Concurrent Planning
Teleconference
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Janyce Fenton, MPA
Family Centered Practice

Safety

Permanence

Well Being

Family Engagement

Clinical Supervision
Legal Collaboration
Staff/FP Retention

Family Team Meetings
Diligent Search
Visitation
Birth/Foster Parent Relationships

Community Partnerships
Targeted Recruitment
Concurrent Planning
Permanency Planning

- Necessary for all children regardless of permanency goal & prognosis
- Is an ongoing process throughout the life of the case
- Requires numerous types of placement options and lifelong connections

Concurrent Planning

- Designed as a specific type of Perm Planning for children with a primary goal of reunification
- Is determined within the first 60 days of a child’s placement
- Requires specific types of relative and non-relative placement options
Concurrent Planning

• Children in the child welfare system are most damaged by numerous moves, which exacerbate the grief and loss they experience due to their initial separation from their families.

• They are further damaged by the uncertainty and inability to plan and have hope for their future.

• Pre-verbal children are unable to attach to multiple caretakers and become unable to have successful relationships later on.
Concurrent Planning

• Kinship placements have shown us that people can care for and make life-long commitments to children, while at the same time, encouraging and supporting reunification.

• It is the intent of concurrent planning to develop these kinds of relationships for birth families who do not have appropriate kin networks of their own.
Concurrent Planning Definitions

• Working towards reunification while at the same time, establishing and implementing 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.
Goals of Concurrent Planning

• 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
Concurrent Planning Goals

• To develop a network of foster parents (relatives and 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.
Success Redefined

- Timely Permanence via reunification or an alternative care giver
- Kinship as Family Preservation
- Diligent search vs. Why didn’t “they” come forward sooner?
Key Components of Concurrent Planning

- Early Prognostic Assessment
- Full Disclosure/Parenting Options Counseling
- Family Conferencing/Kinship Care
- Team decision making protocols
- Availability of Resource Families
- Case Plans which delineate compliance from success
- Strong collaboration with legal system
- Immediate access to services and collaborative relationships with service providers
- Frequent Visitation
CFSR Findings

• Showed an inconsistent and/or ineffective use of concurrent planning as negatively impacting states’ ability to meet numerous permanency items/outcomes

• In metro sites that did well, “ongoing and meaningful concurrent planning” was in evidence.
What Types of Homes do Our Children Need?

- Homes that reflect their culture and ethnicity
- Homes that allow them to stay connected to their families, siblings, schools and communities
- Homes that will take the emotional risk so that the children don’t have to
- Homes that understand children’s developmental needs and recognize their grief as a normal reaction to the loss of their family
Resource Family

Refers to foster and adoptive families, relatives or caregivers who share parenting with the birth family as we seek to find permanence, safety and stability for the child. These individuals are willing to provide a permanent connection for the child whether or not the child reunifies with their birth family. They play an active role in linking the child to their past as well as helping promote family relationships in the future.
Riding the Emotional Roller Coaster

• Implies that mentally healthy adults are better able to deal with the uncertainty of attaching to someone they may have to “give up.”

• While this seems like a hard sell, it is what we have been making children do repeatedly as they have walked through the maze of foster care.
Where we will find these families?

• Many of our resource families should come from the same communities as our children.

• Imagine the difference in a child’s experience of placement if we can provide truly “frequent” visitation?

• Kin, both maternal and paternal should always be sought out and encouraged to become the concurrent placement resource for their children
Where we will find these families?

For school age children the goal should be for them not to have to change schools, a place that is usually one of the few places where they are cared for and feel connected.
What’s the gain and how do we measure best practice?

• When placement is necessary:
  - can the children remain in their own community, attend the same school and church, stay involved with any sports teams or clubs?
  - can siblings be placed together?
  - do workers have the ability to match birth families to resource families?
What’s the gain and how do we measure best practice?

- Can visitation occur at least three times a week?
- Have we reduced the # of moves children have?
- How quickly can we reach permanency for children?
Community Education

• The community needs to be educated to the fact that only a very small percentage of our birth families are dangerous and would pose a threat to them.
Community Awareness

• If we recruit from a place of desperation, what message are we sending out about what our children deserve?

• While we want to increase the number of resource families available to our children, we must also maintain standards that say not just anyone is good enough to care for our children.
Combining Customer Service with High Standards

• Community members should be made to feel like being part of the resources for children is an honored thing.

• What can they do to be part of this special group of people who gets to care for our wonderful children?
How Can We Ensure Good Casework Practice based on relationships and collaboration not just documentation & data entry?
STEPS TO IMPLEMENTATION

• Assess Data
• Review Laws/Polices/Regulations
• Strengthen Commitment to Philosophy
• Provide Leadership
• Develop Stakeholder Support

• Develop Specialized Recruitment/Retention Strategies
• Build Community Linkages
• Develop Review Process/Team Decision Making
• Provide Training & Support
Identifying Stakeholders

- Legislators
- Judges/Lawyers/Court Liaison
- Foster and Adoptive Families
- Treatment Providers
- Community Leaders/Child Advocates
- Staff including administrators
- Clients/Extended Family
- Schools/Law Enforcement/Churches
- Media
Identification of Systemic Barriers

Do workers have what they need to take advantage of the proposed changes? OR Will they be frustrated by learning new practice that they can’t implement?
Administrative Support

- Reinforcement of the philosophy of birth parent-foster parent partnerships.
- Recruitment efforts which have high standards and are focused in communities
- Manageable Caseloads and/or secondary workers
- Adequate supervision ratios so that supervisors can be present at reviews/staffings, providing support & mentoring
- Collaboration with other agencies/MOP (memorandum of procedure) with courts, CASA’s, service providers, etc.
Administrative Support

- Acceptance of Non-traditional adoptive families
- Availability of Post Adoption Services
- Training for all levels of agency and other agencies
- Implementation of Family Team Meetings and other forms of non-adversarial conflict resolution
- Support for “outside the box” thinking
- Pro-active vs. reactive policy
Best Practice: Tools of the Trade

- Prognostic Guide which Includes Assessment of Ambivalence.

- Protective Orders for Immediate Psychological and/or Substance Evaluations & Child Specific Evaluations.

- Diligent Search Protocol for Fathers and Relatives and Timely Kinship Studies.
Best Practice: Tools of the Trade

• Immediate ICWA Determination Protocol

• Family Group Decision Making

• Social Histories Which Identify Strengths as Well as Needs

• Inclusive Staffings/Case Reviews/Team Decision Making/Collaboration
Best Practice: Tools of the Trade

• Open Adoption/Co-parenting/Post Adoption Counseling

• Case Plans Which Include Measurable Criteria's of Success

• Increased Visitation/Case Aides/CASAs

• Technology/Voice & E-mail/Internet Search Software
Best Practice: Tools of the Trade

• Mediation and Other Non-adversarial Forms of Conflict Resolution

• Full Disclosure

• Placement Options Which Include Trained and Committed Foster-Adopt Families

• Parenting Options/Relinquishment Counseling.
GUIDELINES: This tool is designed to identify children in need of concurrent planning based on a family assessment as outlined in the Family Service Plan. The Guide should be completed within 60 days of case opening. This tool seeks to balance a child's need for permanency with recognition that the parents have the capacity for growth and change, and that reunification efforts continue in earnest. It is expected that some children involved with concurrent planning will reunify. The tool is ideal for team decision-making, as well as supervisory conferences.

SECTION I – EARLY REUNIFICATION PROGNOSIS INDICATORS

Prognosis indicators for early reunification – concurrent planning not needed

Parent-Child Relationship
The parent/s demonstrate:
- Ability to respond to child’s cues.
- Empathy for child; balance between own needs and needs of child.
- Ability to accept appropriate responsibility for problems that lead to abuse/neglect.
- Ability and willingness to modify parenting.
- Having raised the child for a significant period of time.
- Ability to meet child’s special needs (medical, educational, social, cognitive, etc.).
- Evidence of previous effective parenting observed through child’s development (age appropriate cognitive & social skills; conscience development; minimal behavior issues).

Parental History And Functioning
The parent/s demonstrate:
- Stable physical health.
- Stable emotional/mental health; any mental illness well-controlled.
- Economic stability (employment, housing, and/or ability to live independently).
- Freedom from addiction(s) (substances, gambling, violence, etc.).
- Consistent contact with child (visitation, parenting time, telephone contacts).
- Historical ability to meet child’s needs despite impaired mental function.
- Problems leading to placement are of recent origin and situational rather than chronic in nature.

Support Systems
The parent/s demonstrate:
- Positive relationships supportive of safe parenting.
- Kin system providing mutual caretaking and shared parenting.
- Proximity of support system practical to family needs.
- A support system that recognizes strengths and limitations of parents/family.

The Colorado Concurrent Planning Guide has been developed based on modification of the indicators found in Concurrent Planning: From Permanency Planning To Permanency Action. © 1994 – Lutheran Social Services of Washington & Idaho. Authors: Katz, Spoonemore, and Robinson.

SECTION II – POOR PROGNOSIS INDICATORS NEED FOR CONCURRENT PLANNING

Develop alternative plan (alternative placement as appropriate.)

Parent-Child Relationship
Factors Related To Abuse Or Neglect
- Serious physical abuse, as burns, fractures, poisoning.
- Non third party sexual abuse of child; prognosis likely to require lengthy foster care.
- Diagnosed failure to thrive infant.
- Child drug-exposed at time of birth (cocaine, crack, heroin, alcohol, etc).
- Child has been victim of more than one form of abuse.
- Significant neglect.

Factors Related To Ambivalence
- Previous placement of this child or other children.
- Previous consideration of relinquishing this child; previous relinquishments of a child.
- Repeated pattern of uncertainty as to desire to parent.
- Inconsistent contacts with child.
- Lack of emotional commitment to child; parent dislikes child due to child’s paternity.
- Parental mental illness not historically and/or currently well controlled.
- Parent/s consistently acknowledge ongoing problems with parenting.

Parental History and Functioning
- Parent continues to reside with someone dangerous to the child.
- Parent/s raised in foster care.
- Recent or perpetual history of parental criminal involvement.
- Documented history of domestic violence.
- Parent has degenerative or terminal illness.
- Previous reunification has disrupted.
- Intergenerational abuse with lack of historical change in family dynamics.
- Parent/s engage in high-risk relationships (drugs, criminal activity, alcohol).
- Progressive signs of family deterioration due to personality disorder/s.
- Previous interventions and/or treatment unsuccessful; uncooperative with treatment plan.
- Parent/s restricted in ability to parent due to developmental disabilities.
- Lifestyle and support system choices place child at risk through inappropriate caregivers.
- Visible means of financial support derived from prostitution, drugs, or other crime.
- Failure to respond to multiple forms of treatment/intervention despite acceptable participation levels.
Challenges

• 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.
Challenges

• Mental Illness/Sub. Abuse can be 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
EXPECTED LONG TERM OUTCOMES OF CONCURRENT PERMANENCY PLANNING

• Children who are in post-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 most 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.

• Participants 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.
• Implementing Concurrent Planning: A Handbook for Child Welfare Administrators, from the NRC for Organizational Improvement by Patricia Schene, Ph.D. Edited by Barbara Sparks
May, 2001
http://muskie.usm.maine.edu/helpkids/rcpdfs/concurrent.pdf
References and Resources

• Tool # 1: Concurrent Permanency Planning By Alice Boles Ott, Outlines fairly simply the intent, origination and importance of concurrent planning and how to “get started.”

• Concurrent Planning Checklist for Counties Page 10
Concurrent Planning—Existing Challenges and New Possibilities
By Susan Brooks, Director, Northern California Training Academy, Center for Human Services, UC Davis Extension Spring/Summer 2009
References and Resources


[www.cwla.org](http://www.cwla.org)

The National Resource Center for Family Centered Practice & Permanency Planning, *Preventing the Triangulation of the Triangle of Support*, by Lorrie Lutz, MPP

References and Resources

• Resources from other sources and states can be found on the NRCPFC web-site, http://www.hunter.cuny.edu/socwork/nrcpf
c/info_services/concurrent-permanency-planning.html

• For a summary of CFSR results: http://www.acf.hhs.gov/programs/cb/cwmonitoring/results/agencies_courts.pdf