

NRCFCPP

NATIONAL RESOURCE CENTER FOR FOSTER CARE & PERMANENCY PLANNING

Hunter College School of Social Work of the City University of New York
129 East 79th Street, 8th Floor – New York, NY 10021
Phone 212/452-7053 – Fax 212/452-7051
www.hunter.cuny.edu/socwork/nrcfcpp

CONCURRENT PLANNING: TOOL FOR PERMANENCY SURVEY OF SELECTED SITES

PREPARED BY LORRIE L. LUTZ, MPP

APRIL, 2000

CONCURRENT PLANNING: TOOL FOR PERMANENCY SURVEY OF SELECTED SITES

ACKNOWLEDGEMENTS

We wish to thank consultant Lorrie L. Lutz for her commitment to learning and her skill at capturing the complex lessons learned through the experiences of a diverse group of child welfare professionals in implementing the policies and practices of Concurrent Planning. Lorrie's ability to grasp the opportunities *and* challenges of Concurrent Planning helped her to create a document which we hope will benefit child welfare administrators, policy makers, program planners, supervisors and practitioners as they plan and implement Concurrent Planning initiatives.

We also wish to thank the many others who made this survey possible - Susannah Jones, a doctoral intern who conducted the initial research for this survey; Sharon Karow our careful editor, and Karyn Lee who patiently formatted this document.

We want to extend special gratitude to Linda Katz, Norma Spoonemore and Chris Robinson for their pioneering efforts to assure that children have every opportunity to have a safe and stable permanent family. Their wise ideas and best practices have inspired us all!

We offer a special appreciation to the survey participants who so generously shared their time and who so thoughtfully work to improve the lives of children and families. And finally many thanks to Miles Golson, our former Children's Bureau Project Officer, for his support when we began this survey, and to Patsy Buida, our current Project Officer, for her careful edits and insightful comments about the complexity of this work.

And finally, I want to thank Penny Ferrer and the Hon. Nanette B. Dembitz (posthumously), who first taught me the meaning of planning for alternative permanency options through my early child welfare work with the New York City Court Appointed Special Advocates program in 1982.

Sarah B. Greenblatt, Director
April, 2000

CONCURRENT PLANNING: TOOL FOR PERMANENCY SURVEY OF SELECTED SITES

BY LORRIE L. LUTZ, CONSULTANT

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
SITE SURVEY	
I. INTRODUCTION	1
II. THEMES EMERGING FROM THE SURVEY	7
A. PREPARING STAKEHOLDERS	8
.....	
B. Involvement of Birth Parents	9
C. Caseloads and Agency Organization	12
D. Differential/Prognostic Assessments, Service Planning	14
<u>E. Case Reviews</u>	16
F. Supervision	18
G. Special Role of Resource Families	19
III. IMPLICATIONS OF ASFA’S REDUCED TIMEFRAMES ON PERMANENCY PLANNING AND DECISION MAKING	21
IV. EVALUATION	22
V. CONCLUSION	23
SITE CONTACTS	25
Bibliography	28

CONCURRENT PLANNING: TOOL FOR PERMANENCY SURVEY OF SELECTED SITES

EXECUTIVE SUMMARY

In the summer of 1998 the National Resource Center for Permanency Planning (the Center) at the Hunter College School of Social Work of the City University of New York, funded as a project of the Children's Bureau/ACF/DHHS, initiated a survey to track the status of selected concurrent planning activities around the country. The Concurrent Planning approach emphasizes working toward family reunification while at the same time establishing a 'back-up' permanency plan to be implemented if children cannot return safely home to their biological parents.¹ It provides an opportunity to safeguard secure childhood attachments by making reasonable efforts to safely build a stronger bond between the child and birth parent, and to simultaneously plan for supporting the tie between the child and the permanency planning resource parents through relative care, adoption or another permanent community living alternative if reunification is not possible. Concurrent Planning offers social workers a structured approach to moving children more quickly from the uncertainty of foster care to the stability of a safe and permanent family. In many settings, caseworkers have been taught to plan in a straight line, sequential fashion: first to work diligently toward reunification with the birth family; and after a period of time if reunification looks unlikely, to *then* switch gears and start planning for adoption or another permanent alternative.² Concurrent Planning brings families, child welfare agencies and the courts together to integrate into our work what we know about children's developmental needs for stability and secure attachments.

The impetus for this survey grew out of the increased demand the Center was receiving for Concurrent Planning training. With encouragement of Concurrent Planning provisions in the Adoption and Safe Families Act of 1997(ASFA), there has been growing interest across the nation in how to implement Concurrent Planning as part of child welfare "best practices". ASFA was passed in response to deep concern about the increasing numbers of children, particularly young children under the age of 4, entering and remaining in out-of home care - some who have literally grown up in the foster care system.³ While concurrent planning was originally designed to target young children, our survey shows that its principles and best practices are being used with children of all ages, to increase their likelihood of having lifetime family connections when they exit the foster care system.

Survey Content/Methodology

¹ "Concurrent Planning: From Permanency Planning to Permanency Action." Linda Katz, Norma Spoonemore, Chris Robinson. Lutheran Social Services of Washington and Idaho. 1994.

² "Tools for Permanency: Concurrent Permanency Planning." National Resource Center for Permanency Planning at the Hunter College School of Social Work of the City University of New York. 1998.

³ US House of Representatives, Select Committee on Children, Youth and Families. (1996). *No place to call home: Discarded children in America*. Washington, DC: US Government Printing Office.

This survey targeted 12 sites Center staff knew had been implementing concurrent planning for at least one year. The survey was conducted through in-depth telephone conversations with individuals immersed in the planning and implementation of Concurrent Planning activities in their respective agencies. Our goal was to compile "lessons learned" into an organized document that could serve as a helpful tool to other States/counties/agencies and Tribes as they consider and begin the implementation of Concurrent Planning efforts. This survey reflects the ideas of individuals in sites selected for our survey and may not reflect the history of Concurrent Planning practice in each state.

In the survey we explore:

- General themes emerging from the sites surveyed, including:
 - Target population.
 - Involvement with birth parents.
 - Preparation of stakeholders.
 - Caseload and agency organization.
 - Differential assessment and service planning.
 - Case reviews.
 - Role of resource families.

- Implications of ASFA timeframes on concurrent planning practice

Survey Findings

The results of the survey suggest that successful implementation of Concurrent Planning requires the following components of good social work practice and systems designs:

- Intensive casework with birth families.

- Frequent, meaningful visitation between the children and their birth families.

- Full disclosure with the birth families about the importance of permanence in the lives of children, the various options for permanency planning, and consequences of their actions or inactions; and consistent communication with birth families throughout the life of a case regarding feedback on positive case progress or the need to confront planning ambivalence.

- Diligent search efforts to find absent parents and address all paternity issues such as blood tests, child support, etc.

- Aggressive diligent searches for and assessment of relatives who might have an interest in caring or planning for permanence for the child.

- Frequent and substantive case reviews, that carefully assess the efficacy of services being provided to assist the family to achieve case plan goals and modification of the service plan as required.

- Use of permanency planning resource families who can work towards reunification and be able to serve as permanency resources if needed.

Survey participants emphasized that this evolving, multi-faceted child welfare practice requires significant changes from traditional practice. To support this shift, structural changes need to be made at the agency level allowing for an easier flow of children/families through the system of care. Additionally, training for line staff and supervisors must be enhanced. Nearly every site surveyed indicated that the change in social workers' mindset, their willingness to be fully open with all families and commitment to rigorously attend to Concurrently Planning for possible multiple outcomes, are the most challenging aspects of Concurrent Planning implementation.

This survey has provided insight into the complexities and the possibilities of Concurrent Planning. As states continue to strive to meet ASFA requirements, concurrent planning holds great promise as a vehicle to achieve more timely decisions about permanency for children. The National Resource Center for Foster Care and Permanency Planning will continue to track the progress of sites across the nation in the implementation of Concurrent Planning strategies.

CONCURRENT PLANNING: TOOL FOR PERMANENCY SURVEY OF SELECTED SITES

I. INTRODUCTION

The National Resource Center for Foster Care and Permanency Planning at the Hunter College School of Social Work of the City University of New York was initially established by the Children's Bureau in 1994 as the National Resource Center for Permanency Planning to revitalize the principles and practices of permanency planning and to support states in their planful process of ensuring permanent, safe and stable family relationships for children. The Federal Adoption Assistance and Child Welfare Act of 1980 emphasized permanency and continuity in relationships to guide the case planning process. Yet despite the twenty-year emphasis on permanency, the 1990's brought a dramatic increase in the number of children entering and remaining in out-of-home care. In March 1999 it is estimated that there were close to 547,000 residing in foster care nationwide, more than twice the number of children in care a decade before.⁴

According to the Administration for Children, Youth and Families, infants and young children under the age of four have become the fastest growing population in need of foster care.⁵ Additionally when placed, these children remain in care longer and experience frequent moves resulting in traumatic relationship disruptions. If a child happens to be African American and male, his chances of remaining in care more than 3-4 years and experiencing multiple moves are even greater.⁶

The Adoption and Safe Families Act of 1997

In November, 1997 Congress passed and President Clinton signed into law the Adoption and Safe Families Act (ASFA). This law radically changed the child welfare environment, requiring states to act within tighter timeframes to establish and achieve permanent placements for children in care. The themes found in ASFA include:

- Safety as paramount throughout the life of a case.
- Foster care as a temporary service requiring timely decisions about permanency for children.
- Services are needed to support birth, foster and adoptive families.

⁴ Hargrove, John. (1999). *Presentation on AFCARS at the National Association of State Foster Care Managers Annual Meeting*. October 7, 1999; Washington, D.C.

Barbell, K. (1996). *Foster Care Today: National and South Carolina Perspective*. Council on Child Abuse and Neglect. Foster parent recruitment and retention. Washington, DC: Child Welfare League of America.

⁵ US House of Representatives, Select Committee on Children, Youth and Families. (1996). *No Place To Call Home: Discarded Children In America*. Washington, DC: US Government Printing Office.

⁶ George, R.M., Wulczyn, F.H., and Harden, A.W. (1994). *A Report From The Multi-State Foster Care Data Archive: Foster Care Dynamics 1983-1993*. Chapin Hall Center for Children at the University of Chicago.

- Accountability by moving from a focus on process to outcomes.
- Innovation to achieve more timely and positive outcomes.

Successful permanency outcomes within ASFA could include:

- Children remain safely with the parents or extended families.
- Children are reunified safely with their parents or extended families.
- Children are safely adopted by relatives or other community families.
- Children are safely placed with legal guardians - relatives or other families.
- Children are placed in alternative planned living arrangements

The Adoption and Safe Families Act also requires that there be a judicial permanency hearing 12 months after a child enters foster care and every 12 months thereafter. These reviews provide definite “points in time” for all individuals interested in the well-being of the child to come together under the judicial umbrella to determine the long-term permanent plan for the child.

The law also mandates that if a child has been in care 15 of the past 22 months the child welfare agency must initiate a Termination of Parental Rights (TPR) petition *unless* certain exceptions exist. ASFA outlines the following three exceptions to filing or joining a TPR petition:

- 1) The child is being cared for by a relative.
- 2) A state agency has documented in the case plan a compelling reason why freeing the child for adoption would not be in his/her best interest.
- 3) The State has not provided the services identified in the case plan as necessary to make the home safe for the child's return within timeframes established in the case plan.

ASFA encourages the use of Concurrent Planning, and it requires that states make reasonable efforts to find permanency for children who can not return to their biological parents. It mandates states to concurrently identify, recruit, process and approve a qualified adoptive family for a child when it files or joins a petition to terminate parental rights to that child.

Thus, this legislation has moved the concept and practice of concurrent planning to the forefront of child welfare practice, setting the stage for states to implement these strategies as one component of child welfare “best practice.”

Concurrent Planning

There are many tools to support permanence in the lives of children. Concurrent Planning is one tool that has gained increasing visibility and support as states are struggling with achieving permanence within ASFA's reduced timeframes.

It is widely acknowledged that all children require security, love, acceptance, connectedness, a moral/spiritual framework and lifetime intimate relationships for their healthy growth and development. They also need stable families and supportive communities especially in the early years of life in order to form secure attachments so vital to positive self-esteem, meaningful relationships, positive school achievement and success in the adult world of family and work. Sadly, child welfare systems across the country have had an uneven history of meeting children's developmental needs for stability and continuity in their family relationships.⁷

Traditional permanency planning as outlined in the Adoption Assistance and Child Welfare Act of 1980 (PL 96:272) worked toward accomplishing these goals through:

- Striving to provide children with stable, safe and permanent families in which to grow up.
- Ensuring family and community-centered practice in least restrictive placement settings.
- Ensuring culturally responsive practice.
- Facilitating an open and inclusive case planning process.
- Providing goal-focused and time-limited services.
- Conducting frequent and regular case reviews of children's status and family progress toward reaching safety, permanency and well-being goals.
- Encouraging frequent parent-child visits to increase likelihood of early reunification.

Concurrent Planning as designed by Katz, et al supports intensifying and expediting efforts to achieve permanence for a child within one year – a timeframe that reflects a child's sense of the passage of time. It offers caseworkers a structured approach to moving children more quickly from the uncertainty of foster care to the stability and security of a permanent family. It is consistent with a family-centered and community-based service orientation because it is rooted in the belief that children need stable families and supportive communities for their healthy growth and development.⁸ Concurrent Planning holds promise for expediting timely decision-making for children because of its dual focus on family reunification, as well as alternative permanency options. Effective use of Concurrent Planning includes the respectful involvement of parents and family members early in the planning process, as well as identification of "red flags" that might serve as barriers to timely reunification or another permanency outcome.

⁷ National Resource Center for Permanency Planning at the Hunter College School of Social Work of the City University of New York. (1998). *Tools for Permanency: Concurrent Permanency Planning*. National Resource Center For Permanency Planning at the Hunter College of Social Work City University of New York.

⁸National Resource Center for Permanency Planning at the Hunter College School of Social Work of the City University of New York. (1998). *Tools for Permanency: Concurrent Permanency Planning*. National Resource Center For Permanency Planning at the Hunter College of Social Work City University of New York.

Effective Implementation of Concurrent Planning requires that permanency planning practice include:

- Frequent visitation with birth parents as long as children's safety can be assured.
- Full disclosure of information to birth families early in the planning process regarding the importance of their regular involvement in planning for the return of the child, their rights and responsibilities, and the legal consequences if they are unable to safely make the changes necessary for their child's return.
- Aggressive search for absent fathers, non-custodial parents, and relatives within the first three months of placement.
- Immediate attention to all Indian Child Welfare Act requirements when applicable.
- Provision of focused, intensive services to the birth family, giving reunification every chance to work, while at the same time developing an alternative permanent plan, such as adoption or legal guardianship with an identified resource family.
- Provision for an early, differential assessment of families' strengths, needs and current/past problems that assists the social worker in determining the risk of foster care drift and the need to place the child with a "permanency planning resource family" - families who can actively engage in supporting family reunification efforts, and also commit to serve as a permanent home for the child if reunification is not possible.
- Support and clarity of roles, responsibilities and structure with birth families, resource families, agency workers, and courts.
- Utilization of a "crisis" to mobilize a reluctant family by confronting parents' ambivalence and indecision - not allowing the crisis to paralyze case planning and decision-making.
- Appropriate use of family case conferencing, targeted case review and mediation services to support early involvement of families in case planning and decision making.
- Use of 'options counseling' when reunification seems unlikely, to carefully counsel parents about relinquishment options and any possibilities of open or cooperative adoption arrangements.
- A respect for the sense of time of young children because separations and relationship disruptions in the early months and years of life interfere with the younger child's initial capacity to learn how to trust and form secure attachments with adults.
- An atmosphere where staff can be comfortable working in the "gray" – the plan is not set until it is clear which plan is needed, but options for contingency plans are established early on.⁹

Concurrent Planning safeguards childhood attachments by safely building a stronger bond between the child and birth parent through reunification, or by preserving the tie between the child and the permanency planning parents through adoption.¹⁰ Concurrent Planning also supports finding alternate options to permanency such as relative care. Concurrent Planning

⁹ Adapted from Concurrent Permanency Planning Handouts. (1999). National Resource Center for Permanency Planning at the Hunter College School of Social Work of the City University of New York.

¹⁰ Ford, Mary. (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. North American Council on Adoptable Children. (pp. X).

brings families, child welfare agencies and the courts together to focus on child development and attachment, integrating into our practice what we know about children's urgent needs.

Concurrent Planning encourages the adults who care about the child to become collaborators rather than adversaries, to take the risk as opposed to the child bearing the risk, as they care for and plan where the child will grow up. (Katz, L., Spoonemore, N. and Robinson, C. Concurrent planning: From Permanency Planning to Permanency Action; Lutheran Social Services. 1994)

About the Survey

This survey is intended to inform child welfare professionals across the country about their counterparts' efforts to use Concurrent Planning as a best practice tool to expedite permanency planning and decision-making for children. We have surveyed 12 sites that have been using Concurrent Planning for over one year. This survey included telephone conversations with people at each site who have been intimately involved in the design, planning and/or implementation of Concurrent Planning.

This survey reflects the ideas of those individuals in sites selected for the survey and may not reflect the history of Concurrent Planning in practice in each state.

The sites include:

- Baltimore City, Maryland
- Children's Aid Society in New York City
- California (state office and Santa Clara and San Mateo counties)
- Colorado
- Lee County, Florida
- New Jersey
- North Dakota – North East Region
- Texas
- Trumbull County, Ohio
- Utah
- Vermont
- Washington State

We also relied on the efforts of Mary Ford of the North American Council on Adoptable Children and her work “Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families”. Mary’s research, insight and perspectives helped to inform and frame our thinking about this important issue.

The chart below provides an overview of the concurrent planning efforts and target populations in each of the participating sites.

Site	Pilot or Statewide Effort	Target Population
Baltimore City, Maryland	Began with federal grant; expanded city-wide on 3/1/98.	All children screened.
Children’s Aid Society, New York City	Demonstration project in 1991 led to expected practice approach.	Children under 6 in pilot; presently assess all children served.
California – Santa Clara, San Mateo	County by county implementation—state law implemented 1/1/98.	All children in placement where reunification is the plan.
Colorado	County by county implementation over 10 year period beginning in 1994, permanence in 1 year.	Children under 6 and their siblings.
Lee County, Florida	County-wide began in 1998.	All children reviewed.
New Jersey	Piloted in three counties with federal grant that operated from 1996 to 1999.	Children under 6.
North Dakota – NE Region	4 counties in northeastern North Dakota have been practicing concurrent planning since 1994.	All children considered.
Trumbull County, Ohio	County-wide effort began in summer of 1997.	All children considered.
Texas	Started as pilots in 1990 and 1997, now implemented statewide.	All children considered for need for Concurrent Planning.
Utah	Pilots in specific regions began in 1996.	All children considered.
Vermont	Statewide-expected practice began in late 1990’s.	All children entering care with special focus on young children.
Washington State	Piloted and developed in non-profit in partnership with state agency; pilots around state in public agency since mid 1980’s.	Children under 8 assessed.

While many CPP efforts target younger children because they suffer separations acutely¹¹, all children need a sense of legal and emotional permanence. While a majority of sites surveyed have decided that younger children stand the greatest potential for success of more quickly having permanent homes and should be targeted for Concurrent Planning efforts, other sites view concurrent planning as “good practice” and are using it as an option to *consider* permanency planning “red flags” for all children entering out of home care. This approach increases the likelihood that all children will have lifetime family connections when they exit the child welfare system.

¹¹ Ford, Mary. (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. North American Council on Adoptable Children. (pp. 13).

Some of the general comments about targeting from sites interviewed are highlighted below:

Baltimore City, MD- "...Concurrent Planning is a planning process that demands careful examination of all options - it is good in all circumstances for all children...."

Utah- "... Concurrent Planning is in the best interest of the child and therefore it should not be attached to the age of a child; children without families experience trauma regardless of the age...."

Lee County, Florida- "...we use Concurrent Planning for all children, however we are noticing that in instances where we are familiar with the family and reunification is unlikely and/or the investigator predicts that the family situation does not look promising based on interaction with the family, Concurrent Planning is especially useful and serves as an excellent motivator for the family..."

Washington State- "...in Spokane County specifically we had tremendous success in using concurrent planning to achieve permanence for children under the age of 8. However, between the ages of 8 and 12, children have often been in the system for some time, or they have been exposed to fairly traumatic home settings for some duration before being removed. In these instances, when the acting out is so significant, we found it very challenging to achieve permanence. This age child still needs a family so badly, but they are not young enough to easily adopt, and often too wounded to successfully reunify..."

North Dakota – NE Region- "...we use the Poor Prognosis Indicators to determine if Concurrent Planning is appropriate. Age is not a determining factor. So far in the five years we have been practicing concurrent planning, 95 % of the children for whom we filed a petition to terminate parental rights have been adopted..."

II. THEMES EMERGING FROM THE SURVEY

Based on our survey we learned that every successful Concurrent Planning initiative has common practice elements:

- Intensive casework with birth families, encouraging frequent, meaningful visitation between children and birth families.
- Full disclosure with the birth families about the importance of permanence in the lives of children and consequences of their actions or inactions.
- Diligent search efforts to find the absent parent(s) and address all paternity issues such as blood tests, child support, etc.
- Aggressively searching for appropriate relatives who might have an interest in caring for the child.

- Conducting frequent and substantive case reviews, carefully assessing the efficacy of services being provided in assisting the family to achieve case plan goals and modification of the service plan as required.

This multi-faceted child welfare practice requires significant changes from the traditional sequential approach to permanency planning. Nearly every site surveyed indicated that this change in mindset and willingness to rigorously attend to concurrently planning for multiple potential outcomes is the most challenging part of the implementation of this practice.

The following discussion highlights key steps sites found helpful to implementing concurrent permanency planning initiatives.

A. PREPARING STAKEHOLDERS

States, counties and agencies that have successfully implemented concurrent planning have “enshrined the importance of childhood attachment” in the minds of social workers, birth parents, permanency planning parents and judicial officials.¹² As in any significant system reform effort, the more timely and frequent the communication, the easier for stakeholders to have their questions answered before concerns grow to a critical mass.

It is clear from our survey that respondents believed that a joint and ongoing training dialogue is required to generate a positive response from stakeholders including judges, social workers, child advocates and attorneys. Those sites that have had the least “resistance” to Concurrent Planning as a concept and practice, have introduced Concurrent Planning to a cross-section of stakeholders and have provided multiple cross-system training events and opportunities for rich discussion.

Some comments on stakeholder involvement from sites interviewed are highlighted below:

Colorado-“...In Colorado when a county is selected/agrees to implement Expedited Permanency Planning, of which Concurrent Planning is an integral part, a comprehensive training for all judges, attorneys and county social work staff takes place. We believe this is why Concurrent Planning has been so successful and met with so little resistance because of how we begin the dialogue. We also provide specific training to county social workers and we use various forums with judges including the annual judges’ conference to help them better understand our efforts...”

New Jersey-“... Each of the three (3) pilot counties in the state started with a full day training that helped all stakeholders understand Concurrent Planning. We also held Legal Forums where CASA volunteers, judges, Child Protection Review Board volunteers, court liaisons, and attorneys from our legal pro-bono pool could attend and ask questions. Also in each county,

¹² Ford Mary. (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. North American Council on Adoptable Children. (pp. 13).

staff from the state met with the presiding judge and asked him/her to encourage other county judges to attend various training events. These multiple forums have been very successful..."

Washington State: "...We learned that if our workers are going to "sell" Concurrent Planning to anyone, they have to believe it themselves. If the social worker is going to place a child in a resource family home and he/she expects the resource parents to work closely with the birth parent, to support the birth parent in attending medical and school appointments, to transport to visitation, that social worker had better believe that it is the right thing to do. If not, the resource family will pick up on the ambiguity of the social worker and it will create a great deal of inner turmoil and confusion. A significant amount of work has to be done with helping the social workers understand what they believe about birth families. This is "values clarification" work at its most basic and is key to successful implementation of Concurrent Planning ..."

B. INVOLVEMENT OF BIRTH PARENTS

While involvement of birth parents takes various forms, the most critical involvement parents can have is frequent and consistent visitation with their children. Concurrent Planning places extra emphasis on visitation. The more birth parents visit their removed children, the greater chance for successful reunification.¹³ The ability for renewed connection and healing for both the child and the parent that can occur during frequent and safe visitation is the hope for permanency. And if the visitation does not result in successful reunification, the child and parent can be provided the opportunity to shift their relationship through a supervised and healthy process. Equally important, as emphasized by Fanshel and Shinn, "it is better for the child to have to cope with real parents who are obviously flawed in their parental behavior, who bring a mixture of love and rejection, than to reckon with fantasy parents who play an undermining role on the deeper level of the child's subconscious."¹⁴

An advantage of Concurrent Planning is that open lines of communication are established between the birth and resource parents. Because of the openness of the relationship, many birth parents who cannot parent their children, may choose to relinquish custody to the resource parents, often through open adoption agreements. Open adoption is an option birth parents and permanency planning parents choose when birth parents are capable of maintaining some contact with their child, but admit that they cannot be full-time parents.¹⁵ On the other hand, if children return home, resource parents often remain in contact with the child and the biological family, reducing the further negative impact of the separation on the child.

Some of the comments about birth parent involvement from sites surveyed are highlighted below:

¹³ Davis, I. Landverk J., Newton, R., Ganger, W. (1996). *Parental Visiting and Foster Care Reunification Children and Youth Services Review*. Children and Youth Services Review. (pp. 363-382). Mech, E. (1985) *Parental Visiting and Foster Care Placement*. Child Welfare (pp.67-72).

¹⁴ Fanshel, D., and Shinn, E. (1978). *Children in Foster Care: A Longitudinal Investigation*. New York: Columbia University Press. (pp. 489).

¹⁵ Ford Mary. (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. North American Council on Adoptable Children. (pp. 16).

New Jersey-“...When a child is placed we meet with the birth family immediately and describe the Concurrent Planning approach in detail. We emphasize the need for permanence in the life of their child and explain what we know about child development, loss and bonding. Many parents do not understand these complex emotional issues. We tell the parents that we are placing their child in a foster-adopt home; that is, a foster family with an adoption interest. We also invite the birth parents to meet with a neutral mediator who is charged with understanding what is needed in order to successfully parent their child...”

Children’s Aid Society New York City-“...We believe that engaging families at the very beginning of the process is critical to long-range success. Sometimes because we are not the public agency, it is easier for us. We are viewed as a neutral party striving to achieve the best interests of the child, with no hidden agenda. We immediately let the birth parents know that they matter to us, what they think matters, how they feel matters, and that we understand their agony and sense of loss and fear. This is our initial job, to communicate to them that we are genuinely compassionate about their plight, while being very concerned about their children...”

Full Disclosure Supports the Effectiveness of Concurrent Planning

Without exception, sites surveyed emphasized that full disclosure is the very core of best practice in Concurrent Planning, encouraging open and honest dialogue with parents and resource parents in which their rights and their responsibilities are clearly described. It honors the integrity of the process and ensures that birth parents and resource parents have the same information, thereby allowing them to make informed decisions. Full disclosure provides the birth parents with a “lay of the land” and a road map of what needs to occur and when, if their children are to be returned home. It also involves cheering them on, offering feedback, and gentle confrontation of planning and parenting ambivalence. "Full disclosure" provides resource parents with a clear set of expectations about their role of mentoring and supporting the birth family whenever safely possible.

Below are a few highlights of what sites surveyed reported about their efforts to use full disclosure:

Texas-“...We have developed what we call Success Quest. It is a parent orientation provided by our Intensive Permanency Specialists for all birth parents who have had their children removed within the past two weeks. In a sensitive, non-threatening manner, Success Quest lets parents know exactly what is happening to their family. We walk through the law, we describe what will happen in court and tell them exactly when court hearings will be held we and we thoroughly inform parents of their rights and responsibilities. We describe our Permanency Planning Teams and we go over a generic service plan to show them what they look like and what will be submitted to the court. Additionally, a judge who is very committed to kids and families, created a video for our use. The video that is about 20 minutes long and further answers families’ questions about the law and the judicial process...”

North Dakota—“...Full disclosure is what makes the process honest and Concurrent Planning possible. When you lay out the options clearly for birth parents and then give them every opportunity to succeed, provide the services that all agree are needed and still the family still does not make the changes required to allow them to safely parent their children, you know at the end of the day, when you file the TPR, you have done your job...”

Washington State—“...It is a change in culture to be so open with parents. Staff have to become comfortable with the fact that the more completely honest we are in describing all of the options, the more informed the parents are about the consequences of the decisions that they make...”

California—“...We developed an exercise we use in training that gets to the emotions behind full disclosure. In the training exercise social workers are asked to role-play telling someone the unvarnished truth and being told the same. Laying out the facts to birth parents is hard to do and hard to take...and until social workers understand the emotions (on both sides) behind the act of full disclosure, it will not occur. We emphasize the need to focus on three primary messages in our communication with families 1) their progress 2) their prognosis and 3) any permanency planning steps we have taken...”

Lee County Florida—“...In many instances we see Concurrent Planning serving as a motivator for families. Both staff and families feel so much better when we lay out the options for the birth families from day-one. No one has to guess and wonder if there is a hidden agenda. Full disclosure also serves as a motivator for resource families in their work with birth parents. They fully understand the implications for the birth family if the plan is not successful...”

Rigorous and Immediate Relative Searches/Early Family Involvement

The sites interviewed suggested that one of the most valuable ‘lessons learned’ was the importance of conducting relative searches early. Many sites use the Family Group Decision-Making model as their vehicle for relative searches and involvement. While family conferencing may not work, nor be culturally relevant for every child/family, it is a fundamental part of effective Concurrent Planning for many families.

Mary Ford reminds us that nationally, African American child advocates despair because relative searches are delayed or overlooked for many African American children in foster care. She acknowledges that one of the benefits of Concurrent Planning is its attention to early relative searches.¹⁶ She recommends that aggressive relative searches occur within the first 90 days of out of home placement, especially for those cases judged to be at high risk of foster care drift... “looking for the child’s kin as if you were searching for your own family members.”¹⁷

¹⁶ Ford, Mary. (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. North American Council on Adoptable Children. (pp. 15).

¹⁷ Ford Mary. (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. Excerpt from an interview between Mary Ford and Charlotte Brinsont Brown, Director of San Mateo County California, California Concurrent Planning Program. North American Council on Adoptable Children. (pp. 15).

Some of the comments about early family involvement and relative searches from sites surveyed are highlighted below:

Colorado-“...One of the most important contributions to the evolution of Concurrent Planning is the improvement of the intensity and rigor in which we search for kinship caregivers. Family Group Decision-Making provides an opening for relatives to be identified, but once identified, staff must follow up with the relatives to find those that are willing to commit to the lifelong care of the child...”

Vermont- “...We have concluded that for many families, Family Group Decision-Making simply does not work. Maybe it is our independent Yankee spirit, but most families simply do not want their relatives involved in their lives. Most families have told us to “keep our relatives out of our business.”

Utah-“...We believe that the search for relatives who can serve as potential caregivers for the child is a fundamental aspect of Concurrent Planning and must be done during the first 30 days the child is in out-of-home care. We have created the position of “Kinship Locator” that works with the national parent locator service to assist our efforts. We are experiencing increasing success in finding relatives or absent parents...”

Washington State-“...We believe that there are a few critical tasks that need to be done immediately in Concurrent Planning. Relatives need to be searched for, paternity needs to be established and requirements of the Indian Child Welfare Act, if germane, must be met. These are tasks that demand early attention or workers and families will run into roadblocks at crucial points later in the process...”

North Dakota-“...The need for being diligent in relative searches was not something we understood in the beginning and so we were not as aggressive as we should have been in asking where the absent father was, or establishing paternity. We now understand these activities must be pursued with diligence, immediately...”

Visitation is Critical

The experience of the sites surveyed suggests that the single most important activity the parent can undertake, and the system can support is frequent visitation. If the visitation can be provided in natural settings with opportunities for comfortable parent-child interaction, and if the resource families support the visitation, then the child knows the parent is still involved and the parent can maintain a modicum of hope.

North Dakota-“...We really believe that seeing birth parents interacting with their children and observing the love between them is a tremendously powerful force in the reunification effort. When social worker and foster parents can observe this interaction, they begin to cheer the birth family on...they want them to succeed...”

Lee County Florida-“...We were so convinced about the importance of visitation that we initiated the creation of a Visitation Center. It has a kitchen so kids and their parents can eat together, bake cookies, etc. The Center is staffed by our county extension program. It is a very welcoming setting and as a result of this center we have seen a definite increase in visitation. The demand is so high we are considering the use of a church building to expand the space...”

C. CASELOADS AND AGENCY ORGANIZATION

In Concurrent Planning initiatives, success is enhanced by caseload reduction. Reduced caseloads allow workers to spend more time with birth and resource families, enable them to arrange for frequent visitation, provide the time required to search for absent parents and relatives, and allow more time for social workers to help birth parents and resource families deal with the ups and downs of how a case works its way through the system.

Additionally, the way in which the family flows through the system can also assist in the case planning process. Katz and others have proposed that agencies restructure and “dissolve unnecessary distinctions” between adoption staff and foster care staff.

Texas-“...ASFA has resulted in sweeping changes in Texas. Additionally, fourteen Permanency Directors were hired under a CAPTA grant to serve in the 10 regions of the state. These Permanency Directors oversee the permanency activities for children. Additionally, the legislature appropriated monies for regions to hire Intensive Permanency Staff to support permanency efforts. These staff serve as liaisons to the legal entities, as mentors to the workers and they do much of the critical ground work such as absent parent or relative searches, recruit the foster/adoptive homes and address Tribal issues. They are responsible for *tasks*, and work in tandem with the social worker...”

New Jersey- “...After we complete a comprehensive assessment using our prognosis indicators, we assess the probability of the child going home. If it is low, the child is immediately placed with a foster-adopt family in our Adoption Resource Center (ARC). The ARC expedites the TRP/relinquishment process and works to finalize adoption in concert with the social worker...”

Baltimore City, MD-“...In our agency the child/family enters the system through the Intake/Assessment Division. The child/family stays in this unit for 60 days. Then the child/family is transferred to the Family Service Division worker, where the case stays through permanency plan achievement. The Resource and Support Services Division was created to help recruit, train and provide home studies for resource families and guide policy development for the agency...”

The chart below provides an overview of the caseloads and agency structure of survey participants.

Site	Caseloads Reduced	Caseworkers per family	Organizational Changes to Support Concurrent Planning
Baltimore City, MD.	No change.	One worker to each family.	After intake stays with one worker-resource unit supports efforts.

Site	Caseloads Reduced	Caseworkers per family	Organizational Changes to Support Concurrent Planning
Children's Aid Society, New York City	Caseloads are 16-20 families per worker.	One Caseworker.	A single unit that carries the case from intake through case closure.
California (Select Sites)	County by county.	Most of the time one worker.	Varies significantly across the state.
Colorado	Settlement agreement reduced caseloads prior to Concurrent Planning; further reductions have been funded through expedited permanency program	Varies from county to county; often one worker per family, a second for a child and caregiver.	Varies from county to county. Typically is assigned to ongoing within days of the temporary custody hearing for expedited permanency cases.
Lee County, Florida	No change.	One family per worker.	No change.
New Jersey	No change.	Two workers.	Concurrent Planning worker and adoption resource worker team on cases referred to project..
North Dakota (North East Region)	No change.	One foster care worker; we team with private adoption agency workers when goal becomes adoption	No change.
Texas	Addition of 14 Permanency Directors and Intensive Permanency Specialists.	Investigative workers and ongoing workers team during the first 40 days of the case.	Organizational structure has basically remained the same-just added new staff.
Trumbull County, Ohio	We reduced our caseloads by 1/3 over 2 1/2 years. Caseloads are 12 families per worker.	One caseworker.	We reorganized our resources in the various units to support Concurrent Planning.
Utah	No Change.	One caseworker during investigation and one afterwards.	No change.
Vermont	No Change.	One Caseworker.	No change.
Washington State	Varies from region to region.	One worker with strong emphasis on team case staffing	Varies in each region and within public/private agencies

D. DIFFERENTIAL/PROGNOSTIC ASSESSMENTS, SERVICE PLANNING

Differential Assessment is a practice tenet of Concurrent Planning where the worker considers the family's strengths, resources, permanency planning "red flags" and case history to develop a tentative, reasoned hypothesis about the potential of the family to access/use resources and make required changes within one year. This process requires looking at each family individually and assessing their capacity to become nurturing and safe caregivers of their children. Many differential assessments consider strengths in the family as contrasted with "poor prognosis"

indicators as a means to clarify the potential for change, reunification and foster care drift. Nearly every site surveyed used a prognosis instrument (either their own or a variation on the one developed by Katz et al), as part of their assessment to determine whether or not Concurrent Planning is an appropriate course of action. Most sites surveyed agreed that there are certain permanency prognosis indicators that might make timely reunification difficult or unlikely. These include conditions such as:

- Parent has killed or seriously harmed another child through abuse or neglect and has not significantly changed since the incident occurred.
- Parent has repeatedly and with premeditation harmed or tortured a child.
- Parents' only visible support system and only apparent connections are to the drug culture with no significant effort to change over time.
- Parent has significant, protracted and untreated mental health issues with no progress over time.
- Parents' rights to another child have been involuntarily terminated with no significant change in the interim.

In most cases, these indicators coincide with Aggravated Circumstances identified in ASFA. Some of the comments about differential assessment tools and planning for multiple potential outcomes from sites surveyed are highlighted below:

North Dakota- "...Concurrent Planning requires the understanding that *nothing is set until it is set*...staff need to be supported in learning to work in the 'gray'. We create concurrent plans and we do *not know* which way the case is going to go..."

Utah-"...When pulling together a service planning team, ensure that all members of the team are "on board" to the concept and values that drive Concurrent Planning. There needs to be a significant amount of open and very honest communication between team members. Families need to be included in the process via telephone, by holding the meetings at their home, providing transportation, or whatever will work to keep them involved..."

Lee County, Florida- "...Our concurrent plan has evolved over time, as staff became more familiar with Concurrent Planning concepts. The legal department and the county child protection staff used to have very different instruments and processes. However as time has evolved, they now have one joint plan between the Legal Department and the Child Protection staff with one common set of goals for the child/family..."

California-"...We are having a tough time fully implementing a differential assessment tool across the state. Workers see it as one more thing to complete and because it is not a part of our new information system, it is hard to integrate it into the assessment..."

New Jersey- "...We use a poor prognosis indicator tool as a way to assess the probability that the child will return home. Children with a low probability of return home are referred to the Concurrent Planning project..."

New York City - Children's Aid Society- "...It is important to understand that it takes more time to create concurrent plans for permanence than a standard case plan. You need to get to know the family, learn about alternatives for possible caregivers in the extended family, understand what will motivate the family quickly and work toward reunification while everyone knows that a back-up plan is being created. The "upfront work" is more intensive than traditional social work case planning..."

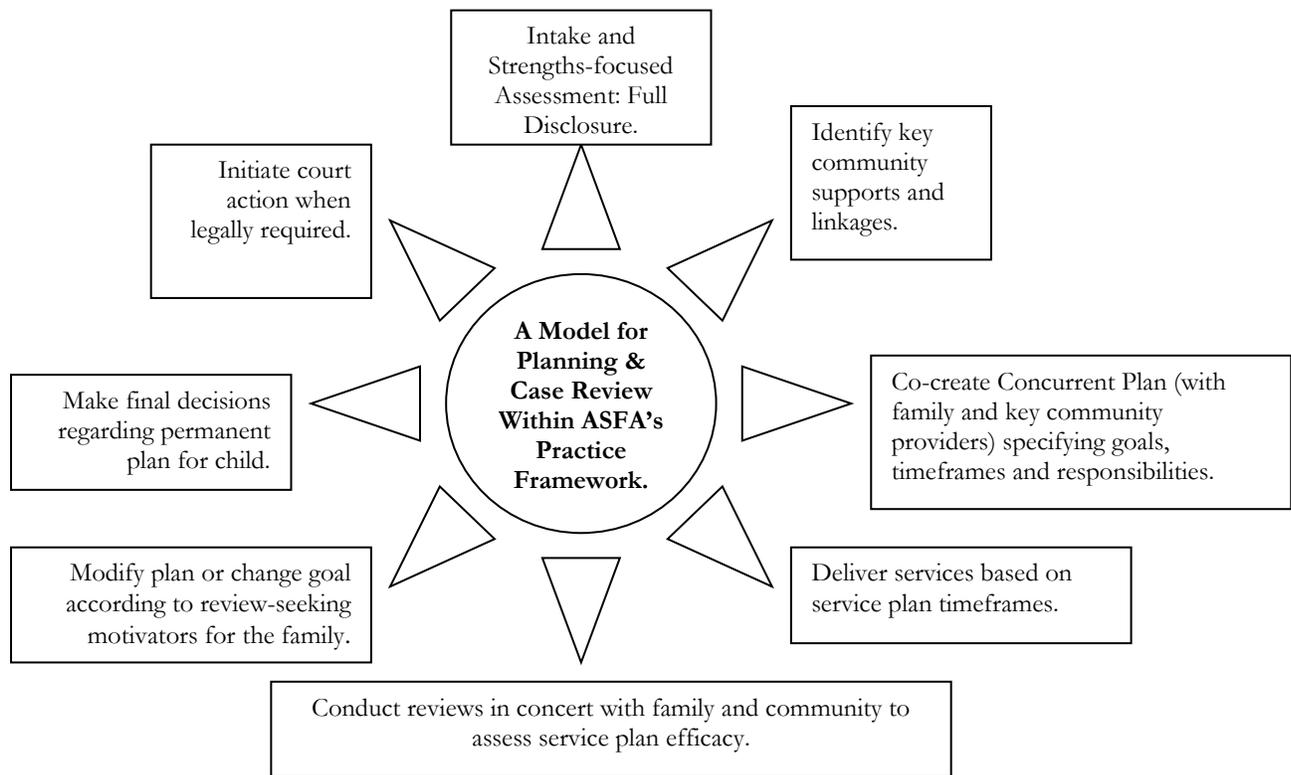
Utah- "...We piloted the use of a differential diagnosis assessment instrument in one region of the state. We began by working to draw out the strengths of the family system and outlining all of the supports the family has in the extended family and community. We began in this manner so that staff could see the side of the family that can succeed (strength-focus) and to help social workers create in their mind a balanced perspective of the family. We then followed with Poor Prognosis Indicators looking at parent's prior abuse, dangerous lifestyle and inherent deficits such as intellectual impairment, mental illness or is a child of a family that abused them. This approach helped young social workers evolve in their understanding of families..."

E. CASE REVIEWS

According to our survey, implementation of Concurrent Planning has significantly impacted the frequency in which case reviews are conducted because permanency decisions have had to be made within one year of a child entering care. Many sites have added supervisory reviews and internal reviews to the sequence of administrative and court reviews required by law. This makes a great deal of sense. "The fact is that a service plan, even a very good service plan is basically the social worker's and family's best hypothesis of what is going to assist the family in making the necessary changes to safely parent children. ASFA places such tightened time frames on the process that frequent review of the accuracy of the hypothesis is required—there is not time to waste with ineffective service plans. If the services provided are not working to support change in the family system, then it becomes the job of the team that includes the birth and resource families to modify the service plan...continually seeking to find the right mix and match of services and supports to help the family make the changes required. In the past we developed a service plan and if the family did not follow through we called them "non-compliant." Under ASFA we do not have the luxury of simply labeling the family. We must work to better conceive a service plan that will produce the desired results, using a new mix of formal and informal services and supports and reviewing them frequently to assess their efficacy."¹⁸

The following diagram depicts a possible case planning and review process to support ASFA's permanency provisions and Concurrent Planning focus. It is provided as a framework to assist supervisors and direct line workers in planning for effective and timely case reviews.

¹⁸ Lutz, Lorrie L. (1999). *State Community Partnerships Under Managed Systems of Care*. Center for Health Care Strategies, Princeton New Jersey.



The chart below provides an overview of the status of case reviews consistent with concurrent planning and ASFA requirements.

Site	Method for Case Reviews
Baltimore City, Maryland	We use the citizen review, admin reviews and in-house reviews. Reviews occur at about 4 months and 9 months from date of entry and additionally during the court review timelines.
California	We hold frequent internal supervisory and team reviews, court reviews and foster care citizen reviews.
Colorado	There are very frequent staffings usually cross-sector teams; additionally supervisory reviews, court reviews, administrative reviews and often quality assurance review teams in managed care counties; often the families participate.
Lee County Florida	We meet the ASFA requirements of 6 and 12 month reviews but we also hold initial reviews and then permanency staffings and supervisory meetings regularly to see if the goals for the child have changed and progress is being made toward permanency.
New Jersey	We hold a formal review every 6 months by alternating our citizen reviews and our own administrative reviews. Court reviews occur every 3 months and both ongoing and adoption workers attend.

Site	Method for Case Reviews
New York Children's Aid Society	We have instituted a "Thursday Clinic" where staff can have extra help with concurrent planning cases. We must ensure that each supervisor meets with the staff weekly and goes over one-half the cases. We provide the reports that go to the 6 month court reviews.
North Dakota	We review very frequently. The staff understand that nothing is done until it is done—we are always looking for ways to engage the birth family. We work together as a team. We formally review every 3 months rather than every six.
Texas	We hold an <i>Internal Removal Staffing</i> within 3 days of the child being placed. Attendees include the supervisor, program manager, investigator, ongoing worker, Intensive Permanency Specialist, Intensive Family Preservation Specialist, and legal staff. We then hold another meeting at 40 days post-removal, convened by an <i>outside convener</i> . This meeting includes parents, foster parents and their attorneys as well as all representatives from the Internal Removal Staffing. This full group is called our <i>Permanency Planning Team (PPT)</i> . The PPT meets every 4 months. Court reviews are held every 4 months.
Trumbull County, Ohio	We initiate reviews 3 months after placement and continue every 6 months until a permanent plan has been enacted.
Utah	Increased supervision coupled with meeting court Review time frames.
Vermont	We have initiated more frequent reviews for younger children (3 months) on a case by case basis -but other than that we use the admin/court review process.
Washington	Frequent team and supervisory reviews. We really rely on the team concept model to help support Concurrent Planning, using the expertise of one another. Peer consultation model has also been part of our work. Court hearings are a formal opportunity for the court to review the results of our frequent internal reviews.

F. SUPERVISION

As with any good clinical practice, supervision is critical to sustaining the quality of planning for service delivery and ongoing decision-making. Supervision provides an opportunity for quiet and thoughtful reflection of case progress. Deliberate, focused supervision is especially important if Concurrent Planning is going to be effective and ASFA time frames are to be met. In conducting this survey, we were curious if the role of the supervisor has changed as a result of the implementation of Concurrent Planning. We learned that in many sites the supervisory process has tightened and that the review of each case is occurring with greater regularity.

Some of the highlights about supervision from sites surveyed include:

Trumbull County, Ohio- "...One of the most important tasks during supervision is to help staff make the paradigm shift and leave the old way of doing business behind. We used to be so bureaucratic and patronizing. Now we move toward a "whatever it takes" approach and really have made efforts to partner with parents. No more lip service to partnership, the long-term relationship between parents and their children is at stake. Supervisors must help staff to understand this..."

Colorado—“...The supervisor’s role must be emphasized under Concurrent Planning - aiding the worker in decision making. Supervision is tight for the Expedited Permanency Planning caseloads because of the intensive nature of the caseworker’s role and the tight timelines to achieve permanency. We have several counties that are experimenting with cross discipline Permanency Planning review teams—we are excited to see how these teams evolve...”

New Jersey—“...The role of supervision is fundamental to the success of Concurrent Planning. Supervisors are the ones who ask the critical questions and work with staff to ensure that progress is being made. If you have given the family a clear message during the initial stages of the process, if you have worked very closely with the family to craft the service plan, if you have made certain that the services were accessible to the family (both in geography and hours of availability) and if you have removed any barriers to visitation between the child and their birth parents, then the decision is easier...”

Washington State—“...The role of a good supervisor as well as a good leader in this process cannot be overstated. The supervisor needs to ask key questions about practice, needs to focus the case planning efforts and need to keep the pressure on to manage the time frames. The leader of the reform effort should be communicating to key cross-system stakeholders, helping to clear up any questions or misconceptions about Concurrent Planning practice...”

California-Santa Clara County—“...We have invested in the supervisory process. Good social work practice is supported by sound supervision. We expect supervisors to review cases frequently, to offer the experienced objective perspective, to mentor new workers and to set the standard for excellence. We have provided training and support to our supervisors to help them do their job intensively and effectively...”

G. SPECIAL ROLE OF RESOURCE FAMILIES

In Concurrent Planning, permanency planning resource/foster families play a critical role. The way in which the foster parents work with the birth family and support reunification is fundamental to successful reunification or alternative permanency placement. These individuals are asked to do nearly an impossible task...love the child like their own, including being open to having a permanent role in the child’s life, while at the same time serve as a support and mentor for the birth parents to help them successfully reunify with the child. Permanency Planning parents safeguarding the positive aspects of the child-birth parent relationship by stressing the birth parent’s worth qualities while simultaneously accepting the child’s negative feelings toward his parents. Permanency Planning parents help the child to reconcile having two sets of parents.¹⁹ It is critical for the child protection staff be available to help the resource families address the ambiguity and conflict that naturally exists between helping the birth parents succeed and wanting to adopt the child. Social workers also need to be supported in addressing their own ambiguity. Social workers need to be provided training and professional development opportunities enabling them to assist resource families in walking these complex lines. What

¹⁹ Ford, Mary. (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. North American Council on Adoptable Children.

Concurrent Planning requires are foster parent resources who can say, "... you're either going to go home, or remain with us" – a powerful message to a child.²⁰

Those who have been "doing concurrent planning" for some time such as selected Counties in California (San Mateo, Santa Clara), Colorado, North Dakota, and the New York City Children's Aid Society suggest that this system reform effort will be made or broken by the quality and support provided to the resource families. The work is tremendously challenging and pulls at the heartstrings of the resource family. Everyday they are faced with the intense emotional struggles of both the children and the birth families. They need to be well trained, fully informed and consistently supported in their efforts.

These 'lessons learned' need to guide agencies in their development of recruitment, training and support strategies.

Some of the comments about resource families by sites surveyed are highlighted below:

North Dakota—"...We go through a very comprehensive process with foster/adoptive parents.

1. First we recruit with a clear message that the role is to help support birth parents in their struggle to parent their children safely.
2. During the first meeting the potential foster/adoptive parents meet with existing foster/adoptive parents where they learn the inside story.
3. Then the worker meets with the family and describes the program and process from the agency perspective. It is emphasized how critical it is that the foster/adoptive parents become a part of the child's team and their roles and responsibilities are clearly spelled out.
4. Then if they are still interested, they attend training with foster parents, foster/adoptive and adoptive parents all attend the same training. We also encourage birth parents to attend.

If we find that a foster/adoptive parent is in fact sabotaging the reunification process, we deal with it directly and confront the situation. We reiterate their roles and responsibilities and are very clear that they must abide by our regulations. We find that this kind of directness is effective in most situations..." This is one more example of full disclosure.

Colorado—"...The test of the success of Concurrent Planning is how well the resource families understand their role. This takes time, but it is critical time in the long-term success of the case. It continues to be a challenge for some resource families to truly support reunification as a permanency goal for the child. More work needs to be done in this area."

Children's Aid Society New York City—"...During the initial pilot we spent a significant amount of time interviewing potential resource families, provided extensive training, held resource family support groups and selected individuals who really were comfortable with the duality of their role. This was very effective and only those who could do the work in the way we needed it to be done stayed with the program. Over time, as the pilot ended and we have been serving larger numbers in concurrent planning, with increased demands for resource families, this tightly

²⁰ Williams, Laura. (1998). California Department of Social Services, Adoption Initiatives Branch. California Workshops.

managed rigorous recruitment and training process has been compromised. We are seeing some of the side effects of this in how the resource families work with the birth families. We have learned that we must invest the time up-front in the recruitment and training process...”

Texas—“...Approximately 12 years ago we began the process of dual licensure, where every foster parent is also licensed to be an adoptive parent. We revised our recruitment and training curriculum at that time. Foster and adoptive parents are trained together. We now use foster parents to train our potential resource families to be mentors for the birth parents. If the resource parents are unable to do this, we look for another resource family to serve as the mentor...”

III. IMPLICATIONS OF ASFA’S REDUCED TIMEFRAMES ON PERMANENCY PLANNING AND DECISION MAKING

When survey participants were asked if they believed that the ASFA time frames were long enough for families to change their behaviors and to be able to safely care for their child, most said yes - with qualifiers. The majority of individuals interviewed indicated that staff know if the families are going to be able to make the required changes prior to the 12-month permanency hearing. Those interviewed agreed that the time frame is most appropriate for the younger children, when the initial bonding plays such a critical role in the child’s early development. However, respondents suggested that there is a real dilemma in the time frame with older children. Most site representatives surveyed expressed a belief that filing a Termination of Parental Rights petition may be harmful when there is no possibility of adoption or an alternative permanent home is clearly not in the best interest of the child. However, not all judges or attorneys are as convinced. This will bear watching as ASFA is implemented across the country.

Some of the insights about reduced timeframes of sites surveyed are highlighted below:

Trumbull County Ohio—“...We believe that 12 months is definitely long enough to know if the reunification plan will work. However, we are still unsure if the timeframe is long enough for substance abusing families, or those facing serious mental health issues to achieve service plan goals. We have waiting lists for mental health services, which causes us concern...”

New Jersey—“...We struggle with substance abusing families, families where mental illness is a problem or families where they have been involved in the child welfare system for generations. We do not always think 12 months is long enough in these cases, yet we understand 12 months is very long in the life of the child...”

Baltimore City Maryland—“...Certainly 12 months is long enough to judge the likelihood of success in achieving reunification. However, it is not long enough to effect treatment of some families, especially families who are drug involved. Trying to achieve the balance between preserving the child’s right to safety and permanency and effecting changes in lifetime patterns of substance abuse with parents who clearly love their children within 12 months is overwhelming and often heartbreaking...”

Vermont—“...By 12 months we have a very clear picture of the commitment of the family to reunification. It is not however, enough time to get a child into a permanent environment. We need better support by the judges to abide by the timeframes. Continuances do not provide the fair treatment that children deserve and only serve to confuse our concurrent planning efforts...”

Children’s Aid Society-New York City—“... If we have done our work, provided the services and really encouraged a teaming between birth and foster parents, it is enough time. However, we need to make certain that foster parents aren’t sabotaging success, that the service providers were really available when the family was in need. We should ask ourselves “is substance abuse a legitimate reason to terminate parental rights?...”

California—“...12 months is long enough if we do our work and if we use every moment of the AFSA timeframes to work with the birth family toward reunification. If we offer quality visitation opportunities, provide for intensive and flexible family supports and strive to ensure that the families are being heard in the process 12 months should be enough time for us to know of reunification is going to happen any time in the near future...”

Lee County Florida—“...We have found that we must work with our service providers to ensure service accessibility. You can put responsibilities and timeframes in place and if you do not have an effective and responsive system, the services are simply not accessible. For example, some local providers only have office hours or times for drug screening from 8-5. The kinds of jobs families have are not conducive to taking off during the day. Many parents may lose their jobs if they leave early or even try to take an extended lunch break. This impacts TANF and ultimately the parents ability to care for their children...”

Utah—“...12 months is a lifetime to an infant and yet is such a short time to a teenager. The law does not differentiate by age, and yet maybe our practice should...”

IV. EVALUATION

There are few formal evaluation projects in place measuring the impact and efficacy of Concurrent Planning. Those sites that are collecting data emphasize that they have not been compiling information long enough to be confident in their preliminary results.

Some of the data that has been generated from the sites in highlighted below:

New Jersey

Two years of data shows:

- 10% of the children involved in Concurrent Planning go home.
- Quality of care is much improved, less complaints and no neglect and abuse charges.
- Foster/adoptive parents are really treating these children as if they were their own.

Children’s Aid Society New York City

Based on our pilot we know by the third month what is going to happen. If parents are going to get involved, they do so by the third month.

Colorado 1998 data

The following chart shows the preliminary permanency outcomes within 3 counties implementing Expedited Permanency Programs and Concurrent Planning:

OUTCOME	JEFFERSON COUNTY	BOULDER COUNTY	EL PASO COUNTY
Returned Home	48%	30%	32%
Placed With Other Parent	5%	8%	13%
Relative Placement	17%	28%	34%
Foster/Adoptive	4%	13%	4%
Adoption (non-relative)	18%	13%	13%
Not in permanent placement	8%	8%	4%

Texas

One region tracked the number of children living in relative care now, as compared to one year ago and learned that in the past year they had more than doubled the number of children living with relatives. It is clear that their diligent efforts have been successful in finding caring relatives so that children do not have to enter foster care.

North Dakota

Our data after five years of practicing concurrent planning show:

- For those children with a filed TPR, about 80% of parents voluntarily terminated their rights
- Of the 116 children in care in one year (1997) 60 were targeted for concurrent planning. Of those 60 children, 18 were freed for adoption, 8 were placed in relative care, 30 went home.

Clearly, evaluating the impact of concurrent planning policies and practices is an important agenda item for the next few years. How many children are experiencing reduced lengths of stay, reduced numbers of moves and relationship disruptions, and more timely achievement of permanent home placements are some of the questions we need to be able to answer. Additionally, we will want to know whether children are safe and healthy!

V. CONCLUSION

Concurrent Planning is a set of best practices and tools used to efficiently and effectively overcome barriers to securing permanent families for children in out-of-home care. To be utilized, effective Concurrent Planning must be combined with a variety of good practice techniques. It is a practice that is still developing in child welfare agencies across the country.

ASFA serves as an impetus for many states to develop Concurrent Planning policies and practices. In order to do Concurrent Planning well our survey has taught us the following:

- Visitation opportunities must be enhanced. We need to break out of the traditional patterns of 60-minute visitations in cold sterile public agency offices and be creative. We need to create environments that present optimal chance for positive parent/ child interaction.
- Services must become increasingly flexible. Service plans cannot all look the same – families certainly don't.
- Supervision must evolve into an opportunity to ask fundamental reasoned questions about families and family systems. Effective supervisors are ever more key in helping sort through case information and make difficult decisions that support the best interests of children—whether those decisions are to reunify or to provide for another permanency alternative.
- Staff, judges, guardians ad litem, and attorneys should be introduced to the concept at the same time and ongoing joint training should be offered.
- Staff should be trained in conducting differential assessments and in using the information to develop targeted, outcome-based service plans for reunification, while aggressively searching for absent parents, other relatives and addressing Indian Child Welfare Act requirements at the same time.

While there are urgent reasons for implementing Concurrent Planning practice, there are also cautions that must be shared. The respondents from the sites interviewed and the experience of the National Resource Center for Foster Care and Permanency Planning suggests the following cautions:

- The fairness of the Differential Assessment process will be dependent upon the lack of bias of the social worker—if workers are not trained to look for strengths, they will not find them. Workers must be careful not to label or categorize because they will miss the families strengths and capacities.
- Thus, Differential Assessments must be conducted carefully and respectfully and workers must be trained in how to use the Differential Assessment tools with care.
- The recruitment and assessment of resource families must take into consideration the need for prospective foster parents who can do well walking the legal and emotional tightrope of Concurrent Planning within ASFA's time-frames.
- Resource families need to be oriented and trained to fully understand their role and supported as they carry it out.
- The Concurrent Planning process may be perceived as a fast track toward adoption unless social workers are carefully supervised and the case review process is rigorous and objective so that it can truly become a fast track to good practice.

We hope this survey has deepened the understanding of the range of issues to be considered in planning and implementing a Concurrent Planning initiative. For more information on how to assess your readiness to begin and to plan for implementation, please call us at (212) 452-7053. We can provide technical assistance related to policy development and program planning as well as training for key stakeholders and staff.

CONCURRENT PLANNING: TOOL FOR PERMANENCY SURVEY OF SELECTED SITES

BIBLIOGRAPHY

- Barbell, K. (1996). Foster care today: National and South Carolina perspective. Council on Child Abuse and Neglect. Foster parent recruitment and retention. Washington, D.C.: Child Welfare League of America.
- Bussiere, A. (January-February 1995). Family preservation, permanent placement can be compatible. Youth Law News, Vol. 16, No. 10, 10-11. Published by: National Center for Youth Law, 114 Sansome St., Suite 900, San Francisco, California 94104. Tel. 415-543-3307.
- Bussiere, A., Kroll, J. & Vick, C. (November-December 1993). Court education project seeks to remove barriers. Youth Law News, Vol. 14, No. 6, 1,6-9. Published by: National Center for Youth Law, 114 Sansome St., Suite 900, San Francisco, California 94104. Tel. 415-543-3307.
- Cahn, K. & Johnson, P. (Eds.). (1993). Children can't wait: Reducing delays for children in foster care. Washington, DC: Child Welfare League of America.
- Fahlberg, V. (1991). A child's journey through placement. Perspectives Press, Indianapolis, Indiana.
- Fanshel, D. & Shinn, E. (1978). Children in foster care: A longitudinal investigation. New York: Columbia University Press.
- Fein, E. & Staff, I. (1993). Last best chance: Findings from a reunification services program. Child Welfare, 72 (1), 25-40.
- Folaron, G. (1993). Preparing children for reunification. In Pine, B.A., Warsh, R. & Maluccio, A.N. (Eds.). Together again: Family reunification in foster care (pp. 141-154). Washington, DC: Child Welfare League of America.
- Garvin, C. D., Reid, W., & Epstein, L. (1976). A task-centered approach. In R.W. Roberts and H. Northen (Eds.), Theories of social work with groups (pp. 238-267). New York: Columbia University.
- Germain, C., & Gitterman, A. (1980). The life model of social work practice. New York: Columbia University.

- Goldstein, J., Freud, A., & Solnit, A.J. (1973). *Beyond the best interests of the child*. New York: The Free Press.
- Goerge, R. M., Wulczyn, F. H., & Harden, A. W. (1994). *A report from the multi-state foster care data archive: Foster care dynamics 1983-1993*. Chapin Hall Center for Children at the University of Chicago, 1155 East 60th Street, Chicago, Illinois 60637.
- Hardin, M. (June 1993). Permanency planning hearings that work. *American Bar Association Juvenile and Child Welfare Law Reporter*, 12:4, 60-64.
- Hess, P. M. & Proch, K. O. (1988). *Family visiting in-and out-of-home care: A guide to practice*. Washington, DC: Child Welfare League of America.
- Jackson, A.D. and Dunne, M.J. (1981). Permanency planning in foster care with the ambivalent parent. In *The challenge of partnership: Working with parents of children in foster care*, Maluccio, A.N & Sinanoglu, P.A. (Eds.), pp. 151-164. New York: Child Welfare League of America.
- Katz, Linda. (1990). Effective permanency planning for children in foster care. *Social Work*, 35, 220-226.
- Katz, L., & Robinson, C. (1991). Foster care drift: A risk-assessment matrix. *Child Welfare*, 70, 347-358.
- Katz, L., Spoonemore, N., & Robinson, C. (1994). *Concurrent planning: From permanency planning to permanency action*. Mountlake Terrace, WA.: Lutheran Social Services of Washington and Idaho. Tel. 206-672-6009.
- Katz, L., Spoonemore, N., & Robinson, C. (1994). *Courtwise: Making optimal use of the legal process to insure early permanency for children*. Mountlake Terrace, WA.: Lutheran Social Services of Washington and Idaho. Tel. 206-672-6009.
- Katz, L., Spoonemore, N., & Robinson, C. (1994). *Preparing permanency planning foster parents: A foster parent training manual*. Mountlake Terrace, WA.: Lutheran Social Services of Washington and Idaho. Tel. 206-672-6009.
- Leeds, Stephen J. (1993). *12 months to permanency*. Booklet published by: The Children's Aid Society, New York, N.Y. Requests for this report should be directed to Betsy Mayberry, Director of Services, Children's Aid Society, 105 East 22 Street, New York, N.Y. 10010.
- Lerner, S. (1990). *The geography of foster care: Keeping the children in the neighborhood*. New York: Foundation for Child Development.
- Littner, Ner. (1972). Some traumatic effects of separation and placement. New York: Child Welfare League of America.
- Littner, Ner. (1974) The challenge to make fuller use of our knowledge about children. *Child Welfare*, 53, 288-289.

- Maluccio, A.N., Fein, E., & Olmstead, K.A. (1986). *Permanency planning for children: Concepts and methods*. New York: Tavistock.
- Mass, H. & Engler, R. (1959). *Children in need of parents*. New York: Columbia University Press.
- Palmer, S. (1996). Placement stability and inclusive practice in foster care: An empirical study. *Children & Youth Services Review*, 18 (7), 589-601.
- Saleebey, D. (Ed.). *The strengths perspective in social work practice*. White Plains, NY: Longman.
- Tatara, T. (1993). *Characteristics of children in substitute and adoptive care: A statistical summary of the VCIS National Child Welfare Data Base*. Washington, D.C.: American Public Welfare Association.
- U.S. Department of Health & Human Services. (February, 1997). *Adoption 2002: A response to the Presidential Executive Memorandum on adoption issued December 14, 1996*. Washington, D.C.
- U. S. Department of Health and Human Services, Children's Bureau. (1994). *National study of protective, preventive and reunification services delivered to children and their families*. Washington, D.C.: U.S. Government Printing Office.
- U.S. General Accounting Office. (1997) *Foster care: State efforts to improve permanency planning show some promise*. Report to the Chairman, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives. To order publication, call or write: U.S. General Accounting Office, PO Box 6015, Gaithersburg, MD 20884-6015. Tel. 202-512-6000.
- U. S. House of Representatives, Select Committee on Children, Youth and Families. (1989). *No place to call home: Discarded children in America*. Washington, D.C.: U.S. Government Printing Office.

Compiled by Alice Boles Ott

CONCURRENT PLANNING: TOOL FOR PERMANENCY SURVEY OF SELECTED SITES

SITE CONTACTS

California

Laura Williams, Consultant
California Department of Social Services
Adoption Initiatives Branch
744 P Street
Mail Station 19-77
Sacramento, CA 95815
(tel) 916-322-6554

Frances Munroe
Santa Clara Department of Family and Children Services
1725 Technology Drive
San Jose, CA 95110
(tel) 408-441-5299

Colorado

Carol Kelly
Permanency Planning Program Specialist
Colorado Department of Human Services
Child Welfare Division
1575 Sherman Street
Denver, CO 80203-1714
(tel) 303-866-5962

Florida – Lee County

Debra Bass
Lee County Department of Child and Family Services
Child Welfare Legal Services
P.O. Box 60085
Fort Myers, FL 33906
(tel) 941-338-1147

Beverly Burns
Supervisor
Lee County Department of Child and Family Services
P.O. Box 60085
Fort Myers, FL. 33906
(tel) 941-338-1286

Maryland – Baltimore

Marsha Garrison
Policy Specialist
Baltimore City Department of Social Services
Family and Children Services Division
2923 E. Biddle Street
Baltimore, MD 21213
(tel) 410-361-8234

New Jersey

Ellen Kelly, Case Practice Specialist
New Jersey Division of Youth and Family Services
Office of Adoption Operations
P.O. Box 1717
Trenton, NJ 08625
(tel) 609-633-7849

New York City – Children’s Aid Society

Marva Williams
Director of Social Services
Children’s Aid Society
150 E. 45th Street
New York, NY 10017
(tel) 212-949-4966

North Dakota

Kate Kenna, LCSW
Regional Supervisor
Northeast Human Service Center
1407 24th Avenue South #108
Grand Forks, ND 58201
(tel) 701-795-3014

Ohio – Trumbull County Children’s Services

Craig Newman, Acting Director
2282 Reeves Rd.
Warren, Ohio 44483
(tel) 330-372-2010

Texas

Gloria Corder
Texas Department of Protective and Regulatory Services
6743 Camp Bowie Blvd.
Fort Worth, TX 76116
(tel) 817-735-9381

Utah

Sally Tasker
Out-of-Home State Specialist
Utah State Department of Human Services
Division of Child and Family Services
120 North 200 West 2nd floor
Salt Lake City, UT 84103
(tel) 801-538-4081

Vermont

Cindy Walcott
Planning, Policy and Practice Unit
SRS Social and Rehabilitative Services
103 South Main Street
Waterbury, VT 05671
(tel) 802-241-2126

Washington

Marti Bartlett
Office Chief of Quality Assurance and Training
Washington State Department of Human Services
Children's Administration
P.O. Box 47986
Seattle, Washington 98146-7896
(tel) 206-933-3371