Center for Advanced Studies in Child Welfare MINNGLINK

Minnesota-Linking Information for Kids

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RESEARCH BRIEF

Parental Disability and Termination of Parental Rights in Child Protection

PURPOSE OF THE STUDY

The purposes of this study were to understand the prevalence of parental disability among Termination of Parental Rights (TPR) cases in Minnesota and to determine whether parents with disabilities were overrepresented in child protection TPR cases. Additionally, this study sought to understand characteristics of parents with disabilities who experienced TPR.

BACKGROUND & PURPOSE

The ability to create a family and to parent one's children is an established basic human right grounded in the expectation that children will be provided for and cared for at a standard set by society (United Nations, 1948). When parents fail in their ability or willingness to meet society's parenting standards, the U.S. asserts the State's rights and responsibilities to protect and care for children. In doing so the State can terminate the rights of parents (Child Abuse Prevention and Treatment Act of 1974).

While much is known about U.S. rates of out-of-home placement (OHP) within child protection services (CPS) and subsequent termination of parental rights (TPR) (Administration on Children, Youth and Families, Children's Bureau, 2014), less is known about the CPS experiences of particular groups of children and families. One such group is parents with disabilities. While prevalence rates are beginning to be established in other parts of the world (see



WHILE MUCH IS KNOWN ABOUT U.S. RATES OF OUT-OF-HOME PLACEMENT WITHIN CHILD PROTECTION SERVICES AND SUBSEQUENT TERMINATION OF PARENTAL RIGHTS, LESS IS KNOWN ABOUT THE CPS EXPERIENCES OF PARTICULAR GROUPS OF CHILDREN AND FAMILIES. ONE SUCH GROUP IS PARENTS WITH DISABILITIES.

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McConnell, Feldman, Aunos, & Prasad, 2011), U.S. prevalence rates of parents with disabilities involved in CPS are unknown. Information about U.S. parents with disabilities who progress further into the child protection system and experience TPRs are also largely unknown. What is known however, is that the presence of parental disability was identified in 2010 as grounds for TPR in 33¹ states (Lightfoot, LaLiberte, & Hill); therefore it was hypothesized that this group of parents would be disproportionately represented among parents who experienced a TPR.

This study sought to determine the prevalence of parental disability among TPR cases in Minnesota's child protection service system and to assess whether disproportionality in TPR cases existed for parents with disabilities. Specifically the following questions were investigated:

1. What are the characteristics of parents with disabilities who experienced TPR?

2. Are parents with disabilities over-represented in TPR cases? If so, does the overrepresentation begin prior to TPR (i.e., in OHP)?

This project would not have been possible without the partnership and collaboration of Hearth Connection and the financial support of the Robins, Kaplan, Miller and Ciresi Foundation for Children and the Family Housing Fund.

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METHODS

Child protection and educational records of parents who experienced an OHP and/or TPR were matched through Minn-LInK; records were used to determine the prevalence of parental disability TPR cases and to describe the characteristics of parents who experienced TPR. Prevalence of disability in TPR cases (and subsequently OHP cases) were compared to the prevalence of disability in the general population from which the sample was drawn.

FINDINGS

Findings suggest that parents with disabilities are over-represented among TPR cases as compared to parents without disability; the overrepresentation precedes the TPR (i.e., in OHP). The proportions of parents with disabilities who experienced at least one TPR or who had at least one child in OHP were consistently greater than they were for the general population of non-disabled parents.

Through Minn-LInK, 12,554 TPR cases (occurring between 2000 and 2010 for parents of all ages) were identified in Minnesota's Department of Human Services (DHS) child protection records. Following identification of TPR cases, the records of parents who experienced TPR were matched to their own childhood educational records using Minnesota Department of Education (MDE) 2000-2010 data. Educational records were used to ascertain parents' prior disability status (or lack thereof), as disability data was not available for all parents within the DHS data. A total of 435 cases were matched, representing 283 unique parents (some parents had TPRs for multiple children). Match rates appeared low as only parents who were 30 years or younger at the time of TPR could be matched in available educational data².

To understand whether disproportionality existed in the TPR outcome or whether it existed prior to that experience (i.e. OHP) a post-hoc analysis of foster care records was completed. Due to the large number of parents whose children experienced OHP during the study time frame, a one year period of time (2001-2002) was used for comparative purposes. The sample of parents whose children experienced OHP in this year was large enough (n=633) to allow for determination of over representation of parental disability.

Variables used for the study (from MDE) included disability label and special education status, an economic indicator (eligibility for free/reduced lunch), race, ethnicity, and gender. Descriptive statistics, risk ratios, and chi-square analysis were used to answer the study questions.

PARENTS WHO EXPERIENCED TPR

Parents in this study who experienced TPR (n=283) ranged in age from 12-30 years at the time of their most recent TPR as a result of the sampling methodology used in this study. As seen in Table 1, most parents who experienced TPR (n=283) were female (71%), between the ages of 19 and 24 at the time of TPR (66%), and Caucasian (66%). Parents who

experienced TPR were also likely to come from impoverished backgrounds (i.e., qualify for free or reduced price lunch; 65%). In addition, of the 283 parents who experienced TPR, 54 (19%) also experienced alleged maltreatment (i.e., involved as an alleged victim in an accepted case of child maltreatment) in their childhood.

OF THE 283 PARENTS WHO EXPERIENCED TPR, 35% WERE IDENTIFIED AS HAVING AT LEAST ONE DISABILITY.

On average, parents in this study experienced 1.4 TPRs (range 1-4); nearly one-third of the parents in this sample had multiple children (see Table 1). As one would expect, older parents within the sample were more likely to experience multiple terminations; for example, parents aged 25-27 years experienced an average of 1.8 TPRs.

PARENTS WITH DISABILITY WHO EXPERIENCED TPR

Of the 283 parents who experienced TPR, 35% (n=98) were identified as having at least one disability; the remaining 65% (n=185) had no identified disability evident in their childhood education records. Demographic characteristics of parents with disabilities who experienced TPR resembled those of the larger sample of all parents who experienced TPR (see Table 1). Most parents with disabilities who experienced TPR were female (66%), between the ages of 19 and 24 at the time of TPR (68%), and Caucasian (68%). Parents with disabilities who experienced TPR were also likely to come from impoverished backgrounds (i.e., qualify for free or reduced price lunch; 69%); 17 of these parents (17%) also experienced alleged maltreatment in their childhood. The average number of TPRs for parents with disabilities was also similar to the larger sample of parents (1.3TPRs).

As seen in Figure 1, emotional behavioral disorders and specific learning disabilities were the most commonly diagnosed disabilities (60% and 18%, respectively) for parents with

		All Parents Who Experienced TPR (n=283) %	Parents With Disabilities Who Experienced TPR (n=98) %
Gender	Female	71.0	66.3
	Male	29.0	33.7
Age (years)	12-15	3.5	4.1
	16-18	20.5	18.3
	19-21	39.9	42.9
	22-24	26.5	25.5
	25-27	8.5	9.2
	28-30	1.1	0
Race*	American Indian or Alaskan Native	6.8	8.6
	Asian or Pacific Islander	3.0	1.1
	Hispanic	5.9	6.5
	Black, not of Hispanic origin	18.9	16.1
	White, not of Hispanic origin	65.6	67.7
Eligible for either free or reduced meal		64.7	69.4
Average number of TPRs per parent	1 TPR	70.7	76.5
	2 or More TPR	29.3	23.5
Child Maltreatment	Yes	19.1	17.3

Table 1: Characteristics of Parents Who Experienced TPR

Note. *Race data was available for 270 parents who experienced TPR and 93 parents with disabilities who experienced TPR.

disabilities who experienced TPR. Developmental cognitive disabilities and other health disabilities were also commonly diagnosed, with 9% of parents with disabilities who experienced TPR being diagnosed in each category.

DISPROPORTIONALITY OF DISABILITY IN TPR (AND OHP) CASES

Risk Ratio³ =

As seen in Table 2 the proportion of parents with disabilities that were involved in a TPR case was greater than the proportion of people with disabilities in the general population (as identified through educational records).

In order to measure the potential disproportionality of parents with disability in TPR cases, a risk ratio was calculated on the basis of the following equation:

> Parents w/MDE disability w/TPR ÷ all people w/MDE disability Parents w/o MDE disability w/TPR ÷

rents w/o MDE disability w/TPR ÷ all people w/o MDE disability

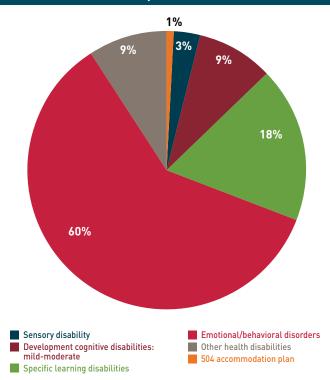


Figure 1: Types of Disabilities for Parents Who Experienced TPR

Findings of this study revealed that parents with disabilities were overrepresented among the parents who experienced TPR based on the risk-ratio calculation previously described. The risk ratio of experiencing TPR for a person with a disability in their MDE records was 3.26. Thus, parents with disabilities were more than three times more likely to experience a TPR than parents without a disability. Chi-square analysis was used to determine whether this pattern reached a level of

PARENTS WITH DISABILITIES WERE MORE THAN THREE TIMES MORE LIKELY TO EXPERIENCE A TERMINATION OF PARENTAL RIGHTS THAN PARENTS WITHOUT A DISABILITY. PARENTS WITH DISABILITIES WERE MORE THAN TWO TIMES MORE LIKELY TO HAVE A CHILD IN OUT-OF-HOME PLACEMENT THAN PARENTS WITHOUT A DISABILITY.

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statistical significance. Parents with disabilities were significantly more likely to experience TPR (z=3.2013, p<.05) than parents without disabilities.

Descriptive statistics and a second risk ratio was used to determine whether the overrepresentation of parents with disability who experienced TPR began prior to TPR. The second risk ratio was calculated on the basis of the following equation for OHP cases:

> Parents w/MDE disability w/OHP ÷ all people w/MDE disability

Risk Ratio =

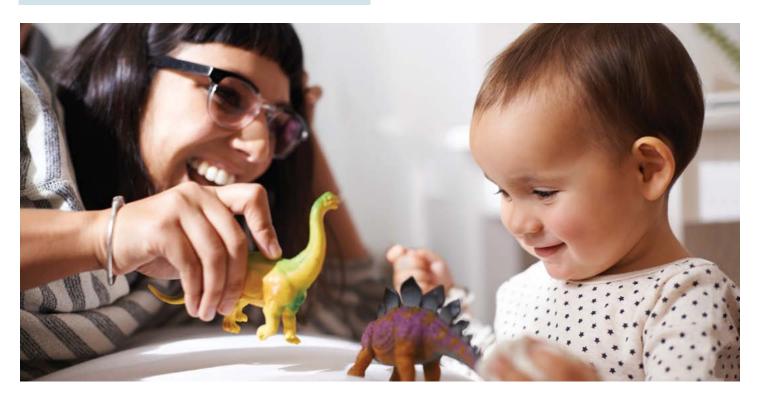
Parents w/o MDE disability w/OHP ÷ all people w/o MDE disability

The proportion of parents with disabilities who had children in OHP through child protection services was greater than the proportion of people with disabilities in the general population (as identified through educational records; see Table 2). Risk ratios revealed that parents with disabilities were also overrepresented by having children in OHP. The risk ratio for having a child in OHP as a parent for a person with a disability in their MDE records was 2.37. Thus, parents with disabilities were more than two times more likely to have at least one child in OHP than parents without a disability. Chisquare analysis confirmed this pattern; parents with disabilities were significantly more likely to have OHP involvement (z=3.2004, p<.05) than parents without disabilities. Thus, the overrepresentation of parents with disabilities precedes their TPR experience.

Table 2: Prevalence of Parental Disability in TPR and OHP Cases

	TPR Cases		OHP Cases		General Population	
Disability	Ν	%	Ν	%	Ν	%
Yes	98	34.6	176	28.0	125,492	14.0
No	185	65.4	457	72.0	771,946	86.0
Total	283	100.0	633	100.0	897,438	100.0

Note: General population from MDE 2000-2001





Conclusion

Using merged administrative data available through Minn-LInK, this study sought to describe characteristics of parents with disabilities who experienced TPR and understand the prevalence and potential disproportionality of parental disability among TPR cases in Minnesota. Further, this study sought to determine whether any disproportionality existed prior to TPR in regard to parental disability (i.e., in OHP).

Findings of this study clearly reveal a significant overrepresentation of parents with disabilities in TPR cases as well as an overrepresentation of parents with disabilities who have children in OHP (the pathway to TPR). Parents with disabilities are 3.26 times more likely to be among parents who have their parental rights terminated and 2.37 times more likely to have at least one child in OHP. These findings are apparent despite similar demographic characteristics between parents (regardless of disability status) who experienced a TPR (n=238) and parents with disabilities who experienced a TPR (n=98).

LIMITATIONS

While parental disability codes within child protection records were found to be unreliable, largely missing, and lacking clarity⁴, reliance on Minnesota education records of parents to identify parental disability status also limited this study. Only the youngest parents (aged 12-30 years) and young parents who attended public school in Minnesota could be included in the study. Parents who acquired a disability after high school (e.g. traumatic brain injury) or whose disability was not recorded in educational records would not be included in the disability group.

This study provides evidence that supports the notion that parents with disabilities are over-represented within TPR cases and that this overrepresentation begins earlier in the CPS system than the TPR experience.

Although Minnesota isn't a state that includes disability as grounds for termination of parental rights (see Lightfoot, Hill & LaLiberte, 2010), overrepresentation of parents with disabilities in TPR cases still exists. What is yet to be fully understood, related to this newly confirmed overrepresentation, is whether or not:

- Parents with disabilities have the parental and community supports they need to aid in parenting and to prevent child protection involvement,
- Workers in the child protection system have the assessment tools and capacity to determine parenting ability for parents with disabilities, and
- Child protection practices and/or policies allow for accommodations and/or modifications for parents with disabilities which may be required for adequate parenting (such as reliance on interdependent parenting practices).

Further research is needed to better understand the contexts in which TPRs occur for parents with disabilities. In-depth case record reviews, worker interviews, and policy analysis are needed to disentangle the complex issues identified in this brief.

Practice Resources

Center for Advanced Studies in Child Welfare (CASCW) The Intersection of Child Welfare and Disability: Focus on Parents http://cascw.umn.edu/portfolio-items/fall-2013-cw360/

Disability Child Welfare Collaborative (DCWC) http://cascw.umn.edu/community-engagement-2/dcwc/

National Council on Disability Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and their Children http://www.ncd.gov/publications/2012/Sep272012/

Research Resources

LaLiberte, T. (2013). Child welfare workers' perceived competency in working with parents with intellectual and developmental disabilities. *Journal of Public Child Welfare*, 7(5) 633-657. DOI:10.1080/15548732.2013 .861382

Feldman, M., McConnell, D. & Aunos, M. (2012). Parental Cognitive Impairment, Mental Health, and Child Outcomes in a Child Protection Population. *Journal of Mental Health in Intellectual Disabilities*, 5(1), 66-90. doi: 10.1080/19315864.2011.587632

Lightfoot, E. & LaLiberte, T. (2011). Parental supports for parents with intellectual or developmental disabilities. Intellectual and Developmental *Disabilities*, 49(5), 388-391. DOI: 10.1352/1934-9556-49.5.388

Footnotes

- 1 Since 2010 four states have repealed the use of parental disability as grounds for TPR, bringing the number of states who currently use parental disability as grounds for TPR to 33.
- 2 Over 80% of parents whose records were matched experienced TPR between 2006 and 2010.
- 3 Risk ratios of 1.0 indicated that people with a disability (as identified in their MDE records) were at no greater risk of experiencing TPR (or having a child in OHP, as appropriate) than a person without a disability. Risk ratios greater than 1.0 indicated that people with a disability were

References

- Administration on Children, Youth and Families, Children's Bureau,(2014). Preliminary estimates for FY 2013 as of September 2014 (21). Retrieved http://www.acf.hhs.gov/programs/cb/resource/afcars-report-21
- Child Abuse Prevention and Treatment Act of 1974, 42 USC §§5101–5106.
- Lightfoot, E., LaLiberte, T. & Hill, K. (2010). Disability in the termination of parental rights and other child custody statutes. *Child Abuse and Neglect*, 34, 927-934.

The Association for Successful Parenting (TASP) http://achancetoparent.net/

Through the Looking Glass http://www.lookingglass.org/

International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) Parenting with Intellectual Disabilities – Special Interest Group https://www.iassidd.org/content/parenting-with-intellectual-disabilities

- Lightfoot, E., LaLiberte, T., & Hill, K. (2010). Disability in the termination of parental rights and child custody statutes. *Child Abuse & Neglect*, 34(12), 927-934. DOI: 10.1016/j.chiabu.2010.07.001
- McConnell, D., Feldman, M., Aunos, M. & Prasad, N. (2010). Child Maltreatment Investigations Involving Parents With Cognitive Impairments in Canada. *Child Maltreatment*, 16(1), 21-32.

at increased risk of experiencing TPR (or OHP), and risk ratios lower than 1.0 indicated that people with a disability were at lower risk of TPR (or OHP).

- 4 While 35% of parents who experienced TPR had an identified disability noted in their educational records, only 15% of those same parents had an identified disability noted in their child protection records. In addition, different coding structures were used to note disability between the two systems.
- McConnell, D., Fledman, M., Aunos, M., & Prasad, N. (2011). Parental cognitive impairment and child maltreatment in Canada. *Child Abuse & Neglect* Volume 35 (8), 621–632. doi:10.1016/j.chiabu.2011.04.005
- United Nations (1948). Universal Declaration of Human Rights. Hundred and eighty-third plenary meeting, Resolution 217(A)(III) of the United Nations General Assembly, Retrieved 1/20/15 from http://www.state. gov/j/drl/rls/irf/2008/108544.htm

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Manuscript: LaLiberte, T., Lightfoot, E., & Mishra, S. (2015). Child Protection, Termination of Parental Rights and Parents with Disability.

Note: This brief is a revised version of Minn-LInK Brief No. 12 that was released in 2012. Please use the updated brief and citation when referencing this study.

The Center for Advanced Studies in Child Welfare (CASCW) is a resource for child welfare professionals, students, faculty, policy-makers, and other key stakeholders concerned about child welfare in Minnesota. Minn-LInK is a unique collaborative, university-based research environment with the express purpose of studying child and family well being in Minnesota using state administrative data from multiple agencies.