount consideration affecting TPR for older children was the likelihood of adoption. Opinions varied, however, on whether TPR was a move that could expand options for permanency through greater access to recruitment of adoption resources, or whether it was a necessary last step to be taken prior to adoptive placement.

In Chicago, the state's attorneys do not file for termination except when there is an identified adoptive home. Courts in Dayton are similar in their stance, requiring evidence that similar children have been adopted, if not identification of specific adoption resources. Magistrates there stressed the difference between the ideal perspective, in which "every child is adoptable," and the practical assessment of whether a given child is likely to be adopted. Denver-area interviewees agreed termination decisions for older children were largely driven by the availability of adoptive homes.

"There's a real hesitation to move toward TPR on older kids unless there's someone there who wants to adopt now."

Judge

Interviewees in Charleston, West Virginia, described TPR practice as being driven by judicial philosophy and the wishes of the child rather than the child's prospects for adoption. Area judges were described as being strongly led by their own interpretation of the child's best interests, rather than by rules and procedures based on ASFA. As a result, the likelihood of TPR varied considerably across jurisdictions. While consideration of a child's wishes regarding termination is not specified in West Virginia law, "the child's wishes carry a lot of weight in the decision about termination," according to one state agency administrator.

Practice in Kansas City, Kansas, follows a distinctly different pattern from these sites and from other counties in Kansas. There was considerable variability in descriptions of practice by the county's sole juvenile court judge. This judge described his practice as "attempting to apply ASFA as we're supposed to be doing," noting pressure from the review process and possible penalties for noncompliance. The judge further stated that the child's age, wishes, and likelihood of adoption may be considered in TPR decisions. Several court and child welfare interviewees disagreed, saying, "Age is not a factor… adoption likelihood is not a factor," and "there are many cases where the child begged for no TPR and he did it anyway…the judge is usually going to say 'sorry, but it's in your best interest.'" A state official expressed concern that this judge terminated parental rights in some cases where supports to the family could have addressed problems of inadequate supervision that brought children into care. While perspectives on this court's practice varied, it is clearly more driven by statutory time lines than the other courts visited by the study team.

Descriptions of factors affecting TPR considerations frequently revealed acrimony between child welfare and judicial perspectives. Judicial personnel at one site suggested that child welfare agencies advocated for TPR so they would not be required to continue interacting with difficult biological parents and arranging transportation for visitation. Child welfare personnel in Ohio described judges there as elected officials whose perspectives are influenced by advocates for parents' rights, including national groups such as Victims of Child Abuse Laws (VOCAL). "Judges consider TPR to be a capital murder offense, equivalent to a death sentence for a parent…there is a tendency to give many chances, and give parents the benefit of the doubt," according to a state agency administrator. A provision in the Ohio statute, however, specifies that courts not consider the effect of TPR on the child's parents in their determinations (NCCANI, n.d.).

"I don't feel that judges and DAs have a perspective on where workers are coming from. If you don't work with families, you don't know. In their hearts, they mean well, but they do a lot of damage."

Adoption Worker

While most sites agreed on the importance of child preference and adoption likelihood in TPR decisions for older children, sites varied in how these considerations were translated into practice. Several respondents noted that child preference had to be assessed carefully and repeatedly. Several interviewees pointed out the distinction between asking children if they wanted TPR and asking them if they were interested in adoption. Other interviewees pointed out because children who refuse adoption may later reconsider, the question should be revisited periodically. One supervisor noted that, "once they receive a 'no,' the courts don't ask again." In fact, children may deny their interest in adoption to avoid the chance of disappointment if no adoptive home is found.

Ideally, adoption should be discussed in the context of a potential adoptive family. Youth may also respond negatively to a general question about adoption, but more favorably to adoption by a specific family. A judge in Chicago explained that "youth will never say, 'I want my parents' rights terminated.' They would likely say, 'I like living with [a family] and don't want to live with my parents.'" At the same time, other interviewees pointed out that youth who did not want to be adopted might sabotage placements out of loyalty to their birth family.

Both these considerations—the importance of an identified family in encouraging youth to consider adoption, and the importance of adoption prospects in TPR decisions—underline the need for

strategies to expand the range of adoptive homes for youth. While some interviewees considered adoption of older children by anyone other than foster parents unlikely, others were actively working to expand the range of potential adoptive homes. Strategies being implemented in these sites are discussed in Section 6.2.2.

"The conversation about the kid's wishes regarding TPR should be done every 12 months. If it were done well, kids might be more willing to consider termination."

Adolescent Supervisor

Child welfare staff generally agreed with the courts regarding the potential negative impact of TPR without subsequent adoption. However, they pointed out that termination increased access to certain adoption recruitment resources. Some foster homes in Illinois are licensed as adoption-only, which only receive placements of children who have experienced TPR. This creates a "catch-22" for older children, for whom foster homes are the most likely adoptive resource, in that youth who have not experienced TPR are precluded from placement in some of the homes that are most interested in adoption. Workers in other sites described recruitment efforts as more focused for children whose parents' rights had been terminated, and noted that only children who have experienced TPR could have their descriptions posted on the AdoptUSKids Web site and similar state-specific listings.

In addition to state statute, interviewees identified numerous factors affecting TPR practice. Without attempting exhaustive discussions of these issues, the next two sections describe some of the influences that affect how child welfare and judicial systems practice with respect to TPR and permanency.

6.1.4 Child Welfare Factors Affecting TPR Practice

Resource constraints play a part in any discussion of child welfare practice. Child welfare agencies are "running on fumes," with widespread impacts on achievement of best practice. Low salaries and early retirement mean that inexperienced workers may lack the skills and experience needed to identify and facilitate permanency strategies for children. Some child welfare workers may also be less prepared to advocate for children in court. "The court responds to staff who have more tenure, because they trust their judgment," notes a local agency manager in West Virginia.

Efforts to increase the proportion of relative placements have reduced the number of cases presented for TPR. States are

actively working to increase relative placements through strategies such as family group conferencing (Colorado), family-centered practice (Kansas), and multidisciplinary teams (West Virginia). Because cases are exempted from the requirement to file for TPR when a child is placed with relatives, and because relatives are frequently unwilling to adopt, these cases are less likely to move to TPR.

Child welfare agency organization affected practice related to TPR. State-supervised, county-administered systems such as Ohio have far more variability in their practice than do state-administered systems. This presents some advantages, such as the opportunity to identify successful local initiatives for broader dissemination, but limits the feasibility of statewide improvement measures. The state uses a monitoring tool known as Child Protection Oversight and Evaluation (CPOE) to identify positive achievements in dimensions such as the achievement of permanency outcomes, and areas for growth where technical assistance is needed.

States that have privatized child welfare functions may need to examine how contract structures affect permanency efforts. While interviewees in Kansas cited significant advantages resulting from their public-private partnership, administrators noted that separation of foster care and adoption contracts had led to delays in adoption placements and a lack of focus on concurrent planning. State officials are revising future contracts to avert these unintended consequences.

"I don't think nationally we've answered if ASFA was intended to deal with delinquent youth."

State Administrator

Officials in all five sites noted the presence of children in their custody as a result of delinquency. State officials did not believe that these children were appropriate candidates for TPR and adoption. "Thirty to 50 percent of children in care aged 13 or older are not abused or neglected, but in conflict with school, family or community. TPR is not a good solution for this…but legally, we have to consider it at the 12-month mark because of ASFA," according to a state agency manager in Kansas. State officials expressed concern that assessment of their performance in achieving permanency goals was biased by the inclusion of these children in child welfare caseloads.

6.1.5 Judicial Factors Affecting TPR Practice

Judicial systems across the five states visited are strikingly diverse. Depending on the jurisdiction, judges may be appointed or elected, and may specialize in juvenile issues for years or rotate among courts. Public attorneys representing children varied in the extent to which they work on behalf of, or independently of, the child welfare agencies. In Colorado, "county attorneys decide whether to file, no matter what the case worker says," while in West Virginia, the county attorney cannot advocate positions different from those of the child welfare agency. In spite of this diversity, interviewees identified several common themes as influencing judicial practice with respect to TPR, including training, relationships between court and judicial systems, and efforts to improve court practice.

Most sites described training related to ASFA, often funded by the Court Improvement Project. Training focus included "Stepping up to Juvenile Court" training for new judges or those rotating into juvenile appointments; American Bar Association training on the basics of ASFA, including its implications for teens; and distance learning formats disseminated on compact discs. The Kansas Office of Judicial Administration tried to train the entire legal community, including judges, prosecutors, guardians ad litem, and parent attorneys. Both Colorado and Kansas have established standard training programs for guardians ad litem, covering 6 and 10 hours, respectively. Training efforts were supported by production of bench books or bench cards summarizing statutory requirements related to ASFA, and standardized journal entries for documentation of court decisions. Other efforts to improve court practice had implications for timely achievement of permanency. These efforts include streamlining court schedules to avoid transfers from one court calendar to another (Illinois) and access to court data systems for child welfare agencies (Illinois; planned in Ohio).

"Permanency hearings tend to be somewhat esoteric… Judges are legally trained, caseworkers are social service, but the permanency hearing requires a little bit of both."

Judicial Educator

Relationships between child welfare and judicial systems varied as well, ranging from working partners who may sometimes respectfully disagree to opponents with divergent perspectives on children's best interests. While these conflicts are often longstanding ones, ASFA-related pressures have exacerbated clashes in perspectives in some jurisdictions and instigated efforts at amelioration in others. Areas of particular concern that were cited as affecting permanency included subjective decision-making by judges, extensive use of continuances by judges, and parents' attorneys who file appeals without necessarily consulting parents. The strongest working relationships were seen at two of the three sites in which TPR decisions were based on adoption prospects.

Efforts to develop bridges between the two systems include creation of roles such as courtroom facilitators (Colorado and Illinois) and court liaisons (Ohio). Guardians ad litem, as representatives of the child's interests in court, have the potential to serve an intermediary role, but are viewed more as part of the judicial system. Workers and foster parents in several sites expressed concerns about the amount of interaction between guardians ad litem and children, given that guardians ad litem were asked to make recommendations to judges on permanency decisions. In systems that used them, court-appointed special advocates (CASAs) were viewed as strong resources for independent advocacy on behalf of the child.

6.2 TPR AND PERMANENCY

6.2.1 Adoption Prospects for Older Children

Although the difficulty of finding adoptive homes was acknowledged in all sites, the strength of this view varied across and within sites. Interviewees in West Virginia and Colorado were most likely to describe efforts to identify adoptive resources for older children, although no site ruled adoption out as a possibility. One participant at the state level in Ohio mentioned a change in the policy involving adoption. "Over the last 5 to 7 years, we have moved towards every child is adoptable; we just have to put the resources there for it."

Interviewees in two sites (Denver and Dayton) noted that changing an older child's goal from adoption to emancipation can facilitate access to independent living services. One participant in Denver stated that, "Once children turn 16, the goal changes from adoption to emancipation in order for that child to be able to obtain resources." Dayton child welfare interviewees noted that efforts to identify potential adoption resources continued even for children whose plan was emancipation, although judicial personnel questioned the extent of these efforts. Judges were skeptical of the likelihood of adoption for children who were not adopted by foster parents. According to one magistrate, "The agency has the view that every child is adoptable, but I review the case and know that some kids do not have homes to go to after [TPR]. If the foster home is not willing to adopt a child, then chances of that child being adopted are small."

Interviewees described two formal approaches to assessing youths' likelihood of adoption. In Colorado, workers use an adoptability assessment instrument with questions for a child's current provider and other significant adults such as CASAs, guardians ad litem, teachers, and previous providers. The questions address the child's relationships, functioning, and goals. The summary section asks workers to assess whether the child is "adoptable at this time." An analysis in Kansas determined that children with three characteristics—age over 14, mental health problems, and lack of an identified resource (prospective adoptive home)—were rarely, if ever adopted. As a result, these children are now identified for special case planning conferences.

When youth participating in focus groups were asked their own views on adoption, the predominant responses were that they did not need or want adoption, and that it was at any rate not likely to happen. Their views on adoption did not seem to include recognition of any possible benefits beyond their eighteenth birthdays. Few youth admitted to wanting to be adopted:

- "We're too old. Who wants to adopt a grown kid?"
- "I'm too old. I'm almost grown. I don't have time to bond with a new family."
- "I know who my family is. What's the point of getting another?"

- "I do what I want to do. I don't want no parents. I'm *raised*."

One youth expressed the desire to be adopted "so my kids can have a grandpa." A few expressed a desire for permanency. One foster youth viewed adoption as preferable to his likely future in custody, "I want adoption. I don't want to move from place to place and end up in a group home till I'm 18."

6.2.2 Permanency Options for Older Children

The range of permanency options is constant across states, with the exception of subsidized guardianship. States varied, however, in their approaches to identifying and working toward permanency.

Adoption and Guardianship

State and local child welfare representatives described a range of programs and policies to increase adoptions among older children. These included encouraging relatives to care for children, providing financial incentives to relatives, providing incentives for adoption such as college tuition, encouraging single and older parents to adopt, providing incentives to families that adopt older children, providing better post-adoption services to parents, providing incentives to counties that increase adoptions for older children, and expedited permanency planning.

Several sites mentioned the expanded use of kin or relative placements as strategies to increase permanency for youth, if not adoptions. In Ohio, "kinship navigators" assist kin in finding resources such as recreation, training, food stamps, and educational services. A participant in Kansas described how the state's move to family-centered practice facilitated early placements with relatives, who might subsequently become permanency resources if reunification were not possible. In Illinois, the use of relative incentives was mentioned as a strategy used to increase permanency. The state has a subsidized guardianship with a support payment that is the same as the adoption subsidy. Interviewees thought this was a good option for relatives who did not want to alter family relations.

The use of financial incentives was also mentioned at several sites as a way to increase adoptions. In Ohio, a program called Adopt Ohio provides incentive for counties to move children from foster care to adoption. The program also gives increased

incentives to counties that place older children. Also, in Ohio, interviewees mentioned proposed legislation intended to move foster parents more quickly to adoption. This legislation would provide bonus incentive amounts to families who adopted older children. In West Virginia, among strategies to increase permanency, interviewees mentioned incentives for adoption including college tuition.

A few sites mentioned policies designed to expand the pool of potential adoptive parents. Interviewees in West Virginia reported that their recruitment brochures specifically mention that single persons can adopt. They also noted that they did not discriminate in terms of sexual orientation for adoptive parents. Interviewees in Kansas stated that single parents as well as older parents were welcome to adopt children. Interviewees in Colorado also stated that their policies were open in terms of home ownership, marital status, and sexual orientation of the parent.

The provision of post-adoptive services (PAS) was also a strategy used by several sites to increase adoption. The type of PAS available varied across states. In Kansas, one participant mentioned that special efforts made for parents who adopted special needs children "…made modifications to homes like ramps and bought special vans." West Virginia provides family and individual counseling, adoption incentives, conferences, workshops, and support groups for families after adoption. Illinois offers counseling crisis intervention for adoptive families statewide.

Some states have developed innovative programs to increase permanency options available to youth. Project Uplift, a Colorado program funded through an Adoption Opportunities grant, works to reduce barriers to adoption by connecting youth to previously involved adults (e.g., foster parents, teachers, or family friends) to re-establish supportive relationships and perhaps permanent relationships. The program evaluation reports 122 connections with varying levels of intensity since it was piloted. Interviewees in Kansas mentioned a similar strategy that involved looking at "all the resources in the community, like teachers or people in churches." In Ohio, participants described working with the faith-based community to talk about collaboration and networking around finding families for youth.

"[Guardianship] works so much better because they have a guardian but aren't betraying their birth parents."

Child Welfare Worker

Two of the states visited have established subsidized guardianship programs, which provide financial support at foster-care stipend levels for relatives and nonrelatives willing to accept guardianship of youth. Interviewees in Illinois identified this program as the major permanency option for older children. West Virginia's guardianship is modeled on Illinois but supported entirely by state funds rather than a IV-E waiver. In Colorado, which does not have access to subsidized guardianship, one participant stated that guardianship was rarely used; "the majority of kids who have not been adopted are in long-term foster care or emancipation after they turn 16."

"PPLA's definition is based on the bond with a parent and the parent's ability to be a parent, but it's really a matter of how likely the child is to be adopted."

Child Welfare Worker

Planned Permanent Living Arrangements

Although never a first choice, other planned permanent living arrangements (PPLA or OPPLA) with a goal of emancipation and provision of independent living services was acknowledged as commonly used for youth. Interviewees pointed out that this differed little from the pre-ASFA category of long-term foster care. Montgomery County, Ohio, conducted a self-assessment to examine factors contributing to its unusually high rate of PPLA placements, which include younger teens. A variety of factors from both child welfare and judicial practice were identified as contributing to the use of PPLA, including inadequate presentation of the agency's case for termination and judicial preference toward PPLA. Participants stated that PPLA was originally only supposed to be used when older children did not want TPR although there was no chance of reunification, but now PPLA is a commonly used practice if there are no prospects available for adoption for the child. PPLA was described as a "giant loophole through which parents' rights are staunchly protected and children's rights ignored."

"Older kids always find a way to see their birth parents. It's where they go when they turn 18."

Child Welfare Worker

Reunification with Biological Parents after TPR

Interviewees in all states noted that many youth return to their birth families when they turn 18, if not earlier. Given this reality, some states are giving more consideration to planned reunification with biological parents after TPR. An interviewee in Colorado mentioned that they proactively plan for reunification of youth with biological parents, while youths are still under agency supervision. As one interviewee stated, "At 17, they are better able to protect themselves so we are moving to reuniting youth with families." In

Ohio, participants said they try to include the biological parent in the lives of the youth, "We used to look at PPLA as permanent and didn't do outreach to biological parents and relatives. Now we look at re-involving them." Participants in Kansas stated that they see older children getting adopted by their biological parents who have made changes in their lives. "If a child's been in the system for 3 years, why wouldn't we do that?"

Youth Perspectives

Youth had different views about the permanency options other than adoption. One youth described the advantages of guardianship as, "They give you some permanency, but your parents can still have their rights." Youth had views of emancipation as well, describing it as "moving out, you take care of yourself." Independent living was generally viewed as attractive because of its promised access to benefits of adult life. As one youth stated, "At 18, they'll help you get an apartment, help you get a job, pay for your car insurance for 6 months or a year." One youth's view of emancipation was slightly different: "The county sets kids free because they are too much trouble, not showing enough appreciation."

6.2.3 Barriers to Permanency

Several barriers to permanency were mentioned across the states visited. As noted earlier, youth frequently maintain that they do not want to be adopted, although interviewees stressed the importance of discussing adoption in the context of a specific resource rather than in the abstract. Across sites, interviewees also acknowledged that youths' history, behavior, and mental health conditions frequently presented formidable challenges to adoption. A child welfare supervisor noted that, although adoption is always an option, many adoptive homes lacked the resources necessary for success with these youth. "They were raised by us and they don't know how to take care of themselves."

Interviewees identified a range of systemic factors that hinder the ability of child welfare agencies to find and facilitate permanency arrangements for older children. These factors include the lack of staff with specific skills to support adoptions; as a result of staff reorganization in Illinois, staff formerly providing these functions were much less available. A participant in Colorado also

mentioned high turnover and recent job cuts for staff as a major barrier. These factors limited the number of trained staff available to assist with adoption placements and increased the number of new, inexperienced staff who needed training in creating effective permanency options for youth.

Judicial practices at two sites were seen as limiting youths' opportunities for adoptions by their reluctance to implement TPR without an identified resource, as discussed above. An interviewee in West Virginia mentioned that judges tended to grant biological parents visitation after TPR and adoption, which discouraged foster parents from adopting.

Foster parents participating in focus groups identified the lack of post-adoption services as a major barrier to adoption for many parents. As one foster parent stated, "After adoption, they leave you hanging." Another barrier mentioned was the high cost of adopting teens. Financial barriers mentioned included the cost of cars, insurance, and college tuition.

6.3 SUPPORTS AND SERVICES NEEDED

"You can take the kid out of the home but you can't take the home out of the kid… If I had my way we'd hardly ever terminate."

Child Welfare Worker

Respondents in all sites agreed that older children experiencing TPR have a variety of needs, and that their needs are different from those of younger children. The transition from childhood to adolescence is typically highlighted by a shift from a focus on family relationships to socialization and peer affiliations. From a developmental perspective, the significant people in an adolescent's life, life events, and experiences can delay, speed, or change the developmental outcomes for youth. Social support and the availability of services can serve as critical protective factors for the healthy development of youth in general, but it is particularly important for youth who must contend with the numerous adjustments associated with TPR.

Children in foster care often experience a significant sense of loss. The impact of this loss will depend on several factors, including (1) the youth's developmental level, (2) the significance of the people separated, (3) whether the separation is temporary or permanent, and (4) the degree of familiarity of the new surroundings (Berrier, 2001). Adolescents experiencing TPR are at a developmental stage where they are capable of understanding permanence. Their grieving process is

complicated by the normal changes that occur during the period of adolescence. During adolescence, one of the main developmental goals is to form an identity separate from one's family. With the loss of connection to one's biological family through TPR, youth are often faced with the need to grieve over the loss of their family while negotiating the developmental need to separate from their family. TPR may force an adolescent to separate from their family before they are developmentally ready to do so. This is likely to cause an adolescent to be confused about who they are, whose influences they should use to guide their behaviors, and whom they should trust.

TPR may also impact the way in which an adolescent grieves. The child may use anger and distrust of others as a way to mourn the loss of their biological parent and as a means of protection from experiencing future loss. A foster youth from Ohio said when you find out that your parents have had their rights terminated, "You need space. You have to go through a grieving process."

6.3.1 TPR and Connections with Biological Family

Many of the foster parents who were interviewed believe older adolescents do not view termination as a permanent option because they often maintain contact with their biological family. A foster parent in Colorado suggested the state should not terminate the parent's rights if biological parents can provide support to the youth. Rather, they should allow foster parents to provide a therapeutic home while maintaining biological parents' relationship with their child.

Child welfare informants at each site confirmed that it was not uncommon for youth who have experienced TPR to maintain contact with their biological families. There was agreement across sites that it can be beneficial for older children to maintain some level of contact with their biological family. This contact may be with extended family members rather than with parents. An agency representative in West Virginia noted, "It's so easy to lose your roots in foster care. Having contact with siblings is sometimes more important than having contact with parents." Interviewees in Colorado noted that the state understands the importance of the sibling relationship and is working to address the issue of sibling relationships after TPR.

Maintaining connections is important for youth in foster care. One of the youth participating in a focus group expressed the importance of connections when she said, "I felt lost after 10 years in foster care; I needed to connect with someone." Although this youth maintained contact with her biological mother and had a strong emotional bond to her, she decided to go through TPR and look at adoption as a way to find the type of familial connection she was seeking. However, the adoption later disrupted.

Contrary to the perspectives of child welfare interviewees at most sites, many of the youth in foster care with whom the study staff spoke agreed that youth don't have much say, if any, in whether or not TPR occurs. Youth who maintain contact with their biological parents are often aware of the difficulties their parents have with changing their behavior. These youth have opinions about whether or not their parent's rights are terminated; however, none of the youth participating in focus groups reported that their opinions were ever sought on the issue of TPR. One stated, "I tried to go [to court] when my parents got their rights taken away. They didn't let me go. I think that's not right. I think you should be there. It's your parents." The desire to attend the termination hearings was a common theme among youth. One child welfare agency worker agreed that youth should be allowed to go to the termination hearing. She noted, "Judges and guardians ad litem think they're shielding kids from harsh realities, but this is their reality." A judge in Colorado disagreed, comparing this to "videotaping your own surgery."

6.3.2 Transition through TPR

Opinions about adolescents' understandings of TPR varied. Whereas some respondents suggested that youth have difficulty accepting the finality of TPR, others believed adolescents will understand its meaning if they are developmentally on target. Focus group discussions with foster youth indicated that their comprehension of the meaning of TPR was frequently limited. One youth described TPR as meaning that "Your parents can't have any contact with you until you're 18," and another youth responded, "It's like a divorce." One youth thought she could prevent her mother's rights from being terminated by withholding her mother's contact information from the child welfare worker, thereby preventing the delivery of TPR notification to her mother.

When the girl's mother did not appear for the established court date, the girl thought she had avoided TPR.

Transitions through the TPR process were described in very different terms by professionals and by youth. As described by child welfare and judicial respondents, the process involved sensitive and thoughtful communication, revisited over time and eased by supportive services. Discussions suggest that there is no single approach to communication with youth about their TPR status or impending TPR. This discussion may be handled either by a child welfare worker or therapist. In one site, child welfare workers were unclear about whose responsibility it is to tell youth that TPR is going to occur. However, most respondents believed that this communication was handled carefully.

As described by youth, the process was a much less deliberate one, frequently involving misunderstandings and lack of communication. Youth participating in focus groups described many instances of mishandled communication, or worse. Responses from youth in one state ranged from "I wasn't told until after it happened," to "our caseworker told us," and stunningly, "I didn't know until I saw my picture on the [agency] computer to be adopted." One youth stated that although he had known his parents' rights were terminated, he had not understood the meaning of TPR until the focus group discussion.

Other kinds of misunderstandings can result from TPR, when the child welfare services' work is not adequate. One former foster youth (now in his late 20s), participating on a panel on TPR at a conference in Ohio, indicated that his mother thought that he had requested that her parental rights be terminated. She had never forgiven him.

The need to address older children's grief was a recurring theme among agency representatives and foster parents. Ongoing work in helping youth understand the meaning of TPR and helping youth deal with the grief associated with the loss of their parents is essential. One adoption worker in West Virginia indicated that "Youth need time to go through a grieving process and many of them are not getting the chance to do that. If they are not able to grieve their loss, it will have repercussions in the future. TPR is like the death of a parent. Even if the parent is terrible, kids still

love them." Respondents in Ohio described the use of a "life book" of pictures, letters, and other items from the biological family that can be used to assist the child in reaching closure while at the same time firmly establishing a sense of family history.

Foster parents in all of the states agree that youth need services to help them deal with termination. Whether formally or informally, many states begin to weigh the opinion of the adolescent regarding their desire for adoption around age 12. Agency workers in at least two of the states indicated youth need to understand what it means to be adopted in terms of connections and their future. One worker in Kansas suggested that the discussion with youth regarding adoption should take about 2 to 6 months to increase the chance that youth will understand their rights and the consequences of court decisions. She noted that a discussion about TPR and permanency "doesn't fit nicely into a 15-minute interview…it takes a lot of listening." Listening to youth is critical because it provides adults with the opportunity to clarify information that the child has misinterpreted or at a minimum it allows adults to understand the perspectives of youth.

The importance of assisting youth in interpreting and clarifying information was clear in older children's description of their understanding of TPR. These youth clearly would have benefited from ongoing communication with child welfare workers. One example occurred when youth were asked how much notice they receive prior to TPR. One youth replied, "I didn't even know that **my** rights were terminated until years after it had been done…I didn't get any notice, I didn't even know." This response elucidates the lack of control some youth feel about the process of TPR. It also conveys their sense that the process focuses on the rights of parents, without recognizing that children's legal relationship to their parent(s) and relatives is also being terminated. If agencies have separate child welfare workers for biological parents and for foster children, there must be agreement about who is responsible for discussing the progress of the TPR action with the child.

An adoption worker in one of the states reported that she is not aware of any available training that focuses on how to tell youth about TPR. Thus, misinterpretations like those of the youth in the focus group may never be clarified and youth may grow up with

the idea that their rights have been taken. Acting out and problem behaviors may be one way that youth gain some control of their lives. An agency worker in one of the states thought that if youth are not in control of their lives, they will learn to simply react to things, which may set up a pattern that can carry into their adult lives.

6.3.3 Services Needed After TPR

Beyond understanding and processing the impact of TPR, respondents agreed that youth needed support in the transition to permanency. An agency worker in Kansas thought any child for whom the state is going to terminate parental rights ought to have a plan to achieve self sufficiency. This plan can include mentors, foster parents, and teachers.

For some states, the plan includes moving a youth's case from the foster care unit to an adoption or adolescent unit. These units are designed to meet the needs of older children, particularly those who have experienced TPR. However, there were questions as to whether the adoption/adolescent unit included adequate attention to the needs of youth who have experienced TPR. One informant noted that staff in one such unit did not have time or training for this role. In addition, staff may not know what information has been communicated to youth, so that opportunities for essential discussions may not be realized.

All of the states report the need for mental health services to assist youth in dealing with TPR. However, finding these services may be a challenge for several reasons. Limited access to mental health providers in managed care networks may make it difficult for youth in the child welfare system to access services. Finding service providers in close proximity to a youth's residence can be challenging. Adoption workers in one of the states suggested that in addition to issues with access to services, it is difficult to find mental health service providers who can get youth to communicate. Additionally, they reported that few therapists were capable of dealing with the separation and adoption issues these youth experience.

Although some mental health service providers indeed fall short of adequately meeting the needs of youth who have experienced TPR, some service providers are endeavoring to find innovative

approaches to meet the needs of these youth. One example is a county in Colorado that sponsors an innovative theatre group for older children who are in the Independent Living program. One of the youth who participated in this group said, "There is so much support being with other kids who have been through the same thing as you." A state official echoed this idea as one of the benefits of group therapy for youth. Services that capitalize on the importance of the peer group in the growth and development of older children may be crucial to supporting youth through TPR.

The formidable challenges of moving to permanency and positive outcomes after TPR were aptly summarized by a CASA director who said, "I'm reading this rose gardening book, and it's talking about hybridizing roses—how you slice off the rose, and attach it very carefully, and you wrap the branch and support it from the bottom to hold it up and weight it from the top to hold it down so it makes that good connection, and it finally grows on the main family plant. And I'm thinking, in a million years I would never attempt it. Then it dawns on me that we do this every day. We pluck a child and say, 'Have a nice life,' and expect them to bloom in 6 months' time."

6.4 DISCUSSION

The case studies revealed more diversity than generalizable conclusions, perhaps not surprising when examining such a complex event at relatively few sites. Most interviewees agreed that ASFA and other recent policy shifts had sharpened focus on timely permanence. However, practice related to TPR for older children varied among and within these states. The area of greatest variability was in judicial practice, with TPR decisions resting on youths' prospects for adoption in some sites, and adherence to ASFA's time lines and parental compliance in others. Relationships between child welfare and judicial systems varied as well, ranging from working partners who may sometimes respectfully disagree, to opponents with divergent perspectives on children's best interests.

A second area of great variability across sites was in expectations related to permanency options for youth. While adoption was agreed to be the most desirable goal, opinions varied on its feasibility for older children. Some sites pinned little hope on

adoption prospects beyond the possibility of foster home conversion; others described efforts to expand adoptions among older children through targeted search efforts and financial incentives, as well as more traditional recruitment approaches. Sites with supported guardianship viewed this as the most promising opportunity for older children. Short of legal permanency, some sites focused on identifying and strengthening relationships that could serve as enduring resources for youth, including relationships with birth families.

It is difficult to discern the extent to which youths' voices are heard. Most—but not all—interviewees reported that youths' preferences are considered in decisions related to TPR and adoption. Even when youths are asked for input, the answer may depend on whether the question is asked once or repeatedly, and whether it is asked in the abstract or in the context of an actual prospect for adoption.

Certainly youths' stated opinions are confounded by a variety of forces, including their developmentally appropriate focus on autonomy, skepticism based on past history, and the need to maintain a strong façade. Few of the youth we spoke with saw permanency as extending beyond their eighteenth birthday. Their engagement in planning for permanency can only have been diminished by their limited understanding of TPR and their experience of poorly handled communications about the TPR decision process. From the perspective of these youth, the uncertain benefits of adoption did not appear to justify the emotional cost of what they feared would be interpreted as the renouncing of their birth families.

7 Summary and Conclusions

This study used diverse information sources and methods to build a preliminary assessment of a population for which little information is currently available: older children who are subject to TPR. The very different approaches employed for this endeavor allow few comparisons among study components. However, the cross-method findings are to some extent complementary, addressing core research questions from different perspectives. Some key findings of each study component are summarized below.

AFCARS data provide detail on the characteristics of children who experience TPR:

- Among children over age 13 who have experienced TPR, more than a third subsequently have case goals of long-term foster care or emancipation, rather than adoption (or placement with another identified permanency resource).
- Compared to children who have not experienced TPR, they are likely to be younger, to have spent more time in care, to have clinical diagnoses, and to have had multiple placements.
- The proportion of children exiting to adoption after TPR, or with a case goal of adoption, decreases with age.

Analyses of state administrative data confirm findings from AFCARS regarding the association of TPR with placement instability and the decreasing frequency of adoptions among older children. These analyses also provide insights on timing of TPR and exits to permanency for older children:

- The two states analyzed have significantly different patterns with respect to time to TPR.

- Youth entering care in Colorado in recent years show a higher probability of moving quickly to TPR than those entering earlier, suggesting the impact of policy and practice changes related to ASFA.
- As in the AFCARS data, a significant number of older children exit care after TPR to exit outcomes other than adoption.
- NSCAW data provide detailed information about the case history and child welfare experience for the small number of children in the survey sample who have experienced TPR early in the follow-up period. Of particular interest, these preliminary analyses suggest the following:
  - Events occurring subsequent to placement (e.g., parental noncompliance with treatment plans) appear to be more influential in TPR decisions than severity or type of abuse.
  - In this sample of children who had experienced TPR soon before the 18-month follow-up period ended, but had not yet been adopted, no clear association between TPR and measures of well-being could be detected.
- Case studies in five states identified the range of influences on practice related to TPR and permanency for older children, and offered some insights on the impact of TPR. These include the following:
  - Along with other forces in child welfare, ASFA has shifted practice to a greater focus on timely permanence. However, TPR practice varies considerably among the sites visited, with differences apparently related to judicial practice rather than specifics of ASFA-related statutes.
  - While respondents across all sites generally agreed that adoption was the most desirable permanency goal for children who had experienced TPR, considerable variation exists in the extent to which TPR is pursued for older children. Other approaches to permanency for this population include subsidized guardianships and strengthening relationships that can serve as resources to youth.
  - Although child welfare agency staff recognize the importance of communicating with and supporting youth through the TPR process, these communications are often neglected or mishandled. Youth did not feel they had received timely and sufficient information with which to understand the implications of TPR. Many of these youth remain in contact with their birth families and view TPR as only a temporary disruption of this relationship.

A limited set of themes can be drawn from these diverse sources:

- While older children in all states are far less likely than younger ones to experience TPR, time to TPR, frequency of TPR, and permanency outcomes after TPR for older children vary substantially among states (AFCARS, state data, and case studies).
- There are indications that TPR practice is changing over time as ASFA-related policy changes are implemented. Children entering care since enactment of ASFA are likely to move to TPR more quickly (state data and case studies).
- Permanency options for older children remain limited, with the frequency of adoptions decreasing sharply among older children (AFCARS, state data, and case studies). A small number of older children make planned reunifications with biological parents after TPR (AFCARS, state data and case studies), though many more do so without child welfare endorsement (case studies).
- Available data cannot be used to gauge whether TPR is a determinant of well-being among youth, nor can the relationship between TPR and finding an adoptive home be determined (AFCARS, state data, and NSCAW). Case study data do, however, underscore the personal significance of this event for youth, and the dearth of supports for youth experiencing TPR.

The true impact of ASFA's expectation to terminate parental rights in a timely way without specific regard for age and the availability of a current adoption resource cannot yet be tested. The impact of having parental rights terminated and not becoming legally attached to a new family is also unclear. More time and data are needed.

If the intent of ASFA is realized, children entering custody in the future will be more likely to achieve permanency in a timely way, before their prospects are limited by age and cumulative experience in the child welfare system. For older children currently in care, and for those who enter care as adolescents in the future, successful outcomes may depend on whether strategies can be found to increase the proportion achieving adoption or guardianship, assist youth with transitions, and provide long-term support into young adulthood. Each of these strategies will be more successful if child welfare services improve the clarity, sensitivity, and timeliness of communication with youth regarding the termination of parental rights process and its meaning for their legal and psychological connection to family.

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