

Implementing

Concurrent

Planning

A Handbook for Child Welfare Administrators



National Child Welfare
Resource Center for
Organizational Improvement



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What is concurrent planning?

Ensuring that children in foster care are placed in permanent homes as quickly as possible has been a priority for child welfare professionals for over two decades. Yet throughout this period, practitioners have struggled to balance the needs and rights of the biological family with the child's need for timely permanence.

In response to the passage of the Adoption Assistance and Child Welfare Act of 1980, most states developed a sequential approach to permanency planning—first, workers actively pursue the child's reunification with his or her biological family; then, if all hope of reunification is ruled out, workers explore other permanency options, such as adoption or guardianship.

While the sequential approach emphasizes the primacy of family reunification as a permanency option, it has had an unintended negative consequence – children who cannot return home often linger in foster care for many years, often experiencing multiple moves before exploration of other permanency options begins. To address this concern, practitioners have sought an alternative practice model, one that allows children to be placed in permanent homes more quickly.

This model is known as concurrent planning. The National Resource Center for Foster Care and Permanency Planning defines concurrent planning as:

“a process of working to wards reunification while at the same time establishing an alternative or contingency back-up plan...concurrent rather than sequential planning efforts to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family...”

Components and benefits

When implemented effectively, concurrent planning touches all parts of the child welfare system. The main components of a concurrent planning model include:

- early assessment of the core conditions that led to out-of-home placement, the strengths of the family, and the likelihood of reunification within 12-15 months;

- initial placement of the child with a resource family who can, if necessary, become the permanent home;
- special recruitment efforts for resource families;
- firm time lines for permanency decisionmaking — usually 12 months unless there are extenuating circumstances — during which both reunification and alternative permanency options are pursued;
- full disclosure to the parents and foster parents about time lines, services, visitation, court actions, and alternative permanency decisionmaking;
- early paternity determination;
- case planning that includes early and intensive service provision to parents, focusing on parental ability and willingness to make changes to undertake caretaking responsibilities;
- coordination of service provision and court decisionmaking around permanency time lines;
- regular reviews of progress focusing on treatment plans and visitation; and
- when reunification is not possible within a reasonable timeframe, ongoing support to permanency resource parents through and after the adoption.

The potential benefits of concurrent planning are significant. Under this model, it is anticipated that children will experience fewer moves and be placed with permanent families more quickly. Because children do not linger in temporary foster care with multiple moves, problems of attachment and trust will be minimized.

In addition, concurrent planning requires that focused, supportive services to promote reunification be provided early in the out-of-home placement experience. This level of service gives parents the best opportunity for changing the patterns that led to the child's removal.

Finally, the simultaneous pursuit of both reunification and an alternative plan requires an enhanced level of support to "fost-adopt parents" (also called "permanency planning parents" or "resource families") if they are to support efforts toward reunification while caring for a child they are willing to adopt. Thus, concurrent planning potentially benefits not only children, but also their biological parents and providers of out-of-home care.

A little history

The concept of concurrent planning was first formulated, but not labeled, by Irmgard Heymann and her colleagues, working in Chicago in the late 1960s and early 1970s. Their experience suggested that a caseworker's frank discussion concerning permanency when the child first entered foster care, coupled with a diagnostic look at the parental visiting pattern, could greatly reduce foster care drift and facilitate earlier permanency. (Weinberg and Katz, 1998:5) Other jurisdic-

tions across the country were also using legal-risk or pre-adoptive placements when the likelihood of reunification seemed low. (New York City, late 1970s)

The origin of the term “concurrent planning” is attributed to the Washington State Department of Social Services and its work with Linda Katz at Lutheran Social Services of Washington and Idaho in the early 1980s. Practitioners realized that in cases where the prognosis for reunification was poor, it made sense to place children as early as possible in homes where they could remain. (Interview with Norma Spoonmore, Lutheran Social Services, May 19, 1999 Seattle, Washington)

Over the past two decades several additional jurisdictions, particularly counties in California and Colorado, began implementing concurrent planning practices. With the passage of the Adoption and Safe Families Act of 1997 (ASFA), the concept of concurrent planning achieved national stature.

The impact of ASFA

The Adoption and Safe Families Act of 1997 supports the concept of concurrency on several levels, but stops short of mandating concurrent planning in all situations. The law does not require a state to engage in concurrent planning during the period in which the agency is working to reunite a family. However, it does specify that reasonable efforts to place a child for adoption or with a legal guardian *may* be made concurrently with reasonable efforts to reunite the family (42 U.S.C. 671 (a)(15)(F): 1997).

ASFA encourages the use of concurrent planning—with good supervision, training and applied on a case-by-case basis. Further, for children who have been in foster care for 15 of the most recent 22 months, ASFA requires the state to file a petition to terminate the parental rights when certain exceptions do not exist. The state must concurrently identify, recruit, process, and approve a qualified family for an adoption when it files or joins a petition to terminate parental rights. States are required to make reasonable efforts to find permanency for children who cannot return to their biological parents.

State legislative response

A 1998 review of statutes and practices (Katz, 1998) suggests that states’ policies regarding concurrent planning vary significantly.

Of course, it is not essential to have a statutory change to enable a state to pursue concurrent planning. It can, and often is, pursued through policy changes. ASFA has facilitated such directions.

Idaho, Iowa, Nebraska, Washington, and Wisconsin are among those states whose statutes allow for, but do not mandate, concurrent planning. The language of these statutes makes clear that the simultaneous pursuit of reunification and adoption is not inconsistent. As Iowa’s statute states, “the goals reflect divergent possible outcomes for a child in an out-of-home placement” (Katz, 1998).

Oregon law requires concurrent planning in all cases except those in which no effort is required for reunification. The law requires appropriate services to provide all parents with the opportunity to improve their circumstances so that the child can be returned within 12 months. It also requires an “alternate permanent plan” be implemented if the parent is “unable or unwilling to adjust the circumstances, conduct or conditions” that led to the child’s removal. If reasonable efforts have been made and the child cannot be safely returned to the parents after 12 months, it is assumed the implementation of the alternate plan is in the child’s best interests.

California law requires that concurrent plans be developed for all children placed in foster care. In practice, in those cases where family strengths are present and there are few poor prognosis indicators, the extent of the concurrent services plan is to reassess the case progress at 90 days. As long as the prognosis remains good, the concurrent services plan remains as “periodic reassessment.”

While a potential permanent placement is identified for these children, they are not necessarily placed there. On the other hand, children from families with a poor reunification prognosis are placed as soon as possible with a potential permanent family. (Katz, 1998:9)

Colorado law requires that concurrent planning be used to expedite permanency for cases where there is a pattern of habitual abuse of another child. The statute also makes it clear that “efforts to place a child for adoption or with a legal guardian or custodian may be made concurrently with reasonable efforts to preserve or reunify the family” (19-3-598(7) 1998).

Laws in *Illinois* and *Mississippi* provide criteria for judging the appropriateness of concurrent planning in cases where reunification is unlikely. These criteria include the severity of the abuse or neglect, past history of the family, level of cooperation of parents, and the foster family’s willingness to adopt as well as their willingness to work with the family to reunite.

Minnesota also requires the development of guidelines and protocols for concurrent planning. The statute cites the following considerations: age of the child, duration of out-of-home placements, prognosis for reunification, availability of relatives or others for permanency, and special needs of the child. (1998 Minn. Sess. Law Serv. Ch. 406 Art. 2 Sec.2)

The statute specifies that implementation must include involvement of parents and full disclosure to them of their rights and responsibilities, goals of concurrent planning, support services available, permanency options, and the consequences of not complying with case plans. Technical assistance, support, and training for agencies and other individuals involved in concurrent planning must also be provided. The statute requires an evaluation by year 2001. Implementation was tied to funding, and the law authorized \$9.3 million, which can be used by counties as they determine.

Guidance issued by the Minnesota Department of Human Services specifies two target populations for concurrent planning: children under age 8 who are

likely to remain in care longer than 90 days with poor prognosis for parental improvement, and children who meet egregious circumstances laid out in statute. An attorney and social worker were hired to oversee and facilitate county implementation.

Given the variation among state statutes, it's not surprising that states' experience with implementation of current planning has differed greatly, too. This report looks at the experience of three jurisdictions in implementing concurrent planning. Based on their experience – as well as that of other individuals interviewed – this report also provides guidance for child welfare administrators who are moving into the concurrent planning environment: issues to tackle prior to getting started, changes in policy and practice, and resources to assist in the transition.

Implementing Concurrent Planning: Three Case Studies

How have states gone about implementing concurrent planning? What impact has it had on outcomes for children?

Since concurrent planning is a relatively new practice, few states have undertaken full implementation and a rigorous evaluation process. The following section examines the experience of three jurisdictions that have done so to varying degrees. It presents both the process of implementation as well as available outcome data.

Washington

Implementation Process

Concurrent planning began in Washington under the auspices of a private, child placement agency and was later adapted as a pilot project by the public child welfare agency.

In 1986, Lutheran Social Services of Washington and Idaho initiated a permanency planning project funded by a grant from the U.S. Department of Health and Human Services. Parents served through the project were among the agency's most difficult cases. They were characterized by chronic dysfunction, long-standing substance abuse, domestic violence, sociopathic personality disorder, criminal histories, homelessness, and various forms of mental illness.

Children served were very young and had experienced an average of two prior out-of-home placements. Statistically, they were likely to spend years in placement without achieving permanency.

The project utilized a "two-pronged casework" model – the forerunner of today's "concurrent planning." Casework was provided by "permanency planning workers" with mixed caseloads, developed by combining the agency's separate departments of foster care and adoption. Specialized attorneys provided consultation and representation as well as help in staff training and mediation efforts.

Other features of the project included:

- reduced caseloads – a maximum of ten children per worker,
- early case planning — within 30 days,
- intensive services to parents — weekly in-person casework as well as diligent efforts to locate absent parents;
- written contracts with parents;

- an emphasis on parental visitation at least weekly,
- use of foster-adoptive placements, known as permanency planning foster families; and
- exploration of open adoption, when appropriate.

In 1988-89, Seattle's Division of Children and Family Services initiated a pilot project modeled after the Lutheran Social Services program. The King County High Risk Project placed children from the central city during the height of the crack cocaine epidemic.

The criteria for inclusion were the same as those in the Lutheran Social Services program — young children with chronic family pathology. Caseloads were limited to 20 children per caseworker. The project received community support because it both provided assistance to birth families and recruited permanency planning families from communities where the children lived.

In 1990 project supervisor Chris Robinson arranged for training of Washington Department of Social Services staff in concurrent planning, which continues to characterize practice in the state today. Washington law allows for, but does not mandate, concurrent planning; nor does it define criteria for identifying appropriate cases. However, several parts of the state are focusing on criteria similar to those originally identified by Lutheran Social Services — children under three years old who have been in care more than 90 days. Prognostic assessments are conducted with the families of these children; when chronic abuse or neglect problems are present and the family has a history of not responding to treatment, concurrent planning is undertaken. (Katz, 1998:8)

Outcomes

The Lutheran Social Services project succeeded in demonstrating a combination of administrative and casework components that resulted in effective, timely permanence. (Katz, 1990) A total of 39 children were served by the project between July 1, 1986 and February 29, 1988. Of these, 76% (30 children) achieved permanency during the project period: 21 children were relinquished, seven had parental rights terminated, and two returned home.

Project personnel believe that relinquishment rates were high because parents were told from the start that long-term foster care was not an acceptable option; only reunification or adoption by foster parents would serve their child's best interest. In addition, parents had the opportunity to meet with the foster-adoptive parents frequently during visitation. Many parents relinquished to avoid having their parental rights legally terminated.

Open adoption was presented as an option if parents were able to maintain constructive contact with the child. Ongoing exchange of pictures and letters through the agency and, in some cases, ongoing visits with the child and adoptive parents were established in 26 of the 28 cases resulting in adoption (93%).

The average time from intake to permanency was 13.1 months. Data indicate that 82% of the children had only one placement during the project period.

A longer-term study of Lutheran Social Services (Katz, 1996) included 92 children served over a 10-year period. Of these children, 85.5% were adopted by their permanency planning foster parents; the rest (14.5%) returned to their birth family. Approximately half of the terminations were voluntary, and open adoption was common.

The children had an average length of stay of ten months from intake to permanency. Nearly all of these children (92%) had only one placement.

A two-year research follow-up of 109 cases served by the King County High Risk Project showed that the concurrent planning group had a higher number of permanency plans accomplished than the control group. In addition, adoption disruption rates were lower.

Within one year 55 of the 65 cases were resolved — 50 were adopted by their foster parents or placed in guardianship with them, four were returned home, and one was placed in guardianship without the termination of parental rights. (Robinson, 1989)

California

Implementation Process

The San Mateo County Human Services' Youth and Family Service Division initiated its concurrent planning and a foster-adoption program in 1980. The initiative evolved out of a 1977 Family Preservation pilot that identified a group of families who were not likely to be successfully reunified.

Under the leadership of Elsa Ten Broek, the program promoted the concept of positive permanence and positive continuity, measures to assure that “ideally there should be no more than one or two moves for the child — entry into shelter care and then placement in a foster adoptive home.” (NACAC, 1998:9)

Cases referred to the program were characterized by parents who:

- had a history of voluntary or involuntary termination of parental rights for a child;
- had not visited their child or visited infrequently;
- were unavailable or uninvolved in the case;
- were drug abusers or severely emotionally disturbed and did not become involved in treatment; or
- were unidentified or could not be located.

San Mateo's foster adoption program still functions today. Over the years, however, the county has made important efforts to restructure the foster adoption and family reunification units to enhance worker collaboration.

In the mid-1990s a number of initiatives on the state level brought further attention to the concept of concurrent planning.

The California 1996 Budget Act created the Governor's Adoption Initiative to "develop proposals to make improvements in the areas of kinship adoptions, open adoptions, adoptions of older and minority children, and concurrent planning for children in out-of-home care."

The Adoption Policy Advisory Council was formed to advise the Department in the implementation of the Initiative. The Council's seven workgroups included one on concurrent planning. The workgroup defined concurrent planning as:

The process of immediate, simultaneous and continuous assessment and case plan development that provides a continuum of options to achieve early, family-based permanency for every child removed from his or her family. Concurrent planning is a court/agency/family collaboration, which must include probability of reunification, availability of extended family resources, and the identification of a family who will commit to legal permanency for the child.

Of the seven workgroups, the highest priorities for policy development were placed on kinship adoption and concurrent planning.

The Progress Report submitted by the Governor's Adoption Initiative to the Legislature in February 1997 identified several statutory barriers to the adoption process. These included:

"...statutes that can be misinterpreted to require sequential rather than concurrent planning; statutes that do not consider child's developmental needs in establishing reunification timelines; statutes that allow a plan of long-term foster care with insufficient evidence that the child is inappropriate for adoption; and statutes that require that reunification services be given parents who do not want them."

The workgroup reported that case planning and service delivery were normally conducted in a sequential, rather than concurrent, manner, which delayed permanency. In addition, a survey of all California counties indicated that none implemented concurrent planning with all of its attributes, but six counties (Sacramento, San Bernardino, San Francisco, San Mateo, Shasta and Solano) had developed formal programs that contained some of the key elements of concurrent planning.

In October 1997 the California legislature enacted far-reaching legislation (AB 1544) to require concurrent planning for all children in out-of-home care. Under the statute, case plans must include services to achieve "legal permanence" should reunification fail. The status of these services must be addressed in court reports on these cases. AB1544 allows the court to forgo ordering family maintenance or

family reunification services in circumstances where the parent or guardian has advised the court that he or she does not wish to receive such services.

In addition, the statute required the department to develop guidelines for a model relative placement search and assessment process by January 1, 1999. It also established a kinship adoption option, which modifies and clarifies adoption proceedings when the adoptive parent is a relative.

Finally, the statute specifies that the option of relinquishment must be given to parents who can participate in adoption planning. It requires the social worker “to include in the dispositional court report a discussion of whether the parent was advised of the option to relinquish the child and participate in the adoption planning.”

Outcomes

No statewide data on the implementation of concurrent planning exists at present. However, a study of San Mateo County’s concurrent planning cases during 1990-1996 reported a median length of stay in the concurrent planning program of five months, compared to 17 months for California overall. Most concurrent planning cases were resolved within 12 months.

In addition, the rate of foster care re-entry was very low for concurrent planning cases (12%), as compared to California as a whole (19%). (Needell et al, 1996)

Colorado

Implementation Process

The 1994 session of the Colorado legislature passed HB 1178 to provide for “an expedited placement procedure to ensure that children under the age of six years who have been removed from their homes are placed in permanent homes as expeditiously as possible.” (19-1-102) The statute required that children under six at the time a petition is filed

“...shall be placed in a permanent home no later than twelve months after the original placement out of the home unless the court determines that a placement in a permanent home is not in the best interests of the child at th at time.” (19-3-703)

Since Colorado is a county-administered state, a phased-in implementation of the expedited permanency program (EPP) was planned. The first counties began implementation in July 1994; statewide implementation is expected by June 2004.

Elements of Colorado’s expedited permanency program include:

- accelerated hearings — adjudication, disposition, permanency planning — and court review processes for children under six (and their siblings when included in the same petition),

- earlier, more intensive service provision for parents and children,
- reduction or elimination of delays or continuances of judicial proceedings, and
- the possibility of termination of parental rights if parents do not show “adequate improvement” in the areas leading to out-of-placement of their children, or do not attend visits without “good cause.”

Although the EPP legislation did not require concurrent planning, the practice was formally adopted in at least one jurisdiction — Jefferson County — and informally utilized in other counties as they began their implementation of expedited permanency. Counties implementing EPP found that to meet the tight permanency timeframes, significant changes in practice were necessary. These included:

- placing the child in a potentially permanent home very early on, if not immediately after removal;
- informing parents about the 12-month timeframe for permanency;
- engaging parents early on in working toward reunification or participating in permanency decisionmaking;
- accelerating recruitment of “fost-adopt” parents ; and
- involving extended family members in decisionmaking and in care of children removed from their parents’ homes.

Thus, once expedited permanency was required, many forces combined to support adoption of concurrent planning.

In 1998 the Legislature passed a statute allowing, but not mandating, concurrent planning. The statute specified that “efforts to place a child for adoption or with a legal guardian or custodian may be made concurrently with reasonable efforts to preserve and reunify the family.” (CRS 19-3-508-7)

To support this legislation, the Colorado Department of Human Services issued a *Concurrent Planning Guide*, based in part on the indicators found in the 1994 Lutheran Social Services publication. (Katz, Spoonemore, and Robinson, 1994). The Guide includes indicators for early reunification, which imply that concurrent planning is not needed. The Guide also includes “poor prognosis indicators,” which signify that concurrent planning is necessary.

“Poor prognosis indicators” include the following:

- serious physical abuse
- sexual abuse of child by parent
- failure to thrive infant
- significant neglect
- child has been victim of more than one form of abuse
- previous placement of this child or other children

- previous relinquishments of a child
- repeated pattern of uncertainty as to desire to parent
- inconsistent contact with child
- parental mental illness not historically or currently well controlled
- parent continued residence with someone dangerous to child
- parent raised in foster care
- pattern of parental criminal involvement
- documented history of domestic violence
- parent has degenerative or terminal illness
- previous reunification has disrupted
- intergenerational abuse and lack of change in family dynamics
- previous interventions and/or treatment unsuccessful
- parent restricted in ability to parent due to developmental disabilities
- lifestyle and support system choices place child at risk through inappropriate caregivers
- only visible means of financial support derived from prostitution, drugs, or other crime

The Guide emphasizes that no indicator, in isolation, means reunification is unlikely; assessment of indicators must be balanced by consideration of parental strengths and supports, which are also listed in the Guide. Indicators are intended to guide team decisionmaking, rather than serve as a “checklist” for an individual caseworker.

Colorado’s *Concurrent Planning Guide* also presents indicators requiring immediate implementation of the alternative permanent plan. These guidelines are based on the criteria for termination of parental rights in the *Colorado Children’s Code*. They include:

- abandonment of a child adjudicated dependent or neglected;
- clear and convincing evidence that no appropriate treatment plan can be developed to address the unfitness of the parent or parents (including emotional or mental illness rendering parent unable to care for the child within a reasonable period of time);
- a single incident resulting in serious bodily injury;
- parental confinement without eligibility for parole for at least six years;
- an identifiable pattern of sexual abuse; or
- serious bodily injury or death of a sibling due to proven parental abuse or neglect.

Outcomes

Between 1995 and 1998, the Colorado Department of Human Services evaluated the impact of expedited permanency in the first two counties to implement the state's EPP legislation (Schene, 1998). In the first year of implementation, evaluators identified all cases that met guidelines for expedited permanency and remained in out-of-home care beyond the temporary custody hearing (the EPP group). Evaluators also identified a comparison group that met the same criteria but entered the system the year prior to county implementation.

There were a total of 235 children in the study group as a whole — 130 EPP children and 105 comparison group children. Each group was followed for a period of 18 months, beginning with the filing of the dependency and neglect petition.

Evaluators examined case records and completed a formal protocol at 6, 12, and 18 months after the child entered placement. Interviews were conducted with caseworkers, supervisors, administrators, community service providers, and court personnel who had been involved with the children and families. The state information system provided placement histories and placement costs for all cases.

The study showed that the proportion of children in permanent homes at 12 months was higher, to a statistically significant degree, for the EPP group than for the comparison group. In one county, 85% of the EPP group were in permanent homes at 12 months compared to 63% of the comparison group. In the other county, 84% of the EPP group and only 56% of the comparison group were in permanent homes at 12 months.

Most of the children found permanency within their immediate or extended families through reunification, placement with the other parent, relative foster-adopt, or relative guardianship. The level of disruptions to permanency in expedited cases did not exceed that of the comparison group in either county over the 18-month study period.

The study found that both counties emphasized in practice all of the principles of concurrent planning, although the emphasis was more overt in one of the counties. Through training and supervisory direction, staff in both counties were made aware of the importance of:

- placing children in potentially permanent homes from the outset,
- limiting the number of moves for children,
- conducting early searches for extended family resources,
- providing outreach and support to kinship systems and extended families in making decisions about permanency, and
- recruiting and supporting foster-adopt families, both before and after placement.

Before You Start...Issues to Consider Before Implementing Concurrent Planning

Implementing concurrent planning represents a significant change in child welfare practice. It impacts almost every aspect of agency activity.

Smooth implementation depends on careful planning. The experience of jurisdictions that have implemented concurrent planning points to a number of important decisions that managers must make at the outset.

1. Define your target population

Should all children who are removed from their homes receive concurrent planning? If not, who should the target population be – young children only? Children whose families show poor prognosis for reunification? Other discrete populations?

Some argue that the components of concurrent planning are good practice for *all* cases, so it makes little sense to spend time and energy determining who is and isn't a candidate. For example, all cases benefit from the use of firm time lines for permanency, full disclosure to parents, exploration of family members as caretakers, early paternity determination, frequent visitation, and active examination of parental ambivalence.

Others counter that it's a poor use of agency resources to pursue an alternative permanency plan when there are strong signs pointing to successful reunification. Still others maintain that the realities of workload and resources dictate that concurrent planning only be provided for a specific population. In such cases, managers implementing concurrent planning must first *determine* and then *communicate* a target population for these services.

What is the most appropriate target population? Data on concurrent planning is too new to provide a definitive answer. Jurisdictions that have targeted very young children point to the importance of early attachment and bonding in determining the long-term emotional health and well-being of these children.

Others believe that older children have needs for timely permanence that are equally important: Because these children are more likely to have experienced multiple out-of-home placements, they have an acute need to form secure connections if they are to move toward healthy adolescence and young adulthood. (Williams, 1999)

What factors should managers consider in determining a target population? At a minimum, this decision should consider:

- statutes – Does state law mandate concurrent planning for all children or for specific populations? Does state law prohibit certain efforts toward adoption until after termination of parental rights?
- resources — Given staff workload as well as the availability of permanency families and community-based services, is it feasible to undertake concurrent planning for all cases? Or would defining a subgroup be more likely to achieve a successful outcome?
- case-related factors – Should concurrent planning cases be identified by age or prognosis for reunification or both? If prognosis is a factor, how will it be assessed?
- agency-related factors – Given the agency’s culture and dynamics, does it make sense to adopt concurrent planning in certain geographic areas or within certain units first, perhaps following a phased-in implementation? This could be used to identify barriers in agency culture, local procedure and philosophy, and develop strategies to deal with these barriers.

In some cases, agencies have opted for solutions that are not “either/or” in nature. One creative resolution has been suggested by Laura Williams of the Adoptions Initiative Bureau of California’s Department of Social Services. In California, concurrent planning is mandated for all out-of-home placement cases. However, to make this process manageable, all cases get an assessment of the prognosis for reunification, and all cases receive a concurrent plan – however, if the prognosis for reunification is good, children are placed in a regular foster home or with relatives; if the prognosis is poor, placement is with a foster-adopt family or with a relative willing to consider adoption. (Williams, 1999)

2. Determine the permanency options you will consider

Concurrent planning requires that caseworkers simultaneously pursue both family reunification and adoption as alternative options for permanency. However, jurisdictions differ in their definition of what is an acceptable alternative permanency option.

Should concurrent planning involve only adoptive family settings as the alternative to reunification? Or should concurrent planning encompass other alternatives — for example, guardianship arrangements, or placement with relatives who are not willing to adopt? Are there factors related to the child (for example, age, health status, sibling relationships) that may affect the range of alternative permanency options the agency will consider?

As with target populations, there is no “right” answer to the question of which permanency options an agency will accept as part of a concurrent plan. The important factor is that options are clearly defined and communicated to staff prior to implementation of the agency’s concurrent planning program.

3. Define timeframes you can live with.

Concurrent planning developed as a strategy to move children into safe, permanent homes more quickly than is often the case in traditional practice. But how quickly...and at what expense?

Most frequently, state statutes or agency policies allow a 12-month timeframe for the exploration and selection of permanency options. Yet, agencies have struggled mightily with the implementation of this practice. Is it reasonable, some ask, to expect troubled parents — particularly those with long-term substance abuse problems — to safely parent after one year? On the other hand, is it fair to the child not to?

This dilemma has led many jurisdictions to incorporate a degree of flexibility within the 12-month timeframe. While this strategy solves one problem, it creates another — when does “flexibility” become a crutch that allows agencies to continue to leave children in limbo while waiting endlessly for parents to change?

The solution, of course, is easy to say, but harder to do. Managers must:

- define timeframes that their staff can live with,
- determine under what conditions exceptions can be made, and
- build in regular review of those cases which — for whatever the reasons — don’t comply with concurrent planning timeframes.

A related issue is how to determine the point at which the child is considered to be in a permanent home. In many jurisdictions, it is unusual to complete all the steps for legal and placement permanency within 12 months, even under the best of circumstances. Yet what arrangements, short of legal permanence, are acceptable permanency outcomes? Again, there’s no “right” answer to this question, but successful implementation of concurrent planning requires that managers acknowledge the issue and provide ample guidance for staff on acceptable options. ASFA timelines are rapidly influencing this area.

4. Assess the availability of reunification services.

Since the passage of the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272), child welfare agencies have been required to make “reasonable efforts” to reunify families. Not surprisingly, agencies as well as courts have struggled to determine what that means. If services that could help a parent to successfully care for his or her child are simply not available, can the agency say that it has made “reasonable efforts” to reunite the family?

The advent of concurrent planning intensifies, rather than relieves, the agency’s responsibility to provide effective reunification services — and intensifies the debate around what is *reasonable* versus what is *available*. If parental substance abuse is not immediately identified and treated, a 12-month timeframe may not allow for a successful outcome. In this case, can a caseworker move to implement a concurrent plan that involves the termination of parental rights?

For example, the agency must review contracting guidelines regarding the initiation of service delivery by providers to assure services to parents are started in a timely way.

Successful implementation of concurrent planning requires a realistic appraisal of the services available to support reunification. While the agency may always have a “wish list” of additional services, it must identify those core services that are necessary to support reunification and take assertive steps to make sure they are available throughout the jurisdiction. This isn’t an easy task, but it’s necessary if concurrent planning is to be implemented fairly and successfully.

5. Involve the courts early in the process.

Concurrent planning requires close coordination between the courts and the child welfare agency. Therefore, it is critical that courts be involved in the early stages of planning for implementation. For concurrent planning to be effective, courts must embrace both the philosophy as well as the practical implications of this approach.

While implementation of concurrent planning imposes many requirements on the child welfare agency, it also imposes some changes on the operation of the court. For example, to meet timeframes for decisionmaking on concurrent planning, it is often necessary to accelerate the schedule of dispositional, adjudicatory, and permanency planning hearings. The court must frequently reduce the practice of granting continuances if permanency timeframes are to be met.

Concurrent planning may also bring about other changes in the interaction of the court and the agency. For example, treatment plans submitted to the court for review will reflect both reunification efforts and an alternative option. They also must reflect vigorous service provision to parents and expectations of active parental participation, particularly around visitation.

Concurrent planning requires the court to hold the agency accountable for these services. It must also consider the agency’s activities in a number of other areas, including the early and comprehensive search for relatives and full disclosure to biological and foster-adopt parents regarding the requirements and timeframes of concurrent planning.

Finally, the court needs to assure that timeframes for concurrent planning are met or, if extended, that there are compelling reasons to do so.

For these reasons – and many others – it is critical that the courts be involved early in the process of planning for implementation of concurrent planning. Court/agency coordination is indispensable to the effective functioning of a concurrent planning model.

Changing Policy

Implementation of concurrent planning represents a significant change for most public child welfare agencies. Not surprisingly, implementation “bumps up against” many of the agency’s long-established policies – so successful implementation takes more than simply writing a policy on concurrent planning and inserting it into the agency’s policy manual.

Effective implementation requires a thorough review of policies in a number of areas to identify and clarify potential conflicts – nothing will sabotage successful implementation more quickly than staff perception that longstanding rules have, and sometimes, have not changed and the agency’s expectations have become unclear.

While every agency’s policies are structured differently, here are steps that managers can take to reduce the possibility of policy conflicts that lead to staff confusion.

1. Review your policies on family reunification.

Child welfare policy has been heavily oriented to promote sequential planning, with family reunification as caseworkers’ first and foremost priority, for many years. While implementation of concurrent planning does not change the agency’s responsibility to pursue family reunification, it does, by definition, require that caseworkers simultaneously — and energetically — pursue an alternate form of permanency. The result is a conflict on the policy level that must be resolved if staff are to move forward with a clear understanding of their roles.

To successfully implement concurrent planning, managers must begin by surveying the many ways that the agency communicates its policy. In most cases, the notion of sequential planning, with its emphasis on family reunification, is communicated through the agency’s formal policy documents, through staff training, and through the daily conversation of front-line supervisors.

In order for concurrent planning to succeed, each of these mechanisms must present a consistent and unambiguous message to staff. That means that managers must provide leadership in *articulating and clarifying* the focus of the agency’s intervention with families. They must communicate to staff that:

- The job of the caseworker is to secure permanence for the child.
- The job of the parent is to use the services made available to work toward reunification.
- If reunification is not successful, despite the assistance offered by the agency, the caseworker’s role is to ensure a positive outcome for the child by facilitating placement in another safe, permanent home.

Once this focus is articulated, managers must also oversee the task of ensuring that all agency communications reflect the message accurately. That may mean a thorough review and updating of agency policy manuals, a revision of sections of the agency's staff training curriculum and, perhaps most important, discussions with front-line supervisors to ensure that that agency's "oral culture" is in line with its formal policies.

2. Look at the impact of concurrent planning on kinship care and, if necessary, clarify your policies.

In recent years child welfare agencies have made important strides in recognizing and supporting the importance of kinship care. Policy in most child welfare agencies encourages early and intensive searches for relatives who are willing to provide a permanent home. Concurrent planning, with its emphasis on early permanency and single placements, can increase the likelihood that kinship placement will be selected as a permanency option.

Implementation of concurrent planning, then, may intensify a number of policy issues that are inherent in kinship placements. These include the following concerns:

- How do caseworkers assess the safety and appropriateness of a relative's home? Do relatives need to meet the same standards as non-relatives or are there non-safety areas in which standards can be modified or waived?
- How can the agency address the reluctance of some relatives to adopt when the birth parent faces an adversarial action for termination of parental rights? If the relative is willing to care for the child, but is hesitant to adopt due to family loyalties, when is it appropriate for the agency to consider the child to be in a "permanent placement"?
- Can the agency expect relatives to limit a child's ongoing relationship with a birth parent if he or she has been dangerous to the child? What impact does this dynamic have on consideration of the relative as a permanent home for the child?

Clarification of these issues will sharpen the agency's kinship policies and support the effective use of relative placements in concurrent planning.

3. Assess policies on placement of children of color outside of their ethnic or racial communities.

Children of color comprise 64% of the foster care population. They are disproportionately represented in foster care by a margin of two-to-one, and they remain in care longer than other children (Greenblatt, 1997:2). For this reason, successful implementation of concurrent planning requires careful consideration of its impact on children of color.

Not surprisingly, concern has been raised that implementation of concurrent planning will result in “fast track” terminations of parental rights for children of color. This challenge requires rigorous review of several aspects of the agency’s policies regarding placement of children of color. This review should consider these questions:

- What priority does agency policy place upon the identification of extended family members who are willing to care for children?
- What is the agency’s policy regarding selection of non-relative caregivers?
- Does policy encourage staff to make use of grassroots and faith-based community organizations to identify families who may be resources?
- What steps does the agency take to ensure that community services are culturally appropriate?
- To what extent does the agency actively recruit families which reflect the population of children in care to become foster-adopt parents?
- Has the agency implemented the requirements of MEPA (the Multi-ethnic Placement Act)?

Thoughtful discussion of these issues, both within the agency and within the community, is critical in order to ensure that implementation of concurrent planning does not have an unintended, negative consequence for children of color and their families.

Changing Practice

Changing policy to be consistent with concurrent planning is an important piece of any manager's "to-do" list. But the real test of concurrent planning comes at the front-line practice level. Several critical changes in practice must take place in order to successfully implement concurrent planning.

1. Re-frame staff roles to support a concurrent planning model.

Traditionally, child welfare agencies have defined the roles of staff to fit with a sequential planning model: Child Protection staff work with birth parents and develop treatment plans leading to reunification; Foster Care staff find, evaluate and support homes for the temporary care of children; and Adoption staff work with children and adoptive families following the termination of birth parents' rights.

Concurrent planning demands a different organizational model. Experience has led some agencies to break down the boundaries among their Child Protection, Foster Care, and Adoption staff by making all staff members into "Permanency Planning" staff. Other agencies have brought staff together to share case responsibilities from the outset, rather than becoming involved sequentially. Still other agencies have developed specialized expertise to handle some of the aspects of concurrent planning – for example, intensified visitation, family group decisionmaking, or relinquishment counseling — rather than assuming that all staff can take on these additional roles.

2. Refine protocols for family assessment.

Effective concurrent planning requires early and comprehensive family assessments to identify families that are likely to be reunified with their children as well as those for whom the prognosis is poor. These early prognostic assessments examine family strengths as well as indicators of firmly entrenched patterns working against safe parenting.

A key issue in the implementation of concurrent planning, then, is determining the assessment tools to be used and training caseworkers to conduct these assessments.

3. Train staff on techniques for working with parents around relinquishment and open adoption issues.

Many jurisdictions that have implemented concurrent planning have seen increases in both voluntary relinquishments and open adoptions — adoptions in which children and birth parents maintain contact after the adoption has been finalized. These outcomes can be very positive for all parties, but they clearly involve a delicate set of decisions:

- How and when should staff raise these issues and help parents to explore what they mean?
- At what point should parents meet alternative permanency providers?
- In what circumstances is it appropriate to consider an open adoption?
- How can adopted children maintain ongoing communication with their birth families in ways that don't weaken the adoptive relationship?
- How should staff present and process this issue with permanency parents? What kinds of ongoing support do permanency parents need?

In order for concurrent planning to be effective, staff must be comfortable with discussing and operationalizing relinquishment and open adoption issues. Since many staff members will have had little experience in this area, practical, skill-based training is critical.

4. Implement family group conferencing to enhance shared decisionmaking.

A major practice implication of concurrent planning is the need for caseworkers to share decisionmaking — with parents, extended family members, foster-adopt parents, service providers, and the courts. Under a concurrent planning model, the caseworker is catalyst for engaging and directing the knowledge and experience of all of the participants into timely decisionmaking.

Some jurisdictions have found that implementation of family group conferencing is very helpful in this regard. By bringing together all family members, permanency decisions can be made by the entire kinship system. These decisions are more likely to involve family members who will provide ongoing support and, in many cases, a permanent home for the child.

Developing Resources

While implementation of concurrent planning provides significant benefits for children and families, it also makes tremendous demands on the child welfare system. Realistic managers can anticipate areas in which implementation will stress their system and take steps to alleviate the burden.

Here are some of the steps that managers can take to ensure smooth implementation.

1. Step up recruitment and support of fost-adopt parents.

Concurrent planning assumes that every child will be placed in a home that can become his or her permanent home if family reunification is not possible. Yet, traditionally, agencies have recruited foster families who are asked only to make a short-term commitment to a child.

In order to put concurrent planning into practice, the agency needs to develop a pool of fost-adopt families, families willing to support reunification efforts and, if those efforts are not successful, to provide a permanent home for the child. This challenging role requires special families who receive clear communication from the agency about their responsibilities.

It is also essential that these families receive ongoing support from the agency throughout the child's placement – whether the outcome is family reunification or adoption. This support – which must include both financial assistance as well as special services – must begin with the initial placement and continue well into the post-adoptive period if necessary. Thus, resource development needs to take place on two fronts: Recruitment of additional fost-adopt families and development of human and fiscal resources to provide support for those families are both crucial aspects of a successful concurrent planning effort.

An important aspect to training foster/adopt families is helping them to be sympathetic to the parents so they do not undermine efforts toward reunification.

2. Provide support for visitation.

Visitation is an almost universal feature of casework practice for families with children in out-of-home placement. The demands of concurrent planning accelerate the need for visitation and the frequency of its occurrence.

But arranging and facilitating frequent visitation for multiple families exerts an overwhelming demand on caseworkers. In some jurisdictions, experience with concurrent planning has led to more frequent use of contract providers to arrange

and supervise visitation. Other jurisdictions have developed specialized community-based visitation centers to manage the responsibility.

These strategies are effective in some ways, but not in others. Clearly, one of the major reasons to conduct visits is to enhance the well-being of the child and the continuity of the parent-child relationship. For this purpose, visits conducted by contract providers or in a supervised visitation center are sufficient. However, another reason for visitation is to allow caseworkers to observe and assess the quality of parent-child interaction, the degree of attachment, and the willingness of parents to undertake frequent visitation. For this purpose, there is no substitute for caseworker involvement in some (but perhaps not all) visits.

Some agencies have utilized foster parents, particularly foster-adopt parents, to facilitate visitation in their homes or at other locations if there are safety issues. Under the best circumstances, this strategy can enhance the relationship between biological parent and foster-adopt parents, but it also may cause discomfort for some of the parties involved. Therefore, it needs to be managed and monitored carefully by the caseworker – which may add to, rather than free up, caseworker time. Foster-adopt families should receive training specifically on handling visitation issues to showcase their effectiveness and to reduce reliance on the caseworker.

Successful implementation of concurrent planning, then, needs to include a thoughtful assessment of the impact of a stepped-up visitation program and the resources available to facilitate it. To assess the resources necessary to support visitation, managers must decide:

- What are the agency's expectations for visitation in concurrent planning cases?
- Who, besides the caseworker, is available to facilitate visitation? Can the agency make use of case aides, contract providers, foster-adopt families or volunteers to facilitate visitation in some cases? What is the cost of recruiting, training and supporting these positions?
- When, and under what circumstances, must the caseworker be involved with visitation him or herself? What impact will this have on the caseworkers' overall workload and what accommodations must be made to allow for this use of his or her time?

3. Develop a community-based system of care.

Families involved with the child welfare system often experience multiple problems, so the need to coordinate interventions with these families is not new. Under concurrent planning – with its more aggressive timeframes and active requirements for work with parents — the need for such coordination is more compelling.

This need has led jurisdictions implementing concurrent planning to initiate a “community team” approach to cases. By communicating with community-based

providers and partners and seeking broader input into permanency decisions, agencies have increased the effectiveness of their work with children and families.

However, an effective community-based system of care doesn't just "happen." It requires an investment of time and financial resources. Community providers and partners need training on both the philosophy and practical implications of concurrent planning in order to understand their roles and those of others. In addition, community teams often require staffing if they are to function effectively. An effective community team is a critical part of the agency's concurrent planning efforts – but developing and supporting this team will require a commitment of human and financial resources.

4. Work towards manageable caseloads.

The need for manageable caseloads isn't news to anyone who has worked in child welfare, but the implementation of concurrent planning certainly underscores its importance.

Effective concurrent planning relies on a host of time-intensive activities. These include:

- early and comprehensive family assessments,
- case-specific planning for both reunification and alternative permanency options,
- early, intensive service provision to parents,
- diligent searches for relatives,
- full disclosure to all parties,
- identification and support of family members and foster-adopt parents,
- inclusion of all parties in case planning,
- facilitation of intensive visitation schedules, and
- careful, team-oriented decisionmaking.

In order for concurrent planning to succeed, caseworkers need reasonable workloads, well-articulated training, and supervisory support. Unfortunately, too often promising innovations are initiated in child welfare agencies without consideration of these implications – and the result is haphazard implementation and perceived failure of the innovation.

While child welfare caseloads may never be ideal, it is critical for managers to address workload issues "up front" as concurrent planning is being planned and implemented. Too many responsibilities for a front-line worker undermines the likelihood that children will experience only one out-of-home placement as well as the likelihood that service provision and decisionmaking will be coordinated and timeframes for permanency will be met.

Conclusions

Concurrent planning has made a major contribution to child welfare practice for children in out-of-home placement. In jurisdictions that have successfully implemented permanency planning:

- Children are achieving permanent homes sooner and experiencing fewer placements.
- Relatives are stepping forward to provide permanent homes for children unable to live with their parents.
- Extended families are participating in decisionmaking on permanency for their children.
- Service providers and courts have accelerated the pace of interventions to support the time lines for concurrent planning.
- Birth parents have faced the implications and consequences of their actions sooner and have been able in some cases to voluntarily relinquish their children if they are not participating in or benefiting from services.
- Increased numbers of open adoption arrangements have been fostered through the relationships built during concurrent planning.

The move from sequential to concurrent planning is dependent on many changes in child welfare agencies, the courts, and service providers. The ability to conceptualize these changes, to creatively manage the demands on staff, and to provide the necessary training and resources for implementation depends on strong leadership in child welfare agencies.

We now have a firm foundation in law and policy as well as experience in several jurisdictions to guide effective leaders in managing the many changes that are necessary to implement concurrent planning. If child welfare leaders can do so, children and families will reap the benefits.

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