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Voluntary Placement of Children into Foster Care: Perspectives of Child Welfare Stakeholders

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Abstract

Voluntary placement agreements are a less understood avenue through which children and families receive child welfare services. This article describes a qualitative exploratory study of participants who oversee and engage with children and families utilizing voluntary placement services in two states ($n = 12$). Thematic analysis of interviews revealed voluntary placements are used as a strategy for strengths-based engagement with families, including creative problem-solving, to help obtain resources for youth with emotional and behavioral health needs. Participants also described challenges managing ambiguity regarding the use of voluntary placements and acknowledged limitations and varied outcomes of voluntary placement. Youth in voluntary placements are often overlooked in broader child welfare and foster care practice and policy discussions. Stronger accountability and guidance on voluntary placements are needed to ensure children and families are provided adequate supports to reduce the need for out-of-home placements when possible.

Keywords: voluntary placement; foster care; child welfare; children's mental health; street-level bureaucracy

1. Introduction

Child welfare services are typically equated with protective services mandated by the court system. However, there are other avenues through which children and families receive services. In this article, we present findings from a study exploring an avenue rarely reported in the literature: voluntary placement. Voluntary placement, as defined for the purpose of this article, is an agreement between a child's parents or guardians and a county or state child welfare agency to provide out-of-home services for a child without a court mandate (Benner 2009; Bringewatt and Gershoff 2010; Hill 2017). Overall, the literature on voluntary placement agreements is limited and dated. The scant literature that has examined voluntary placements to date suggests that parents' decisions to place children into voluntary foster care often stem from the lack of access to needed emotional and behavioural health services rather than obtaining different types of services (Bromley and Blacher 1991; Bender 2005; US General Accounting Office 2003). An investigation

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by *The Imprint* (Tiano and Anderson 2026) found this lack of mental health services led parents to voluntarily relinquish children to the child welfare system. *The Imprint* surveyed all U.S. states and Washington, D.C. about the use of voluntary relinquishments (which includes voluntary placements) between 2014 and 2024 and found more than 28,000 children experienced these types of placements. Of these, half were reunited with their families.

In a review of state statutes on voluntary placements, Semanchin Jones et al. (2018) found that 40 states had explicit policies that mentioned voluntary placements, but half of the state statutes included few to no details providing guidance on the implementation of voluntary placements. Vague policies and unclear guidelines for facilitating voluntary placements may result in frontline caseworkers and their supervisors becoming "street-level bureaucrats" (Lipsky 2010) by problem-solving ways to assist families through the voluntary placement process. To gain further insights into the processes that are being implemented on the ground, the current study explores the ways in which voluntary placements are used to serve children and families through the perspective of child welfare professionals, service providers, and key informants in two states.

1.1. Definition and Prevalence

Information on the history of the use of voluntary placements in the U.S. is difficult to obtain, as each state tracks and reports these data differently (Tiano and Anderson 2026). As mentioned above, voluntary placements are defined as temporary out-of-home placements carried out by agreement between a child's parent or guardian with their local child welfare jurisdiction (Hill 2017). In the literature, voluntary placement is also sometimes referred to as a voluntary placement agreement. In this current study, voluntary placement does not refer to *voluntary relinquishment* or *voluntary termination of parental rights*. While *The Imprint* (206) report used the term "voluntary relinquishment" to include voluntary placement, typically these two terms refer to situations in which parents choose to place their child in a permanent, rather than temporary, out-of-home placement, often for the purpose of adoption.

Voluntary placement settings may include kinship or non-kinship family-based foster care. In child welfare, kinship care refers to the placement of a child with a family member, and these placements can vary across jurisdictions and vary in terms of family court and child welfare system involvement (Berrick and Hernandez 2016). Voluntary kinship placements are used in some jurisdictions as a diversion or alternative to traditional foster care when parents cannot safely care for their children (Berrick and Hernandez 2016). Informal kinship care, in which a family comes to a mutual agreement without child welfare agency involvement (Gleeson et al. 2009), goes beyond the scope this study. Pearson (1997) examined voluntary placement cases in which parents agreed to place their children with relatives in lieu of state custody but argued the use of the term "voluntary" was coercive. This was also found in international settings, in which parents consented to voluntary emergency placement of their children after feeling the child welfare agency gave the parents no real choice (Storhaug et al. 2023). In addition to placement with kin, parents or guardians may engage in a voluntary placement agreement to place their children in traditional family foster care, therapeutic foster care, group home, or residential treatment facility, all of which were considered for this study.

In some cases, voluntary placements are used by parents to meet the needs of their children, and so unsurprisingly, children and youth with mental health disabilities are over-represented in the use of voluntary placements. The services utilized by youth in voluntary placements are not different than what is available to youth in general. The use of voluntary placement is related to access to these services. A 2003 report from the U.S. General Accounting Office stated that in 2001, over 12,700 children were placed in either

child welfare or juvenile justice setting by their parents through a voluntary placement agreement to access mental health services (US General Accounting Office 2003). Friesen et al. (2003) noted that approximately a quarter of families parenting children with an emotional disturbance had been advised to relinquish custody for the purpose of obtaining services. Cohen et al. (1993) and Giliberti and Schulzinger (2000) both reported that custody transfers used for the purpose of treatment occurs in many states. Not only are families facing difficult decisions in how to care for their child, but front-line workers are sometimes advising voluntary placement as a "workaround" to help support parents.

Hill's (2017) analysis of the Adoption and Foster Care Analysis and Reporting System (AFCARS) data found that 3.4% of child removal cases across the U.S. involved a voluntary placement. The 3.4% of known non-court involved placement cases translate to nearly 22,000 children. While the general demographics of those children identified as voluntary placement compared to court-ordered removal were largely similar, voluntarily removed children were more likely to have a disability diagnosis (41.1% versus 27.6% for court-ordered removals) and tended to be older in age. According to Tiano and Anderson (2026), in their analysis less than eight percent of the voluntary placements were adopted children.

1.2. Policies and Practices

State and federal entities become custodians of the child's care and supervision throughout the duration of a voluntary placement (Brennan and Lynch 2008; National Alliance on Mental Illness-Minnesota 2009). The Title IV-E of the Social Security Act provides authorization for voluntary placements and gives each state a great deal of freedom concerning the overall processes. Thus, parameters and regulations of voluntary placements vary widely from state to state. In some cases, legal custody relinquishment occurs at the same time and in other cases parents retain legal custody but transfer over physical custody (Bringewatt and Gershoff 2010; Friesen et al. 2003). In some states parents are charged with abandonment if they attempt to use transfer custody to the child welfare agency (Tiano and Anderson 2026). Timelines regarding reunification with the family of origin or alternative permanent placement arrangements differ from state to state, as well as guidelines determining which rights and responsibilities parents will retain during voluntary placements (Hill 2017; Berrick and Hernandez 2016). There is also significant variation in the frequency of implementation; some states completely block the use of voluntary placements, while others have a high percentage of voluntary placement cases (Benner 2009; Semanchin Jones et al. 2018). Just as policies and procedures vary significantly, the purpose and aims of utilizing voluntary placement are also quite diverse.

1.3. Aims of Voluntary Placements

1.3.1. Access to Services

Previous research has found that between 75% and 80% of children and youth in need of mental health services do not receive them (US General Accounting Office 2003; Stagman and Cooper 2010). Children of color and children from culturally diverse ethnic groups are less likely to receive mental health services than their White peers (Ringel and Sturm 2001). Parents and legal guardians of children accessing voluntary placement report a lack of mental health services or other significant physical and behavioral-health care needs (Benner 2009; Bringewatt and Gershoff 2010; Bromley and Blacher 1991; Cohen et al. 1993; Crettenden et al. 2014; Friesen et al. 2003; Nankervis et al. 2011; Stroul and Manley 2018). These families often experience high levels of distress and lack respite care and other needed resources (Nankervis et al. 2011).

A number of public sources of support exist for children with complex health and social service needs and their families including special education, rehabilitation services, Social

Security, Medicaid and State Children's Health Insurance programs, and children's mental health programs (Koppelman 2005; National Alliance on Mental Illness-Minnesota 2009). The lack of parents' access to these programs, however, is rooted in a complex set of circumstances such as financial limitations (e.g., lack of coverage through private or public insurance plans), waiting lists, eligibility requirements, or the lack of services available within a geographic region (Berrick and Hernandez 2016; Bringewatt and Gershoff 2010; Bullock 2005; Cohen et al. 1993; Friesen et al. 2003; US General Accounting Office 2003). For instance, children who live outside of urban centers, particularly low-income children in rural settings, are less able to access mental health care due to a lower number of providers in these areas (Lenardson et al. 2010). Physical and mental health challenges are often complex, concurrent, and ongoing, creating both short- and long-term challenges for families who are already facing high levels of financial and emotional stress (Crettenden et al. 2014; Nankervis et al. 2011; Semansky et al. 2003). Thus, parents may have to choose between having their child in the home or their child having access to much-needed services. As Stroul and Manley (2018) state, parents may essentially "trade custody for care" (slide 4).

Contradictions and deficiencies in the mental health system have led to the need for a "patchwork of policies, that developed in areas outside of mental health, such as the education, child welfare, and juvenile justice systems" (Bringewatt and Gershoff 2010, p. 1292). There are significant challenges to connecting young people with emotional or mental health disabilities with the services and support they need (Ireys et al. 2006). Previous research has identified systemic barriers such as a lack of communication among systems, the number of systems, underfunding, and health insurance parity as critical issues in accessing adequate mental health services for families, regardless of their socioeconomic status (Mechanic et al. 2014; Rosenzweig and Brannan 2008). The lack of clear and uniform policies and guidance at local, state, and federal levels leaves families on their own in having to navigate multiple care systems that are siloed and lack regular cross-systems communication and collaboration.

1.3.2. Ambiguity of Purpose

The practice of voluntarily placing children into the foster care system begs the question: Who is this intervention actually serving (i.e., the parents or the children)? Unfortunately, the extent to which voluntary placement is used, and why, is not well documented for a variety of reasons (Friesen et al. 2003). Often, a child welfare agency does not, or rather cannot, realistically differentiate between a child's mental health issues or the parents' inability to care for the child, meaning this parent would be categorized as at risk for abusing or neglecting that child and not categorized as voluntarily placing their child in foster care (Friesen et al. 2003).

Much of the existing literature on voluntary placement focuses on the stress and personal challenges that parents and caregivers endure in caring for a child with unique mental or physical health needs (Benner 2009; Bromley and Blacher 1991; Nankervis et al. 2011). Parents and guardians of children with emotional and behavioral challenges often experience symptoms of chronic stress, such as depression and exhaustion (Nankervis et al. 2011). Studies have also linked voluntary placement to the day-to-day stress of parenting emotionally or behaviorally challenging children (Bromley and Blacher 1991), as well as parents' own inability to cope or handle a child's issues (Benner 2009; Hill 2017; Post and Zimmerman 2012). Single parenting has also been linked to voluntary placement (Nankervis et al. 2011). Utilizing voluntary foster care may be, in part, a mechanism to seek a break from the difficulties of parenting as much as it is a means to get their children the necessary treatment.

Crettenden et al. (2014) found that despite the emotional consequences of voluntarily placing a child in out-of-home care, the long-term benefits of parents and guardians who participated in this process were positive, as they often experienced improved overall wellbeing. Yet the benefits to the voluntarily placed children less clear (Crettenden et al. 2014). Another concern is that the foster care system itself falls short in providing the necessary mental health support to these children (McCarthy and Woolverton 2014; Phicil). Moreover, in the cases where positive results were expressed the child was placed in an accommodating, therapeutic environment where the necessary behavioral support was also provided; these placement options are few and far between (Crettenden et al. 2014).

1.4. Street-Level Bureaucrats

While parents' and caregivers' experiences have received some attention in the literature on voluntary placements, the experiences of child welfare workers and agencies have received very little. Current research reflects caseworkers' experiences in navigating overall challenges and opportunities when implementing child welfare policies in practice. That is, frontline workers exercise discretion in decision making in order to best provide for clients, while managing significant barriers and limitations. We know less about how child welfare agency directors and managers support their workers' decisions (Evans 2010, 2016).

This current study explores the use of voluntary placements through the framework of street-level bureaucracy (Lipsky 2010). Child welfare caseworkers, supervisors, and administrators are dealing with what Lipsky (2010) describes as the "immediacy" (p. 8) of people's lives. If agency policies do not offer clear guidance or options for response to the crises that bring families to the attention of child welfare, social workers and others who work with these families will act as street-level bureaucrats, exercising discretion in policy implementation in order to respond to the direct needs of the children and families with whom they are interacting. Lipsky (2010) argues that frontline public service employees, including child welfare workers, "...have considerable discretion in determining the nature, amount, and quality of benefits and sanctions provided by their agencies" (p. 13). This discretion, although exercised individually, can be understood as informal policy making in that collectively, these actions end up creating an informal agency-level policy structure (Lipsky 2010). In other words, although policies are created by policymakers, and delivered by organizations, it is the individuals on the frontlines who may determine what those policies look like in practice and in substance (Lipsky 2010; May and Winter 2007). Over time these informal and responsive implementation choices, made by those on the frontlines or their immediate supervisors, develop into more widely accepted agency practices, which in turn get disseminated, taught, and reproduced among workers and departments. Street-level bureaucracy fills the gap created by the absence of clear and uniform policies and guidance to meet the needs of families and children.

While most analysis of street-level bureaucracy focuses on the use of discretion and the divide between front-line workers and managers/administrators who assert organizational policy, Evans (2010) found in his study that manager participants saw themselves as "social workers who were not in manager roles" rather than "a manager who was no longer social worker" (p. 382). Direct managers and administrators may have nuanced views of their workers' use of discretion.

1.5. Current Study

As mentioned, the literature on voluntary placements used in child welfare is limited and quite dated. Previous research has demonstrated families of children with emotional and mental health difficulties have many unmet needs. In addition to barriers that make it difficult for families to access needed services directly, child welfare systems also face

barriers in accessing the range of services that may be most effective in supporting families experiencing complex social, emotional, and financial burdens. Previous research findings have highlighted a great deal of variation in the use of voluntary placement and in states' legislation and regulation of this practice.

Little is known about voluntary placements from the child welfare professional perspective. Given the variation in statutory and regulatory guidance (Semanchin Jones et al. 2018), there is a lot of room for frontline workers and their managers to operate in a more discretionary way in their implementation of this type of placement, becoming policy makers in practice if not in title; in other words, street level bureaucrats (Lipsky 2010). Therefore, we wondered whether the variability of state laws, the competing demands of multiple siloed systems of services (i.e., child welfare, children's mental health, the courts, school districts, disability systems), and the lack of specific interpretation and guidance of the existing policies may lead to the informal creation of practice responses to unmet needs. The intent of this study is to learn more about the practices of these street level bureaucrats related to voluntary placements, to gain a deeper understanding of the social and organizational processes (Sandfort 2000) that surround the use of these types of placements, and to begin to map the multiple systems and roles that are engaged in the practice of voluntary placements. We wanted to understand how child welfare workers interpret the statutes, how they work with families who use a voluntary placement, and the inputs and outputs of the voluntary placement process in their implementation of the practice.

For this current study, we looked at voluntary placement practices in two states: a Northeastern state (State A) and a Midwestern state (state B). Both of the states have state-level statutes that provide a definition of voluntary placement as well as some specific language about the use of voluntary placement for treatment. Both states also have child welfare systems that have state oversight but are county-administered which means there is quite a bit of variation in implementation even within each state. These two states differ in the level of specificity of that guidance, articulation of specific responsibilities of the child welfare or related agencies during the voluntary placement, timelines for placement length and court review, and the intended use or outcomes of a voluntary placement (Semanchin Jones et al. 2018).

The Northeastern state (State A) requires that a written voluntary placement agreement must be completed and signed by the parents or legal guardians, as well as reviewed and approved in court. The agreements include the following information: terms and timeframes for placement (including indefinite or time-limited); notice of permanency hearings beginning eight months after child enters care (if still in placement); outline of rights and responsibilities of the parents during the placement; outline of responsibilities of the child welfare department; and plan for visitation of parents and child during placement. The agreement also includes information to the parents that if child stays in care for 15 of last 22 months, the department may be required to start termination of parental rights proceedings.

State B, a Midwestern state, allows voluntary foster care placement for youth with emotional disturbance or developmental disabilities needing treatment. An agency must assess the youth's need for treatment, and the voluntary placement agreement must be signed by the agency and the youth's parents (defined as birth, adoptive, or legal guardian). Youth 12 years and older must be consulted about the voluntary placement plan and may submit a formal disagreement. The agency is required to complete an administrative review and submit a report to the court within 165 days of the voluntary placement agreement. This report must include the reason(s) for the placement and the treatment plan. The court then has ten days to determine if the voluntary placement is in the child's best interests, if the plan is appropriate, consider the youth's disagreement to the voluntary placement,

and continue the voluntary placement or schedule a permanency review hearing. After 13 months from the date of the voluntary placement agreement, or if the youth has been in placement for 15 of the last 22 months, the agency must end the voluntary placement agreement, file a petition for terminating parental rights, or provide compelling reasons to continue voluntary placement.

The research question for this study asks: How do child welfare caseworkers describe the actions and processes involved in facilitating voluntary placement services for families?

2. Methods

2.1. Research Design

To explore the ways in which child welfare workers understand and implement voluntary placement services, a qualitative study was conducted to gather rich, in-depth perspectives from child welfare professionals working with families engaged in voluntary placements. The research team had expertise in child welfare systems in three states, two of which were ultimately included as participant sites in this study. The study participants worked in either the Northeastern state (State A) or the Midwestern state (state B).

The research team conducted qualitative interviews with 12 participants in these two states, using a semi-structured interview schedule. These interviews were recorded, transcribed, and manually coded for analysis. The interview guide was developed with open-ended questions to elicit comprehensive responses about participants' experiences and perceptions regarding voluntary placements. The research was approved by the Institutional Review Boards at all relevant institutions. The research was supported by a grant provided by the University of Washington Tacoma.

2.2. Recruitment and Sampling

All study participants were professionals employed in child welfare, children's mental health, adoption, or child welfare support organizations in the two states. A purposive sampling technique was used, where participants were identified and selected due to their deep knowledge and involvement in child welfare and children's mental health. The research team contacted state and county child welfare agencies in the Pacific Northwest but was unable to recruit participants through these efforts. Although the goal was to include caseworkers from multiple states with varying administrative structures and policies regarding voluntary placement, recruitment beyond the initial sites were limited. This may reflect inconsistencies in how voluntary placements are defined, labeled, and implemented across jurisdictions as well as the possibility that such arrangements are unused infrequently or embedded within broader service categories.

Study participants were recruited through the dissemination of an electronic flyer/email announcement or hard copy of the flyer sent to the directors and supervisors of public state/county child welfare or disability agencies in the two states. Potential participants were invited to contact research team members to express interest. To widen the respondent pool and reach potentially insightful participants, a snowball recruitment method was also used whereby participants were asked to share our study contact information with other colleagues who might fit our study criteria. Finally, members of the research team reached out to professional contacts in the fields of child welfare and children's mental health to assist in identifying and recruiting participants with direct knowledge and experience facilitating voluntary placement services. Interviews took place from April 2018 through October 2019. All participants were offered a $10 gift card to thank them for their participation in the study.

2.3. Data Collection

Prior to beginning the interviews, the research team developed a semi-structured interview protocol, consisting of five open-ended questions, several of which also included follow-up prompts. The interview questions drew on the practice experience of the research team members, as well as on previous literature on voluntary placements and child welfare such as, "how often do you see voluntary foster care placements being used in your agency/county," "what are the most common circumstances that you've seen surrounding their general use," and, "what would you say are some of the pros and cons of using voluntary placement?" The interview questions were modified slightly after the first interview was completed to clarify and improve the wording of several of the questions. Interviewers were encouraged to modify and adapt interview questions to fit the expertise of the interview participants. Interviews were conducted over the telephone, in person, and using conference technology. Each interview lasted approximately 30–50 min. All but one of the interviews was audio recorded and transcribed. One of the interviews was not audio recorded due to concerns from the participant's workplace, but detailed notes were captured during the interview.

2.4. Data Analysis

The audio transcriptions (and interview memo and notes) were de-identified and then made available to the research team for analysis. Data analysis was performed using a thematic approach. The interviews were transcribed verbatim and were read multiple times by the research team to gain an overall understanding of the data. The transcripts and memos were then coded line by line using open coding techniques (Saldaña 2015; Strauss and Corbin 1990). The initial codes were grouped into potential themes and sub-themes, which were then reviewed and refined (Clarke and Braun 2013). The themes were used to interpret the data and answer the research question. The coding process was iterative and involved regular team meetings to ensure reliability and consistency in coding.

Using the identified codes and themes, the team developed a codebook to be used for the remainder of the interviews and at least two coders reviewed each interview. Each pair independently coded the transcript using the codebook and then met together to discuss the process and any proposed additional codes for the codebook, as well as to resolve differences. Then, the entire research met to review the transcripts and refine the codebook as needed. The use of direct quotes from the participants in the presentation of findings is intended to enhance the credibility of the results.

3. Results

Participants included seven direct-practice workers and five administrators from a Northeastern state (n = 4) and a Midwestern state (n = 8). Ten participants worked for a public state or county child welfare entity and three worked in children's mental health units. Half of the participants (n = 6) had worked in child welfare for 18 years or longer (Table 1).

The participants in this study had varied experiences and perspectives with respect to voluntary placements. Half of the participants were not currently engaged in frontline work themselves but frequently had contact with frontline workers and/or clients and brought a level of expertise and experience with voluntary placements to the interviews. Two participants in state B work at an agency supporting adoptive parents and had experience assisting parents through voluntary placement processes. Other participants worked directly with parents to facilitate voluntary placements for a child. A few director-level participants also had past experience facilitating voluntary placements.

Table 1. Participants.

Pseudonym	State	Role	Agency	Primary Client
Terry	A	Child welfare administrator	public	Family
Pat	A	Child welfare caseworker	public	Family
Sam	A	Child welfare director	public	Family
Jamie	A	Child welfare caseworker	public	Family
Alex	B	Child welfare director	public	Family
Jesse	B	Child welfare caseworker	public	Family
Courtney	B	Children's mental health caseworker	public	Child
Taylor	B	Children's mental health caseworker	public	Child
Sidney	B	Children's mental health caseworker	public	Child
Max	B	Child welfare caseworker	public	Family
Shawn	B	Program director	private	Parent
Robin	B	Program director	private	Parent

4. Themes

Child welfare professionals and providers are tasked with assisting families whose children need critical resources but are unable to access them without the assistance of out-of-home placement. The participants in our study acted as street-level bureaucrats when they assisted families in engaging in voluntary placement as an alternative route to obtaining services.

Four main themes were identified from the data: choosing voluntary placements, strengths-based engagement, creative problem solving, and questioning outcomes (see Table 2). The theme *strengths-based engagement* speaks to the ways in which participants discussed establishing trust with parents and the benefit of voluntary placement as a less punitive way to assist families. The theme *managing ambiguity* describes the challenges participants identified with assisting families in navigating services that precede, are used during, and are available after a youth's voluntary placement. The theme *creative problem-solving* highlights participants' employment of street-level bureaucracy (or others' use of street-level bureaucracy) when working with youth and families for voluntary placement services. Finally, the theme *questioning outcomes* relates to these key informants' concerns about whether voluntary placement agreements and services benefits youth and their families in the long run.

Table 2. Themes and subthemes.

Theme and Subtheme	Definition
Strengths-based engagement	Voluntary placement seen as working best when there's a mutual, engaged relationship with the family and a focus on empowering parents.
Least restrictive placement	Less punitive than alternative services.
Safety net	Voluntary placements can be a type of "safety net" for families that have been trying to care for their children but are lacking access and opportunities.
Managing ambiguity	Tensions and contradictions of the services and system.
Lack of guidance	Lack of specific guidance may exacerbate families' challenges
Negotiating services	The lack of services available outside of a child's placement.
Creative problem-solving.	Seeking creative ways to respond to youth and their families when the system did not seem to have options.
Facilitating flexibility	The flexibility of voluntary placements as a placeholder while seeking other resources or care options.
Questioning outcomes	Acknowledging the varied outcomes and limitations of voluntary placement for youth.

4.1. Theme 1: Strength-Based Engagement

Parents struggling to manage a child's emotional and behavioral needs may be hesitant to reach out to a child welfare agency for support, in part due to the reputation that child welfare agencies place blame on parents. Participants in this study reported that engaging with parents in a strengths-based way is important to building trust and working together to find resources for their family. Working with a county or state child welfare agency can be intimidating for parents. Robin, a program manager in state B said, "it's very rare for [parents] to go back to the County when they need help because the County represents a place that has removed kids from their families, sometimes it's generational. There's a lack of trust. We know that—historically families of color have had kids removed sooner than other families and so why would you go back to a place that has torn your family apart. And so, that's a, it's concerning because a lot of bio and kinship families are not getting the services they need."

Participants recognized the importance of identifying and mobilizing the strengths of the family to ensure out-of-home placement was considered only after all other preventive services had been accessed. A strengths-based approach meant collaborating with parents in making decisions to support their child instead of telling them what to do. Alex noted the importance of including parents in any successful service plan. "Specific to what their needs are, first and foremost is contact with parents," said Alex. "So, I would say that's the number one thing. And then the rest of it is specific to that child and what their needs are."

Several participants discussed partnering with the parents from the get-go. Sam, a child welfare agency program director in state A explained, "...first, we would [want to] discuss with the parent what all the issues are and what they have tried, what alternatives have we used." The supportive spirit of voluntary placements was articulated by Alex: "It's more like, here's a way that we can help you and work with you versus, well, we'll take care of this now and cut you out of decision making and authority and that type of thing." Pat, a child welfare caseworker in state A, mentioned the importance of asking the parent what a voluntary placement "means to them." Taylor, a children's mental health caseworker in state B shared, "We talk with the parents about, what are your thoughts on this?"

In addition to collaborating with the family in a very intentional way at the start of the placement, it was equally important for participants that this cooperation continued throughout the placement. Robin, a program director at a non-profit child welfare organization in state B, said parents need help with navigating the process given the "red tape" so characteristic of the voluntary placement process

Subtheme: Least Restrictive Placement. Participants reported voluntary placement was about empowering families and a teamwork approach rather than removing kids, a less adversarial approach than court-supervised placements. Jesse, a caseworker in state B noted, "If we feel like we have a good, engaged relationship with the parents, we're far more likely to use [voluntary placements]" in comparison to non-voluntary court- mandated and supervised services. Participants noted that when parents trusted their child welfare worker, they were more likely to follow up on recommendations, and when workers trusted parents, they were more open to looking for alternatives to more restrictive options. Several participants highlighted how voluntary placements were preferable to a neglect charge, which can undermine parent engagement: "We will use voluntary placements as much as we can there because it keeps the parent more in charge," stated Alex, a program director in state B. "It doesn't involve the court, and it just makes more sense to do it that way."

Subtheme: Building a Safety Net. Participants mentioned how voluntary placements can be part of a safety net for families. Sam, a child welfare program director in state A, shared,

I guess the pros are it's a safety net for the families who have really, really tried, and for the kids who really, really need services but they have fallen through the cracks in our system. . .we can use this as a tool to really get the families help that need help.

Taylor, a children's mental health case worker in state B, stated, "Helping [the family] is basically continuing to support them and reassuring" them, to help make sure families can access and follow through with needed services. Though there was an emphasis on assessing how and when parents could take their kids back into the home, as Pat, a caseworker in state A said, there was also the need to "work with parents so they can be supportive to [the] kid even if they cannot take them back into their home," in order to encourage maintaining critically important relationships and connections between the child and their family.

4.2. Theme 2: Managing Ambiguity

Participants reported areas of tension and contradiction related to using voluntary placements as a service for families. Although voluntary placements were used to address the needs of the youth, they were also sometimes sought by caseworkers to provide respite for parents. In these scenarios, voluntary placement was seen as a way to support parents whose children needed more support than the parents were able to receive through their own means. Participants described making decisions about how to respond to youth and their families as challenging when it seemed the systems did not have options available, were slow to respond or provide resources, or when policies were unclear. Participants spoke about lacking specific guidance, having to be creative in their work, and using voluntary placement as a placeholder until other resources could be utilized.

Subtheme: Ambiguous Clients and Purposes. The treatment needs of youth were identified as the primary reason for considering voluntary placements; however, from a holistic view, parents' needs were also recognized. Alex, in state B, said,

It might be just a matter of needing a break for the kid who hasn't had a break for a while so that they can kinda get back on track. . .But it also gives us a chance to get some background information and do more assessment. The parents are either gonna be parents who are struggling with their child's behavior and mental health and parents who are struggling with getting their kids to school and getting them to respond to them and that type of thing.

Another area of ambiguity is the use of voluntary placements as a mechanism to hold youth accountable for behaviors (such as truancy or other disruptive behaviors). Alex, in state B, said, "we use [voluntary placements] almost exclusively in the area of children's mental health. The statute would say for the purposes of treatment. In other words, it's not about a consequence." However, Alex also shared, "We use it in a lot, like I said, in the truancy intervention world, just as a way to sort of get the kids attention."

Subtheme: Lack of Guidance. Participants in some jurisdictions noted the lack of guidance on voluntary placements exacerbated families' situations. In acknowledging the dearth of options and potential drawbacks of voluntary placements, some participants highlighted the need to plan ahead. Alex asked, "If I take in a voluntary today on this child, what's my down-the-road plan?" A rigorous plan was not always feasible given the complexities and service deficiencies of the mental health, behavioral health, child protection, and other social service systems.

Participants noted that navigating multiple systems of care was challenging not only for families, but often for the service providers themselves. Coordinating, linking, and referring to services and support was a critical function of workers within the voluntary placement process, and often included: visitation, relative search, kin engagement, assess-

ments, individual and family counseling/therapy, parent education/training, and mental health treatment.

In many instances, these services were not unique to voluntary placements, but parents had additional support in accessing them. Alex, a worker in state A stated, "Our primary service is case management. It's helping folks to make connections to community resources and providing support to parents and kids." Some additional support offered to parents and families were peer support groups and psychoeducation on trauma and trauma-informed approaches.

In addition to the services noted above, for older youth, workers also help support building life skills, such as finding employment and volunteer opportunities, or strengthening socio-emotional development, such as emotional regulation and impulse control. Ultimately though, many participants also stressed the importance of empowering families themselves to improve long-term successful outcomes. Sidney, a children's mental health caseworker stated, "...the goal of case management is really to get the family and child connected with services and for the parents to become their own case manager."

Subtheme: Negotiating Services. Participants spoke of some of higher-level services that were generally not available outside of some type of placement—voluntary or otherwise. Sam, a child welfare director, shared one case.

There was absolutely no other way really to get the services for the children other than bringing them into our custody. So, these were kids who didn't qualify really. They weren't neglected by their parents, and then they were either too young or too old to go the route of being placed on a [child protection] or a juvenile delinquent petition. So, bottom line was child behavior issues that weren't able to be handled at home.

Participants stated children in voluntary placements had high-level emotional and behavioral health needs that were difficult for caregivers to manage. Accordingly, such children could not be placed in a regular foster home for a voluntary placement. Instead, children and youth in voluntary placements, as described by participants, often required a residential or therapeutic placement with a greater degree of support and services open to them. However, participants were also clear to note that residential services were only used after all other resources were explored. Alex stated, "We have a very vibrant array of community resources that we use and exhaust before we go to that level. But we feel pretty confident that we've pretty much done what we can on a community-based level before we resort to residential treatment." Once higher-level services were provided to families, the aim was to return the child home as Sam, a program director in state A, stated, "We would have the child in counseling, and the parent involved with counseling as well with the same counselor, and then we would want that counselor to say, 'Yeah, I think it's okay to send this child home. This is the progress that has been made.'"

Though most participants acknowledged the need for services for both children and parents, oftentimes the interventions for children were of a greater focus. Participants in some jurisdictions noted the need for more comprehensive services, such as in-home supports. Robin, a program director at a partnering child welfare agency in state B said, "...I think certainly support to the parents—during the time [placement] so they're learning better coping and coping skills—and with the whole family too. Good safety plans being developed, and so, I think if it's good therapy with the child in out-of-home placement and with the family, and then there are changes in the family system as well..."

4.3. Theme 3: Creative Problem Solving

Many participants spoke of creatively moving through complicated and insufficient systems, characterizing the street-level bureaucratic nature of their work in response to immediate or pressing needs on the part of their clients. Jesse, a caseworker in state B, said,

"[Voluntary placement] buys us a little bit more time." In some cases, voluntary placements acted as an in-between, not just to buy time, but to be used as a kind of leverage to get the actual level of care a child needed. For example, even though many participants discussed voluntary placements as a way to avoid court-involvement, Courtney, a caseworker in state B, described a truancy-related voluntary placement, in which they filed a truancy petition in court in order to get the child needed services: "...I got them to file a truancy petition because it gave us leverage...having the court support opening doors that we can't otherwise open." On the other hand, participants also spoke of the sluggish nature of the courts and thus, the need to use other strategies for cases that drag on and are not adjudicated in a timely fashion.

Subtheme: Facilitating Flexibility. Voluntary placements were often used a kind of placeholder when a child needed a different type of care and intervention. If beds were not open in the type of setting the child required, the voluntary placement could be used as a temporary solution and an influencing factor to get the child into that setting eventually. Pat, a caseworker in state A, shared, "In one situation, we were contacted by [state office of disability services]. They knew they'd have a bed within a certain time period, and a kid was not doing well in home, so they wanted [voluntary placement] until the [state office of disability services] bed opened up."

Ultimately, caseworkers acted as street-level bureaucrats, taking advantage of the flexibility that voluntary placements allowed in meeting a child and family where they are at in order to get them what was actually needed. "I think the recurring theme on why we like to use them is it gives us flexibility," Jesse shared. "So, our philosophy overall is we really try to treat each family as unique...we really try to stay away from cookie cutter policies.... And so, overall, that really has fit [with] why we like using voluntaries; because it's another option in the toolbox that we have, so to speak." Max, a caseworker in state B, noted that voluntary placements provided "us a little bit more of a window of time to work" to allow more flexibility in service planning—particularly in cases of parental substance use in which rigid timeframes are often not conducive for addiction treatment. Frontline workers leveraged the additional time afforded by voluntary placements to assess families and link them to needed services rather than quickly moving into a higher-level placement.

4.4. Theme 4: Questioning Outcomes

Participants discussed varied outcomes with voluntary placements, including children achieving permanency in their original placement, transitioning to another placement (which may or may not have been a permanent placement), youth aging out of care, or sometimes lingering in a state of uncertainty. Several participants lifted up the challenges in ending a voluntary placement in some situations. Jamie, a caseworker in state A shared, "...there are multiple family issues and then a crisis occurs, the child goes in on a voluntary, I would say, in my experience, they're most likely to stay—it's a lot harder to get out of care than to get into care in some ways." These participants indicated that successfully transitioning out of voluntary placements must be very purposeful, with a clear plan even prior to placements beginning, to ensure children do not linger in care.

For Sidney, a children's mental health caseworker in state B, a successful outcome needs to be "goal-driven on what we want to see at the end of it because some kids could stay in foster care forever, if things are sometimes easier, even on a worker or a family to have a child gone and parents don't have to deal with them and the foster parent does." The services and interventions provided to families and children were often aimed at bringing a successful resolution to the placement. However, these services, and the system itself, often fell short in fully meeting family needs and failed to resolve the challenges that initiated the voluntary placement in the first place.

One downside to street-level bureaucracy is the inconsistency that can result across workers or teams. Shawn, a program director at a partner agency in state B, noted: "A lot of times, even in a County, it can just depend on who the worker is that you get." Addressing issues of variability in workers' skills and competencies around family engagement can be a significant concern for jurisdictions to address.

Aging out was cited as a relatively common way for voluntary placements to end. Terry, an administrator in state A, discussed a current case in which a youth in voluntary care for over five years was soon to age out of care:

She's gonna be 19 coming up and now we've got her in [an] independent living program. And the parents weren't able to care for her—and it's been difficult and—finding other suitable relatives to step to the plate. And she didn't wanna be adopted, that's the other issue. When they don't wanna be adopted then we still have the—that's the other problem with the voluntaries is they go on too long."

5. Discussion

The findings of our study of child welfare professionals and other stakeholders engaged with families utilizing voluntary placements helps shed some light on the ways child welfare stakeholders understand and approach this intervention, the benefits of voluntary placements to families and youth, and the challenges that exist because of disparate practices.

Previous research found (Berrick and Hernandez 2016; Bringewatt and Gershoff 2010) voluntary placements oftentimes were used to address other service gaps or as processes for obtaining services. Under the traditional child welfare approach, foster care is used to temporarily house children removed from their parent's custody because of abuse and neglect; however, our study participants often discussed the challenge of what to do with children whose parents were not abusive or neglectful but were having difficulty caring for the child—or, in other cases, when the child needed a more restrictive setting for behavioral or other treatment (Stroul and Manley 2018).

In this study, participants themselves had a range of experience facilitating voluntary placements with families. Some had direct practice experience as case workers recommending or providing voluntary placement options for youth or their parents. Others with director-level positions had previous experience with voluntary placements or worked with staff utilizing voluntary placements with clients. In a few cases participants were administrators with little direct experience with voluntary placements. Their perspectives were important as they highlight the impact of voluntary placements from an organizational mezzo perspective. As Evans (2010) and others have noted, managers at organizations such as child welfare agencies often have previous experience as front-line workers.

5.1. Micro, Mezzo, and Macro Considerations

The participants in this study spoke of voluntary placements as micro, mezzo, and macro approaches to meeting the needs of children and families (Bronfenbrenner 1979). The themes of strengths-based engagement, using voluntary placements as a less-restrictive and less-punitive placement option and the ways caseworkers have discretion in seeking creative ways to respond to youth in need of services highlight micro-level approaches. Caseworkers and child welfare professionals in this study described voluntary placements as a method of engaging parents such as framing voluntary placement as a way to build trust and rapport with parents as a way to potentially avoid more restrictive or punitive child welfare intervention (i.e., court involvement).

For some of the participants, the lack of guidance on how to help families transition a child out of voluntary placement was a concern. Although informal placement arrange-

ments are made between parents and extended families in many jurisdictions, in this current study there was only one participant who identified the use of voluntary placement agreements with kinship caregivers. For child welfare workers with high caseloads and limited resources, Lipsky (2010) notes that bias can affect how child welfare professionals, acting as street-level bureaucrats, advocate for their clients.

As Lipsky (2010) notes, resource challenges are not "only a theoretical consideration but a highly practical one as well" (p. 29), particularly for children with mental health and other disabilities, and this was illustrated by the ways child welfare professionals used their discretion to extend timelines or negotiate services. From a mezzo perspective, for example, child welfare professionals in our study approached voluntary placements as a way to navigate the limitations of current child welfare systems. For example, some caseworkers would use voluntary placement as a way to extend the timeline for goals that often need additional time such as mental health or substance abuse treatment. Extending the formal child welfare clock also provided child welfare professionals additional time to try to find other resources and services for the youth and/or family. Evans (2010) critiques Lipsky's stereotype of managers as overly committed to strict implementation of organizational policy, noting how discussions of street-level bureaucracy "[ignore] the role and influence of manager as policy actor" (p. 371). Evans (2016) also argues that managers are not excluded from employing discretion and managers' "discretion can contribute to the conditions of policy confusion and contradiction" (p. 602). In our study, directors and administrators acknowledged the constraints and limitations of both the policy for voluntary placements as well as alternative resources. In this way, participants with administrative responsibilities were neutral or supportive of their caseworker's discretion when it came to the use of voluntary placements. They also, however, pointed out potential unintended consequences such as youth placed via voluntary placement aging out of care instead of being reunified with their families.

Bromley and Blacher (1991) found that about half of parents in their study identified lack of respite care and babysitting services as major influences on their decision to pursue voluntary placement. In other words, parents did not want their parenting responsibilities taken away; rather, they simply needed a break. Participants in our study also shared these observations. Some states (i.e., Washington state) have responded to this need by implementing alternative respite-focused approaches that do not require relinquishment pf parental rights to voluntarily place children into the foster care system (Richardson et al. 2001). Other scholars, however, argue that creating more respite opportunities is merely a 'band-aid solution' and may only serve the parents short-term rather than create long lasting change (Nankervis et al. 2011). Overall, there is a clear need for far more readily available and reliable, supportive services for parents and guardians of emotionally, physically, or behaviorally challenging children (Post and Zimmerman 2012).

Participants in our study recognized the use of voluntary placement points to larger systems issues. Street-level bureaucratic practices are a response to a lack of policies (or gaps in policies) that adequately address some problems families experience, specifically regarding mental health (Bringewatt and Gershoff 2010; Lipsky 2010). While both states represented in our study have state policies that describe and define voluntary placements, our participants indicated that they experienced pressing or immediate needs among their clients that called for responses that were not addressed by policy guidance; thus, they developed their own strategies which, over time, become established practices within their agencies or units. This is in line with Lipsky's (2010) view of direct service workers as policymakers. As Friesen et al. (2003) found, preventative policies related to eligibility for services and the lack of insurance and funding for intensive treatment for families was identified as a problem. The need for implementation guidance from states (Semanchin Jones

et al. 2018) providing clear parameters for who is eligible for voluntary placements under which circumstances, and guidance for child welfare professionals on how to facilitate the process of voluntary placement, was identified as a need.

Friesen et al. (2003) state that there are financial benefits to voluntary placement, and that "the practice has grown up as a way of gaining access to Title IV-E (foster care) funds, Title XIX (Medicaid) funds, special education funds, and other sources of financial support for out-of-home treatment" (p. 40).

5.2. Trauma-Informed Services

Children and families who come into contact with the child welfare system not only enter the system having experienced adverse and traumatic experiences, but the system itself can—and often does—compound and add to the trauma (Ko et al. 2008). Trauma-informed care is a framework that recognizes the prevalence of trauma and, in turn, responds with practices, policies, and procedures that seek to mitigate the chance of re-traumatization, using core values of safety, trust, collaboration, choice, and empowerment (Fallot and Harris 2009; Substance Abuse and Mental Health Service Administration 2014). Trauma-informed care has been found to be beneficial as a tool for child welfare caseworkers, cultivating the growth and development of the child and constructive engagement with families (Ko et al. 2008). Consequently, seeking voluntary placement instead of waiting for an involuntary removal, has potential to add to trauma-informed practice initiatives. The ambiguous process of facilitating voluntary placements meant the participants in our study could try to meet the youth/family where they were and creatively tailor the voluntary placement process to their client's specific needs—a more trauma-informed approach toward safety for parents and the youth (Fallot and Harris 2009).

5.3. Challenges of Voluntary Placements

Voluntary placement may offer some short-term benefits; however, there are numerous challenges that can affect the long-term wellbeing for youth and families. Voluntary placement, even if the reason for the placement is for treatment or stability rather than abuse and neglect, is still a placement for a child and stressful for a family. Additionally, Lipsky (2010) notes that clients engaged with child welfare services are essentially "involuntary" since even if they choose to come to the agency, it is often because they have no other options (p. 54). Voluntary placements—particularly those in which relatives or kin are not utilized—disrupt established connections, can be traumatizing or retraumatizing, and are often focused on the immediate here and now of a crisis, lacking long-term planning and goal achievement.

Participants reported that at times it seemed there was a greater focus on the front end of the voluntary placement process—getting the youth into out-of-home care—and less focus on the termination of the placement. Additionally, while key stakeholders in our study discussed aspects of what we would categorize as trauma-informed practice on the front-end of the voluntary placement process, the same could not be found regarding the transition *out* of voluntary placement. Clear and thoughtful transition planning for reunification and permanency was often absent, according to our interviewees. Participants spoke about the shame and negative outcomes experienced by parents and caregivers in not having been able to care for their child—particularly for relative and adoptive caregivers. In addition, a broader discussion related to aging out of voluntary placement is needed. Aging out of care is a concern for child welfare entities; the poor outcomes for youth who age out of the foster care system is well-documented in the literature (Courtney et al. 2010). Our participants also identified aging out of voluntary placement as one of the ways voluntary placements end despite the temporary goal of the intervention.

6. Study Limitations

Our findings are an initial exploration into this phenomenon, and we acknowledge a number of study limitations. One major limitation was the difficulty the research team experienced in attempting to reach a robust sample of frontline public child welfare workers. Our findings are based on a small number of frontline workers and a few program administrators. Numerous individuals we approached during our participant search did not have exposure to the specific variety of voluntary placements we were exploring. While some agencies were enthusiastic about participating in our study, others declined our request for participation. A few agency supervisors were interested in the topic but thought their jurisdictions did not complete enough voluntary placements to be of assistance to the study or did not follow through with our requests for interviews. This was unfortunate, as sites where few voluntary placements occur broadens our understanding of the practice. As a result, the research team solicited other child welfare stakeholders including child welfare administrators or professionals working in agencies supporting foster, adoptive, and kinship parents. These additional stakeholder perspectives provided important insights, but with the limited number of frontline caseworkers and only two states represented, we were unable to conduct any meaningful comparison of how voluntary placement is facilitated in states with different policies and structures.

We also acknowledge the landscape of voluntary placement may have occurred since the data was collected in 2019. Despite the acknowledged limitations of this study, given the scarcity of research on the practice considerations of facilitating voluntary placements our study offers a step toward better understanding the potential challenges and benefits of voluntary placements as a child welfare intervention from the perspectives of those who oversee or engage with families using voluntary placements.

7. Conclusions and Implications

This study focused on the process of facilitating voluntary placements from the perspectives of child welfare professionals and others supporting families involved with child welfare agencies. The objective of the study was to begin to understand this relatively unexplored phenomenon within the realm of child welfare. As the focus did not include families or youth with voluntary placement experiences, the applicability of our results to a wider context may be restricted. We believe this study will stimulate further discourse and research into this overlooked aspect of out-of-home placements and strongly recommend additional research focusing on how voluntary placement impacts youth and families.

By providing insights into how voluntary placements work in practice, we aim to enrich understanding and guide future child welfare policy and strategic action. Findings of this study have implications for child welfare policy. Currently, these placements are rarely mentioned in the larger discussions about child welfare and foster care practice and policy. Data on the current number of youths in foster care with voluntary placement agreements are not publicly available. The 2024 AFCARS reports 8749 youth experienced residential care, 6566 experienced institutional care, and 8648 experienced therapeutic placements; these are common living arrangements for youth in voluntary foster care placements (US Department of Health and Human Services et al. 2024). For the youth who may experience voluntary placement each year, it is important they are not simply categorized as "other." An ASPE Brief (Gross et al. 2025) found that up to 25,000 children between 2017 and 2019 may have entered foster care entry through "custody relinquishment" for the specific purpose of accessing behavioral health or disability services. A 2026 analysis of voluntary relinquishments by *The Imprint* highlighted how much has not changed since our study's data were collected in 2019. The data collected for *The Imprint* study included states where voluntary placement options as we define it in our study was not available as an

option for parents and as a result, some parents in the states without voluntary placement policies were charged with abandonment. More research on these differences in voluntary placement experiences is needed.

Additionally, while the data collection for this current study occurred soon after the roll-out and implementation of the Family First Prevention Services Act (FFPSA, Public Law P.L. 115–123) in these states, participants did not discuss this policy. It is possible that few of the participants could speak to the facilitation of voluntary placement agreements post FFPSA. As FFPSA has a focus on prevention and reducing residential placements in foster care, the policy may also have an impact on the use of voluntary placements in child welfare. This would be an important area for future research to examine more fully.

More research is also needed on the outcomes for youth with voluntary placements. A lack of focused transition planning for ending a voluntary placement could result in a cycle of voluntary placements for the youth or worse, an escalation to more intensive responses. A trauma-informed practice approach requires additional attention given to building trust, safety, empowerment, and choice for youth and their family related to the voluntary placement, as well as the transition/reunification process (Fallot and Harris 2009).

Policymakers at federal, state, and local jurisdictional levels must consider ways to strengthen current guidance on voluntary placements, build better tracking and accountability systems for voluntary placements, and ensure children and families are provided adequate supports to reduce the need for out-of-home placements when possible. Families engaged in voluntary placements may enter the child welfare system in an alternative way, but their existence in the system is evidence of a child's (and family's) need for help. With better data on the process of facilitating voluntary placements and on the outcomes for these families, child welfare agencies can better serve these families in trauma-informed ways.

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