



**NATIONAL RESOURCE CENTER
FOR FOSTER CARE
& PERMANENCY PLANNING**

at the Hunter College
School of Social Work

CONCURRENT PLANNING: STRATEGIES FOR IMPLEMENTATION

WEBCONFERENCE #1

with

**Gerald P. Mallon, DSW
Associate Professor & Executive Director, NRCFCPP**

**Janyce L. Fenton, MSW
J.L. Associates**

**Carol Kelly, MSW
Child Welfare Consultant**

**Thursday, February 13, 2003
1:00 – 2:30 P.M. EST**

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www.hunter.cuny.edu/socwork/nrcfcpp

A service of the
Children's Bureau/ACF/DHHS

INTRODUCTION

Is your state or county committed to integrating concurrent planning into their foster care program? What models have worked best? How do you move from plan to practice? How do you get all stakeholders on board and committed to implementing concurrent planning? What are the common barriers and how do you overcome them? Where can you get help?

Concurrent planning represents an ongoing commitment to addressing the needs of the out-of-home care population by emphasizing family reunification while at the same time exploring alternatives to permanency. This webconference will examine concurrent planning from the perspective of state systems change and present state models currently in use. The expert panelists have many years of experience working with states to implement concurrent planning. They will share their insight and experience and help you with your questions and concerns in this 90 minute presentation. Concurrent planning can minimize the long-term damage and harm caused to children by multiple placements and uncertainty in out-of-home care. Join us in working to improve the future for families, children and youth.

This packet contains resources intended to help the audience follow the presentation of the panelists in this webconference. They can also be used as reference materials in your own exploration of the topic. Please let us know if you have any additional questions about any of these materials.

-The staff of the NRCFCPP

Have a question for the panelists?

During the webconference, call (212)452-7108 or fax (212)452-7485

Before or after the webconference, you can call ...

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PANELISTS



Carol Kelly, Child Welfare Consultant, was responsible for the successful implementation of Colorado's Expedited Permanency Planning Program which requires that children under the age of six who enter foster care be placed in their permanent home within one year of removal. She also shared leadership in Colorado for the implementation of the Adoption and Safe Families Act as well as other permanency planning initiatives including implementation of concurrent planning.

Carol possesses 41 years of experience in child welfare in both the public and private sector. She serves in a leadership capacity on the local, state and national level. Carol Kelly is a consultant for the National Resource Center for Foster Care & Permanency Planning. She has presented on behalf of the NRCFCPP at several national, regional and state conferences and has provided Technical Assistance to numerous states in response to the Child & Family Services Reviews.



Janyce L. Fenton has been instrumental in the implementation of concurrent planning and expedited permanency planning in several counties in Colorado.

In March 2001 the Boulder County Department of Social Services received an Adoption MVP award from The Dave Thomas Center for Adoption Law, Capital University, Columbus, OH. Janyce accepted the award on behalf of the agency.

She has 20 years of experience working in child welfare and presently teaches social work at Metropolitan State College in Denver. She is a consultant for the National Resource Center for Foster Care & Permanency Planning and has provided Training and Technical Assistance in Concurrent Planning to numerous states and counties.

SPONSOR

The National Resource Center for Foster Care and Permanency Planning – a service of the Children’s Bureau/ACF/DHHS – is committed to increasing the capacity and resources of State, Tribal and other publicly supported child welfare agencies to achieve permanency for youth and children in out-of-home care. To do this, we advocate for a mix of...

- Family-centered and strengths/needs-based practice approaches
- Community-based service delivery
- Cultural competency and respect for all families
- Open and inclusive practice
- Non-adversarial approaches to problem-solving and decision-making
- Concurrent rather than sequential consideration of all permanency options

The NRCFCPP is focused on assisting States in response to the Child and Family Services Review process by providing technical assistance, training, and information services in the broad areas of permanency and systemic factors in a variety of areas including concurrent permanency planning. To that end we have many products available for free on our website (www.hunter.cuny.edu/socwork/nrcfcpp) including a curriculum on concurrent planning, which is currently being translated into Spanish as well.

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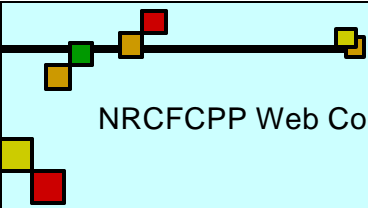
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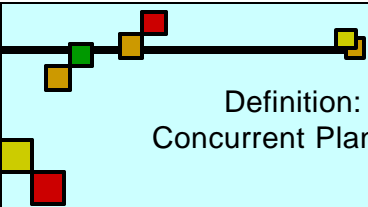


NRCFCPP Web Conference

Strategies for Implementation of Concurrent Planning

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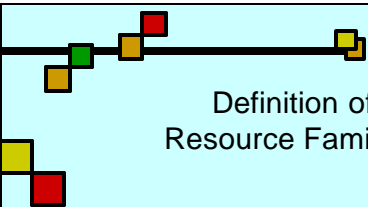


Definition:
Concurrent Planning

- o **Concurrent Planning:** Working towards reunification while at the same time establishing an alternative permanency plan.

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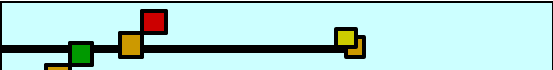


Definition of
Resource Families

- o **Resource Families** are kinship and recruited families who provide a foster home to a child and commit to being a permanent family should reunification not occur.

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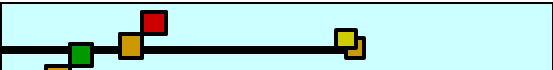
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Shared Values

- o Family Centered Practice
- o Child safety is paramount
- o Timely permanency including reunification for children

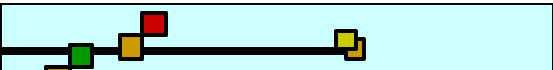
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Shared Values

- o Family Continuity Practice
- o Respect for the dignity and uniqueness of each family

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Permanency Goals

- o Reunification
- o Placement with a Fit and Willing Relative
- o Adoption
- o Guardianship
- o Another Planned Permanent Living Arrangement

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Strategies to Implement Concurrent Planning

1. Take leadership in legislative, policy, and practice arenas
 - o Review statutes and policies
 - o Revisions to the case plan format
 - o Develop practice materials

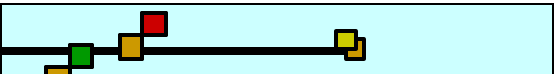
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Strategies continued

2. Develop collaborative relationships with key leaders in the
 - o local departments of social services
 - o judicial system,
 - o legal community, and
 - o provider community

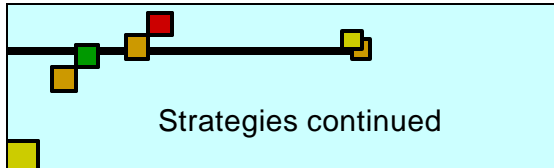
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Strategies continued

3. Develop plan for implementation
 - o Identify data needs
 - o Assess with each locality
 - o Assure front end services
 - o Consider staffing patterns
 - o Develop timeframes

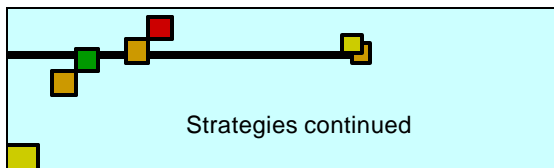
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Strategies continued

- o Timely diligent search for absent parents and kin including fathers.
- o Kinship Care assessment, training and support
- o Develop plan to recruit, train, assess and support resource families.

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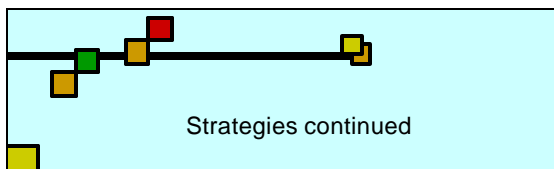


Strategies continued

4. Develop Cross systems training for

- o State and local staff
- o Judicial staff
- o Legal community
- o Service and foster care providers

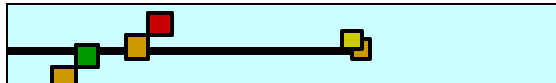
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Strategies continued

5. Develop continuing support through forums wherein consultation and peer support is available to respond to shared challenges and successes.

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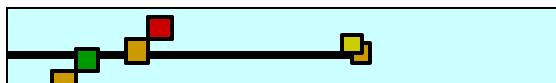


Strategies continued

6. Assess and refine model on an ongoing basis

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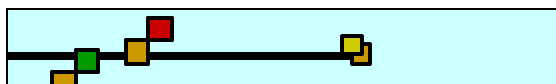


Lessons learned

- o Involve foster parent community
- o Build on successes; Outside expert first, then peer training
- o Semantics make a difference i.e. legal risk, permanency goals

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Lessons learned

- o Don't assume that you are ever done
 - o Staff turnover in all systems
 - o Backsliding to comfortable practice
 - o Respond to new issues


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Strategies for Implementation of
Concurrent Planning



**EXPECTED LONG TERM OUTCOMES OF
CONCURRENT PERMANENCY PLANNING**

- Children who are in fost-adopt homes are less damaged because they have not suffered from continual moves.
- Less adoption disruptions. Less post-adoption high level/high cost placements.
- Adopted children have less identify issues in adolescence because they know "who they are," and "where they came from," and in most cases, have some type of ongoing relationship with their birth families.



EXPECTED LONG TERM OUTCOMES

- The elimination of the "waiting child" phenomena, as TPR and/or Relinquishment hearings don't occur until the child has already been placed with their permanent family.
- Cases move through the quagmire quicker, resulting in overall cost savings to all involved systems.

EXPECTED LONG TERM OUTCOMES

- The fact that someone was " in the system" themselves, as a child, does not predispose them to being unable to have successful relationships and parent effectively.
- Workers are empowered and proud of their work.
- Children who are going home spend less time in placement.

EXPECTED LONG TERM OUTCOMES

- New extended families will be formed as foster-adopt families remain involved with children who go home and act as an ongoing resource to the birth family.
- The Protection of Children becomes a community issue and responsibility.
- Extended family members are involved, respected and proactive.

CASEWORK TOOLS

Assessment

- Prognostic Guide which Includes Assessment of Ambivalence.
- Protective Orders for Immediate Psychological and/or Substance Evaluations & Child Specific Evaluations.
- Diligent Search for Fathers and Relatives and Timely Kinship Studies.

Casework Tools: Assessment

- Immediate ICWA Determination.
- Family Group Decision Making.
- Social Histories Which Identify Strengths as Well as Needs.

Casework Tools

- Mediation and Other Non-adversarial Forms of Conflict Resolution.
- Full Disclosure.
- Placement Options Which Include Trained and Committed Fost-Adopt Families.
- Parenting Options/ Relinquishment Counseling.

Casework Tools

- Open Adoption/Co-parenting/Post Adoption Counseling.
- Inclusive Staffings/Case Reviews/Team Decision Making.
- Case Plans Which Include Measurable Criteria's of Success.
- Increased Visitation/Case Aides/CASAs.
- Technology/Voice & E- Mail/Internet.

Roles of Permanency Planning/Fost-adopt Families

- Nurture Children.
- Support and Develop Relationships with Birth Parents.
- Facilitate Visitation & Reunification Efforts.
- Participate in Pre-Service Training.
- Participate in Support Groups.

Roles of Permanency Planning/Fost-adopt Families

- Serve as Members of the Planning/Treatment Team.
- Find Other Permanency Planning Families.
- Serve As Adoptive Home if Necessary, Redefine Role if Child Goes Home.

Lessons Learned

- Safety is Paramount/Success Vs. Compliance.
- Risk Can Be Both Emotional and Physical.
- Frequent Visitation is a Predictor.
- Initial Attachment/Prior Parent-Child Relationship.
- ICWA Must Be Immediately Determined.
- ICPC May Require Court Order to Expedite.

More Lessons Learned

- Mental Illness/Sub. Abuse are Progressive.
- Front Loading Services is Necessary but Should be Balanced with Client Overwhelm.
- FGDM-Gauge Support vs. Pressure without Offers of Concrete Help.
- Ambivalence is a worker dynamic as well as a client dynamic.



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CONCURRENT PLANNING

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CONCURRENT PERMANENCY PLANNING DEFINED

WHAT IS CONCURRENT PERMANENCY PLANNING?

- WORKING TOWARDS REUNIFICATION WHILE AT THE SAME TIME ESTABLISHING AN ALTERNATIVE PERMANENCY PLAN
- CONCURRENT RATHER THAN SEQUENTIAL PLANNING EFFORTS TO MORE QUICKLY MOVE CHILDREN FROM THE UNCERTAINTY OF FOSTER CARE TO THE SECURITY OF A PERMANENT FAMILY

WHAT ARE THE GOALS?

- TO SUPPORT THE SAFETY AND WELL-BEING OF CHILDREN AND FAMILIES
- TO PROMOTE EARLY PERMANENCY DECISIONS FOR CHILDREN
- TO DECREASE CHILDREN'S LENGTH OF STAY IN FOSTER CARE
- TO REDUCE THE NUMBER OF MOVES AND RELATIONSHIP DISRUPTIONS CHILDREN EXPERIENCE IN FOSTER CARE
- TO DEVELOP A NETWORK OF FOSTER PARENTS (RELATIVES OR NON-RELATIVES) WHO CAN WORK TOWARDS REUNIFICATION AND ALSO SERVE AS PERMANENCY RESOURCE FAMILIES FOR CHILDREN
- TO ENGAGE FAMILIES IN EARLY CASE PLANNING, CASE REVIEW AND DECISION-MAKING ABOUT PERMANENCY OPTIONS TO MEET CHILDREN'S URGENT NEED FOR STABILITY AND CONTINUITY IN THEIR FAMILY RELATIONSHIPS
- TO MAINTAIN CONTINUITY IN CHILDREN'S FAMILY, SIBLING AND COMMUNITY RELATIONSHIPS

PRINCIPLES OF CONCURRENT PERMANENCY PLANNING (Adapted from Concurrent Planning Materials of Lutheran Social Services of Washington and Idaho)

SUCCESS REDEFINED

- Early permanency for children is the goal

DIFFERENTIAL ASSESSMENT AND PROGNOSTIC CASE REVIEW

- Culturally respectful family and child assessments - strengths, needs, core problems
- Tentative, reasoned hypothesis about the probability of the child's returning home, and the family's capacity to benefit from reunification services, and the need for an alternative plan

FULL DISCLOSURE

- Respectful, candid discussion early on about impact of foster care on children, clarity about birth parents' rights and responsibilities, supports agency will provide, permanency options, and consequences of not following through with case plan
- Open, honest discussions with all parties - biological families, relatives, foster/adoptive families, attorneys, other service providers
- Use of family group decision-making/conferencing strategies to involve families in early planning

CRISES AND TIMELIMITS AS MOTIVATORS

- Clarity about time limits designated by law
- Using time limits and the "crisis" of the placement as a motivator to engage families in planning
- Based on children's urgent need for a stable, caring and permanent family

FREQUENT PARENT-CHILD VISITATION

- Parents who visit regularly have the best chance of reunification with their children
- The more structured the visitation plan, the more likely parents will participate
- Involving foster parents in parent-child visits promotes more supportive relationships

PLAN A AND PLAN B - PERMANENCY PLANNING RESOURCE FAMILIES

- Having a back up contingency plan
- Early search for and involvement of immediate and extended family
- Foster parents as permanency resources if reunification doesn't work out
- Partnerships between biological parents, agency workers and foster parents

WRITTEN AGREEMENTS, SCRUPULOUS DOCUMENTATION AND TIMELY CASE REVIEW

- Short term immediate goals and long term permanency goals - Who will do what, when and how
- Service linkages are key - drug treatment, domestic violence, mental health, family support
- Writing down goals, tasks and time frames helps motivate parents to follow through
- Documentation of services provided and case progress - behaviors, not promises is

- the only evidence that can be reported on in court
- Early and ongoing case review to assess progress, review continuing needs, plan for the future

LEGAL/SOCIAL WORK COLLABORATION

- Consideration of due process and parental rights when children first placed in care
- Consultation and support from legal staff assures legally sound case work and case planning
- A good social work plan is a good legal plan
- Use of non-adversarial child welfare mediation strategies to resolve conflicts

**CONCURRENT PERMANENCY PLANNING
DIFFERENTIAL PROGNOSTIC ASSESSMENT TOOL
(Adapted from Concurrent Planning Materials from Lutheran Social Services of
Washington and Idaho)**

FAMILY STRENGTHS/EARLY REUNIFICATION INDICATORS Strengths and resources which can be called upon to help the family plan for timely reunification and improve children's well-being

PARENT-CHILD RELATIONSHIP

- Parent shows empathy and concern for child
- Parent responds positively and supportively to the child's verbal and non-verbal signals
- Parent shows the ability to put the child's needs ahead of his/her own
- When they are together, child shows comfort in parent's presence
- The parent has raised the child for a significant period of time
- In the past, the parent has met the child's basic physical and emotional needs
- Parent accepts some responsibility for the problems that brought the child into care or the attention of the authorities

PARENT SUPPORT SYSTEM

- Parent has positive, significant relationships with other adults who seem not to have overt problems (spouse, parents, friends, relatives)
- Parent has a meaningful support system that can help him/her now (church, job, counselor)
- Extended family is nearby and capable of providing support

PAST SUPPORT SYSTEM

- Extended family history shows family members able to help out/provide support when one member is not functioning well
- Relatives came forward to offer help when child needed placement
- Relatives have followed through on commitments in the past
- There are significant other adults, not blood relatives, who have helped in the past
- Significant other adults have followed through on commitments in the past

FAMILY HISTORY

- Family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis
- Parent's own history shows consistency of parent caretaker
- Parent's history shows evidence of his/her childhood needs being met adequately

CHILD'S OVERALL DEVELOPMENT

- Child shows age-appropriate cognitive abilities
- Child is able to attend to tasks at an age appropriate level
- Child shows evidence of conscience development
- Child has age-appropriate social skills
- Child's behavioral problems are managed/redirected positively
- Child's health care needs have been met routinely

“POOR PROGNOSIS” for Reunification INDICATORS – Permanency Planning Red Flags - Conditions which might make timely reunification difficult or unlikely. Conditions with an (*) are associated with a very low probability for family reunification.

CATASTROPHIC PRIOR ABUSE

- Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred in the interim (*)
- Parent has repeatedly and with premeditation harmed or tortured this child (*)
- Child has experienced physical or sexual abuse in infancy (treatment of parent may be so difficult and lengthy that child spends years in foster care)

SIGNIFICANT CHILD WELFARE HISTORY

- Parental rights to another child have been terminated following a period of service delivery to the parent and no significant change has occurred in the interim (*)
- There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect
- In addition to emotional trauma, the child has suffered more than one form of abuse, neglect or sexual abuse
- Other children have been placed in foster care or with relatives for periods of time over 6 months duration or have had repeated placements with CPS intervention
- This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child is placed in subsequent care, the parent does not visit on his or her own
- CPS preventive measures have failed to keep the child with the parent
- Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to parent’s behavior
- Parent has asked to relinquish child on more than one occasion following initial intervention
- Parent is addicted to debilitating drugs or alcohol and has been unable to provide consistent parenting or self-care
- Pattern of documented domestic violence between the spouses of one year or longer and they refuse to separate
- Parent has a recent history of serious criminal activity and jail
- Mother abused drugs/alcohol during pregnancy, disregarding medical advice to the contrary
- Parent experienced foster care or group care, or intergenerational abuse

INHERENT DEVELOPMENTAL PROBLEMS

- Parent diagnosed with severe mental illness (psychosis, schizophrenia, border-line personality disorder, sociopathy) which has not responded to previously delivered mental health services; and parent’s symptoms continue, with parent unable to protect and nurture child (*)
- Parent has diagnosis of chronic debilitating mental illness that responds slowly or not at all to current treatment modalities
- Parent is intellectually impaired, has shown significant problems in self-care, and has no support system of relatives able to share parenting

FULL DISCLOSURE VALUE ASSUMPTIONS

- Parents Ultimately Decide the Outcome of a Case
- Parents have a right to know the permanency timeline
- Parents can handle the truth
- Parents need to give and receive information in order to make informed choices
- Parents are our peers

FULL DISCLOSURE CHECKLIST

(Open, honest, respectful discussion with birth family of rights, responsibilities, timeframes, permanency options, consequences, expectations of the agency; gentle confrontation about ambivalence to plan or be involved in planning)

HAVE YOU....

- Talked with the birth parents/family about their rights?
- Talked with the birth parents/family about your role as a representative of the agency?
- Talked with the birth parents/family about the role of the foster parents?
- Verbally advised birth parents/family of their rights?
- Asked the birth parents/family about their understanding of the circumstances that caused placement?
- Shared with the birth parents/family - respectfully, but directly - the official reasons for placement?
- Explained permanency planning timeframes to the parents/family?
- Discussed the range of permanency planning options with the parents/family?
- Discussed concerns about past involvement or present barriers to permanency planning with family?
- Discussed and agreed to a mutually satisfactory visitation plan?
- Discussed purpose, types and behavioral expectations of visitation?
- Discussed service plan and assessment process with parents/family?
- Discussed consequences of following through/not following through with the plan?
- Identified additional planning resources, i.e. relatives, friends, service supports?
- Asked the foster family about their willingness to adopt, if birth family is unable to plan?
- Provided feedback to parents/family about progress being made/not made?
- Gently confronted parents/family about planning ambivalence?

RECOGNIZING, EXPLORING AND RESOLVING AMBIVALENCE (Adapted from Materials Developed by Janyce Fenton, Consultant)

Recognizing

Redefine Success: Permanency for Children

Listening for clues with parents

- Statements regarding relinquishment
- Considered abortion options
- Previous relinquishment of another child
- Statements of not wanting to or being incapable of parenting
- Negative comments about a particular child
- Statements as to outside pressure (i.e. family or religious) which convinced them not to go with original consideration regarding abortion or relinquishment , or which continue to influence them now
- Desire to parent is projection of own rejection
- Inconsistent participation in visitation opportunities

Exploring

Exploring and sorting of the clues with parents

- Look at your own biases about 'giving up a child' and seeking clarity about clients' right to resolve things this way
- Assume respect for client's decisions, allowing them some control over the outcome of their child's life
- Promote a relationship between the birth parents and resource parents allows parents to see how child is being cared for
- When parent raises issues related to relinquishment, avoid saying "you'll make everything ok" based on your own biases or investment in reunification
- Ask open ended questions to explore parent's fantasies about who can do it better or where or with whom child would be better off
- Consider whether to refer out or not to refer out for relinquishment counseling – you may or may not be the right person to do this
- Give parent "permission" to make the decision not to parent and facilitate parental involvement in alternative decision-making: using FGDM, Mediation, Parenting Options Counseling
- Consider non-custodial parents and/or family members as options for parenting
- Recognize that not all siblings may need the same permanency goal – younger/older children have different needs
- Acknowledge and discuss parent's wishes for child vs. capacities to care for child

- Consider relative placement and explore parent's fears about the child being raised by relatives (the same way they were?)
- Maintain an emphasis on the 'shared goal' of what is in the best interests of the child
- Include dialogue about what else the parent can be/is successful at

Resolution

- Help parent follow-through on decisions made
- Respect and control remain paramount if parent decides on relinquishment
- A supportive relationship with resource parents helps
- Provide education about the consequences of the decisions
- Whenever appropriate, consider and negotiate an open adoption agreement which must include consultation with parent's attorney
- Schedule a court hearing as soon as possible following the decision to relinquish
- Prepare the parent to be involved in/the one who informs the child about the decisions made allowing the parent to give the child permission to 'move on'

VISITATION IN A CONCURRENT PLANNING ENVIRONMENT

- Frequent visits are the cornerstone of concurrent permanency planning
- Frequent visits foster secure relationships, motivate parents to work toward service plan outcomes, and decrease the amount of time that children remain in care.
- Frequent visits offer opportunities for parents and resource parents to communicate, share support and engage in mutual learning and growing.

In planning for frequent visitation, consider:

- The maximum number of visits per week that can be offered, without creating major inconveniences for any party. How long visits can be?
- How frequently does parent want to visit?
- Who will be involved in the visit? Must parents always be present or are other visiting family members given equal status?
- Where is the optimal location for a visit, factoring in accessibility, developmental needs of child?
- Behaviorally, what are the visits expected to accomplish, and have all parties discussed this?
- Are all parties aware of the potential impact of visitation on young children, and has a way of managing their reactions pre-, during and post-visits been discussed and agreed to?
- Do visits need to be supervised? If so, has this been discussed with the parents and the resource families, and are they fully aware of the reasons for this?
- If the visits need to be supervised, are there resources other than the caseworker who can provide it, thereby increasing the parents' comfort level?
- Have contingency plans been discussed in the case of missed visits? What constitutes a missed visit? How many missed visits constitute a problem? How many missed visits need to occur before Plan B is considered a viable option? Has this information been shared with all parties?

Adapted from Kriya Associates and People Potential - St Christopher Otilie, Families Together Project

COMPONENTS OF EFFECTIVE RESOURCE FAMILY ASSESSMENT

- Involves respect, cultural competence, objectivity, empathy, active listening, honesty
- Builds on Trust and Mutuality – Informed Decision-Making
- Is Strengths-Based
- Considers “Person-in-Situation” and a Comprehensive, Ecological Perspective: Health, education, well-being, finances, formal/informal supports, problem-solving/coping capacities, family strengths, roles/responsibilities/communication patterns, parenting experiences, motivation, family relationship/dynamics, family values and cultural issues
- Considers Family’s Capacity to Provide Safety, Permanency and Developmental Well-Being for Children
- Provides Information and Clarity about Roles, Responsibilities and Expectations
- Uses Prognostic and Differential Assessment Strategies to Identify, Clarify and Resolve Concerns Families and/or Agencies May Have about Families’ Capacity to Care for an Abused or Neglected Child From Troubled Families: Issues Related to Separation and Loss, Family Continuity, Transitions, Mentoring, Relative Caregiving
- Emphasis on Empowerment, Self-Selection and Joint Decision-Making
- Used to “Screen In” rather than “Screen Out”

FINDING AND BUILDING FAMILY RESOURCES FOR CHILDREN

Adults Who Can:

- Meet the intensive developmental and parenting needs of children who come into care
- Protect and nurture children
- Support and appreciate the important relationships between children and their families
- Work as members of a professional team with caseworkers and birth parents to facilitate early reunification or other permanent relationships if needed
- Understand the impact of separation and loss on children, parents and resource parents
- Address unresolved losses in their own lives
- Understand the importance of attachment for healthy child development
- Anticipate and manage challenges as resource parents
- Connect children to safe, nurturing relationships intended to last a lifetime
- Provide stability, predictability, commitment, acceptance, space to grow and test the world, love over time, and a link to the past-present-future
- Accept children for who they are - appreciating the history each child brings
- Show tolerance for ambivalent and negative feelings and rejection - delay gratification and can recognize that "instant" love doesn't happen
- Accept problems and not view them as the end of the world\
- Be angry and accept anger as an ok feeling
- Express/show dislike for child's behaviors, not for the child
- Handle community criticism
- Share pleasures and emotional pain with the child
- Feel comfortable setting limits/structure - making unpopular decisions at times
- Feel secure with him/herself
- Be flexible, with a sense of humor; promote flexibility in family roles; and find and use community supports

STRATEGIES TO FIND AND SUPPORT RESOURCE FAMILIES

- Develop agency policies that welcome, respect, educate and support - while also screen for commitment and capacity
- Nurture the belief that permanency is necessary and possible for children in foster care
- Discuss the importance of having lifetime family connections
- Emphasize children's need for consistency and predictability in relationships
- Explore various options for permanency: reunification, adoption, legal guardianship, long term care in special circumstances
- Look within pool of former and current foster parents; involve them to help recruit other resource parents
- Look where there are likely to be adults with an interest in children: children's own family members, schools, residential care programs, colleges, churches with youth programs, community centers, hospitals, etc.
- Look in communities where children come from or that are reflective of children's cultural background and experiences
- Be honest about what it will take to do this job - what children need, and what it takes to meet those needs
- Share enthusiasm about what it will take to do this job
- Share sample children's stories

ROLES OF PERMANENCY PLANNING RESOURCE FAMILIES

- NURTURE CHILDREN and SUPPORT THEIR TRANSITION FROM FAMILIAR TO UNFAMILIAR
- SUPPORT/MENTOR BIRTH PARENTS
- FACILITATE VISITATION AND REUNIFICATION EFFORTS
- SHARE/RECEIVE INFORMATION ABOUT CHILDREN
- PARTICIPATE IN PRE-SERVICE TRAINING
- PARTICIPATE IN RESOURCE PARENT SUPPORTS
- SERVE AS MEMBERS OF THE PLANNING/TREATMENT TEAM
- FIND OTHER RESOURCE PARENTS
- SERVE AS A PERMANENCY RESOURCE IF NEEDED, REDEFINE ROLE IF CHILD RETURNS HOME

DOCUMENTATION CHECKLIST

HAVE YOU.....

- Included diligent search efforts in the case record? Established paternity? Verified Native American heritage?
- Included copies of letters and other materials from collateral contacts in the case record? Included medical records, birth certificates, and school records in the case record?
- Collected all important case information about family background, interaction patterns, visitations, diligent searches?
- Documented missed contacts or visits that were not the family's fault?
- Fairly and accurately documented parts of the service plan that the family is not in agreement with, but with which they are expected to comply?
- Indicated what type of contact occurred, i.e. home visit, office visit, telephone contact, collateral contact?
- Dated and initialed or signed your entry?
- Included accurate information that supports the activities outlined in the most recent Service Plan? Described observations and contacts in factual and behavioral terms?
- Documented the quality of parent-child visits in behavioral terms?
- Included your professional assessments and impressions in a paragraph that is clearly marked "*Impressions*", and that is separate from the other paragraphs?
- Included specific information about family strengths?
- Checked spelling, grammar and punctuation? Checked that the progress notes are written in clear, concise and understandable language? Checked that the progress notes are jargon-free?
- Placed the progress notes in chronological order, with most recent entry as the leading page in its section? Disclosed the contents to the birth family?
- Assured that someone other than yourself could pick up the case record and readily understand the decisions about Plan A or Plan B and progress based on the service plan and progress notes for this particular case?

TEN TIME BOMBS IN YOUR CASE
(Adapted from: Debra Ratterman Baker, American Bar Association Center on
Children and the Law)

- Missing parents or putative fathers not adequately identified early; search not documented; no dependency established on fathers
- Native American heritage not verified
- Relative search not done thoroughly and early
- Agreed orders that omit findings/admissions of abuse and neglect
- Vague case plans
- Inadequate information about the child
- Releases of information that are too narrow, or expire and not renewed
- Available services not diligently offered/provided or not documented adequately
- Documentation gaps or documentation on compliance only - not progress made
- Repeat delays in making permanency decisions

Treatment Plans

Definition:

A treatment plan is the documentation and delineation of the **reasonable efforts** provided to the family. It also serves as **full disclosure** to parents regarding the steps necessary to re-obtain custody of their child(ren). The parents should always be involved in the writing of the treatment plan, except in the most adversarial of cases.

Collaboration with community service providers, (including the foster parents), is also necessary, since they will also be partially responsible for carrying out many components of the treatment plan. They should be as committed to it as the parents and the agency are. Usually, the treatment plan becomes an **order of the court** at the dispositional or service plan hearing.

Characteristics: Treatment Plans should be as **comprehensive** as possible, so that additions do not need to be made later on. Additions are often perceived by a parent, (and their attorney), as a message that they will never succeed, because the closer they come to accomplishing the original expectations, the more the system will require of them. In an effort to be comprehensive, yet **not overwhelming** to the family, specific components of the treatment plan should be **tiered** or phased in. The worker must determine what the highest priority issues are, how many things the parent can accomplish at one time and what the availability of community resources are. Often a class is scheduled for a specific time frame and can be done before another service is expected to begin. Most treatment plans can be designed to with time frames that take into account the need for reunification to occur approximately twelve months from the time of the child(ren)'s removal from the home.

Components:

Treatment plans can generally be broken down into three areas; **Objectives, Action Steps** and **Measurable Criterias of Success**.

Objectives-should be **behavioral**, should address areas necessitating the agency's involvement and should be based on the strength based assessment previously done with the family. They should be **achievements**, rather than programs or treatment techniques. The question to be answered is, What change is desired?

Example:

Instead of: Mrs. Smith needs parenting classes.

Use: Mrs. Smith will learn and use effective and appropriate parenting skills.

Action steps- are the specific **tasks** that the parent, the agency and the providers, including foster parents, will **perform in order to reach the objective**. Action steps delineate **compliance** standards and should do so very **concretely**. They should include a date by which the task needs to be begun and completed, the rate and frequency of attendance that is necessary for compliance to be achieved, the provider of the service and the responsible party for fees or other costs associated with the task.

Example:

Instead of: Mrs. Smith will attend a parenting class.

Use: Mrs. Smith will begin the next series of Parenting Classes offered by DSS.

These classes will begin on January 21, 2002 and will run weekly, on Monday nights, until April 29, 2002. Although no fee will be charged for the classes, it is expected that Mrs. Smith will attend at least 12 of the 15 classes.

Measurement of Success- Often workers, parents and attorneys confuse compliance with success. **Differentiating between compliance and success** is necessary to ensure a child's safety, as many parents are capable of attending therapy or classes, but are unable to **benefit** from these "**efforts**." A properly written treatment plan, which includes **demonstrable, qualitative and behavioral** descriptions of the accomplishment of the objective, will diminish the argument, "but I did everything you asked me to do." It is important to be able to articulate to the parent exactly what you expect to see as evidence that a change has occurred.

Example:

Instead of: Mrs. Smith will successfully complete the above mentioned classes.

Use: Upon completion of the classes, in interactions with her children, Mrs. Smith will be able to demonstrate the use of discipline techniques such as, time outs and giving choices. She will refrain from yelling and hitting. She will ask her children about topics such as school and their involvement in activities. She will refrain from discussing her personal problems with them.

CONCURRENT PERMANENCY PLANNING STEPS TO IMPLEMENTATION

- Assess Data: Gather data to understand foster care population demographics and to assess need for expedited permanency planning efforts; develop baseline data and indicators to track progress over time
- Review Laws/Regulations Needed: Assess statutory and/or regulatory changes needed to support timely decision-making, changes in federal law and concurrent planning focus
- Identify Program Policies/Procedures: Identify policies and procedures as well as case review systems and earlier decision-making efforts needed to make the shift to concurrent from sequential case planning
- Strengthen Commitment to Permanency Philosophy: Assess organizational commitment to implement family and community-centered, child-focused permanency planning; as well as open and inclusive approaches to working with birth parents and foster/adoptive parents in their own communities
- Provide Leadership: Identify an agency “champion” to guide the initiative
- Develop Stakeholder Support: Identify internal and external stakeholders who need to be involved and informed of philosophical, organizational and practice shifts (all levels of agency staff, courts, attorneys, community services)
- Develop Specialized Recruitment and Retention Strategies: To find and support a pool of permanency planning resource families
- Build Community Service Linkages: Identify and develop linkages with drug treatment, domestic violence, mental health and health care services for families and children - so services can be front-loaded
- Provide Training and Support: Develop strategy to train staff, foster parents, stakeholders in expedited permanency planning program and practice shifts

CONCURRENT PLANNING IMPLEMENTATION ISSUES (Developed by Laura Williams and Sarah Greenblatt - January 2000)

Systems

- Recruit, train, support Permanency Planning Resource Families
- Identify the First Alternative to Reunification
- Provide Strong Reunification Services
- Frequent Visitation
- Redefine Success
- Include Non-adversarial Decision Making
- Identify Success Markers
- Identify Agency Champions
- Enlist Partners
- Identify Target Population
- Implement Processes
- Train and Support Practice Changes

Process

- Relative Identification
- Early Paternity Determination
- ICWA Heritage Determination
- Prognosis Assessment
- Relative Permanency Assessment
- Court Report Content
- Match Permanency Planning Families and Children with a “Poor Prognosis” for Reunification
- Parenting Options
- TPR Exceptions

Practice

- Place Children with a “Poor Prognosis” for Reunification in Permanency Planning Families
- Full Disclosure

- Recognize, Explore, & Resolve Parental Ambivalence
- Firm Timelines
- Explore Permanency with Caretaker