

**“There Wasn’t Enough Time In the Day”**  
*Assessing Administrative Burdens Experienced by Parents in  
Florida’s Privatized Child Welfare System*

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### **Abstract**

Parents with children in the child welfare system face administrative burdens when seeking reunification, particularly in privatized systems where services are contracted to nonprofits. Using the administrative burden framework, this study analyzed three rounds of data from 30 parents in Florida’s privatized system. Interviews identified the burdens parents faced, and sequential surveys determined which were most common and their difficulty level. Findings show parents experience psychological costs, such as stigma and stress, affecting their willingness to comply with case plans. Compliance costs result from conflicting tasks and poor communication with professionals. Learning costs arise from information asymmetry. As a result, parents view the child welfare system as punitive rather than rehabilitative. Practical implications for non-profit leadership in privatized settings are discussed.

**Keywords:** *Foster care, child welfare system, birth parents, administrative burdens, reunification*

### **Introduction**

Currently in the United States, over 400,000 children have been temporarily removed from their homes and placed in the child welfare system due to abuse, abandonment, and neglect (Children’s Bureau, 2022). When an initial allegation of child maltreatment is made, state governments and their nonprofit partners step in and, when necessary, temporarily take custody of the child. Birth parents (herein referred to as

parents) are given robust case plans, detailing required behavior change before reunification is possible. This process, legally known as a dependency case, is a strenuous and emotionally charged experience for those involved (Child Welfare Information Gateway, 2016). Neoliberal approaches to public service provision in the 1990s led to privatization of social services, with assumptions that private entities, like nonprofits, would reduce oversight costs and streamline services (Sandberg & Russo, 2024; Young et al., 2020). However, administrative efficiency was prioritized over the citizen's experience, resulting in streamlined service provision for citizens deemed worthy and increased costs for others.

Social safety net programs administered by the government and local nonprofits are often characterized as imposing administrative burdens such as superfluous paperwork and long wait times (Holcomb et al., 2022). These administrative burdens occur when administrators impose excess administrative requirements by regulating how individuals seek public services (Herd & Moynihan, 2018). In turn, this regulation impacts individuals' personal experiences with government and its nonprofit partners.

Research shows that those involved in the child welfare system, such as case managers and foster parents, often bear administrative burdens from working within or being subject to the system (Hwang & Han, 2017; Karatekin, 2014; Wiley & Berry, 2018). Social service professionals report spending 50% to 75% of their time on paperwork and feeling stress and emotional exhaustion from their day-to-day work (Ellett et al., 2007; Kim & Kao, 2014). Foster parents similarly report secondary traumatic stress from working with foster children, experiencing long wait times in dependency court, and difficulty learning such a complex system (McWey et al., 2015; Shdaimah & Alexander, 2018; Whitt-Woosley et al., 2020). Children involved in the system frequently incur the most significant consequences, enduring prolonged physical, mental, and behavioral challenges resulting from both the parental abuse that precipitated their system involvement and their experiences within state care (Engler, 2020; Maguire et al., 2024; Rosenberg & Kim, 2017).

In addition to child welfare professionals, foster parents, and the children themselves, there is a fourth group whose perspective is of equal importance: parents. Parents occupy a unique role within the child welfare system and have a complicated relationship with state actors given that they are seen as the culpable party. Research shows that populations like parents carry a social stigma or negative social construction as a consequence of their actions (Castellano, 2021). Unfortunately, this negative characterization can extend past social convention and permeate government and organizational policy thereby saddling parents with greater administrative burdens (Schneider & Ingram, 1993). Parents report experiencing difficulty navigating the system and feeling set up to fail due to the seemingly endless tasks required of them and the emotional toll the process takes on them (Edwards et al., 2023). Failure to ameliorate these burdens, particularly in the context of privatized systems, will continue to have an adverse impact on parents seeking to regain custody of their children.

The primary research question for the current study is: In a privatized child welfare context, what administrative burdens experienced by parents inhibit reunification? To answer this question, a three-round Delphi study was conducted through the lens of the administrative burden framework and social construction theory. For round one of data collection, the authors interviewed 30 parents who had dependency cases adjudi-

cated in the state of Florida, one of the few states with a wholly privatized child welfare system. Interview data were used to identify the administrative burdens experienced by parents in terms of costs. The administrative burden framework conceptualizes administrative burdens as compliance costs (e.g., wait times and paperwork), learning costs (e.g., effort it takes to acquire knowledge about a system), and psychological costs (e.g., stress, stigma). The range of burdens identified were then used as items in rounds two and three of data collection where successive surveys asked parents whether they had experienced the burden personally and its difficulty level. These iterative rounds of data collection are central to the Delphi study design and were used to confirm consensus among parent experiences.

The parental experiences identified in this study were not unexpected: the psychological costs were prominent and traumatic, information asymmetry fueled learning costs, and compliance costs often left parents feeling that dependency was punitive as opposed to rehabilitative. However, the novelty of this research is that those findings are situated within the context of privatization where the nonprofits serve as the administrator. Privatization should work toward solving the bureaucratic burden, according to new public management approaches justifying outsourcing public services to third-party providers (Young et al., 2020). These findings demonstrate that parents struggle with the same burdens within privatization and, thus, are consistent with literature on public systems. Debilitating administrative burdens persist even within the context of privatization.

## Literature Review

Administrative burdens within citizen-government interactions have long been documented as a barrier to service uptake (Fox et al., 2020; Kronebusch & Elbel 2004; Remler & Glied, 2003). When vulnerable populations seek government assistance, they are immediately subject to checklists to complete and paperwork to fill out in order to receive services. Such burdens can be found in nearly every facet of government operations—from the tax system (Book et al., 2021) to immigration (Heinrich, 2018), from disaster recovery (Duffy & Shaefer, 2022) to criminal justice (McDonald et al., 2023). Research has also documented administrative burdens in social safety net programs such as SNAP (Supplemental Nutrition Assistance Program) and TANF (Temporary Assistance for Needy Families) as they are providers to our most vulnerable populations in their greatest time of need (Fox et al., 2023). The consequences of administrative burdens are substantial; research has found that they prevent program enrollment, exacerbate racial and health inequities, as well as contribute to psychological and physiological adverse outcomes (Center on Budget and Policy Priorities, 2022; Herd, 2015; Herd & Moynihan, 2020). Recognizing the negative impact of burdens, recent calls have been made by the federal government to identify and reduce burdens to ease government-citizen interactions (U.S. Office of Information and Regulatory Affairs, 2022).

### **Administrative Burden Framework and Social Construction Theory**

Theories within the public administration domain can be used to help make sense of how and why administrative burdens are created by administrators and thereby incurred by citizens. Pamela Herd and Donald Moynihan, creators of the administrative

burden framework, contend that any situation where the government structures how individuals seek public services is an opportunity for burdens to be imposed on citizens, leading to inequities (Herd et al., 2023; Herd & Moynihan, 2018). According to the framework, burdens fall into three categories: compliance costs, learning costs, and psychological costs, see Table 1.

**Table 1**

*Components of Administrative Burdens*

Learning costs	Incurred when searching for information or trying to understand a system or program. For example, researching eligibility criteria for program participation.
Compliance costs	Incurred from adhering to rules and discretionary demands from administrators. For example, paying fees and efforts made to meet program requirements.
Psychological costs	Emotional toll incurred from citizen-government interactions such as stigma, stress, frustration, and loss of autonomy or power. May be the result of or in tandem with compliance and learning costs.

*Source:* Adapted from Herd & Moynihan, 2018

Costs also have distinct characteristics in that they are distributive—meaning less advantaged populations incur greater burden, consequential—meaning burdens impact citizens’ opinions of government, and constructed—meaning they are the result of particular beliefs or attitudes (Herd & Moynihan, 2018). The framework largely mirrors the social construction theory of target populations. This theory posits that certain populations with shared characteristics are stereotyped and constructed by society as positive (constructed as deserving and honest) or negative (constructed as stupid and selfish) (Ingram & Schneider, 2015). Society’s construction of a population has downstream impacts on policy; for example, “advantaged” populations, like the elderly who receive Social Security, are more likely to experience oversubscribed benefits whereas “deviant” populations, such as those with criminal justice involvement, are more likely to experience oversubscribed burdens (Ingram & Schneider, 2015). Social construction plays into the larger policy agenda because officials create policy platforms that punish “deviants” (e.g., being “hard on crime”) and elevate “dependents” (e.g., allocating money for public schools). Together, these theories contend that upon engaging with the government or its nonprofit partners, a citizen will be positively or negatively socially constructed by these entities, and subsequently face administrative burdens based on that social framing.

**Administrative Burden Framework Applied to the Child Welfare System**

The administrative burden framework has been applied in a variety of contexts, critiqued, and expanded. The framework has been used to understand housing policy (Linos et al., 2020), social safety net programs (Barnes, 2023), human capital

(Christensen et al., 2020), healthcare administration (Herd & Moynihan, 2021; Kyle & Frakt, 2021), and most recently, the child welfare system (Edwards et al., 2023). The child welfare system is distinct from many other mechanisms of government in that citizens are involuntarily subjected to government intervention, like the criminal justice system, rather than voluntarily seeking benefits from it.

Once an allegation of child maltreatment has been made, the state investigates the allegation, and, if substantiated, removes the children from the home and places them in state care. Parents who admit or consent to maltreatment allegations are given a case plan they must complete before the court will consider reunification. Case plans are comprised of tasks and goals meant to address the initial reason for removal. A typical case plan may include maintaining stable housing and income, complying with weekly drug screens, attending child visitation, and completing a number of required services or classes such as substance abuse treatment, parenting classes, domestic violence classes, and therapy. Parents may also be expected to adhere to other requirements based on mental health assessments that indicate additional services are needed. Only about half of dependency cases end in reunification and children spend, on average, 20 months in state care before they are discharged from the system (Children’s Bureau, 2022). That is to say, the dependency process is long and tedious for parents seeking reunification. They are involuntarily subjected to a government system with enormous compliance requirements they must adhere to or risk their parental rights being terminated.

The child welfare system is well suited for evaluation through the lens of the administrative burden framework to elucidate the administrative burdens incurred by parents and further understand them in terms of costs. Only one study used the framework to evaluate the parent experience and involved interviews of low-income mothers at various stages of the dependency process in Rhode Island, a state with a public-run child welfare system. Results showed that parents experience substantial compliance, learning, and psychological costs and raised concerns about racial inequities resulting from involuntary system involvement (Edwards et al., 2023).

### **Parent Experiences in the Child Welfare System**

Parents’ experiences with dependency are shown to be complicated to navigate and traumatic to endure. At the point of child removal, parents have escalated interactions with child protective investigators leading to parental resistance and even greater state surveillance (Cancian et al., 2013). Research further states that mothers experience strong emotional reactions following child removal including feelings of ambiguous loss and having increased rates of anxiety, depression, and substance abuse (Nixon et al., 2013; Sankaran et al., 2018). Mothers have described the trauma of removal as “unbearable” and report increased rates of post-traumatic stress disorder (PTSD) (Kenny et al., 2015, p. 1161). Even after child removal, parents continue to have a charged emotional experience in dependency. Parents deal with social stigma and judgment (Fong, 2022) as well as fears of punitive state surveillance of their parenting (Fong, 2020). Dependency involvement also impacts parents’ personal networks of support and creates distrust among community members (Roberts, 2008). Such stigma isolates parents from their friends and family, forcing them to navigate this difficult process largely on their own.

As parents seek to comply with case plan tasks, such as completing parenting classes and maintaining stable income, they run into additional barriers. Parents complain

of inadequate services received (such as substance abuse treatment), long lag times in the process, and logistical difficulties managing employment while completing services at the same time (Ogong, 2012). A study of mothers with dependency involvement reported that mothers view their case plans and subsequent state surveillance as an “unrelenting” burden as they try to adhere to punitive compliance requirements (Sykes, 2011, p. 453). Adhering to case plan tasks puts great demand on parents’ schedules as they try to maintain employment, housing, child visits, clean drug screens, and classes. Parents are further burdened by the common practice of concurrent or dual case planning, whereby parents are required to work toward reunification while simultaneously facing the possibility of losing their parental rights.

Even after parents complete their case plans and reunify with their children, their state involvement has lasting impacts. Dependency court records will always be tied to their name and can add to a narrative about parents’ current and future aptitude to parent (Fong, 2020). Emotional impacts to parents also persist long after cases are closed. Concern has been raised of the long-term impacts of this trauma on mothers, which can exacerbate existing disadvantages and contribute to intergenerational trauma (Kenny, 2018).

### **Administrative Burdens in a Privatized Context**

Administrative burdens are not always at the hands of government entities; in states with decentralized services or privatization, administrative burdens can come from nonprofits contracted by the government. In child welfare, only two states (Florida and Kansas) have system-wide privatization except for the initial investigation (Elgin & Carter, 2020). Texas is currently in transition to wholly privatized services by 2029 (Dey, 2023). In these states, local nonprofits are contracted to provide certain services to the entire state or to a specific geographic area (Woodward, 2021). Descriptive studies indicate that these performance-based contracts with incentive payments “show some promise” (Bald et al., 2022, p. 226), however literature remains limited on whether the de-centralized structure leads to better outcomes compared to publicly run systems (LaBrenz et al., 2020).

In Florida, the Department of Children and Families has contracted all services (except for investigation and referral) to 17 lead agencies or local nonprofits in its community-based care model. Florida allocates funding to these agencies by giving each one “a predetermined percentage of the overall child welfare budget” (Elgin & Carter, 2020, p. 1610). Lead agencies also utilize sub-contractors for services. In this model, local nonprofits are given discretion to facilitate the dependency process to best serve their communities. Given the leeway they are afforded, nonprofits have the same power as governments to create administrative burdens and are equally responsible for helping citizens shoulder burdens (Herd & Moynihan, 2018).

In summary, administrative burdens are a persistent component of any government or nonprofit interaction with its citizens. The severity of these burdens is, at least in part, determined by society’s view of a particular population and whether they are seen as deserving or undeserving of public assistance. Parents with children in the child welfare system are negatively constructed by society. Identifying administrative burdens experienced by parents within a privatized child welfare system is a unique context to evaluate as there is limited research and pressing need to understand barriers parents face.

## Methods

A three-round Delphi study was conducted to understand administrative burdens experienced by parents seeking reunification in Florida’s privatized child welfare system. Delphi studies are used to determine consensus among subject matter experts through multi-round data collection (Nasa et al., 2021). Participants are iteratively asked about a single phenomenon to distill collective opinion (Brady, 2015). This design is appropriate for the current study as it captures the nuanced experiences of parents while synthesizing those experiences across the entire sample. The iterative design also gives the subject matter expert voice more authority because it allows parents to refine and validate their responses each round.

For the present study, a three-round Delphi study included sequential interviews and two surveys. The subject matter experts in the study were parents who completed reunification in the Florida child welfare system. Round one of data collection (interviews) was used to identify administrative burdens experienced by parents in their pursuit of reunification. A list of burdens experienced was generated from the interview data and served as the items in two follow-up surveys. Surveys were used to determine consensus among participants (i.e. which burdens were most commonly experienced) as well as determine burdens’ level of difficulty for parents. This study was approved by the University of Florida’s Institutional Review Board.

### Recruitment and Sample

Due to the sensitive nature of state involvement, parents are a difficult population to access and recruit (Malet et al., 2010). Given this, the present study used purposive and snowball sampling to recruit a sample size of 30 participants. Recruitment support came from nonprofits contracted by the state for child welfare services as well as other nonprofits who interact with parents. Nonprofits were emailed a recruitment flier and asked to pass along the information to those who may be eligible. Study participants were also a source of recruitment support as they often referred other parents they personally knew to the study. Prospective participants completed a Qualtrics screening survey to determine eligibility and were contacted if eligible. Inclusion criteria required that participants must: (1) be at least 18 years old (2) be a parent (biological mother or father) who regained custody through a reunification case within the last 10 years, and (3) have had a dependency case adjudicated within the state of Florida. It is understood that by limiting the sample to only those who have reunified that those who attempted and failed to complete reunification were excluded. If this study were to include those participants, the data yielded would extend past the scope of the research question as parents would likely discuss termination of parental rights, adoption, permanent guardianship, and burdens associated with a change in case plan goal. The given study is therefore limited to only those participants who have regained custody in order to identify similar burdens experienced by parents who reached the same case plan goal.

Thirty parents were ultimately recruited for this study with a 100% response rate for all three rounds of data collection. The sample was primarily women, see Table 2. Almost 70% of the sample was between the ages of 30 and 39. The racial makeup was primarily White, but also included those who identified as African American, Hispanic, and Mixed. Nearly 70% received government assistance.

**Table 2***Sample Demographic Information*

	% (N=30)
<b>Gender</b>	
Female	90%
Male	10%
<b>Age</b>	
20-29	20%
30-39	67%
40-49	10%
50-59	3%
<b>Race</b>	
White	63%
African American	23%
Hispanic	10%
Mixed	3%
<b>Government Assistance</b>	
Received	67%
Not Received	33%

Parents were also asked specific questions about their dependency case, see Table 3. Half of the cases were adjudicated in Southwest Florida, and the remainder resided throughout Florida. Cases were an average of 19 months in length and involved an average of two children. Reasons for child removal varied and several cases had more than one reason for removal. The most common reasons for removal were parent substance abuse and neglect related to domestic violence. Many cases had more than one reason for removal. At the conclusion of data collection, participants were provided a \$150 digital Walmart gift card sent via email for their participation.

**Table 3***Case Factors*

	% (N=30)
<b>Florida Region Case Adjudicated in</b>	
Southwest	50%
Southeast	30%
Central	10%
Northwest	7%
Northeast	3%

**Table 3 (cont.)**

	% (N=30)
Number of Children in Case	
1 Child	37%
2 Children	30%
3 Children	27%
4 Children	7%
Reason for Child Removal	
Substance abuse	67%
Neglect (domestic violence)	37%
Physical abuse	23%
Housing instability	23%
Incarceration	7%
Neglect (unspecified)	7%
Abandonment	3%
Case Closed	
Within last 5 years	83%
6–10 years ago	17%

Duration of Case: 4–48 months

### Data Collection and Analysis

#### *Round 1: Interviews*

For round one of the study, 30 semi-structured phone interviews were conducted with parents to identify administrative burdens experienced when seeking reunification. The interview instrument was modeled after existing instruments that focus on barriers to social services uptake (De Schacht et al., 2019; Macleod et al., 2017; Placzek et al., 2021). Questions were also created to mirror the administrative burden framework’s conceptualization of costs and social construction theory’s dimensions of power and connotative perception of populations. Prior to data collection, the interview and survey instruments were reviewed by two parents (who aligned with the sampling frame but did not participate in the study itself) to ensure the language used was clear, sensitive, and appropriate for the population.

Phone interviews were no longer than 45 minutes and were conducted in accordance with the predetermined interview instrument. Interviews were recorded using a digital voice recorder and transcribed using the transcription service, TEMI. Data were de-identified and paired with participant identification numbers to protect participant identity. A 2-person team reviewed and made modifications to the transcriptions for accuracy. Digital recordings of interviews were destroyed after all three rounds of data collection was completed.

For analysis of interview data, Nvivo software was used. A preliminary review of the data was first completed using thematic analysis to identify all administrative burdens (as defined by Herd & Moynihan, 2018) mentioned by parents. Thematic analysis

was appropriate as it allowed for the burdens experienced to emerge from the data (Saldaña, 2015). The list of experienced burdens was reviewed for duplications and resulted in a final list of 41 distinct administrative burdens, see the Appendix. Those 41 burdens served as the items for both surveys.

For the in-depth analysis of the interview data, a 2-person team coded the interviews through directed content analysis (Hsieh & Shannon, 2005). A theoretically guided codebook was created and tested on three interviews; adjustments were made to the codebook before being applied to the remainder of the data (Saldaña, 2015). Ten interviews were team-coded and debriefed to corroborate the codebook (Onwuegbuzie & Leech, 2007). The remaining interviews were divided, individually coded, and debriefed by the team.

### ***Round 2: Survey 1***

The 41 burdens generated from the interviews served as the items for survey one. Participants were asked to rate each burden on a 5-point Likert scale, indicating the burden's level of difficulty. Participants could select N/A if they had not experienced the burden. The inclusion of the N/A option was vital to adhering to the Delphi study design of iteratively asking participants about the same items. In essence, participants were asked (1) did you experience the burden, and (2) if so, select difficulty level and if not, select N/A. Participants received the first survey via email to complete on Qualtrics. Response rate was 100%.

For data analysis, responses were exported to an Excel spreadsheet. Items were first reviewed to determine what percent of the participants experienced each burden, i.e. the number of N/A responses was reviewed for each item. Consistent with Delphi methodological research, a threshold for consensus was set at 75% (Diamond et al., 2014). Items where less than 75% of participants experienced the burden were determined not to meet the threshold of consensus. In the first survey, two items did not reach the threshold for consensus: (1) "My case manager lost my paperwork" and (2) "I had difficulty finding services that were court-approved."

Items were then reviewed for their level of difficulty according to the Likert scale. To determine the percentage of participants who selected a particular difficulty level, the number of responses for that difficulty level was divided by the number of participants who experienced the burden.

### ***Round 3: Survey 2***

After all participants had completed the first survey, a final Qualtrics survey was sent to participants via email. The second survey mirrored the first survey. Participants were again asked to rate each of the burdens on a 5-point Likert scale. Participants could again select N/A if they had not experienced the burden. Response rate was 100%.

For data analysis, responses were again exported to an Excel spreadsheet and reviewed in the same manner as the previous survey. Items were first reviewed for a threshold of consensus. In the second survey, two items did not reach the threshold for consensus: (1) "My attorney did not advocate enough for me" and (2) "I had difficulty finding services that were court-approved." Only one of these items did not meet the threshold of consensus in both the previous survey and in this survey. One new item did not reach consensus. All three of these items were designated as not reaching con-

sensus because they were not experienced by 75% of the participants in one or more of the surveys.

The percentage of participants indicating they experienced a given burden varied between surveys by an average of five percent. It was expected that parents would have difficulty recalling their experiences both due to the time that had lapsed since their case as well as the emotionally charged nature of the subject. For this reason, responses from both surveys were averaged together for analysis, see the Appendix for survey results.

## Findings

This three-round Delphi study revealed a consensus among participants that parents seeking reunification experience (in order from greatest to least) psychological, compliance, and learning costs. The nature and intensity of these costs are delineated in the forthcoming section, providing a nuanced understanding of the parent perspective.

### Psychological Costs

The most widely experienced costs and most difficult to navigate for parents were psychological costs. Every psychological cost identified from the interview data met the threshold for consensus and was indicated as a high level of difficulty in survey responses, see Table 4. The psychological costs chronicled by parents demonstrate the emotional load they carried throughout the dependency process.

**Table 4**

*Psychological Costs With a High Level of Difficulty*

Psychological Costs	% of Participants Indicating High Level of Difficulty
I felt loss and grief	90%
I felt sadness	90%
I felt stress and anxiety	89%
I felt fear	86%
I felt anger and frustration	83%
I felt guilt and shame	79%
I felt that others looked down on me and thought less of me	77%
I felt I had no voice	76%
I felt that I was judged based on what was written in case records about me rather than who I believe I am as a person	73%
I felt an invasion of privacy	72%
I felt embarrassment and humiliation	69%
I felt alone and without support	64%
I felt emotionally unstable and out of control	61%

\*Listed items (1) met the threshold of 75% consensus and (2) 50% or more of participants indicated the items were very difficult or extremely difficult to experience

Parents experienced profound emotional distress during and after their dependency case, including sadness, fear, anger, and shame. Further, parents were exposed to frequent stigmatizing interactions, leaving them feeling belittled. It is also worth noting that psychological costs were sometimes preceded by or experienced concurrently with learning and/or compliance costs.

### ***Debilitating Sadness***

Parents reported feeling persistent despair and hopelessness due to their involvement with dependency. Multiple participants disclosed frequent thoughts of suicidal ideation: “This process can make even the strongest women I know, myself included, suicidal.” One mother reflected on the early days of her case, “When they took her, I didn’t wash her clothes for the first six months. I slept with her clothes every night to be close to her. It was depressing. It was really depressing.” Parents’ sadness was compounded by the grief of being separated from their child. Eighty-seven percent of participants made references to the emotional toll that took on them: “The depression set in when I wasn’t waking up hearing ‘mommy.’” Of all the administrative burdens identified by parents, experiencing loss and grief was indicated to be the most commonly experienced and most difficult to deal with of any of them.

Many parents also reported that their distress was severe enough that it required clinical interventions such as therapy or prescription medication. For at least two parents, their strong emotions led them to be, what is colloquially referred to in Florida as, “Baker Acted,” at the time of child removal. The Baker Act is a Florida law that regulates involuntary emergency mental health examinations.

### ***Fear and Disempowerment***

The fear parents experienced was primarily rooted in a lack of power over what happens in their case, a sense that everything was out of their hands, and they (and their children) were at the mercy of the system. Parents expressed fear around their children’s placement and whether they would be in a safe and stable environment; this was especially prevalent among parents of special or high needs children. Parents also had fears about attending court, having to step into an environment with esoteric language and formal, unspoken etiquette. As one mother recounted,

I felt so intimidated going to court. Every time I would get in there, literally, my chest was just shaking. I didn’t show much of how scared I was, but trust me, inside I was shaking.

Parents also expressed that due to a baseline distrust with their case managers and the court, they feared that their progress on case plan tasks would be misunderstood or incorrectly reported, leading to further delays to reunification.

### ***Blinding Anger***

References to anger were most commonly mentioned when parents referred to the earlier days of their case, including child removal and specifically regarding arraignment proceedings when parents had to respond in court to the allegations. Parents recalled strong resentment of and objection to the state’s position. As one mother said, “In the beginning of the case, I really didn’t wanna cooperate because I was just so angry with the fact that these people had me going through this.” Parents indicated that with time, their anger for the process had dissipated. However, in the interviews, par-

ents often and easily re-entered that state of anger while recounting their experiences. Recognizing the rise of her own emotion, one mother remarked, “All I remember is the anger. I’m actually getting angry right now just thinking about it.”

### ***Embodied Shame, Guilt, and Stigma***

Parents indicated an overarching or persistent feeling of shame and guilt throughout their case. The wording of “shame” and “guilt” was almost always mentioned in tandem, as parents relayed their feelings of regret over their behavior. One participant said, “You just hold that guilt of knowing you could have been a better mom.” Others mentioned blaming themselves and expressed feelings of embarrassment and humiliation for the position they had put their children in.

While some of the comments around shame and guilt were self-generated and the result of personal reflection, a significant portion of them were the result of stigmatizing interactions parents had with others. Parents mentioned comments from case managers, judges, attorneys, family, and friends, that constructed them as a guilty party deserving of collective and personal shame. One mother recalled a judge saying to her, “You’re never gonna see your child again. You’re not capable of being a mother.” Parents described being referred to as “criminals,” “monsters,” “addicts,” and “bad people.” Receiving such stigmatizing comments made parents feel deeply misunderstood and defensive. One mother said,

They were always looking down on me. I may as well have sold my kid off to sex traffickers the way they treated me. And I’m just like, “I know it’s bad, but it’s not as bad as y’all are making me feel.”

Parents also expressed their frustration with being referred to in reductionist terms and how difficult it was to change people’s minds. One participant commented,

The hardest part was getting people to view me as a different parent than what was originally written. It didn’t matter how much I did. It didn’t matter how far I went. They wanted to see me the way I was portrayed in the original paperwork: a substance abuser, an abusive partner, and obviously not a good mom. That was something I had to fight throughout the entire four years.

In most cases, the external stigma was met with strong pushback from parents, but in some cases, parents began to consider whether the stigmatizing statements held any truth. One mother recalled wondering if she should have voluntarily terminated her parental rights if she “really was such a bad mom.”

### ***Lasting Impacts***

Parents reported psychological costs persisted after they regained custody, and their dependency case was closed. They expressed that the experience “stayed with them” and they would “never be the same again.”

Parents often felt some level of paranoia that they would be subject to future involvement with the state with one mother saying, “we still have to look over our shoulders today.” Several parents expressed distrust of police, doctors, and teachers. One mother whose child was initially removed from care at the hospital shared her discomfort with medical settings,

I will never go to the hospital the same way. I will always have my guard up. And I will always be anxious because I'm just thinking like, "They're probably going to think of something and take my kids away." So that's one thing that I think will scar me forever.

Parents also commented on how their experience with dependency impacted their emotional connection with their child. In some cases, especially those where the child was removed as an infant, parents struggled to re-establish their parent-child bond due to the separation. One mother said,

I feel like I missed out on a lot. My baby is about to be four years old, and I feel like I'm still fighting for a spot in her life. I mean, I'm her mom and I know she loves me. I know that she's attached to me, but still she's more attached to her godmom because that's who she woke up with every day for the first year and a half of her life.

Parents with adolescent children similarly struggled with their parent-child relationship but experienced the added layer of the teen having vivid memories of the experience themselves. One mother shared,

This has honestly traumatized my kids to this day. They speak about it often. It made them think that we don't care about them, and they say that outright... We're the ones that have to fix that now, you know?

A small portion of the participants whose children experienced abuse at the hands of their foster parents commented on their compounded and continued feelings of shame and guilt for unintentionally subjecting their children to additional abuse while in state care.

**Compliance Costs**

In pursuit of reunification, parents experienced heavy compliance costs such as being subjected to unreasonable abuse investigations, adhering to conflicting and excessive case plan tasks, and having difficulty interacting with child welfare professionals. See Table 5 for compliance costs participants identified as the most difficult to experience.

**Table 5**

*Compliance Costs with High Level of Difficulty*

<b>Compliance Costs</b>	<b>% of Participants Indicating High Level of Difficulty</b>
The initial investigation resulting in child removal was conducted improperly	77%
I had to wait a long time between court hearings	69%
I experienced poor or inadequate communication from my case manager	63%
I had multiple case managers	61%
My case manager had outdated or inconsistent case information	54%
I had to wait a long time for my case manager to send referrals	53%
I had to complete too many drug screens	52%
My case plan was not individualized to my needs	52%
I experienced poor or inadequate communication from my attorney	50%

\*Listed items (1) met the threshold of 75% consensus and (2) 50% or more of participants indicated the items were very difficult or extremely difficult to experience

### ***Initial Investigation and Removal***

Ninety-two percent of participants believed the initial investigation resulting in child removal was conducted improperly. Most participants indicated this stage of the dependency process was very difficult or extremely difficult to navigate. Parents reported feeling “misunderstood” and retrospectively wondering why their child was removed at all. As one mother said,

My baby had to be three weeks. She wasn’t even a whole month yet. [My partner] got really irate and it turned into him putting hands on me. A family member called the police on him and when the police arrived, they said I failed to protect my child. How are you gonna say I’m the one who failed to protect her? It was really heartbreaking.

When describing the circumstances of child removal, parents overwhelmingly used inflammatory language such as their child being “illegally taken” and the dependency process being like “paying ransom to a kidnapper.” Parents admit that the charged nature of the initial investigation and removal substantially impacted their willingness to comply with the case as a whole.

### ***Case Plan Tasks***

Parents experienced a variety of administrative burdens related to case plan tasks including scheduling conflicts, limited personal resources, and poorly designed case plans. Parents expressed frustration that their case plan tasks were not always tailored to their needs or the circumstances that led to removal, such as having to take domestic violence classes when the child was removed for housing instability. Even when parents were willing to complete their assigned tasks, the tasks were not always feasible. Parents had to abruptly take off work to complete random drug screens, asking for leniency from jobs they were often very recently employed at. They traveled long distances for child visitation, often at the mercy of public transit or they resolved to walk. One mother commented, “They literally make us jump through hoops like we’re circus elephants.” Some parents who had financial support opted not to seek employment at all because they saw their case plan tasks as a full-time job.

Parents also questioned the value of case plan tasks, reporting that tasks felt like a list to check rather than an avenue to substantive behavior change. Parents often lamented being reduced to what was reported on paper rather than how far they felt they had come, resulting in a resignation to the process. “You just have to smile and wave” as one father aptly put it. A mother shared a similar acceptance of the process,

At one point, I just was like, you know what? I’m tired of fighting with these people. I’m just gonna do whatever it is they ask me to do. I don’t care if they tell me to dive into a hundred-foot lake, whatever it is, I’ll do it. I can’t even swim, but I’ll do it. Anything to get my daughter back.

### ***Interactions with Child Welfare Professionals***

Parents identified case managers and attorneys as the child welfare professionals they had the greatest difficulty with. Ninety-five percent of participants experienced poor or inadequate communication with their case manager. Case managers were reportedly difficult to get in contact with, constantly changing due to staff turnovers, and often working from outdated information. Parents spoke of the consequences of poor communication on themselves—“case managers do not realize how traumatic it

is for parents not to have consistent communication with them”—as well as on case progress as a whole—“if they would communicate effectively with us, the reunification process would go by so much quicker and smoother.” One father even remarked that he initially thought the poor communication was a purposeful and punitive function of the system that he was expected to overcome to prove rehabilitation rather than a deficiency in staff performance. Case manager turnover also contributed to poor communication; at times parents were unsure who their case manager even was because it changed so often. When participants were asked what would have improved the dependency process for them, better communication from case managers was the most common response.

Another critique of case managers was a seemingly double standard with communication expectations. Parents felt they had to accept case managers’ slow response times, but that if they acted in a similar manner, it would have been counted against them. As one mother said,

When I called her, she was like “I’m in court all day. I’m in a meeting all day.” She did not have a pep in their step. But when she got around to my name and it was time to see what I had completed, oh I better have X, Y, and Z done.

Eighty-seven percent of participants had poor communication with their attorneys as well. Parents experienced so little communication with their attorneys they often could not remember any meaningful interactions they had with them. Some recall speaking with their attorney briefly before court to prepare for hearings, but most did not interact with their attorney at all outside the courtroom.

Difficulty with child welfare professionals served as a primary compliance cost for parents because of the effort required just to get in contact with their case managers and attorneys and because this poor communication served to further complicate parents’ case plan compliance. When parents could not get their questions answered or the support they needed, it impeded their ability to move the case forward.

### Learning Costs

Parents experienced learning costs including information asymmetry, seeking out information on their own, and leaning on their personal networks to make sense of the dependency process. Only two learning costs met the threshold for consensus as well as being designated a high level of difficulty: parental rights and independent problem solving, see Table 6.

**Table 6**

#### *Learning Costs with High Level of Difficulty*

<b>Psychological Costs</b>	<b>% of Participants Indicating High Level of Difficulty</b>
I was not informed of my parental rights	71%
I felt like I had to figure everything out on my own	54%

\*Listed items (1) met the threshold of 75% consensus and (2) 50% or more of participants indicated the items were very difficult or extremely difficult to experience

### *Parental Rights*

Not being informed of or educated on their parental rights was a major difficulty parents identified. For many parents, it was not until the end of their case that they came to understand the breadth of their rights. Among others, parents reported wishing they had understood their rights to child visitation, participation in child medical and educational decisions, and the option to fight abuse allegations to begin with. As one mother said,

They never really explained my rights to me as a parent. I never knew what I could do, what I couldn’t do, when I was allowed to go over to see my kids or when I had to leave. I was asking all these questions because I wasn’t informed, but no one would get back to me until a month later and by then it didn’t matter.

### *Independent Problem Solving*

Without adequate help from child welfare professionals, parents took it upon themselves to acquire knowledge about the dependency process. They reported asking questions, making calls, relying on the internet—“I Googled everything,” and even studying the law—“I read myself blind reading Florida statutes wondering what was going on.” Parents also looked to their own communities who had experience with dependency to get an insider’s perspective. One parent recalled talking to other moms at a halfway house she was staying at, another parent relied on her religious community saying, “Luckily one of my church friends had just become a case manager and she quickly got to work helping me. I received more help from people outside of my case than from my case manager.”

While few learning costs were identified and reached the threshold of consensus, the ones that did have tremendous impact on a parent’s ability to work toward reunification. When parents lack understanding of the dependency process, how it changes, and their role within it, it impedes their ability to comply and advocate for themselves and their children.

## **Discussion**

This study sought to better understand the experience of parents seeking reunification in a privatized child welfare system where service provision rests with local nonprofits. The three-part Delphi study centered subject-matter experts who had completed reunification. Using the administrative burden framework’s conceptualization of burdens as costs, this study identified myriad burdens incurred by parents and further delineated which burdens were most commonly experienced and most difficult for parents to navigate. While the findings of this study are within a privatized context, they also mirror the difficulties parents experience in centralized child welfare systems, demonstrating that both structures similarly underserve parents and findings can be transferred to other state systems. The findings are reviewed in the context of scholarship and translated into takeaways for nonprofit leaders working in privatized child welfare settings. Educators may use these tips to frame lessons on ameliorating administrative burdens for groups socially constructed as deviants and, thus, more likely to experience oversubscribed burdens.

The current study showed that psychological costs, such as fear and grief were, by far, identified as the most common and difficult cost for parents in dependency. The

emotional toll experienced was persistent from the point of child removal through reunification and continued well after cases closed. This finding is supported by recent literature that documented the range of negative emotion parents experience following removal including “grief, loss, anger, and despair” (Healy et al., 2023, p. 8). Another key finding of the current study was the psychological cost of stigma. This is particularly concerning because public health literature shows that shame and stigma leads to negative outcomes (Dolezal, 2021), such as exacerbating disparities (Brewis & Wutich, 2019) and decreasing motivation for positive behavior change (Vartanian & Porter, 2016). Stigmatizing comments received from child welfare professionals, court-appointed staff, and parents’ own communities unfairly added to parents’ emotional load, often leading parents to an even greater defensive posture to the process. Literature confirms this idea that populations who are viewed negatively by society for their actions, such as parents in dependency or those formerly incarcerated, experience greater social stigma than others (Schneider & Ingram, 1993; Schofield et al., 2011). One study used criminology literature to understand dependency because parents are viewed so similarly to those with criminal justice involvement (Broadhurst & Mason, 2017). Given the profound emotional impact of dependency, nonprofits with direct contact with parents should mitigate these costs by acknowledging the complexity of the parent experience and ensuring trauma-informed practice among their child welfare professionals (Child Welfare Information Gateway, 2020b).

The compliance costs parents incurred were primarily related to the initial abuse investigation, case plan tasks, and poor communication with child welfare professionals. Parents experienced great difficulty with the initial investigation, often expressing that it was improperly conducted or incomplete in its assessment. Their objection to it was so high, it often impacted their willingness to comply in their case as a whole. Interestingly however, in the late ‘90s the Florida Legislature’s research arm researched parents’ opinion of child abuse investigations and, at the time, 85% of the 189 respondents felt their investigator was fair and objective, serving as a stark contrast to the 92% of respondents in the current study who felt their investigation was conducted improperly (Turcotte, 1998). Such disparate results may signal that parent perspectives have changed over time. While the studies have substantive differences that preclude a general comparison, this difference in parental responses presents an opportunity for a deeper dive to understand the change.

Complying with case plan tasks was another primary complaint from parents as they were often conflicting, inapplicable to parent needs, and difficult to physically attend due to transportation limitations and excess demands to their schedule. This finding is strongly supported by a similar study on administrative burdens experienced by parents which chronicled excessive wait times, unreasonable case plan requirements, scheduling conflicts, and parents’ limited personal resources (Edwards et al., 2023). A final compliance cost of note is poor communication with case managers and attorneys which was a nearly universal complaint from parents and identified as a persistent barrier to timely reunification. Efforts to mitigate these compliance costs include reviewing guidelines for investigative practices, designing case plans tailored to parent needs, creating peer-support groups, providing resources to alleviate logistical challenges, and providing workforce training for child welfare professionals to support their relationship with parents.

Parents also experienced learning costs navigating a system they were largely unfamiliar with, relying on their own resourcefulness and personal connections to fill in gaps of knowledge. It is possible that, to some degree, imposed learning costs are a deliberate feature of the system rather than a flaw. Case managers may want to see parents take ownership over their case plans and work autonomously to show their commitment to reunification. Information asymmetry of parental rights, however, is a concern. Even within dependency, parents maintain decision-making power regarding a child’s medical care and education. In Florida, they also have the right to a court-appointed attorney to help them navigate the complexities of the system. Protecting a parent’s right to informed due process should be a primary priority in dependency.

Considering each of the administrative burdens identified above, what is ultimately revealed in this study is that parents view the child welfare system as punitive as opposed to rehabilitative. Literature clearly states that populations society deem to be undeserving or deviant will incur stigma from their community and government, and consequently, will incur punitive administrative burdens compared to populations society deems deserving of help (Herd & Moynihan, 2018; Schneider & Ingram, 1993). Conceptually, parents in dependency fall into this pattern of stigma and burden, and empirically, the current study demonstrates parents’ lived experiences reflect that. This critique is not a new one. Research has been raising alarms about the child welfare system’s oppressive regulatory control (Merkel-Holguin et al., 2022), racial bias and disparities (Cénat et al., 2021; Dettlaff & Boyd, 2022), and the pipeline from poverty to the child welfare state (Berger & Waldfogel, 2011; Fong, 2017). Some go as far as to call for the abolition of the system entirely (Dettlaff, 2023; Polikoff & Spinak, 2021).

Florida’s decentralized approach to child welfare hinges on the belief that nonprofits within a community are best suited to serve the families in that community (Florida Department of Children and Families, n.d.a). The current study, however, shows that parents experience excess burdens even within this community-based care model, a finding that provides an opening for nonprofit intervention. If privatization affords nonprofits wide discretion to administrate the child welfare system, then it also affords them wide discretion to improve it. As the administrative burden framework asserts, less burdensome alternatives exist and are possible where there is political will and administrative capacity for change (Herd & Moynihan, 2018).

### **Practical Implications**

This is only the second study to apply the administrative burden framework to parents in the child welfare system (See Edwards et al., 2023). As such, the study contributes to nonprofit management research. It is the first of its kind to evaluate the parent experience with administrative burdens in the context of a privatized child welfare system. The majority of burdens identified in this study (excluding those related to court proceedings) are at an organizational level rather than a governmental one. Programmatic change should aim to alleviate costs incurred by parents or shoulder the burden with them through three practical takeaways.

First, nonprofit leaders should audit their bureaucracies both logistically and in the context of the “spirit of” the burden. The main priority of the dependency process is to provide an opportunity for parents to rehabilitate with the tools and resources required to engage in that behavior change. Parents’ personal accounts would indicate that this rehabilitation is often thwarted by bureaucratic requirements that hinder rather than

support their efforts. While case plan tasks are set by the court, they are coordinated by nonprofit staff, providing an opportunity for leadership to evaluate whether their procedures for parent accountability function as boxes to check or genuine efforts to facilitate parent growth. Nonprofit staff should be encouraged to exercise wide discretion to provide tailored assistance to parents and mitigate the “abundance” of burdens they bear (Toros, & Falch-Eriksen, 2021, p. 1593).

Second, nonprofit leadership should implement staff evaluations of trauma-informed care training. In Florida, as in other states, case managers are extensively trained through higher education, certificate training, and supervised work experience to understand how parents’ personal histories of trauma contribute to their involvement in dependency. However, parents still report feeling profoundly misunderstood and bearing severe psychological costs, signaling a possible training deficit for child welfare professionals. Given that case managers are already provided trauma-informed care training, the recommendation for addressing parent concerns is to implement evaluations of this training. Such evaluations should be used not only to measure case managers’ knowledge of trauma-informed care, but, more importantly, to identify and measure how case managers report implementing and acting on that knowledge in their work, particularly with parents. It is acknowledged that child welfare professionals already bear significant burdens in their work, however, measuring practical use of their knowledge is paramount to determining the effectiveness of training.

Finally, nonprofit leadership can reduce information asymmetry by implementing standard procedures to strengthen parents’ understanding of their rights. This recommendation is supported by literature that criticizes the child welfare system for often minimizing or ignoring parental rights (Ainsworth & Berger, 2014) and advises practitioners (not just attorneys) to advocate for parents’ rights (Grant et al., 2023). It is expected that some questions of parental rights will be case-dependent and must be left to an attorney to review and advise, however, some parental rights are absolute and should be repeatedly expressed to parents. For example, unless a parent’s rights are legally terminated by the court, they retain the ability to make educational and medical decisions for their child. Nonprofit leadership should work with staff who make frequent contact with parents to create procedures for frequently reviewing parental rights.

## Conclusion

By design, the child welfare system is family-centric and puts resources toward the family and child’s best interest as determined by the state and its partners (Florida Department of Children and Families, n.d.b). For the vast majority of dependency cases, supporting parents is part of what is in the family’s best interest. Parents and children are inherently a package deal and, as such, deficient support for one impacts the other. If parents are not given the tools, resources, and time it takes to create a safe and stable home, the child will likely not have that safe and stable home (at least not one with their parents). The parent experience within the dependency process has been largely overlooked by researchers, practitioners, and policymakers alike. This study sought to address that and highlight the difficulties parents experience when seeking reunification. What was revealed is that parents incur a variety of burdens from excess case plan tasks to emotional distress, and ultimately view the system as punishment for

their actions rather than support for reunification. A system such as this that implements punitive measures hurts more than just the parent, it also hinders the child’s right to timely reunification.

In Florida and other states with a decentralized child welfare system, nonprofits play a pivotal role in the way their systems are oriented towards parents and are empowered to adjust that orientation at will. Nonprofits can and should consider the compliance, learning, and psychological costs that are imposed on parents by their organizational policies. Further, they should evaluate whether these burdens serve to move families closer to reunification or punish parents for the past. In this evaluation, nonprofits will surely find that some imposed burdens are purposeful and have value, but they are likely to find that many others do not meet such criteria.

### Limitations

The most significant limitation of this study is the diversity of the sample. First, the data are limited to the parent experience and does not account for the perspective of child welfare professionals, foster parents, children, parents who were not successful with reunification, or other interested parties. While this is a limitation, it was also a deliberate study design choice as the authors sought to solely isolate the parent voice. Thus, justifications for the administrative burdens imposed by these nonprofits are not provided, as reasonable as they may appear. The sample is also limited due to homogeneous demographic factors and the overrepresentation of participants from Southwest Florida.

The second limitation is that parents’ recollection of their experiences was inconsistent. The Delphi study design requires that participants are asked the same or similar questions in iterative rounds of data collection to determine consensus. In the case of this study, parents were asked three times about the administrative burdens they experienced and their responses each time did vary. Most notably, participants were given the exact same set of items in both surveys and asked to indicate whether they experienced the burden in their own dependency case. Item responses differed from the first survey to the second by an average of five percent. A single item ranged as much as 14% between surveys.

A third limitation worth noting is that while all parents who participated in this study must have had at least one case that closed in reunification, some parents had multiple dependency cases. Such cases may have closed in permanent guardianship or termination of parental rights or are currently ongoing. Parents were explicitly instructed to limit their answers in this study to only those related to cases closing in reunification, however, it is possible that parents spoke of other experiences within dependency. Where it was clear they were talking about an open or otherwise resolved case, the data were excluded.

### References

- Ainsworth, F., & Berger, J. (2014). Family inclusive child protection practice: The history of the family inclusion network and beyond. *Children Australia*, 39(2), 60–64. <https://doi.org/10.1017/cha.2014.1>

- Bald, A., Doyle Jr, J. J., Gross, M., & Jacob, B. A. (2022). Economics of foster care. *Journal of Economic Perspectives*, 36(2), 223–246.
- Barnes, C. (2023). “I can’t get ahold of them”: Perceptions of administrative burden and administrative exclusion across SNAP, WIC, and Medicaid during the COVID-19 pandemic. *The ANNALS of the American Academy of Political and Social Science*, 706(1), 118–136. <https://doi.org/10.1177/00027162231201759>
- Berger, L. M., & Waldfogel, J. (2011). *Economic determinants and consequences of child maltreatment*. Organisation for Economic Cooperation and Development (OECD). <https://doi.org/10.1787/5kgf09zj7h9t-en>
- Book, L., Fogg, T. K., & Olson, N. E. (2021). Reducing administrative burdens to protect taxpayer rights a life’s work. *Oklahoma Law Review*, 74(4), 527–586.
- Brady, S. R. (2015). Utilizing and adapting the Delphi method for use in qualitative research. *International Journal of Qualitative Methods*, 14(5), 1609406915621381. <https://doi.org/10.1177/1609406915621381>
- Brewis, A., & Wutich, A. (2019). Why we should never do it: Stigma as a behaviour change tool in global health. *BMJ Global Health*, 4(5), e001911–e001911. <https://doi.org/10.1136/bmjgh-2019-001911>
- Broadhurst, K., & Mason, C. (2017). Birth parents and the collateral consequences of court-ordered child removal: Towards a comprehensive framework. *International Journal of Law, Policy and the Family*, 31(1), 41–59. <https://doi.org/10.1093/lawfam/ebw013>
- Cancian, M., Yang, M.-Y., & Slack, K. S. (2013). The effect of additional child support income on the risk of child maltreatment. *Social Service Review*, 87(3), 417–437. <https://doi.org/10.1086/671929>
- Castellano, V. (2021). Walking a fine line: The struggle for parent advocacy in the NYC child welfare system. *City & Society*, 33(3), 518–541. <https://doi.org/10.1111/ciso.12416>
- Cénat, J. M., McIntee, S.-E., Mukunzi, J. N., & Noorishad, P.-G. (2021). Overrepresentation of Black children in the child welfare system: A systematic review to understand and better act. *Children and Youth Services Review*, 120, 105714. <https://doi.org/10.1016/j.childyouth.2020.105714>
- Center on Budget and Policy Priorities. (2022). *States can reduce Medicaid’s administrative burdens to advance health and racial equity*. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/health/states-can-reduce-medicoids-administrative-burdens-to-advance-health-and-racial>
- Child Welfare Information Gateway. (2016). *Reunification: Bringing your children home from foster care*. U.S. Department of Health and Human Services, Children’s Bureau. <https://www.childwelfare.gov/resources/reunification-bringing-your-children-home-foster-care/>
- Child Welfare Information Gateway. (2020b). *The importance of a trauma-informed child welfare system*. U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. <https://www.childwelfare.gov/resources/importance-trauma-informed-child-welfare-system/>

- Children’s Bureau. (2022). *The AFCARS report #29*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. <https://www.acf.hhs.gov/cb/report/afcars-report-29>
- Christensen, J., Aarøe, L., Baekgaard, M., Herd, P., & Moynihan, D. P. (2020). Human capital and administrative burden: The role of cognitive resources in citizen-state interactions. *Public Administration Review*, 80(1), 127–136. <https://doi.org/10.1111/puar.13134>
- De Schacht, C., Mutaquiha, C., Faria, F., Castro, G., Manaca, N., Manhica, I., & Cowan, J. (2019). Barriers to access and adherence to tuberculosis services, as perceived by patients: A qualitative study in Mozambique. *PLoS ONE*, 14(7), e0219470–e0219470. <https://doi.org/10.1371/journal.pone.0219470>
- Detlaff, A. J. (2023). *Confronting the racist legacy of the American child welfare system: The case for abolition*. Oxford University Press.
- Detlaff, A. J., & Boyd, R. (2022). The causes and consequences of racial disproportionality and disparities. In R. D. Krugman & J. E. Korbin (Eds.), *Handbook of child maltreatment* (pp. 221–237). Springer International Publishing. [https://doi.org/10.1007/978-3-030-82479-2\\_10](https://doi.org/10.1007/978-3-030-82479-2_10)
- Dey, S. (2023, May 31). Across Texas, a slow and sputtered rollout of foster care privatization. *The Texas Tribune*. <https://www.texastribune.org/2023/05/31/texas-department-family-protective-services-foster-care/>
- Diamond, I. R., Grant, R. C., Feldman, B. M., Pencharz, P. B., Ling, S. C., Moore, A. M., & Wales, P. W. (2014a). Defining consensus: A systematic review recommends methodologic criteria for reporting of Delphi studies. *Journal of Clinical Epidemiology*, 67(4), 401–409. <https://doi.org/10.1016/j.jclinepi.2013.12.002>
- Dolezal, L. (2021). Shame, stigma, HIV: Considering affective climates and the phenomenology of shame anxiety. *Lambda Nordica*, 26(2–3), 47–75. <https://doi.org/10.34041/ln.v27.741>
- Duffy, M., & Shaefer, H. L. (2022). In the aftermath of the storm: Administrative burden in disaster recovery. *Social Service Review*, 96(3), 507–533. <https://doi.org/10.1086/721087>
- Edwards, F., Fong, K., Copeland, V., Raz, M., & Detlaff, A. (2023). Administrative burdens in child welfare systems. *The Russell Sage Foundation Journal of the Social Sciences*, 9(5), 214–231. <https://doi.org/10.7758/RSF.2023.9.5.09>
- Elgin, D. J., & Carter, D. P. (2020). Higher performance with increased risk of undesirable outcomes: The dilemma of U.S. child welfare services privatization. *Public Management Review*, 22(11), 1603–1623. <https://doi.org/10.1080/14719037.2019.1637013>
- Ellett, A. J., Ellis, J. I., Westbrook, T. M., & Dews, D. (2007). A qualitative study of 369 child welfare professionals’ perspectives about factors contributing to employee retention and turnover. *Children and Youth Services Review*, 29(2), 264–281. <https://doi.org/10.1016/j.childyouth.2006.07.005>
- Engler, A. D., Sarpong, K. O., Van Horne, B. S., Greeley, C. S., & Keefe, R. J. (2020). A Systematic Review of Mental Health Disorders of Children in Foster Care. *Trauma, Violence, & Abuse*, 23(1), 255–264. <https://doi.org/10.1177/1524838020941197>

- Florida Department of Children and Families. (n.d.a). *About community-based care*. <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about>
- Florida Department of Children and Families. (n.d.b). *Florida's child welfare practice model*. <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model>
- Fong, K. (2017). Child welfare involvement and contexts of poverty: The role of parental adversities, social networks, and social services. *Children and Youth Services Review*, 72, 5–13. <https://doi.org/10.1016/j.childyouth.2016.10.011>
- Fong, K. (2020). Getting eyes in the home: Child protective services Investigations and state surveillance of family life. *American Sociological Review*, 85(4), 610–638. <https://doi.org/10.1177/0003122420938460>
- Fong, K. (2022). I know how it feels: Empathy and reluctance to mobilize legal authorities. *Social Problems*, 71(1), 291–307. <https://doi.org/10.1093/socpro/spab079>
- Fox, A., Feng, W., & Reynolds, M. (2023). The effect of administrative burden on state safety-net participation: Evidence from food assistance, cash assistance, and Medicaid. *Public Administration Review*, 83(2), 367–384. <https://doi.org/10.1111/puar.13497>
- Fox, A. M., Stazyk, E. C., & Feng, W. (2020). Administrative easing: Rule reduction and Medicaid enrollment. *Public Administration Review*, 80(1), 104–117. <https://doi.org/10.1111/puar.13131>
- Grant, C., Radley, J., Philip, G., Lacey, R., Blackburn, R., Powell, C., & Woodman, J. (2023). Parental health in the context of public family care proceedings: A scoping review of evidence and interventions. *Child Abuse & Neglect*, 140, 1–14. <https://doi.org/10.1016/j.chiabu.2023.106160>
- Healy, K., Venables, J., & Walsh, T. (2023). Supporting birth parents' relationships with children following removal: A scoping review. *Children and Youth Services Review*, 149, 106961. <https://doi.org/10.1016/j.childyouth.2023.106961>
- Heinrich, C. J. (2018). Presidential address: "A thousand petty fortresses": Administrative burden in U.S. immigration policies and its consequences. *Journal of Policy Analysis and Management*, 37(2), 211–239. <https://doi.org/10.1002/pam.22046>
- Herd, P. (2015). How administrative burdens are preventing access to critical income supports for older adults: The case of the supplemental nutrition assistance program. *The Public Policy and Aging Report*, 25(2), 52–55. <https://doi.org/10.1093/ppar/prv007>
- Herd, P., Hoynes, H., Michener, J., & Moynihan, D. (2023). Introduction: Administrative burden as a mechanism of inequality in policy implementation. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 9(5), 1–30. <https://doi.org/10.7758/RSF.2023.9.5.01>
- Herd, P., & Moynihan, D. (2020). Administrative burdens in health policy. *Journal of Health and Human Services Administration*, 43(1), 3–16. <https://doi.org/10.37808/jhhsa.43.1.2>

- Herd, P., & Moynihan, D. (2021). Health care administrative burdens: Centering patient experiences. *Health Services Research, 56*(5), 751–754. <https://doi.org/10.1111/1475-6773.13858>
- Herd, P., & Moynihan, D. (2018). *Administrative burden: Policymaking by other means*. Russell Sage Foundation. <https://doi.org/10.7758/9781610448789>
- Holcomb, S., Roman, J. L., Rodriguez, S., & Hetling, A. (2022). Securing the safety net: Lessons from nonprofit organizations on TANF access during COVID-19. *Families in Society, 103*(2), 121–134. <https://doi.org/10.1177/10443894211029596>
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Hwang, K., & Han, Y. (2017). Public caseworkers’ strategies coping with accountability demands. *Journal of Public Affairs, 17*(4), e1669-n/a. <https://doi.org/10.1002/pa.1669>
- Ingram, H., & Schneider, A. L. (2015). Making distinctions: The social construction of target populations. In F. Fischer, D. Torgerson, A. Durnová, M. Orsin (Eds.), *Handbook of critical policy studies* (pp. 259–273). Edward Elgar Publishing. <https://www.elgaronline.com/display/edcoll/9781783472345/9781783472345.00022.xml>
- Karatekin, C. (2014). A survey of organizations serving child welfare-involved families and children in Hennepin County, MN. *Child and Adolescent Social Work Journal, 31*(3), 197–235. <https://doi.org/10.1007/s10560-013-0317-1>
- Kenny, K. S. (2018). Mental health harm to mothers when a child is taken by child protective services: Health equity considerations. *The Canadian Journal of Psychiatry, 63*(5), 304–307. <https://doi.org/10.1177/0706743717748885>
- Kenny, K. S., Barrington, C., & Green, S. L. (2015). “I felt for a long time like everything beautiful in me had been taken out”: Women’s suffering, remembering, and survival following the loss of child custody. *The International Journal on Drug Policy, 26*(11), 1158–1166. <https://doi.org/10.1016/j.drugpo.2015.05.024>
- Kim, H., & Kao, D. (2014). A meta-analysis of turnover intention predictors among U.S. child welfare workers. *Children and Youth Services Review, 47*, 214–223. <https://doi.org/10.1016/j.childyouth.2014.09.015>
- Kronebusch K., & Elbel, B. (2004). Enrolling children in public insurance: SCHIP, Medicaid, and state implementation. *Journal of Health Politics, Policy & Law, 29*(3), 451–489. <https://doi.org/10.1215/03616878-29-3-451>
- Kyle, M. A., & Frakt, A. B. (2021). Patient administrative burden in the US health care system. *Health Services Research, 56*(5), 755–765. <https://doi.org/10.1111/1475-6773.13861>
- LaBrenz, C. A., Fong, R., & Cubbin, C. (2020). The road to reunification: Family- and state system-factors associated with successful reunification for children ages zero-to-five. *Child Abuse & Neglect, 99*, 104252–104252. <https://doi.org/10.1016/j.chiabu.2019.104252>
- Linos, E., Quan, L. T., & Kirkman, E. (2020). Nudging early reduces administrative burden: Three field experiments to improve code enforcement. *Journal of Policy Analysis and Management, 39*(1), 243–265. <https://doi.org/10.1002/pam.22178>

- Macleod, A., Tatangelo, G., McCabe, M., & You, E. (2017). "There isn't an easy way of finding the help that's available." Barriers and facilitators of service use among dementia family caregivers: A qualitative study. *International Psychogeriatrics*, 29(5), 765–776. <https://doi.org/10.1017/S1041610216002532>
- Maguire, D., May, K., McCormack, D., & Fosker, T. (2024). A Systematic Review of the Impact of Placement Instability on Emotional and Behavioural Outcomes Among Children in Foster Care. *Journal of Child & Adolescent Trauma*, 17(2), 641–655. <https://doi.org/10.1007/s40653-023-00606-1>
- Malet, M. F., Mcsherry, D., Larkin, E., Kelly, G., Robinson, C., & Schubotz, D. (2010). Young children returning home from care: The birth parents' perspective. *Child & Family Social Work*, 15(1), 77–86. <https://doi.org/10.1111/j.1365-2206.2009.00645.x>
- McDonald, A. D., Berardi, L., Tetrault, J. E. C., Haggerty, K. D., & Bucerius, S. M. (2023). More of the same, only worse: COVID-19 and the administrative burdens facing loved ones of incarcerated men. *The British Journal of Criminology*, 63(2), 444–460. <https://doi.org/10.1093/bjc/azac026>
- McWey, L. M., Holtrop, K., Wojciak, A. S., & Claridge, A. M. (2015). Retention in a parenting intervention among parents involved with the child welfare system. *Journal of Child and Family Studies*, 24(4), 1073–1087. <https://doi.org/10.1007/s10826-014-9916-5>
- Merkel-Holguin, L., Drury, I., Gibley-Reed, C., Lara, A., Jihad, M., Grint, K., & Marlowe, K. (2022). Structures of oppression in the U.S. child welfare system: Reflections on administrative barriers to equity. *Societies*, 12(1), Article 1. <https://doi.org/10.3390/soc12010026>
- Nasa, P., Jain, R., & Juneja, D. (2021). Delphi methodology in healthcare research: How to decide its appropriateness. *World Journal of Methodology*, 11(4), 116–129. <https://doi.org/10.5662/wjm.v11.i4.116>
- Nixon, K. L., Radtke, H. L., & Tutty, L. M. (2013). "Every day it takes a piece of you away": Experiences of grief and loss among abused mothers involved with child protective services. *Journal of Public Child Welfare*, 7(2), 172–193. <https://doi.org/10.1080/15548732.2012.715268>
- Ogongi, W. (2012). *Barriers to successful reunification of children with their families after foster care*. Stoneleigh Foundation. <https://stoneleighfoundation.org/wp-content/uploads/2018/02/Ogongi.Moving-the-Dial.pdf>
- Onwuegbuzie, A. J., & Leech, N. L. (2007b). Validity and qualitative research: An oxymoron? *Quality & Quantity*, 41(2), 233–249. <https://doi.org/10.1007/s11135-006-9000-3>
- Placzek, H., Cruz, S., Chapdelaine, M., Carl, M., Levin, S., & Hsu, C. (2021). Intersecting systemic and personal barriers to accessing social services: Qualitative interviews in northern California. *BMC Public Health*, 21(1), 1933. <https://doi.org/10.1186/s12889-021-11981-5>
- Polikoff, N., & Spinak, J. (2021). Strengthened bonds: Abolishing the child welfare system and re-envisioning child well-being. *Columbia Journal of Race and Law*, 11, 427.

- Remler, D. K., & Glied, S. A. (2003). What Other Programs Can Teach Us: Increasing Participation in Health Insurance Programs. *American Journal of Public Health, 93*(1), 67–74. <https://doi.org/10.2105/AJPH.93.1.67>
- Roberts, D. E. (2008). The racial geography of child welfare: Toward a new research paradigm. *Child Welfare, 87*(2), 125–150.
- Rosenberg, R., & Kim, Y. (2017). Aging out of foster care: Homelessness, post-secondary education, and employment. *Journal of Public Child Welfare, 12*(1), 99–115. <https://doi.org/10.1080/15548732.2017.1347551>
- Saldaña, J. (2015). *The coding manual for qualitative researchers*. Sage.
- Sandberg, B., & Russo, A. (2024). Oppression, exploitation, and possibilities for emancipation under neoliberalism: nonprofit organizing and voluntary action from the view of critical theory and postmodernism. In (Eds?), *Handbook of critical perspectives on nonprofit organizing and voluntary action* (pp. 54–69). Edward Elgar Publishing.
- Sankaran, V., Church, C., & Mitchell, M. (2018). A cure worse than the disease: The impact of removal on children and their families. *Marquette Law Review, 102*(4), 1161–1194.
- Schneider, A., & Ingram, H. (1993). Social construction of target populations: Implications for politics and policy. *American Political Science Review, 87*(2), 334–347. <https://doi.org/10.2307/2939044>
- Schofield, G., Moldestad, B., Höjer, I., Ward, E., Skilbred, D., Young, J., & Havik, T. (2011). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice. *The British Journal of Social Work, 41*(1), 74–92. <https://doi.org/10.1093/bjsw/bcq073>
- Shdaimah, C. S., & Alexander, I. T. (2018). Foster parents’ experience of dependency court: Laying the groundwork for engagement. *Children and Youth Services Review, 94*, 265–273. <https://doi.org/10.1016/j.childyouth.2018.10.014>
- Sykes, J. (2011). Negotiating stigma: Understanding mothers’ responses to accusations of child neglect. *Children and Youth Services Review, 33*(3), 448–456. <https://doi.org/10.1016/j.childyouth.2010.06.015>
- Toros, K., & Falch-Eriksen, A. (2021). Strengths-based practice in child welfare: A systematic literature review. *Journal of Child and Family Studies, 30*, 1586–1598.
- Turcotte, J. (1998). *Review of the effect of child protective investigations on families* (97–69). Florida Office of Program Policy Analysis and Government Accountability. <https://oppaga.fl.gov/Documents/Reports/97-69.pdf>
- U.S. Office of Information and Regulatory Affairs. (2022). *Strategies for reducing administrative burden in public benefit and service programs*. Office of Management and Budget, Executive Office of the President. <https://www.whitehouse.gov/omb/information-regulatory-affairs/burden-reduction-initiative/>
- Vartanian, L. R., & Porter, A. M. (2016). Weight stigma and eating behavior: A review of the literature. *Appetite, 102*, 3–14. <https://doi.org/10.1016/j.appet.2016.01.034>

- 
- Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2020). Exploration of factors associated with secondary traumatic stress in foster parents. *Children and Youth Services Review, 118*(5), 1–8. <https://doi.org/10.1016/j.chilyouth.2020.105361>
- Wiley, K., & Berry, F. (2018). Compassionate bureaucracy: Assuming the administrative burden of policy implementation. *Nonprofit and Voluntary Sector Quarterly, 47*(4), 55S–75S. <https://doi.org/10.1177/0899764018760401>
- Woodward, K. C. (2021). Race, gender, and poverty governance: The case of the US child welfare system. *Social Politics: International Studies in Gender, State & Society, 28*(2), 428–450.
- Young, S. L., Wiley, K. K., & Searing, E. A. M. (2020). “Squandered in real time”: How public management theory underestimated the public administration–Politics dichotomy. *American Review of Public Administration, 50*(6–7), 480–488. <https://doi.org/10.1177/0275074020941669>

## Appendix

### Survey results

Administrative Burdens	Exp*	Not at all difficult	Slightly difficult	Moderately difficult	Very Difficult	Extremely Difficult
<b>Compliance costs</b>						% (N=30)
I had too many case plan tasks	97%	30%	3%	40%	7%	20%
I had to wait a long time for my case manager to send referrals	97%	13%	17%	17%	7%	47%
I had to comply with excessive home safety requirements	97%	30%	13%	20%	13%	23%
I had to wait a long time between court hearings	97%	7%	7%	17%	17%	52%
I had to complete case plan tasks that were not helpful to me	97%	18%	7%	29%	7%	39%
I experienced poor or inadequate communication from my case manager	95%	17%	3%	17%	13%	50%
I had to complete too many drug screens	94%	33%	7%	7%	7%	44%
I had case plan tasks that conflicted with one another	92%	25%	14%	18%	25%	18%
I did not have reliable transportation	92%	43%	7%	14%	0%	36%
The initial investigation resulting in child removal was conducted improperly	92%	19%	0%	4%	8%	69%
I had multiple case managers	90%	25%	11%	4%	11%	50%
My case plan was not individualized to my needs	90%	15%	22%	11%	19%	33%
My child's placement was far away from me	89%	27%	12%	31%	4%	27%
I experienced poor or inadequate communication from my attorney	87%	31%	8%	12%	8%	42%
My case manager had outdated or inconsistent case information	84%	23%	12%	12%	12%	42%
I had to pay out-of-pocket for case plan tasks such as drug screens or classes	82%	39%	9%	9%	9%	35%
I did not have a reliable phone and/or computer	80%	54%	13%	17%	4%	13%
Visitation with my child was often canceled or rescheduled by their caregiver	80%	22%	13%	17%	13%	35%
The classes I needed to take were full	77%	39%	17%	17%	13%	13%
<b>Learning costs</b>						
I had difficulty finding and securing housing	95%	38%	10%	14%	17%	21%
I had to rely on family and friends for help on how to complete my case plan tasks	92%	15%	15%	23%	8%	38%
I felt like I had to figure everything out on my own	90%	14%	14%	18%	11%	43%
I was not provided resources to set up services myself	89%	30%	11%	19%	7%	33%
I was not informed of my parental rights	88%	14%	4%	11%	18%	54%
I had to search the internet for help on how to complete my case plan tasks	85%	46%	17%	17%	13%	8%

\*Exp refers to the average percent of participants who indicated they experienced the burden from surveys 1 and 2

## Survey results cont.

Administrative Burdens	Exp*	Not at all difficult	Slightly difficult	Moderately difficult	Very Difficult	Extremely Difficult
<b>Psychological costs</b>						% (N=30)
I felt loss and grief	99%	3%	0%	7%	7%	83%
I felt anger and frustration	99%	3%	7%	7%	3%	80%
I felt that I was judged based on what was written in case records about me rather than who I believe I am as a person	99%	7%	0%	20%	3%	70%
I felt that others looked down on me and thought less of me	99%	7%	3%	13%	10%	67%
I felt embarrassment and humiliation	99%	7%	10%	14%	3%	66%
I felt an invasion of privacy	97%	7%	7%	14%	14%	59%
I felt fear	97%	7%	0%	7%	7%	79%
I felt sadness	97%	7%	0%	3%	14%	76%
I felt guilt and shame	95%	10%	3%	7%	7%	72%
I felt stress and anxiety	95%	7%	0%	4%	7%	82%
I felt alone and without support	93%	18%	11%	7%	18%	46%
I felt emotionally unstable and out of control	92%	21%	4%	14%	7%	54%
I felt that I had no voice	90%	10%	7%	7%	10%	66%
<b>Items that did not reach consensus in one or both surveys</b>						
My case manager lost my paperwork						
I had difficulty finding services that were court-approved						
My attorney did not advocate enough for me						

\*Exp refers to the average percent of participants who indicated they experienced the burden from surveys 1 and 2