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ABSTRACT

A voluntary foster care placement (sometimes referred to as a voluntary placement agreement) is an agreement, entered into without court involvement, between a state or county child welfare agency and a child's parents to place a child into out-of-home placement. When a child enters foster care through this type of placement, state and federal programs that cover children who enter child welfare due to a court order become the custodians of the voluntarily-placed-child's placement, care, and supervision. In this cross-sectional, exploratory study, data from the Adoption and Foster Care Reporting System (AFCARS) was used to examine the characteristics and experiences of children who enter foster care through a voluntary foster care agreement, and to compare them with those of children who enter foster care through a court order. Findings indicate that children who are placed through a voluntary placement agreement differ from children who enter through a court order in their personal characteristics, as well as in their placement settings, length of placement, and manner of discharge from foster care. This study provides a baseline for future research into this area of child welfare practice.

1. Introduction

The public child welfare system is responsible for protecting children from abuse and neglect at the hands of their parents or other caregivers. While generally children enter child welfare through a court order, some children are voluntarily placed in the child welfare system by their family, using a mechanism known as a voluntary placement agreement. In these cases, child welfare agencies become legal custodians of the child until court and medical providers determine that the child can be returned to the family home. For the duration of these voluntary agreements, the same state and federal programs that cover children who enter child welfare involuntarily become the custodians of the voluntarily-placed-child's placement, care, and supervision. If a child is placed into state care, then foster care, Medicaid, and/or special education funds can be used to cover the costs of their care (Brennon & Lynch, 2008; National Alliance on Mental Illness-Minnesota, 2009). The parameters and regulations of voluntary placements vary from state to state; in some cases, legal custody relinquishment occurs at the same time, in others parents retain legal custody but give up physical custody in order to place their child (Bringewatt & Gershoff, 2010; Friesen, Giliberti, Katz-Leavy, Osher, & Pullman, 2003). This study examines the connection between a child's removal manner from their family of origin and experience in the child welfare system. What are the differences in the experiences and characteristics of children who enter the child welfare system through a voluntary placement?

1.1. What is voluntary placement?

A voluntary foster care placement (sometimes referred to as a voluntary placement agreement) is an agreement, entered into without court involvement, between a state or county child welfare agency and a child's parents to place a child into out-of-home placement. Title IV-E of the Social Security Act says that states can enter into voluntary agreements with a child's parents or legal guardians, where that child is placed into foster care through a mutual, time-limited agreement of no longer than 180 days without a judicial determination (Administration for Children and Families, 2016a; Gruttadaro, 2014). It is not necessary for parents to relinquish custody of their child in order to enter into a voluntary placement agreement, nor are the court oversights and timelines of other child welfare legislation automatically invoked during this time frame (Gruttadaro, 2014). Each state may develop their own voluntary foster care agreements guidelines and legislation, and there is a great deal of variation at this time among states (Friesen et al., 2003; United States General Accounting Office, 2003; National Alliance on Mental Illness-Minnesota, 2009). 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, in order to access mental health services (United States General Accounting Office, 2003). In their 2003 publication, Friesen

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and colleagues identified previous studies that stated that between 23% and 25% of families of children who had an emotional disturbance had been advised to relinquish custody for the purpose of obtaining services. A 1991 survey of state child-serving agencies (Cohen, Harris, Gottlieb, & Best, 1991) found that 28 of 45 states had at least one agency that used custody transfer to obtain treatment for children with serious mental health problems. Giliberti and Schulzinger (2000) reported that practice occurs in at least half of the states.

In the early 2000s there was a national advocacy effort to separate legal custody relinquishment from voluntary placement agreements (Bazelon Center for Mental Health Law and the Federation of Families for Children's Mental Health, 1999; Giliberti & Schulzinger, 2000; Friesen et al., 2003). Advocates worked to prohibit the requirement that parents relinquish custody of their children to child welfare agencies in order for them to receive mental health care. Some states adopted new guidelines around voluntary placements at this time (Bazelon Center for Mental Health Law and the Federation of Families for Children's Mental Health, 1999; Friesen et al., 2003), others chose other types of interventions to support families of children with disabilities (for example, expansion of community based services, or adoption or adaptation of Medicaid waiver programs), and others did not make changes. Eleven states (Connecticut, Colorado, Idaho, Iowa, Maine, Maine, North Dakota, Oregon, Rhode Island, Vermont, and Wisconsin) have enacted laws that prohibit child welfare agencies from requiring parents to relinquish custody to access services for their children with a mental health disability (Gruttadaro, 2014). Other states' laws specify the intended use for a voluntary placement agreement, for example specifying that they are intended to help families access treatments. For example, Minnesota's *Child in Voluntary Foster Care for Treatment* law (Minnesota Statute 260D) specifies that a child who is placed in voluntary foster care is still in the legal custody of their parents, with the parents maintaining ongoing responsibility for most decision-making and parental rights and responsibilities. The child welfare agency takes on financial responsibility for the child's treatment needs (perhaps in conjunction with Medical Assistance or other revenue streams), in addition to legal authority for placement, supervision, and care; however, the parents retain legal custody of their child (National Alliance on Mental Illness-Minnesota, 2009).

1.2. Why do families access voluntary placements?

Previous studies have found that families who voluntarily relinquish care of their child report that they are experiencing high support and medical needs, psychological and financial distress, and difficulties in accessing respite care, and other needed supports, often related to the child's disability diagnosis (including but not limited to physical, emotional, intellectual, or learning disabilities) (Nankervis, Roswewarne, & Vassos, 2011). More specifically, families identify financial constraints in accessing reimbursements for services, legal liability concerns on the part of the state, resource scarcity, or a preference for limiting parental involvement in children's treatment on the part of treatment providers as reasons they entered into a voluntary foster care placement agreement (Cohen et al., 1993; United States General Accounting Office, 2003). Because many children with disabilities require ongoing, specialized services, parents face ongoing, complex, and long-term challenges in financing their children's care, leading to accumulation of financial and emotional stress (Crettenden, Wright, & Beilby, 2014; Semansky & Koyangi, 2003). Parents have identified challenges in finding services for their children who have multiple disability diagnoses, or a concurrent substance abuse and disability diagnosis (United States General Accounting Office, 2003). Families of children with significant disabilities have also reported challenges in maintaining jobs, experiencing psychological challenges, and balancing their family with the economic concerns presented in connecting their child with needed care (Crettenden et al., 2014; Nankervis et al., 2011).

There are a number of public sources of support for children with complex health and social service needs and their families - special education, rehabilitation services, Social Security, Medicaid and State Children's Health Insurance programs, and children's mental health programs, just to name a few (Gruttadaro, 2014; Koppelman, 2005; National Alliance on Mental Illness-Minnesota, 2009). However, families may encounter resource scarcity, conflicting eligibility requirements, or other barriers to accessing these services (Bullock, 2005; Cohen et al., 1993). The combination of financial limitations, lack of or long waits for community-based services, differing eligibility requirements, and concerns about the impact on their other children all were reported as reasons for initiating a voluntary placement (United States General Accounting Office, 2003). Indeed, Friesen et al. (2003) state that "The fundamental reason for transferring custody from the family to the state is financial; 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).

1.3. Previous literature on voluntary foster care

There are very few studies of voluntary foster care placement - either descriptive or explanatory (Cohen et al., 1991, 1993; Friesen et al., 2003; United States General Accounting Office, 2003; Giliberti & Schulzinger, 2000; University of Washington Center for Disability Policy and Research, 2001), and those that exist are over a decade out of date at this point in time. Additionally, the previous studies are focused either on policy and agency regulation of voluntary placements (Cohen et al., 1991, 1993; Friesen et al., 2003), gather data through surveys of agencies that provide voluntary foster care services (United States General Accounting Office, 2003; Giliberti & Schulzinger, 2000), or are an evaluation of a single voluntary placement program (University of Washington Center for Disability Policy and Research, 2001). For example, two previous studies indicated that while where is not formal tracking, survey data gathered from child welfare and juvenile justice providers indicates that approximately a quarter of families who have a child with a diagnosis of significant emotional disabilities report being advised to relinquish custody of their child to obtain services (Friesen et al., 2003; Giliberti & Schulzinger, 2000). The University of Washington's 2001 evaluation of the Voluntary Placement Program offered through the state's Division of Developmental Disabilities found that parents of children with developmental disabilities, when offered an option of receiving out-of-home services for their child without the requirement to relinquish custody were more satisfied with the services that both they and their child received. This supports other studies that suggest that custody relinquishment has negative implications for both families and children (Friesen et al., 2003; United States General Accounting Office, 2003). None of the existing studies used administrative data to examine the prevalence and practice of voluntary foster care placements, nor do they provide analysis of the experience of children and youth who are placed in voluntary placement. Thus, very little is known about the current prevalence, practice, or impacts of this manner of foster care placement. This exploratory study uses a national dataset to examine the following research questions:

1. What is the prevalence of the use of voluntary foster care placements?
2. What are the characteristics of children and youth who are placed in foster care through a voluntary placement?
3. What are the removal reasons most closely associated with a voluntary foster care placement?
4. What are the experiences of children who are placed in foster care through a voluntary placement? Specifically, what types of settings are they placed in, how long are their placements, how stable are their placements, and how are they discharged?

2. Methods

This cross-sectional, exploratory study uses data from Children's Bureau Adoption and Foster Care Statistics (AFCARS) for foster youth. These data are drawn from all 50 states, the District of Columbia, and Puerto Rico. AFCARS includes case-level data on all foster youth in the custody of state's child protective services. AFCARS foster care files contain data that are collected by states and then reported annually to the Children's Bureau. Variables include child demographics, stays in foster care, service goals, dates of removal and discharge, funding sources, among others. States submit their data electronically to the Children's Bureau twice a year, where it is combined into a single annual database. This database is made available to researchers through the National Data Archive on Child Abuse and Neglect (NDCAN) at Cornell University. Funding for the NDCAN project is provided by the Children's Bureau, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services. (National Data Archive on Child Abuse and Neglect, 2013).

2.1. Variables

Demographic variables examined included age, race, gender, Hispanic/Latino ethnicity, and disability. Disability were identified using the categories provided in the AFCARS data set. Children and youth in the AFCARS data set are identified as having a disability if "…a qualified professional has clinically diagnosed the child has having at least one of the disabilities listed below" (National Data Archive on Child Abuse and Neglect, 2014, p. 14). Specific disability variables in the data set include (National Data Archive on Child Abuse and Neglect, 2014):

- Mental retardation, which is defined as "…significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affects a child's/youth's socialization and learning" (p. 14);
- Visual or hearing impairment which may "…significantly affect educational performance or development" (p. 15);
- Physical disabilities which affect "…the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments…" (p. 15);
- Emotional disturbance which is defined as "…a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems…" (p. 16);
- Other diagnosed conditions, which is a particularly broad variable, and includes diagnoses as varied as HIV/AIDs, autism, heart disease, epilepsy, and fetal alcohol syndrome (p. 17).

It should be noted that many of the terms used in the AFCARS data set are not in line with current best practice in disability terminology; for example, rather than "mental retardation", most professionals in the field use the term "intellectual disability". The decision was made to use the more up to date terms throughout this manuscript, except when quoting directly from the AFCARS materials.

The other variables examined in this paper are measures of the child's foster care experience. These include the type of placement agreement or manner of entry into foster care used for the current foster care episode, the reason for the child's removal from their home, the type of placement setting, case plan goals, length of times in out of home placement overall as well as in in their current setting, reason for discharge from placement, and the number of placements experienced. AFCARS includes a variable that reflects "…whether the current placement agreement was voluntary, court ordered, or not yet determined" (National Data Archive on Child Abuse and Neglect, 2014, p. 20). This variable was used to determine if a child had entered placement through a voluntary agreement or a court-ordered placement. Reasons for removal are different than the manner of removal (i.e.: court order or voluntary placement), and include physical abuse, sexual abuse, neglect, alcohol abuse by the parent, drug abuse by the parent, alcohol abuse by the child, drug abuse by the child, the child's disability, the child's behavior problem, parental death, parental incarceration, parental inability to cope, abandonment, relinquishment, or inadequate housing (National Data Archive on Child Abuse and Neglect, 2014). Cases are coded as having both a manner of removal and a reason for removal. Further clarification of the variables, as provided by the NDCAN dataset code book, include:

- Alcohol or drug abuse on the part of parents is defined as a principal caretaker's "…compulsive use of or need for" (p. 21) either drugs or alcohol.
- A child's drug or alcohol abuse is defined similarly, but also includes infants addicted at birth.
- A child removed from the home due to a disability if "…as a condition associated with a child's removal from home and contact with the foster care system, a clinical diagnosis by a qualified professional of one or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech, or sight impairment; physical disability; or other clinically diagnosed handicap. Include only if the disability (ies) was at least one of the factors which led to the child's removal." (p. 21).
- A child's behavior problem is defined as "…a condition associated with a child's removal from home and contact with the foster care system, child's behavior in the school and/or community that adversely affects socialization, learning, growth, and moral development. These may include adjudicated or non-adjudicated child behavior problems. This would include a child's running away from home or other placement." (p. 22).
- A caretaker's inability to cope is defined as "…a condition associated with the child's removal from home and contact with the foster care system, physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child." (p. 22).
- Abandonment is identified when the child has been "…left alone or with others; caretaker did not return or make whereabouts known." (p. 22).
- Relinquishment is identified if the "…parent(s), in writing, assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted" (p. 23).

The placement types identified in AFCARS include: pre-adoptive home, relative foster home, non-relative foster home, group home, institution, supervised independent living, runaway, or trial home visit. Further definition of these variables, from the NDCAN data code book (National Data Archive on Child Abuse and Neglect, 2014), include:

- A pre-adoptive home is "…a home in which the family intends to adopt the child" (p. 23).
- Relative foster care is "a licensed or unlicensed home of the child's relatives regarded by the state as a foster care living arrangement for the child" (p. 23).
- Non-relative foster care is a "licensed foster family home" (p. 23).
- A group home is defined as "…a licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children" (p. 23).
- An institution is defined as "…a child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experiences. These facilities may include: child care institutions; residential treatment facilities; maternity homes; etc." (p. 23).
- Supervised independent living is an "…alternative traditional living

arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides the opportunity for increased responsibility for self care." (p. 23).

The data set's variable "discharge reason" includes the following possible responses: not applicable (the child is still in foster care at the end of the data reporting period); reunified with parent or primary caretaker; living with other relatives (not in a kinship foster care placement); adoption; emancipation; guardianship; transfer to another agency; runaway; death of child (p. 27). Additionally, the data set includes a variable "exited to emancipation", which is used if the child is age 17 or above and has been discharged to emancipation.

2.2. Sample and data analysis

The SPSS file for this analysis was downloaded from a secure server and used for the analysis in that format. The 2013 foster care file was selected for analysis because it was the most recent data available at the time of the analysis. Youth included in the sample were categorized as having entered foster care through a voluntary placement if the removal manner was coded in the data set as "voluntary." This is defined as "an official voluntary placement agreement has been executed between the caretaker and the agency. The placement remains voluntary even if a subsequent court order is issued to continue the child in foster care" (National Data Archive on Child Abuse and Neglect, 2014, p. 20). Other types of foster care placement agreement identified in this variable, as previously mentioned, are "court ordered" or "not yet determined". The analysis reported in this study includes children who entered foster care through a voluntary placement and a comparison group made up of the children who entered foster care through a court order. The children who were coded as entering foster care in a manner that was not yet determined were removed from the data set and not included in the analysis. The total sample size for the 2013 AFCARS Foster Care File is 641,383 cases; in this analysis, the sample size was 633,546 cases. Analysis of foster care discharge outcomes for the two groups was only conducted on children who had been coded as being discharged from foster care during the 2013 federal fiscal year.

Data analysis was conducted using SPSS. Descriptive statistics were used to examine the prevalence of age, race, gender, ethnicity, and disability characteristics of the entire sample. Additionally, the youth in the sample who were placed in voluntary foster care placements were compared with the youth who entered foster care through court orders using binary and multinomial logistic regression methods. These methods of analyses were selected as they allow assessment of the influence of independent variables (for example, voluntary foster care placement) on the likelihood of a dependent variable (for example types of foster care placement) (Baker & Charvat, 2008; Field, 2009). Dependent variables included the demographics of children in both types of placement, the primary reason given for entry into foster care, the type of foster care setting they were placed into, and their manner of discharge from foster care. Independent sample *t*-tests were run to analyze the differences in the average age, length of time foster care placement, and number of placements for children in voluntary foster care placements in comparison to children who are in court-ordered placements.

2.3. Strengths and limitations

Due to the lack of data on the prevalence and experiences of children and youth in voluntary foster care placement, this study is exploratory and descriptive by design. Using AFCARS data for this purpose has many strengths. AFCARS data are national in scope, allowing for a breadth of analysis that is not possible with a smaller, more localized data set. Additionally, administrative data, such as that used in this study, may be superior to other types of data (e.g., client recall, caseworker report) in identifying precisely what services were received, when, and in what order (Johnson-Reid & Drake, 2008).

There are several limitations of using administrative data sets, including that they are made up of data that were not initially collected for research purposes, but instead for administration of programs (Baker & Charvat, 2008; Hill, 2012; Slayter & Springer, 2011). Specific limitations include threats to validity, such as how variables are defined for research as opposed to recordkeeping and administrative accountability, underreporting or over reporting of certain data points, and improper or rushed data-collection methods by direct service workers (Baker, 20,089; Rubin & Babbie, 2008; Smith, 2008). Challenges to reliability of the AFCARS data set include variation in reporting requirements and child welfare workforce training and support among states, which can lead to variability in the use of specific diagnostic, intervention, and practice codes among workers and agencies, localities, and states (National Data Archive on Child Abuse and Neglect, 2013). Additionally, the AFCARS data set is built from data reports that are generated by multiple sources - each states' child welfare workforce - rather than from a single source; thus, it is difficult to ensure consistency among so many sources, each with different training systems, best practices, regulations, and statutory guidelines. Finally, as with any secondary analysis, there data are missing from the data set (Rubin & Babbie, 2008), due to user error, database idiosyncrasies, and the methodologies used to build the dataset at the national level (Baker & Charvat, 2008; National Data Archive on Child Abuse and Neglect, 2013). Given the variation in regulation, training, and best practice among the different reporting agencies, it is possible that missing data, may be a systematic rather than a random error, thereby introducing bias into the statistical modeling (National Data Archive on Child Abuse and Neglect, 2013; Sorensen, Sabroe, & Olsen, 1996). However, given the lack of available information on the population of children in voluntary foster care placements, as well as the relative nature of the analysis (meaning, analysis comparing two similar groups relative to one another, rather than absolute measures for each individually), the missing data may be acceptable, although it does weaken the power of the study (Sorensen et al., 1996).

3. Findings

3.1. Prevalence and characteristics of children and youth in voluntary placements

AFCARS identifies three methods of removal or types of placement agreements - a voluntary removal, court-ordered removal, or not yet determined. In 2013, 95.4% of cases (611,580) were removed due to court order. Of the remaining cases, 3.4% (21,966) were voluntarily removed, and the remainder (7873; 1.2%) were reported as not yet determined. Youth who entered placement through a voluntary removal were, in many ways, demographically similar to children who entered due to a court order. The percentages of males versus females were almost identical in both groups. Children and youth who were voluntarily removed were more likely to also have a disability diagnosis (41.1%) than children who entered foster care due to a court order (27.6%). Of the children with disabilities who were voluntarily placed, the most commonly identified disability diagnoses were emotionally disturbed (29%) and other diagnosed condition (15.3%). An independent *t*-test was used to compare the mean age of foster care entry for the two groups; findings indicate that children who enter foster care through a voluntary placement are, on average, older than children who enter through a court order. It should be noted that race and ethnicity are not mutually exclusive terms within the data set. Thus, the findings presented here add up to more than 100%. All results are reported in Table 1.

Next binary logistic regression analyses were used to determine if there was a relationship between a child's gender, race, ethnicity, or

Table 1
Characteristics of children in foster care through voluntary placement agreements.

	Court ordered placements		Voluntary placements		
	n	%	n	%	Odds ratio (CI)
Race/ethnicity					
Asian	7240	1.2	494	2.2	1.84* (1.68–2.11)
Hispanic origin	131,590	21.5	3538	16.1	1.26* (1.23–1.30)
American Indian/Alaska Native/Hawaiian/Pacific Islander	30,503	5.0	1172	5.3	1.20* (1.13–1.28)
Caucasian/White	381,766	62.4	13,727	62.5	1.03 (1.01–1.06)
African American	183,956	30.1	6478	29.5	1.01 (0.98–1.04)
Gender[a]					
Male	319,237	52.2	11,481	52.2	1.01 (0.98–1.04)
Female	292,288	47.8	1484	47.8	
Disability					
Disability diagnosis (any)	160,436	27.6	8413	41.1	1.64* (1.59–1.69)
Intellectual disability	10,337	1.7	1010	4.8	2.58* (2.41–2.75)
Emotionally disturbed	89,070	14.8	6155	29.1	1.91* (1.85–1.97)
Physically disabled	6235	1.0	329	1.6	1.56* (1.40–1.74)
Other diagnosed condition	82,315	13.7	3235	15.3	1.15* (1.10–1.19)
Visually or hearing impaired	18,611	3.1	658	3.1	0.93 (0.86–1.01)

Age	Mean	SD	Mean	SD	*t*-Test
Age at entry into FC placement	6.77	5.71	9.62	5.83	−71.25*

Odds ratios are age/gender adjusted, except when noted, with children placed in foster care through a voluntary placement as referents. Categorizations exclude all cases where the data were missing or coded as not yet determined.
* $p \leq 0.001$.
[a] The odds ratio for this variable is gender adjusted.

disability diagnosis and if they entered foster care through a voluntary foster care placement or through a court order. For significant variables, an odds ratio can be interpreted as the probability of the outcome occurring in one group in comparison to another. A significant odds ratio greater than one indicates an increased probability, a significant odds ratio of less than one indicates a decreased probability. The analysis found that children who are in foster care through a voluntary placement were more likely to Asian (OR = 1.84, CI = 1.68–2.02) or of Hispanic origin (OR = 1.26, CI = 1.23–1.30). Children who were placed voluntarily were more likely to be identified in AFCARS as having a disability diagnosis (OR = 1.64, CI = 1.59–1.69). More specifically, children entering foster care through a voluntary placement agreement were most likely to be identified as having an intellectual disability (OR = 2.58, CI = 2.41–2.75), an emotional disturbance (OR = 1.91, CI = 1.85–1.97), or a physical disability (OR = 1.56, CI = 1.40–1.74). The finding of these analyses are presented in Table 1.

3.2. Condition associated with removal from home

AFCARS data includes both the type of placement agreement (i.e.: court order or voluntary placement), as well as a removal reason code. Thus, a removal reason is provided for all cases, regardless of if they are identified as having entered foster care through a court order or through a voluntary placement. Binary logistic regression was used to examine the relationship between the manner of removal (voluntary foster care placement or court ordered placement) and the reason for the removal identified in AFCARS, the dependent variable. The removal reason most frequently identified in cases where children entered foster care through a voluntary placement was relinquishment (OR = 4.16; CI = 3.87–4.47). Other reasons for removal positively associated with a voluntary placement included a child's behavior problem (OR = 3.18, CI = 3.07–3.28), a child's disability (OR = 3.10, CI = 2.94–3.27), and a caretaker's inability to cope (OR = 1.87, CI = 1.82–1.93). There were a number reasons for removal identified in AFCARS were negatively associated with likelihood of a voluntary placement, meaning that children who were removed from their families due to these reasons were more likely to enter foster care through court involvement, including a parent's drug or alcohol abuse, parental incarceration, abandonment, sexual or physical abuse, the death of a parent, and neglect. Results are presented in Table 2.

3.3. Placement experiences of voluntarily placed children and youth

Multinomial logistic regression analyses were used to examine the relationship between a child's manner of entering foster care and the type of setting that they were placed into. For these analyses, the independent variable was the way the child entered foster care (voluntary placement or court order) and the dependent variable was the type of foster care placement setting. Non-family foster care placements were used as the reference category for these analyses, as it was the most common setting for both groups. Children who are enter foster care through a voluntary placement are more likely to be placed in supervised independent living (OR = 1.95, CI = 1.81–2.09), group homes (OR = 1.70, CI = 1.61–1.77), or institutions (OR = 1.41, CI = 1.35–

Table 2
Condition associated with child's removal from home.

	Court ordered placements		Voluntary placements		
	n	%	n	%	Odds ratio (CI)
Relinquishment	5676	0.9	926	4.2	4.16* (3.87–4.47)
Child behavior problem	74,509	12.2	7927	36.1	3.18* (3.07–3.28)
Child disability	14,596	2.4	1628	7.4	3.10* (2.94–3.27)
Caretaker inability to cope	109,154	17.9	6346	28.9	1.87* (1.82–1.93)
Sexual abuse	28,207	4.6	815	3.7	0.67* (0.62–0.72)
Alcohol abuse-parent	39,559	6.5	819	3.7	0.58* (0.54–0.62)
Parent incarceration	44,882	7.3	867	4.0	0.57* (0.53–0.61)
Drug abuse-parent	173,270	28.4	3313	15.1	0.54* (0.52–0.56)
Abandonment	30,036	4.9	583	2.7	0.46* (0.42–0.50)
Physical abuse	88,654	14.5	1577	7.2	0.48* (0.45–0.50)
Parent death	8782	1.4	167	0.8	0.33* (0.27–0.39)
Neglect	369,355	60.5	6198	28.3	0.29* (0.28–0.30)
Inadequate housing	65,599	10.7	2165	9.9	1.01 (0.97–1.06)
Alcohol abuse-child	4146	0.7	243	1.1	0.96 (0.83–1.11)
Drug abuse-child	14,494	2.4	599	2.7	0.95 (0.87–1.03)

Odds ratios are age/gender adjusted with children placed in foster care through a voluntary placement as referents. Categorizations exclude all cases where the data were missing or coded as not yet determined.
* $p \leq 0.001$.

1.47) than their peers who enter foster care through a court order. They are less likely to run away from placement (OR = 0.77, CI = 0.69–0.86), in a pre-adoptive placement (OR = 0.68, CI = 0.64–0.73, or to be placed with a relative foster family (OR = 0.50, CI = 0.48–0.52). Results are presented in Table 3.

Next, independent sample *t*-tests were used to compare the average length of time in placements, the number of removals from their family homes, and the number of placements total experienced by children in the two groups. Once children are placed in a voluntary placement, they, on average, spend less time in their current placement, than children who enter placement through a court order (293 days compared to 299 days). However, children who are placed in voluntary placements spend a longer time in placement in their lifetimes (803 days for children in voluntary placements in comparison to 702 days for children in court ordered placements). Children who enter foster care through a voluntary placement also have a higher number of removals and of placement settings over their lifetimes. In other words, these findings indicate that children in voluntary foster care placements spend more time in a higher number of placement settings than children who enter foster care through a court order. Results are presented in Table 3.

3.4. Foster care discharge

Multinomial logistic regression analyses were used to analyze the relationship between a child's manner of entry into foster care (i.e.: through a court order or a voluntary placement) and the manner of discharge from foster care. For these analyses, the independent variable was the way the child entered foster care (voluntary placement or court order) and the dependent variable was the manner in which they were discharged from placement. Children who were not discharged from foster care during 2013 were not include in these analyses, thus the sample size for this analysis is 235,937 cases. Reunification with a parent or caregiver was used for the reference category, as it was the most common discharge code for both groups. Children who entered foster care through a voluntary placement were more likely to exit foster care through emancipation (OR = 1.50, CI = 1.41–1.59), running away from placement (OR = 1.33, CI = 1.07–1.66), or transfer to another agency (OR = 1.07, CI = 0.93–1.23). Children who entered through a court ordered placement were more likely to be discharged to guardianship (OR = 0.47, CI = 0.42–0.52), adoption (OR = 0.83, CI = 0.78–0.89), or to live with relatives (OR = 0.70, C = 0.63–0.78). Using the variable “exited foster care to emancipation”, binary logistic regression analysis, controlling for both age and gender of the child, found that youth who entered foster care through a voluntary foster care placement were more likely (OR = 2.24, CI = 2.1–2.4) to exit to emancipation than their peers who entered through a court order. Results of this analysis are presented in Table 4.

4. Discussion and implications

The data reported upon in this paper provide an overview of the prevalence and characteristics of children and youth who are placed in voluntary foster care. While it is significantly less common than a court-ordered placement, more than 21,000 children entered foster care through a voluntary placement agreement in 2013. Children who were placed in foster care voluntarily were more likely to have a disability diagnosis, more likely to be Asian or Hispanic, and were older at their entry into foster care than children who are placed via a court order. The reason for removal from the home was different in voluntary placements as well; children who were placed in this manner are more likely to be removed from their family due to parental relinquishment, issues with their behavior, a disability diagnosis, or their caretaker's inability to cope. Once they were voluntarily placed, children are more likely to be out of home for longer and experience a higher number of placements over that time. While they were in foster care, they were more likely to be placed in a group homes, institution, or supervised independent living. They had a higher likelihood of emancipating from placement in contrast to foster youth who enter the system due to a court order. They were also more likely to run away from their placement, or to be discharged to another system. These findings can inform policy makers in both child and family protection and disability services about how this population of youth experience foster care and also identify areas for future research and improvement.

4.1. Disability and voluntary placement

Children and youth with disabilities are overrepresented in out-of-home placement (Slayter, 2016; Lightfoot, Hill, & LaLiberte, 2011; Hill, 2012; Sullivan & Knutson, 2000). This study's findings support Slayter and Springer's (2011) work that found that children with intellectual disabilities were more likely to be removed from their caretakers through a voluntary agreement; additionally, children in this study with a mental health or emotional/behavioral diagnosis were also more likely to be placed voluntarily. Thus, there does appear to be a connection between the high number of children with disabilities in out-of-home placement and the use of voluntary placements. This is not to

Table 3
Type of placement/length of placement.

	Court ordered placements		Voluntary Placement		
	n	%	n	%	Odds ratio (CI)
Current placement setting					
Foster family home, non-relative	233,257	38.4	8496	39.3	Reference category
Supervised independent living	8110	1.3	943	4.4	1.95* (1.81–2.09)
Group home	31,099	5.1	2870	13.4	1.95* (1.81–2.09)
Institution	43,616	7.2	3412	15.9	1.41* (1.35–1.47)
Runaway	8016	1.3	355	1.7	0.77* (0.69–0.86)
Pre-adoptive home	52,679	8.7	1117	5.2	0.68* (0.64–0.73)
Trial home visit	68,486	11.2	1426	6.6	0.52* (0.49–0.56)
Foster family home, relative	161,726	26.5	2884	13.4	0.50* (0.48–0.52)

	Mean	SD	Mean	SD	*t*-Test
Average length of in current setting (in days)	299.62	432.01	293.22	456.75	2.03*
Average length since latest removal (in days)	645.46	807.55	704.32	890.38	−9.65*
Total days in FC (all placements)	702.02	851.82	803.39	969.26	−14.57*
Total number of removals	1.26	0.61	1.42	0.811	−28.26*
Average number of placement settings in current removal	2.8	3.31	3.00	3.57	−7.91*

Odds ratios are age/gender adjusted with children placed in non-family foster care settings as referents. Categorizations exclude all cases where the data were missing or coded as not yet determined.

* $p \leq 0.001$.

Table 4
Manner of foster care discharge.

	Court ordered placement		Voluntary placement		
Discharge reason	n	%	n	%	Odds ratio (CI)
Reunified with parent, primary caretaker	114, 988	51.0	4763	51.8	Reference category
Emancipation	21,021	9.3	2031	22.1	1.50* (1.41–1.59)
Runaway	998	0.1	87	0.9	1.33* (1.07–1.66)
Transfer to another agency	3563	1.6	209	2.3	1.07* (0.93–1.23)
Living with relatives	15,051	6.7	414	4.5	0.70* (0.63–0.78)
Adoption	48,863	21.6	1306	14.2	0.83* (0.78–0.89)
Guardianship	20,537	9.3	376	4.1	0.47* (0.42–0.52)
Not applicable	17	0.0	1	0.0	1.29 (0.17–9.79)
Death of child	337	0.1	14	0.2	1.18 (0.69–2.02)
Exited to emancipation[a]	16,729	7.4	1403	15.2	1.20* (1.17–1.23)

[a] Odds ratios are age/gender adjusted with children who exit through emancipation as referents. Categorizations exclude all cases where the data were missing or coded as not yet determined.
* $p \leq 0.001$.

suggest that there are not high rates of maltreatment and abuse against children and youth with disabilities - indeed, the literature is clear that this occurs (Jones et al., 2012; Lightfoot et al., 2011; Sullivan & Knutson, 2000; Slayter, 2016). Instead, these findings raise questions about the supports and systems available for children with disabilities and their families in the community, about how these systems respond to the needs of families of children with disabilities, and about the use of child welfare to connect families of children with disabilities with the interventions they need. Why are foster care placements an identified mechanism to connect children with disabilities with treatment options (Brennon & Lynch, 2008; United States General Accounting Office, 2003)? What early interventions or wrap-around supports for families could help eliminate or reduce the need for these types of placements (Crettenden et al., 2014)?

4.2. Voluntary foster care placement agreements and placement settings

Findings from this study support previous research that suggests that, in many cases, voluntary placements are used as a means of connecting children with significant needs with more intensive services and supports, such as residential or institutional placements (Bullock, 2005; Friesen et al., 2003; United States General Accounting Office, 2003). The increased likelihood for placement due to a child's disability or behavior support this supposition, as do the higher likelihood of children who have entered foster care through a voluntary agreement to be placed in more institutional settings, including group homes as well as institutions. Multiple authors point to gaps in children's mental health services, private health insurance, public health insurance, and community-based disability services as the underlying reasons that families resort to using a voluntary placement or, in some cases, relinquish custody (Bringewatt & Gershoff, 2010; Bullock, 2005; Cohen et al., 1993; Koppelman, 2005; Slayter & Springer, 2011). Thus, this author adds to the calls for more research on the relationship between community based services, accessibility, and quality, and how they can be expanded so that families do not have to make this choice.

Less clear, at least to this researcher were the strong relationship between coding that identified relinquishment of custody as the reason for foster care placement and voluntary placements in this study's findings. Voluntary placement agreements, per the Administration for Children and Families (2016a), are intended to be short-term agreements, arrived at mutually by the parents and the state. Relinquishment, through which parents terminate their parental rights, means that they would not be able to participate in a voluntarily agreement because they no longer have legal standing as parents (ACF, 2016b). A possible explanation may include data error or limitations in the data collection or a misunderstanding on the meaning of either relinquishment or voluntary placements by the frontline workers who enter the data into their agency's data system. Perhaps a more vernacular understanding of relinquishment is driving the high numbers of children who are identified as being relinquished during a voluntary placement. However, given the strength of association in this analysis, there may be other variables that impact this relationship as well. As of this writing, the explanation for this higher likelihood of children who enter foster care through a voluntary placement agreement having relinquishment as the reason for out-of-home placement remains unclear and is an area for further research.

While over 40% of children in voluntary placements are identified as having a disability, only 7.1% of children are identified as entering into foster care due to their disability diagnosis. This discrepancy in numbers can be understood several ways, and is also raises questions for future research. First, disability is a broad category, and, for many people with disabilities, including children, their disability is not a defining characteristic. In other words, although a child may have a disability, the reason for their placement may not be due to that disability, but to other social or familial factors. Second, among the most common reasons for placement for children in voluntary placements in this data set are a child's behavior problems and a caretaker's inability to cope. Although these categories are broad, both may reflect the demands and subsequent low levels of social and financial support experienced by families of children with disabilities and the need to access necessary services through alternate means (Bringewatt & Gershoff, 2010; Llewellyn, Dunn, Fante, Turnbull, & Grace, 1999; Stoddard-Dare, DeRigne, Quinn, & Mallett, 2015). The high rates of children identified as having an emotional disturbance among children in voluntary placement support this theory. However, it is largely untested at this point and is an area for future research.

The children who entered foster care through voluntary placements, on average, were in out-of-home placement for longer than their peers over the course of their lives. Their average days in their current placement were fewer than their peers, but they overall spent more time in care. This could be interpreted a number of ways, including a higher rate of placement disruptions and repeated entry and exit into foster care settings (Hill, 2012; Slayter, 2016; Slayter & Springer, 2011), perhaps due to treatment needs, or to family changes. However, given the stated intent of voluntary placement agreements to be short-term (ACF, 2016b), it does raise concerns about the duration of these types of stays, as well as the interventions provided to families in order to support them in their preparation to welcome their child back home (Friesen et al., 2003; National Alliance on Mental Illness-Minnesota, 2009).

4.3. Exits from foster care

Children in this study who had entered foster care through a voluntary placement agreement, were discharged from foster care through multiple pathways. More than half of the children in the sample remained in care at the time of the data collection, which fits with the other findings in this study that indicate that many remain in foster care for an extended period of time. Of those who were discharged,

the most common reasons (emancipation, runaway, transfer to another agency) are all worth noting. Given the high rates of relinquishment in this population, the lower chance of adoption in comparison with the court ordered population is concerning, as they should be eligible for this type of permanent placement. The higher likelihood of youth entering another system as a method of discharge could reflect not only the youth who enter disability-serving systems of care (for example, developmental disability services or mental health services), but youth who enter other types of public systems, such as corrections (Koppelman, 2005). Thus, it is unclear if entry into another system at discharge is an indicator of linking with positive systems and supports, or if it is a marker of other issues for that child. Finally, the relationship between runaways and voluntary placements is also concerning. Youth who enter through voluntary placement share characteristics with foster youth who are at higher risk of runaway, such as higher rates of physical and mental health risk factors, including mental health disabilities, behavioral issues, and other types of disabilities (Staller, 2005). What are the services and supports that youth who are placed for treatment are receiving? Is it an indicator that they are not successful if youth are running away? What can be done to connect these young people with stable and caring homes?

The high rates of emancipation for youth in this data set, in this researcher's opinion, also begs for further investigation. There are many contributing factors to emancipation; for example, the older average age of youth in voluntary placement in comparison to court ordered youth, for example, may explain some of the relationship). Llewellyn et al. (1999) found that as a child got older, their family was more likely to consider an out-of-home placement for them, due, in part to increasingly complex demands and impacts on the family. Could these increasingly complex demands also be a reason why the older youth leaving voluntary placement do not return to their families or origin? Perhaps some number of the youth in the sample who were identified as emancipating were, in fact, connecting with another system of care and just mis-identified here. However, the question remains, is their aging out reflecting their lack of connection to necessary resources and emotional supports upon leaving foster care? Why are they not reuniting with their family of origin who, presumably, has been connected and involved with them throughout their time in foster care?

4.4. Areas for future research

Due to the exploratory nature of this study, there are multiple areas for future research. For example, previous studies by Lightfoot et al. (2011), Slayter (2016), and Jones et al. (2012) have found that there is a higher risk of child welfare involvement for children once they reach school age. This study appears to support these findings for children in voluntary foster care placements; however, the connection was not fully explored here. Additionally, the effects of gender, race, and ethnicity were not fully explored, and certainly deserve further attention. The broad variation among states and, in some cases, localities, in the practice of voluntary placement is also an area for further explanation. State laws vary widely in the level of guidance and regulation around voluntary placements (Friesen et al., 2003; United States General Accounting Office, 2003), and these laws clearly would impact practice among frontline workers. Training and support for child welfare workers around voluntary foster care placements is also not well understood - for example, the high rates of relinquishment codes among children placed through voluntary placements in this study may very well reflect a colloquial understanding of relinquishment rather than a legal understanding in some cases. This impacts the data and the results.

5. Conclusion

The findings from this study suggest, although comparatively rare, voluntary foster care agreements still impacted over 20,000 children in 2013. Thus, there is a need to learn more about their use and how children who enter child welfare through a voluntary foster care agreement and their families can be best supported. The practice of voluntary foster care placements does not appear to line up with the statutory guidelines for voluntary placements; specifically, they appear to be longer in duration than the law specifies. Additionally, there appears to be a link between the complexity of child's needs, the supports available to families, and the use of this type of placement. The ongoing debate about the desirability of this intervention (Bazelon Center for Mental Health Law and the Federation of Families for Children's Mental Health, 1999; Cohen et al., 1993; Friesen et al., 2003; United States General Accounting Office, 2003, National Alliance on Mental Illness-Minnesota, 2009), coupled with the lack of information on how it is used or impacts children and families' points to a need for ongoing research and evaluation of community based supports for children and families, as well as residential responses, and the methods of payment and access that surround these interventions.

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