Running head: ESSENTIAL ELEMENTS

Essential Elements of Implementing a System of Concurrent Planning

Laura Frame, M.S.W., Ph.D.
Jill Duerr Berrick, M.S.W, Ph.D.
Jennifer Foulkes Coakley, M.S.W.

School of Social Welfare
University of California
Berkeley, CA 94720-7400
(510) 642-1899
(510) 642-1895 (fax)

Correspondence should be directed to Jill D. Berrick at dberrick@berkeley.edu

Abstract

Essential Elements of Implementing a System of Concurrent Planning

In efforts to preserve foster children's biological families and to promote the formation of alternative families in some situations, legislative efforts to promote "permanency" have been gaining pace since the late 1990s. One policy and practice tool, concurrent planning, simultaneously allows for the pursuit of reunification and adoption. This article examines six counties in California (USA) and their efforts toward implementation of the components of concurrent planning. Researchers used qualitative methods to explore policies and practices of concurrent planning. Key informants include social workers, social work supervisors, attorneys and judges. The study identifies and describes seven elements determined to be essential to the complete and successful implementation of concurrent planning. Implications for agency practice and family outcomes are discussed.

Keywords: concurrent planning, permanence, foster care, child welfare

Essential Elements of Implementing a System of Concurrent Planning

U.S. and UK practitioners with looked after children have, for some time, incorporated concepts of "permanency" into their work with families. Noting that children do best when raised in safe, stable homes, permanency goals have been promoted to optimize children's opportunities to share life-long, legal relationships with families – whether biological, or adoptive. In recent years, adoption has been strongly promoted in federal policy statements (Marsh & Thoburn, 2002) – in the UK through the Adoption and Children Act 2002, and in the Adoption and Safe Families Act of 1997 in the US. One avenue for expediting permanency is concurrent planning, a practice approach in which efforts may simultaneously be made to pursue reunification and adoption.

The primary model of concurrent planning practice, developed by Linda Katz and colleagues (1994; 1999) has several key components, including: early assessment of a family's prognosis for reunification; the development of simultaneous plans for a child so that if reunification fails, an alternative permanent placement is available; placement in a concurrent planning home with caregivers willing to adopt should reunification with birth parents fail; full disclosure to birth parents; frequent parental visiting; and a focus on timely permanency as the goal – with reunification as the first but not the only option. These activities that constitute concurrent planning are often implicitly presented as the responsibility of individual child welfare workers. However, the approach may entail a major change in the way child welfare services are provided, and therefore necessarily requires broader systemic shifts if the approach is to be sustained and developed to achieve its potential in supporting children and families. This paper describes the nature of those systemic shifts, drawing upon qualitative data on six California public child welfare agencies' efforts at implementation. Given the legal mandate in

California that child welfare agencies implement a concurrent planning approach to permanency (Assembly Bill 1544, 1997), it is important to ascertain the degree to which county agencies have actually done so. The aim of this study was to describe implementation in detail, and identify factors related to more successful implementation processes. Other jurisdictions hoping to implement concurrent planning may benefit from the institutional lessons learned from this in-depth examination.

The available evidence, although limited, suggests that concurrent planning has been a challenge for child welfare agencies to implement as a major policy and practice reform, and a variety of worker-level and systems-level recommendations have been offered (Weinberg & Katz, 1998). The three major efforts at evaluation, to date, have occurred in Kentucky, Colorado, and the UK. Kentucky's evaluation concluded that a variety of obstacles to implementation exist, including inconsistent caseworker understanding of concurrent planning and other advanced casework skills (Martin, et al., 2002). As a result, although some positive findings were reported, many cases remained in Kentucky's system past the 12-month goal of achieving a permanency decision.

In Colorado, the timing of potentially permanent placements varied greatly (Potter & Klein-Rothschild, 2002). Interviews with county and court personnel suggested that variation in the timing of placements were related to child and family characteristics, resource availability, and philosophical differences among workers and agencies. Counties differed in their approach to concurrent planning (CP) carers. Some approached these families as an integral part of concurrent planning and thus placed children earlier; while others used the term "legal risk" (of reunification) to describe the families and were more conservative with timing of placement. The difficulties of preparing CP carers for the challenges of concurrent planning were emphasized.

In the UK, CP children were placed into permanent homes more quickly than children in two comparison groups, and experienced fewer placement changes. The younger age of the CP children, however, raised questions about the comparability of the groups (Monck, et al., 2004)

Although outcomes of concurrent planning are promising, implementation is challenging. Based on her experience in Washington State, Linda Katz (1999) has identified some common pitfalls to avoid in implementing CP, including equating concurrent planning with adoption and minimizing reunification efforts, using assessment tools inappropriately (to assess child safety, rather than the potential for foster care drift), and expecting workers to implement concurrent plans without solid legal training and ongoing consultation. Lutz (2000) surveyed practitioners in 12 sites and recommended active searches for relative placements and absent parents, and addressing paternity issues early in child welfare cases; frequent substantive case reviews, and thorough training for all key stakeholders; along with co-locating foster care and adoption staff. Schene and Sparks (2001) conducted interviews with administrators in three jurisdictions and reported on their experience of implementing CP. Their recommendations to child welfare managers regarding successful implementation include: clearly defining the target population and acceptable timeframes for reunification, identifying acceptable alternative permanency options, assessing the availability of reunification services, and facilitating close coordination with the courts. And similar to Monck et al., (2004), they underscore the importance of clearly articulating the philosophical framework for concurrent planning to child welfare and affiliated staff. Finally, Schene and Sparks echo the recommendations of others in that successful implementation will require stepped-up recruitment and support of appropriate carers (Katz, 1999); efforts to reduce child welfare caseloads (Lutz, 2000), and support for visitation.

While some child welfare agencies in California are increasing the use of certain concurrent planning practice elements (D'Andrade, et al., 2006) substantial gains remain to be made. A 2001 survey of 49 (of 58) California counties found only a quarter of agency representatives reporting their implementation of concurrent planning to be "complete." About three quarters indicated they are experiencing barriers or challenges to implementation, including difficulty recruiting CP carers. Their study found that although there is widespread acceptance for the conceptual underpinnings of CP, certain key activities that would reflect its use are occurring infrequently (D'Andrade et al., 2006). As of 2002, although county administrators described their agencies' efforts vis-à-vis CP as "fully implemented," D'Andrade and her colleagues' examination of agency practices suggested otherwise and in at least one county it appeared that very little change had occurred with respect to permanency planning practice. Careful study of these six systems' functioning suggests that a variety of systems changes – in combination – may be necessary for concurrent planning to be effectively institutionalized and child and family well-being thus optimized.

Methods

California's implementation of concurrent planning was examined through a process study conducted in six counties (noted previously in D'Andrade, et al., 2006), between November 2001 and February 2003. California has 58 counties and is a county-based system of social services delivery. The six counties included in this study were selected in order to represent variation in demographic composition, county size, agency size, and the use of internal (county-run) versus external (state agency) adoption services. In a previous study (D'Andrade, et al., 2003), child welfare administrators from all six counties described their agencies as well underway in implementing concurrent planning. In each of the six study counties initial

interviews were conducted with a designated liaison, usually an agency administrator or social work supervisor knowledgeable about concurrent planning, to develop a basic understanding of the county agency's status regarding implementation. Liaisons reported on the length of time their agency had been involved in concurrent planning, and the process taken since state legislative changes in 1997 mandated the use of concurrent planning in child welfare practice. Interviews with liaisons were followed by a series of focus groups and interviews with child welfare agency staff (child welfare workers, supervisors, and administrators from units across the public child welfare agency), attorneys (representing children, parents, and the county agency), judges, foster parents and kin caregivers, and birth parents who had received agency services (some who had reunified, some who were actively receiving reunification services, and some who had not reunified under concurrent planning) (see Table 1). A Technical Advisory Committee – composed by the researchers to include state and county child welfare managers, social workers, carers, former looked after youth, and researchers from across the state -- reviewed the study methods and instrumentation. Interviews and focus groups followed semi-structured interview protocols, developed based upon the literature and recommendations from the Technical Advisory Committee. In these interviews and focus groups, participants were asked to discuss their understanding of concurrent planning and their role in it, the nature of its implementation in their county agency, obstacles to and facilitators of implementation, and recommendations for system improvement.

[Insert Table 1 about here]

A total of 132 interviews and focus groups were conducted, with a total of 337 individuals. The present paper focuses primarily on data obtained from agency staff and court personnel. In-person interviews and focus groups were audiotaped and transcribed along with

detailed notes from all telephone interviews. Data were cleaned by research staff who had

conducted the data collection. The resulting narrative data were managed and analyzed using the

qualitative software package, Atlas.*ti*. Analysis included several stages where research staff

reviewed the data and coded narrative and note segments that (a) referred to specific research

questions, as reflected in the semi-structured data collection tools; (b) reflected direct or indirect

responses to those research questions; (c) reflected themes and ideas emerging from the data that

were unexpected, and not necessarily sought after in the original data collection process.

Analytic memos served as documentation of the research staff's process. Thus the analysis

process was both structured (systematic), and flexible. As codes and memos developed, grids or

data matrices were used to compare findings across counties and other groups (e.g., workers,

supervisors, birth parents), a process through which patterns began to emerge. Those patterns

formed the basis of the findings reported below. Findings are summarized and illustrated with

quotes and examples.

Reliability and validity were addressed following recommendations by Padgett (1998)

and Miles and Huberman (1994) including the regular review of coding schemes by at least two

researchers to insure a shared understanding of their meaning; regular debriefings in research

staff meetings to examine the data collection and analysis process; ideas, themes and patterns

being uncovered; and clarification of questions that arose. Some "member checking" took place

when necessary to clarify issues that arose in the analysis process (e.g., returning to a county

liaison to verify the nature of a procedure or impression). Triangulation by data source took

place through the collection of data in multiple focus groups and interviews per county system,

wherever possible. Negative case analysis and checking the meaning of exceptional data took

place in the context of a skeptical approach to emerging explanations, and an "audit trail"

(Padgett, 1998) was left in the dataset to enhance reproducibility.

Counties were assessed as more or less fully functioning vis-à-vis their CP approach

based upon the degree to which respondents' language in describing CP practices reflected a CP

philosophy; whether the elements of CP (detailed by Katz) were described as acted upon;

whether structured policies were in place to promote a CP perspective; and whether resources

appeared to be directed toward a CP approach. A parallel quantitative study (D'Andrade, 2004)

documented the existence of CP activities in a random sample of 885 cases.

Findings

Several system characteristics emerged from the interview and focus group data as

essential to implementing CP policy and practice. A schematic description of these

characteristics is provided in Figure 1: these appear necessary, in combination, for the full

functioning of a system of concurrent planning. The presence of some elements and the absence

of others – as is the case in every county studied – appear to lead to incomplete implementation.

While no single system characteristic seems to drive CP practice, a full combination may be

needed. Each of these system characteristics is discussed in greater detail below, with examples

of how they have been implemented in the study counties, and recommendations by agency and

legal personnel for system improvement.

[Insert Figure 1 about here]

A Pro-Concurrent Planning Philosophy Permeating the Agency

An articulated philosophy in support of concurrent planning – including support for its

core principles, priorities, and the practice approach it recommends – appears to be the

foundation for strong agency practice. Overall the study found general support for concurrent

planning to be common. Still, agencies varied with regard to the consistency with which a pro-CP philosophy was held by agency and court actors. Many study participants suggested that concurrent planning practice would be enhanced through a more proactive agency endorsement of the philosophy. Several participants suggested that "staff are eager to do concurrent planning but management is dragging its feet."

Although a well-articulated philosophy at the administrator level does not guarantee a broader commitment to CP, it does appear to be important. The agency in which concurrent planning seemed least well-implemented, for instance, lacked active management support for it. In the county with the most fully-developed system, study participants across the range of positions consistently echoed a belief in and understanding of the approach.

The translation of this philosophy into a prioritization of CP activities is key. It was suggested that management make concurrent planning practice a visible priority for agency staff. One social work supervisor explained that workers have so many other activities that take precedence over concurrent planning: "You can't miss your court report, you can't miss your hearing, you can't fail to take your kid into custody, you can't not pay your foster parents, but you can skate a little bit on concurrent planning."

The Presence of Formal Systems to Insure Concurrent Planning Occurs

The study made it clear that successful implementation requires institutionalization of the approach. Five different systems were identified and are discussed below. Although no agency studied had all of these systems in place and/or fully operating, the data suggest that each one may be necessary for a CP approach to function optimally. Further, the ongoing operation of these systems appears to require leadership: someone with responsibility for ensuring that

training and communication needs are met, that the challenging questions about CP are asked, and that workers are helped to make difficult, timely decisions.

Procedures for resolution of paternity issues and relative screening. Participants in several counties reported that the resolution of paternity questions and a search for potential relative placements are key aspects of concurrent planning that should occur early in each case. In one county, it is standard for parents to be asked by court personnel to fill out a form identifying all extended family members, and providing contact information for each one. Although parents may fill out the form selectively or incompletely, this begins a formal process of identifying potential relative placements. In a second county, a standing committee reviews all assessments of relatives' homes. In a third county, a special unit of workers has been developed to perform the time-consuming functions involved in relative and paternity assessment, and to conduct much of the preliminary work necessary for a concurrent placement to occur.

According to workers and supervisors, early and thorough identification of non-custodial parents and relatives and exploration of their appropriateness for placement can potentially prevent problems from arising later in a case. For example, this information not only helps to "avoid marginal placements where kids get stuck," but may increase the number of placement options and lower the chance that an unknown relative might be identified late in the case and potentially disrupt an existing non-relative placement. The process can provide concurrent placement families with important information about case characteristics, as well as protecting these placements from one potential source of disruption.

Documentation of reunification prognosis and CP. The ongoing assessment of reunification prognosis is key to the targeting of concurrent planning efforts. Agency staff in most counties reported that reunification prognosis was usually assessed using clinical skills,

without the use of a standardized tool. A parent's history of involvement with the agency, their

support systems in the community, and their progress in completing the case plan were reported

as some of the important aspects of this ongoing assessment. One worker added that "how the

court is going to rule" influenced her assessment, and that " I've got to mold whatever I'm saying

and doing to what I feel the court is going to handle."

Although documentation of a prognosis assessment might be facilitated through the use

of a structured tool, few workers or supervisors interviewed reported using one, or finding it

useful. In one focus group, some workers reported finding the available tool both limiting and

somewhat threatening. One said,

> "we have to fill it out every six months. But the truth is the work goes on inside a social
>
> worker's head." …(But) "No matter how many boxes you check …the decision is still a
>
> more complex one."

Documentation of concurrent planning is reportedly required in the court reports of some, but not

all agencies, and in at least half the agencies it was said to occur inconsistently. In two

additional agencies, a court report template appears to lead to standard documentation of

concurrent planning, but often only in a perfunctory way. In fact, in the agency where

concurrent planning appeared to be the least well-implemented overall, study participants

consistently said that it was addressed in every court report. However, the language is "canned,"

said more than one worker.

The misapplication of the template approach is illustrated by the following reunification

worker from one agency, who says workers are expected to document concurrent planning in

court reports (consistent with the mandate to provide CP), *however*:

If I see a concurrent plan on my court report, I either delete the section or I'll put the alternative which is just one of the categories. I don't really have a real plan, I just choose a category like long-term foster care or guardianship and adoption. But I'm not usually actively taking any steps towards that.

Thus, a "boilerplate" or template approach that incorporates concurrent planning language appears to have both pros and cons: it does not guarantee that thoughtful consideration of a concurrent plan has taken place, although at least one study participant (an attorney) suggested that required inclusion of the topic in court reports may encourage workers to "keep the need for a permanent placement in mind."

Time-sensitive systems to track cases for concurrent planning. A system for tracking permanency timelines and flagging cases for consideration of CP is beneficial. With such a system in place, it is not the sole responsibility of the child welfare worker to track the permanency planning timeline. In the agency with the most smoothly functioning system of concurrent planning, a computerized tracking system identifies children under age three who have been in care for three months so that adoption workers "can approach the (reunification) worker and make sure the child is in a concurrent home." In another county, a clerk schedules cases to appear on the agenda of weekly review meetings, at regular intervals reflecting permanency timelines.

Procedures for "referral" to a concurrent placement. Where concurrent planning and placement appear to be occurring in a relatively timely fashion, the placement process is clearly defined and understood by workers across units of the agency. Workers need both formal and informal means of accessing concurrent placements, and/or discussing alternatives with colleagues. Formal procedures for "referral" to a concurrent placement, if streamlined and

linked to key points in the life of a child welfare case, appear to provide clarity and accountability. However, neither the formalization of this process, nor an informal approach, in itself insures that concurrent placement will occur. For example, workers in one county are required to refer cases to a specialized unit for assessment regarding concurrent planning needs. Some workers, however, reported the process to be too cumbersome, and therefore delayed referrals considerably. Although this formalized approach is promising, various procedural and training issues prevent CP from taking place. In more than one other county, the procedure for "referral" to a concurrent placement is less formalized, and occurs through consultation with adoption workers and supervisors who meet as part of a team with reunification workers. In this way, collaborative consideration of concurrent placement is, theoretically at least, readily accessible. However, some workers report that the procedure for actually initiating a concurrent placement, as well as which tasks are the responsibilities of various workers, are unclear:

REUNIFICATION WORKER: I'm not real sure where we're supposed to connect, what each one of us is supposed to do to make this happen. Where do I approach that adoption worker with what I need? I don't really know what they do, or where they start from.

ADOPTION WORKER: That's been the confusing part, is trying to figure out who does what….in understanding exactly what we're supposed to be doing, when we're supposed to staff [the cases], and what we're supposed to be talking about when we staff them.

In at least three counties studied, significant organizational distance stands between reunification workers and staff with access to adoption services and/or concurrent placements. This appears to create an invisibility of concurrent placements (to reunification workers) that unduly confounds the process. Finally, the lack of clear, widely understood guidelines about

when and how a concurrent placement is to be considered and/or sought, appears to contribute to the relative lack of concurrent placement and planning.

Regularly scheduled review meetings related to CP. Regular meetings that involve the collaborative review of cases appear to be essential to a functioning system. Most beneficial appears to be a combination of review meetings scheduled for all cases at regular intervals consistent with court timelines, with the option for child welfare workers to seek out consultation as needed. Notably, in the least well-functioning CP system there was an absence of such review meetings, and contact between reunification and adoption workers occurred only periodically. In the agency with the best-functioning system of CP, mandatory review meetings occurred on cases after three and nine months in care.

Meeting attendance is a necessary but not sufficient ingredient for concurrent planning to occur. A relatively large county agency with many articulated procedures of concurrent planning had in place regular review meetings with mandatory attendance by intake, reunification and adoption workers. Unfortunately some workers and supervisors tried to avoid the meetings because they occurred at what seemed to be artificial intervals, and many did not understand their function. In a couple of agencies regular monthly meetings offered an opportunity, but not a requirement, for workers to consider concurrent planning. In at least one of these, lengthy case discussions were common but adherence to standards of timely decision-making were not.

Clarity of purpose and explicit attention to timely decision-making appear key to making such meetings useful. Those that are most promising appear to encourage thoughtful discussion of concurrent planning alternatives, and provide collegial and supervisory support for workers making difficult decisions in limited time frames. A number of study participants encouraged the creation of review meetings to "be systematic in making sure kids are in concurrent homes,"

suggesting "a team that meets right after a child enters the system" or the development of reviews triggered by a "timeline based upon when the case is supposed to go to court." Thus, reviews should begin early in case involvement to identify children needing a permanent plan and ensure participants retain a sense of urgency regarding permanency.

The Ability of Child Welfare Staff to Actively Embrace CP

Even with recognition of the potential benefits of a CP approach, child welfare workers and supervisors indicate that it is challenging, difficult work. Specific recommendations were made addressing staffing problems, training of social workers, communication between workers, and the structure of the child welfare system/caseload requirements to address the needs of workers. Through close examination of the functioning of various systems it became apparent that staff of the child welfare agency need support and assistance to actively embrace the principles underlying concurrent planning, and to apply them in their work. Observation of the functioning of these six county systems suggests that this support should come in at least three ways, discussed below.

Formal and informal training. Study participants indicated that both formal and informal (hands-on, case-by-case) training on concurrent planning is necessary. In agencies where the leadership embraced the philosophy of CP and systems were actively being implemented to support its practice, informal training appeared to be quite effective; however in larger agencies, especially, formal trainings were also needed to ensure widespread understanding of policies and procedures. Many social workers and supervisors, across the six agencies, indicated a need for more training on the "how to" of implementing CP. In some agencies, workers indicated an understanding of the conceptual underpinnings of concurrent planning but misunderstood their agency's internal procedures for making it happen.

Collaborative approach to casework and case decision-making. CP decisions are complex and difficult to make, particularly within short time frames, and many workers and supervisors reported their roles under concurrent planning to involve "a lot more work." Individuals from all six counties agreed that child welfare agencies needed to hire more social workers and decrease caseloads. As one participant explained, "the details… we are supposed to remember for cases in each unit are very complicated. It is simply impossible to do concurrent planning with all our other responsibilities." As one supervisor said the approach requires "getting involved early on with the case, so you know a little about mom, you can meet the prospective families before they have the child placed, meeting the children so you can make a good decision – a group decision."

Reunification workers' capacity to manage the complexity of serving families under a CP framework was explored in focus groups, along with their ability to provide reasonable efforts toward reunification while actively working to secure a permanency alternative. Many workers reported this to be a tremendous challenge; some felt it to be impossible; the work was variously described as "a conflict," "fractured," and "schizophrenic." Fewer workers were encountered who suggested that concurrent planning is a manageable, if complex, approach to the work.

It is likely that workers who find this dual role to be manageable have personal characteristics allowing for greater tolerance of ambiguity and complexity, and may also have had greater experience in child welfare casework. Based on a system-by-system comparison, however, it also appeared that child welfare workers who found the "dual role" to be a manageable one felt more supported in their decision-making; had readier access to agency systems that would facilitate CP or workers/units that would share casework responsibilities; and were more closely linked to adoption workers involved with concurrent placement.

In the six agencies studied, a variety of reunification-adoption worker configurations existed with respect to concurrent planning. In no agency did a single worker actively provide both reunification and adoption services and carry cases from beginning to end. In most agencies studied, however, a single (reunification) worker was responsible for initiating concurrent planning activities and depending on the agency's structure, seeking out the involvement of adoption services. Generally these reunification workers were responsible for concurrent planning until either the termination of reunification services, or the termination of parental rights.

An alternative approach was used in two county agencies, using combined teams of child welfare and adoption workers. In one agency, the reunification worker had regular access to an adoption worker for case consultation, although the reunification worker retained primary case responsibility; in the second agency, adoption workers were available for consultation throughout the case, but if a child appeared unlikely to reunify an adoption worker was formally assigned to work with the reunification worker. In the absence of an explicit team approach to concurrent planning, reliance on a single reunification worker appeared often to result in sequential rather than concurrent planning.

The active "two-worker model" or team approach to concurrent planning was not without challenges, such as the supervisor who reported the possibility of conflicts between workers, who "may be working toward different goals." But in such situations, reflective supervision could be used to facilitate resolution. Indeed, the reported benefits of a team- or two-worker model were emphasized far more than the challenges of the approach. Workers spoke to the benefits of shared decision-making ("two people can work together…It is a very big decision to make") and the usefulness of sharing expertise.

In sum, it appears optimal for one reunification-stage worker to be capable of *considering* two plans simultaneously – and serving certain functions in pursuit of both plans – while sharing the burden of decision-making and certain casework functions with others. Careful delineation of responsibilities,,coupled with ready access to help in considering alternatives appears to promote the implementation of concurrent planning.

Integration of child welfare and adoption units and agencies. As evidenced by Monck et al., (2004) and confirmed here, **u**nder concurrent planning, a highly cooperative working arrangement between adoption and child welfare workers is required. In agencies where collaborative work is occurring, child welfare workers reported an appreciation of adoption workers' involvement as it provides "another pair of eyes and ears" on each case. Additionally, increased communication between child welfare and adoption workers may facilitate earlier use of concurrent placements in child welfare cases. Yet in the agencies studied, the existing structure of child welfare and adoption services generally reflects a pre-concurrent planning separation of service provision. Study participants from several counties indicated that differences in organizational culture, training and philosophy exist between adoption and other child welfare workers. These differences may exist whether an internal adoption unit or an external adoption agency provides those services.

To promote CP, the goals of child welfare and adoption units and agencies need to be integrated. In one agency, for example, structural factors, formal and informally facilitated communication enhances the concurrent planning work. First, the staff are organized into integrated teams. Each team includes at least one adoption worker and one licensing worker, as well as several reunification workers. The integrated teams sit in close proximity to each other, and because it is a small agency, the supervisor of the court unit is also supervisor of the

adoption unit. The integrated teams have a weekly meeting during which they staff cases within their unit. Finally, because the agency is small, all of the social workers are familiar with one another and an open dialogue exists regarding cases and case plans. Adoption workers on each team act as consultants to the ongoing reunification social workers (and vice-versa). Although the formal and informal opportunities for intra-agency communication may be most readily facilitated in smaller county agencies, larger agencies may benefit from efforts to similarly co-locate workers and integrate functions.

The Availability of an Adequate Pool of CP Carers

Across most study agencies, CP was thwarted by an inadequate supply of families willing and able to become concurrent caregivers. The unavailability of such placements appeared to be due to a number of factors. Most agencies reported no special recruitment strategy around concurrent planning, although a few provide information about the practice in initial foster/adoptive parent meetings and trainings. The agencies' stance toward concurrent placements varied: for example, in one county, *all* potential adoptive families were *required* to provide concurrent placements; in another county agency, pre-adoptive families willing to provide concurrent placement were carefully protected from cases where reunification "risk" was deemed unduly high, in order to prevent disruption of a potential adoptive placement. In county agencies where concurrent planning was not a necessary pre-requisite to adoption, insufficient numbers of local pre-adoptive families were reportedly available and willing to accept the emotional risks involved in concurrent planning. The agencies' pools of concurrent placement families, if they existed, were reported to suffer from retention problems: either reunification fails and a concurrent family transforms into an adoptive placement, thus dropping out of the

pool; or, if reunification occurs, a concurrent family may drop out of the pool because of the emotional damage sustained.

Only one county reported to have a sufficient number of concurrent planning homes available and accessible. This agency has a unique arrangement with a local private non-profit agency, which recruits and trains families. This specialization may be useful, as the amount of specific, high-quality recruitment, screening, training and support provided to concurrent planning families appears to be a crucial part of a functioning system of concurrent planning.

Given this complexity, many interviewees indicated that screening, training, and clarity of expectations are crucial aspects of support for caregivers providing concurrent placement. Without assistance preparing for the emotional and practical challenges of concurrent planning, its reality may challenge even the best-intentioned caregivers. In one supervisor's view, "education is a key. Our foster families need to hear it many times, or experience it, before they can actually know what it means to be a concurrent family." A number of study participants pointed to the importance of ongoing assessment and support to avoid placement disruption and/or the sabotage of reunification processes, and the necessity of matching children and caregivers with care equal to a typical adoptive placement.

The Availability of Necessary Services for Birth Parents

When discussing the implementation of concurrent planning, most participants focused on the creation and implementation of alternative plans for children in the event that reunification failed. However, the practice of concurrent planning also involves the provision of services to birth parents to facilitate the possible return of their children. Only a handful of study participants made suggestions regarding improving practice with birth parents as an explicit component of concurrent planning. Yet these recommendations were consistent with the core

practice elements of concurrent planning, as identified in the literature (including full disclosure, facilitation of visitation, and intensive services to birth parents). A few program examples stood out and were reported by participants to be supportive of birth parents. In two county agencies, substance abuse services are linked with the court process such that parents' progress is actively monitored and considered vis-à-vis their child's permanent plan.

In another study county, an innovative program provides intensive support groups to birth parents early in the reunification process to help manage emotional reactions, facilitate responsibility-taking, educate about the child welfare intervention process, and support engagement in services.

The Active Promotion of Concurrent Planning in Court

Although this study did not comparatively assess in any detail the role of the court in CP systems, respondents made it clear that it is necessary for judges, attorneys and other court personnel to provide active support for the philosophy and practice of CP. Participants from five of the six participating counties voiced concerns about and suggestions for court improvement. Themes emerging include the need for additional education/training, an increased adherence to the principles of concurrent planning, and more communication between social workers and attorneys.

Summary and Conclusions

Concurrent planning was designed to allow foster children to get on with the business of living in safe, stable, legally and emotionally permanent families. If concurrent planning practice and agency policy is effective, many birth parents will rapidly reunify with their children and will be able to parent them appropriately. For those families where birth parents are unable to make the life changes required by the child welfare system, their children will be given

the earliest opportunity to form positive relationships with new families, and experience the

benefits of a healthy family life. In its philosophy, concurrent planning policy embodies a family

policy designed to offer a sense of family security (Bogenschneider, 2002; Skocpol, 1995) –

particularly to children who have been maltreated. But as the data presented here suggest, a

family philosophy is insufficient to the task of implementing concurrent planning. Instead, a

comprehensive set of agency-level systems changes need to be made. Concurrent planning's

true implementation appears to require a wholesale shift in thinking and commitment of

resources – beyond promotion of a new practice method, or creation of templates to guide

workers' documentation -- wherein permanency is *the* job of child welfare, along with child

safety, from the first moment of contact with a family.   Many of the specific recommendations

made here are consistent with those found in the prior literature on concurrent planning (e.g.,

Edelstein et al., 2002; Katz, 1990, 1999; Katz et al., 1994; Lutz, 2000; Martin et al., 2002;

Monck, et al., 2004; Potter et al., 2001; Schene & Sparks, 2001). What stands out in this study is

the message that because of concurrent planning's complex and time-intensive nature, it is

unrealistic to expect that casework activities alone, conducted by individual child welfare

workers, can or should lead to effective concurrent planning on a broad scale. Many child

welfare workers asserted that it is psychologically complicated to play a "dual role" of pursuing

reunification and an alternative permanent plan, and that the work involved is more demanding

than traditional child welfare work – particularly if they are to pursue alternative permanent

plans *early* in their cases. Thus, in order for concurrent planning to occur, caseloads need to be

smaller and a set of supports need to be available including supervision and collegial support for

decision-making, sharing of casework responsibilities, and formal mechanisms for the

facilitation of concurrent plans and placements. These changes will require a commitment of

resources and active leadership devoted to "concurrent planning thinking" on both a case-level and a systems-level. Resources must be available for intensive birth parent services to allow ample and honest opportunities for reunification. Additionally, new methods of recruiting, training, and supporting concurrent placement families; and stronger links must be created between the court and the child welfare agency, in support of concurrent planning. Finally, the existing structure of child welfare reflects a pre-concurrent planning separation of service provision between child welfare and adoption units and agencies. This separation reinforces differences and communication problems between the two based on dissimilarities in training, education, culture and priorities. In order for concurrent planning to be effective, it is clear that these two services must be closely linked, perhaps integrated, and that active collaboration must occur between child welfare and adoption workers. Child welfare workers in a position to assess cases for concurrent planning, and to take steps toward pursuing reunification and an alternative plan, must be able to rely upon and readily access a philosophical and organizational framework that supports their work, and fundamental system resources committed to concurrent planning.

References

Adoption and Safe Families Act of 1997, Public. Law. No. 105-89, 111 Stat 2115.

Assembly Bill 1544, California. Obtained June 17, 2004 from

http://www.leginfo.ca.gov/pub/97-98/bill/asm/ab_1501-

1550/ab_1544_bill_19971009_chaptered.pdf

Bogenschneider, K. (2002). *Family policy matters: How policymaking affects families and what professionals can do*. Lawrence Erlbaum Associates. Mahway, NJ:

D'Andrade, A. (2004). *A quantitative evaluation of concurrent planning in California public child welfare*. Doctoral dissertation. University of California at Berkeley. Berkeley, CA.

D'Andrade, A., Frame, L., & Berrick, J.D. (2006). Concurrent planning in public child welfare agencies: Oxymoron or work in progress? *Children and Youth Services Review,* **28,** 78-95.

D'Andrade, A., Mitchell, L., & Berrick, J.D. (2003). *Permanency and child welfare reform: California and the United States*. Paper presented at the conference of the Society for Social Work and Research, Washington, D.C.

Edelstein, S.B., Burge, D., & Waterman, J. (2002). Older children in preadoptive homes: Issues before termination of parental rights. *Child Welfare,* **81**(2), 101-121.

Katz, L. (1990). Effective permanency planning for children in foster care. *Social Work*, **35**, 220-226.

Katz, L. (1999). Concurrent planning: Benefits and pitfalls. *Child Welfare*, **78**(1), 71-87.

Katz., L., Robinson, C., & Spoonemore, N. (1994). *Concurrent planning: From permanency planning to permanency action.* Lutheran Social Services of Washington and Idaho. Seattle, WA.

Lutz, L.L. (2000). *Concurrent planning: Tool for permanency – Survey of selected sites.* National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work of the City University of New York. New York, NY.

Marsh, P., & Thoburn, J. (2002). The adoption and permanency debate in England and Wales. *Child and Family Social Work*, **7**, 131-139.

Martin, M.H., Barbee, A.P., Antle, B.F., & Sar, B. (2002). Expedited permanency planning: Evaluation of the Kentucky Adoptions Opportunities Project. *Child Welfare,* **81**(2), 203-224.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage Publications. Thousand Oaks, CA.

Monck, E., Reynolds, J., & Wigfall, V. (2004). Using concurrent planning to establish permanency for looked after young children. *Child and Family Social Work*, **9**(4), 321-330.

Padgett, D. K. (1998). *Qualitative methods in social work research: Challenges and rewards.* Sage Publications. Thousand Oaks, CA.

Potter, C.C. & Klein-Rothschild, S. (2001). Getting home on time: Predicting timely permanence for young children. *Child Welfare*, **81**(2), 123-150.

Schene, P. & Sparks, B. (2001). *Implementing concurrent planning: A handbook for child welfare administrators.* National Child Welfare Resource Center for Organizational Improvement. Portland, ME.

Skocpol, T. (1995). *Social policy in the United States: Future possibilities in historical perspective.* Princeton University Press. Princeton, NJ.

Weinberg, A., & Katz, L. (1998). Law and social work in partnership for permanency: The

      Adoption and Safe Families Act and the role of concurrent planning. *Children's Legal*

      Rights Journal, **18**(4), 2-23.