



Concurrent planning in public child welfare agencies: Oxymoron or work in progress?

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Abstract

Concurrent planning is used increasingly in child welfare practice as one strategy to expedite permanency for children. The strategy was developed in small, private agency contexts utilizing comprehensive and intensive services; how and with what success concurrent planning concepts have been implemented by large public child welfare bureaucracies is not known. This study examines the implementation of concurrent planning in six county child welfare agencies in a large western state. Quantitative data were extracted from case files of a sample of 885 children entering out-of-home care before and after implementation of concurrent planning legislation. Interviews and focus groups with 180 individuals (including agency social workers, supervisors, and court personnel) from the same counties contextualize these findings. Results from the study help to identify factors that may facilitate or hinder successful implementation.

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1. Introduction

When children are removed from home due to abuse or neglect, child welfare agencies provide parents with time-limited services intended to enable them to safely parent again. Should parents fail to adequately utilize and benefit from such services, their opportunity

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for reunification is terminated and efforts are made to find children an alternative permanent placement, such as an adoptive or guardianship home. Traditionally, these efforts toward alternative permanency do not begin until reunification services to parents have ended, generally after six to eighteen months. The time necessary to locate a permanent home and complete additional necessary arrangements for a finalized placement, such as an adoption home-study and termination of parental rights, can extend a child's stay in foster care by another several years.

In the 1970s and 1980s, a number of states and programs began experimenting with an approach designed to hasten this process. These agencies began to place children in “pre-adoptive” homes before the legal termination of parental rights had occurred (Gill, 1975; Gill & Amadio, 1983; Lee & Hull, 1983). These ideas were expanded upon by Lutheran Social Services (LSS) in Washington state. LSS developed a program in which planning for alternative permanency began as soon as children were placed in care. Children were placed in foster homes that agreed to adopt if the parents' reunification efforts did not prove successful. The strategy has become known as “concurrent planning” (Katz, 1990; Katz, Robinson, & Spoonemore, 1994; Weinberg & Katz, 1998).

The development of concurrent planning has been most influenced by the work of Linda Katz and her colleagues at LSS. In a series of publications, Katz and colleagues have articulated a model of concurrent planning widely referenced in the literature. This model of concurrent planning introduces a number of new casework activities into child welfare practice. Upon a child's entering out-of-home care, an assessment of the parent's likelihood of reunification, or a “reunification prognosis,” is made “based upon the family's history, relationship with the child, and demonstrated progress to date” (Katz, 1999, p. 79). When the prognosis for reunification is poor, immediate action toward the alternative permanent plan—adoption or guardianship—begins, along with reunification services. Concurrent planning also emphasizes candor between parties: parents are to be fully informed of the concurrent plan, the consequences of failing to progress with reunification, and the effects of out-of-home care on children. The option of relinquishing legal parental rights to the child is presented to parents in a non-judgmental way, to facilitate this option if it is the right one for the family.

In 1997, concurrent planning received federal endorsement under the Adoption and Safe Families Act. In addition to initiating a number of other changes to child welfare processes, ASFA required that agencies provide reasonable efforts to find permanent homes for children should reunification fail, and clarified that these efforts may be made concurrently with efforts to reunify. In California, state statutes of 1997 (Chapter 793) require documentation of concurrent plans in child welfare court reports.

Concurrent planning is reportedly used by child welfare agencies as a strategy for dealing with permanency timelines established by ASFA (Westat, 2001), and is mentioned in national summaries of important new changes in child welfare practice (for example, Malm, Bess, Leos-Urbel, Geen, & Markowitz, 2001; USGAO, 1997; Westat, 2001). However, concurrent planning was developed in small, private agencies utilizing comprehensive and intensive services, such as reduced caseloads for social workers, two social workers on each case—one for birth parents attempting to reunify, the other for foster-adopt parents hoping to adopt—and private legal counsel to assist with court procedures (Brennan, Szolnoki, & Horn, 2003). A number of studies have identified these

types of supports as critical for successful implementation of concurrent planning (Katz, 1990, 1999; Lutz, 2000; Weinberg & Katz, 1998). Implementation of concurrent planning at this level is likely to be difficult for public child welfare agencies, due to their large client population and limited resources (Edelstein, Burge, & Watterman, 2002; Schene, 2001). How and with what success public child welfare agencies are implementing the concepts of concurrent planning is not known.

This study examines the following research questions: 1) what is the nature of counties' implementation of concurrent planning—what concurrent planning elements are used in each county, and what proportion of cases receive them? and 2) What factors facilitate or hinder implementation efforts? Because this was an exploratory study, no particular hypothesis regarding implementation was proposed or tested. Using qualitative and quantitative methods, we examined the implementation of concurrent planning in public child welfare agencies in six California counties. Quantitative data were extracted from case files of a sample of 885 children entering out-of-home care before and after implementation of concurrent planning legislation. Interviews and focus groups conducted with 180 individuals from the same six counties (including agency social workers, supervisors, and court personnel) contextualize these findings and offer some explanation for what is found.

2. Methods

2.1. *Technical Advisory Committee*

Views of representatives from child welfare stakeholder groups were solicited to enhance the use and relevance of this study to child welfare practice. Staff from county child welfare agencies and the state Department of Social Services, juvenile court personnel, private foundation representatives, and other child welfare researchers were invited to participate in a Technical Advisory Committee. Committee members assisted in developing research strategies and refining measures based upon their expertise and knowledge of the child welfare field. Feedback from the committee was solicited via meetings, letters, or occasional direct email queries.

2.2. *Quantitative data*

2.2.1. *Sampling*

Of counties identified as having substantive concurrent planning programs in a prior study (D'Andrade, Mitchell, & Berrick, 2003), six counties reflecting the diversity of the state in terms of region, size, and urban nature were selected to participate. The population of interest was composed of children under the age of ten entering out-of-home foster care placement and remaining in care at least five days. This population was selected because concurrent planning would not be relevant for children with shorter stays, and because a prior study revealed that California counties target concurrent planning almost exclusively towards younger children (D'Andrade et al., 2003). From each county, two cohorts entering care before and after implementation of concurrent planning policies were drawn.

For large counties, a random sample of 200 cases for each cohort was drawn; for smaller counties, the entire universe of children entering care from each of the relevant time frames was selected. For all counties, children in Cohort 1 entered care between June 1, 1993 and May 31, 1994. Children in Cohort 2 entered care during a one-year period between June 1, 1998 and December 31, 2000, depending upon when each county reported fully implementing the concurrent planning law.

2.2.2. Data source and collection process

Data came from child welfare agency case files, primarily from the court reports written by social workers to inform the juvenile court judge of case progress. A team of trained graduate student research assistants collected data at child welfare agencies over the course of one year. Coding rules were established prior to data collection, and coders were provided with written guidelines detailing these rules. Data files were loaded onto a single database, and transferred to SAS for data cleaning and analysis.

2.2.3. Variables

Concurrent planning was measured with a set of dichotomous variables indicating whether or not a particular concurrent planning-related activity had occurred on a case. Activities assessed included 1) the making of a reunification prognosis; 2) the inclusion of a concurrent plan on the jurisdictional or dispositional court report; 3) placement of the child in a foster-adopt home; 4) discussion initiated by the social worker with the birth parents regarding the option of voluntary relinquishment; and 5) full disclosure by the social worker to the birth parents regarding any concurrent plan and the consequences of failing to complete services. Child characteristics gathered included ethnicity, age, gender, and special needs, and case characteristics included county and cohort.

2.2.4. Data analyses

To assess reliability, five pairs of coders were asked to review the same case periodically through the review process. The percent of agreement for each pair was calculated, based upon the number of times both coders agreed upon the presence of an indicator for dichotomous outcomes, entered the same date for date items, or selected the same score for Likert scale items. These percentages were averaged across pairings to arrive at an overall reliability estimate of .88 (Trochim, 2004). Validity was assessed in a subsequent multivariate study (D'Andrade, 2004) with a strategy recommended by Fanshel, Finch, and Grundy (1990) for this type of data. The high degree to which non-concurrent planning variables behaved as expected based upon prior research provided evidence of the validity of the data.

The use of concurrent planning activities was assessed with frequencies, and comparisons made between cohorts using chi-square tests of association. For analyses examining concurrent planning by county, the sample was restricted to just children from Cohort 2, who entered care after the passage of concurrent planning legislation. For the assessment of the timing of concurrent planning practice activities, the sample was further restricted to a sub-sample of children in care for at least eight months, long enough to have experienced both a dispositional hearing and a review hearing, and thus potentially a reassessment of concurrent planning elements.

2.3. Qualitative data

2.3.1. Sampling

Qualitative methods of interviews and focus groups were used to understand the status of concurrent planning's implementation, and the challenges and successes involved. The qualitative study was conducted parallel to the quantitative study, and therefore the questions were not informed by any knowledge of the quantitative findings (or vice-versa).

A purposive sampling method was used. In each of the six study counties, child welfare agency staff and court personnel were recruited for participation. Initial interviews with child welfare agency administrators were used to understand the general structure of each of the six county agencies, and develop a sampling strategy tailored to that county's concurrent planning program. Child welfare workers and supervisors across the range of relevant service programs were recruited for participation, including emergency response (intake), court investigations, continuing services (in-home and out-of-home care), and placement services including adoptions. In four agencies, adoptions units were present within the county agency, while two agencies utilized the California State Department of Social Services Adoption unit for their adoption services. Child welfare staff were provided with letters about the study and invited to attend voluntarily focus groups and interviews scheduled during their work day. In-person interviews were conducted with Social Work Supervisors, while focus groups were conducted with child welfare social workers. Court personnel—including attorneys representing children, parents, and the county child welfare agency, and Juvenile Court judges—were invited by letter to participate in individual telephone interviews. In one county, where no court personnel were effectively recruited, a child welfare agency staff person who had acted as court liaison for many years was interviewed instead.

The final sample for the process study is summarized in [Table 1](#). The sub-sample sizes across the six counties reflect the counties' varying sizes (in terms of population and agency staff). In most cases, participants were available in each of the sub-categories described above (e.g., all types of social workers and supervisors), although certain sub-groups (e.g. attorneys and judges) proved more difficult to recruit and were less well-represented.

2.3.2. Data collection

Interview and focus group protocols were developed based on the literature and input from the advisory committee. These were used as guides for semi-structured interview and focus group processes. In general, participants were asked to discuss their knowledge and

Table 1
Process study participants by type and county

	County A	County B	County C	County D	County E	County F	Total
Social Workers	34	7	20	14	40	10	125
SW Supervisors	7	7	4	5	11	4	38
Court Personnel	4	2	2	1	5	3	17
Total	45	16	26	20	56	17	180

understanding of concurrent planning, the workings of the system of concurrent planning in their county, their perspective on the approach, and what was working and not working with regard to concurrent planning in their locale. Each group was also asked questions tailored to their particular role in a concurrent planning case. In-person focus groups and interviews were audiotaped wherever possible and transcribed. Telephone interviews were translated into written notes by researchers and observations and reflections by researchers were included in written notes.

2.3.3. Analysis

Transcripts and notes were managed and analyzed using the qualitative software program *Atlas.ti*. Using a combination of inductive and deductive processes, written text was coded into relevant themes and ideas. Patterns were identified and codes grouped until central concepts emerged. Reliability and validity were addressed through a combination of regular peer debriefing to guard against bias, negative case analysis, and leaving an audit trail to enhance reproducibility (Padgett, 1998). Additionally, findings were checked by examining exceptions to early patterns and taking a skeptical approach to emerging explanations (Miles & Huberman, 1994).

3. Quantitative results

3.1. Sample demographics

Of the total sample drawn of 1714 cases, a total of 559 cases were excluded for a variety of reasons: cases files were lost, destroyed, or incomplete ($n=254$), cases were siblings to children already in the sample ($n=61$), cases did not meet the study criteria ($n=208$), or for other reasons ($n=36$). The remaining sample of 1155 cases was subsequently restricted to include only children whose cases continued past the jurisdictional–dispositional hearing, and who had at least one parent who received reunification services, making concurrent planning relevant. The final total sample size was 885.

Over 40% of the children in this sample were Caucasian; just under one-fourth were African American, and just under one-fourth Hispanic. Slightly under half were girls. About 35% of the children in this sample were infants under a year old, 22% were between one and just under three years old, 16% between 3 and just under 5, 12% between 5 and just under 7, and 15% between the ages of 7 and 10. Three-quarters of the sample came from larger counties, and over half from the second cohort. Almost 20% of the children in this sample showed indication of a medical special need; about 10% showed either an emotional problem, a behavioral problem, or a developmental delay; and about one-quarter were prenatally drug exposed (Table 2).

3.2. Concurrent planning by cohort and county

The use of concurrent planning practice elements has increased substantially since state concurrent planning legislation came into effect in 1998. For some elements, the

Table 2
Characteristics of the child and case

	<i>n</i>	%		<i>n</i>	%
Ethnicity			County		
African American	196	22.1	A	197	22.3
Caucasian	376	42.5	B	50	5.6
Hispanic	205	23.2	C	81	9.2
Other	72	8.1	D	212	24.0
Unknown	36	4.1	E	255	28.8
	885	100.0	F	90	10.2
Gender				885	100.1
Male	480	54.2	Cohort		
Female	405	45.8	Cohort 1: entered care 93–94	385	43.5
	885	100.0	Cohort 2: entered care 98–00	500	56.5
Age				885	100.0
<1	311	35.1	Child special needs (not mutually exclusive)		
1–<3	196	22.1	Medical	169	19.1
3–<5	144	16.3	Emotional	99	11.2
5–<7	106	12.0	Behavioral	109	12.3
7–10	128	14.5	Developmental delay	86	9.7
	885	100.0	Prenatal drug exposure	234	26.4

difference was dramatic; for example, concurrent plans were rare in the first cohort, and common in the second. Although placement of children in foster-adopt homes prior to termination of parental rights did increase in the second cohort, it was a rare phenomenon in both cohorts. Differences between cohorts on all activities were statistically significant on chi-square tests. If the critical value of the chi-square statistic is adjusted to keep the Type I error rate for the five tests at 5%, the *p*-value indicating statistical significance is .01 rather than .05. No conclusions change as a result (Table 3).

Since we were primarily interested in the implementation of concurrent planning since passage of the state concurrent planning law in 1998, subsequent analyses were restricted to Cohort 2 (children entering care after 1998) (*n* = 500). The analysis of county implementation of concurrent planning activities shows that counties emphasized different activities in their concurrent planning programs. Differences in use across counties were

Table 3
Concurrent planning activities by cohort

Concurrent planning activity	Total (<i>n</i> = 885) %	Cohort 1 (<i>n</i> = 385) %	Cohort 2 (<i>n</i> = 500) %	χ^2 statistic	<i>df</i>	<i>p</i> -value
Reunification prognosis	22.7	14.3	29.2	27.8	1	<.001
Concurrent plan at dispo	34.2	8.8	54.8	197.5	1	<.001
Child in foster-adopt < TPR	4.5	2.3	6.2	7.5	1	.006
SW disc vol. relinquishment	16.0	7.3	22.8	39.9	1	<.001
SW made full disclosure	46.4	36.9	53.8	27.6	1	<.001

statistically significant using chi-square tests for every concurrent planning activity. If the critical value of the chi-square statistic is adjusted to keep the Type I error rate for the five tests at 5%, the *p*-value indicating statistical significance is .01. No conclusions change as a result (Table 4).

3.3. Nature of concurrent plans

We attempted to capture the content of concurrent plans in the quantitative study. Based upon our reading of the concurrent planning literature, we anticipated finding two kinds of concurrent plans in court reports: 1) a plan to place the child immediately in a foster-adopt home (when the prognosis for reunification was poor); and 2) a plan to hold off on placement in a foster-adopt home pending parental progress, and re-evaluate the need for foster-adopt placement at the next review hearing (when the prognosis for reunification was good). We also allowed for a third “other” option, if the articulated plan did not seem to fit within one of the first two categories.

Concurrent plans articulated in the dispositional report were most frequently of the “other” variety. Most of these “other” concurrent plans were so broadly worded that their appropriateness as a concurrent plan could not be determined. For example, the concurrent plan might simply read “legal guardianship,” with no information provided regarding who would take guardianship, whether a credible commitment to a relationship of this nature had been made by some caregiver, or whether placement in the home of the committing caregiver would be concurrent with reunification services. A minority of the “other” categorized concurrent plans seemed to be appropriate: although the plan was not always being actively pursued, it had at least been considered. For example, “Concurrent plan is adoption—no concurrent home has been selected yet,” or, “Maternal grandmother willing to adopt.” For another portion of cases, articulated concurrent plans were obviously inappropriate. Some examples include concurrent plans of “long term foster care,” or, “if mother fails to reunify, adoption/guardianship/long term foster care” (Table 5).

3.4. Timing of concurrent planning elements

Because the goal of concurrent planning is timely permanency for children, and the importance of early efforts toward that end is emphasized in the literature, we were interested in assessing the timing of critical concurrent planning elements. Information related to timing was available for the concurrent plan, the reunification prognosis, and

Table 4
Concurrent planning activities by county

COUNTY	A %	B %	C %	D %	E %	F %	χ^2/df	<i>p</i> -value
Reunification prog	12.0	9.4	30.2	61.5	10.0	52.9	115.7/5	<.001
Concurrent plan	67.3	32.3	47.6	77.8	39.2	39.2	56.7/5	<.001
Fost-adopt<TPR	6.9	3.1	9.4	0.0	6.9	15.4	17.3/5	.004
Vol. relinquishment	8.1	58.1	3.3	40.5	27.7	6.1	75.9/5	<.001
Full disclosure	43.9	20.7	60.7	78.5	40.0	81.6	71.2/5	<.001

Table 5
Content of concurrent plans

	<i>n</i>	%
Concurrent plan in dispositional report (<i>n</i> =270)		
Place child in foster-adopt home	34	12.6
Review at next court hearing	62	23.0
“Other”	118	43.7
Missing	56	20.7
	270	100.0
“Other” concurrent plans (<i>n</i> =118)		
Appropriate		
Child not yet placed but plan considered	3	
Named rel. willing to adopt/guardian	13	
Named rel. willing to care for child long term	6	
	22	18.6
Vague/unable to classify		
Adoption	32	
Guardianship	10	
“Adoption or guardianship”	7	
Adopt or guardianship with relative	2	
Placement with relative	6	
Placement with other parent	2	
Reunification	2	
	61	51.7
Inappropriate		
“Adoption, guardianship or foster care”	12	
Permanent plan to be determined	7	
Long term foster care	10	
Statement unrelated to placement	6	
	35	29.7
Total “other”	118	100.0

foster-adopt placement. In addition, we were interested in the degree to which reassessment of concurrent plans and reunification prognoses occurred. Reassessment would suggest that concurrent planning was being reviewed and reevaluated based upon client progress, as is recommended. For these analyses then, only Cohort 2 cases open at least eight months were considered, as this time frame allowed a reassessment to occur at the six month review hearing (*n*=410).

The delivery and timing of primary concurrent planning practice elements was inconsistent. Of cases with a concurrent plan documented (*n*=286), almost 20% did not receive that plan until a review hearing held at least six months after the child's entry into care. However, in over half of the cases with a documented concurrent plan, the plan was documented both at disposition and at a subsequent review hearing. For those cases receiving a reunification prognosis (*n*=210), over 40% received the first prognosis at a later review hearing, and 40% had the initial reunification prognosis reassessed at a subsequent review hearing. Of the 103 children in this sub-sample who were placed in a foster home that intended to adopt, the majority were placed there after the termination of parental rights hearing, and thus concurrent planning was no longer relevant. About 12%

Table 6
Timing of key concurrent planning elements

	<i>n</i>	%
Concurrent plan		
Never documented	124	30.2
Documented	286	69.8
	410	100.0
Of cases with documented concurrent plans (n=286)		
Documented on JD report only	86	30.1
Documented on later report only	54	18.9
Documented on both reports	146	51.0
	286	100.0
Reunification prognosis		
Never documented	200	48.8
Documented	210	51.2
	410	100.0
Of cases with documented reunification prognosis (n=210)		
Documented on JD report only	34	16.2
Documented on later report only	92	43.8
Documented on both reports	84	40.0
	210	100.0
Fost-adopt placement		
Never received	307	74.9
Received	103	25.1
	410	100.0
Of cases with a fost-adopt placement (n=103)		
Occurred in first six months of case	12	11.7
Occurred later than first six months but prior to TPR	19	18.4
Pre-adoptive placement after TPR	72	69.9
	103	100.0

of those who had a fost-adopt placement were placed there in the first six months of the case (Table 6).

4. Qualitative findings and discussion

4.1. Broad philosophical support

In almost every agency studied, concurrent planning had broad philosophical support: participants believed it was both theoretically possible, and sensible, to simultaneously pursue reunification and an alternative plan. When child welfare agency staff and legal professionals were asked to reflect upon their opinions and experiences in regards to concurrent planning, the themes that emerged were generally positive. Specifically, these participants believed the practice of concurrent planning resulted in numerous benefits, including: increased stability and timely permanency for children; a greater likelihood of children maintaining relationships with birth families; and a system that is more informational, motivational, and comforting for birth parents (through providing safe, permanent homes for children and a greater perceived likelihood of long-term contact).

Though the participants in this study generally admitted that concurrent planning made fostering a more emotionally difficult job for foster parents, they also felt that it provided foster parents with a more clearly defined role and the opportunity to care for younger, healthier children. Many believed that concurrent planning afforded care providers the opportunity to learn more about their child and his/her birth family, thereby supporting a more informed decision to adopt. Additionally, a number of these participants agreed that the child welfare system itself benefited from concurrent planning as a result of improved case management, increased accountability for cases and the enhancement of social worker job satisfaction. Few drawbacks for children were voiced, other than the risk of disappointment at a failed adoption or the loss of the foster family at reunification. Overall, the conceptual underpinnings of concurrent planning were accepted by practitioners.

4.2. *Limited use*

Although acceptance of its philosophical tenets is widespread, quantitative data show that while use of concurrent planning elements clearly increased after legislation, still that use was not pervasive. Even the mandated element, articulation of a concurrent plan in the dispositional court report, occurred in just over half of the second cohort cases. Qualitative data show the same pattern. Child welfare workers did not report conducting concurrent planning activities frequently, or in any consistent fashion.

There are several possible explanations. Child welfare agency and court personnel did identify a number of potential drawbacks of concurrent planning for birth parents. These drawbacks included the idea that concurrent planning was emotionally overwhelming for birth parents, and that the time periods for reunification were too short. A few participants expressed concerns that concurrent planning, by intensifying the duality of social workers' role, negatively affected reunification services. Some participants expressed concern that concurrent planning may cause confusion or conflicting loyalties in children. This ambivalence may be dampening workers' efforts to apply concurrent planning elements on cases.

Such concerns have some support in the literature. Some authors have suggested that concurrent planning has the potential to either threaten reasonable efforts to reunify in actuality (Meezan & Shireman, 1982; Stein, 2000; Weinberg & Katz, 1998), or to be seen as doing so by judges, parents' attorneys, or others (Alcalay, Tyebjee, Taplin, & O'Loughlin, 2002). Studies of workers conducting concurrent planning have identified similar concerns. In one study, workers reported difficulty focusing on the dual goals of adoption and reunification simultaneously, and emphasizing permanent placement over reunification (Malm et al., 2001). In another study, some workers noted concurrent planning seemed to result in "tension" between themselves and birth parents, and workers felt the two different tacks were conflicting (Westat, 2001). However, in that study as well as in this one, workers reported a belief that "concurrent planning is a fair and necessary part of the permanency process and helps expedite permanency" (Westat, 2001, p. 8).

Perhaps the requirements of the state law are causing some confusion. Chapter 793 (California Statutes of 1997), the legislation covering concurrent planning in California, does require that appropriate services for achieving alternative permanency be outlined

and discussed, but does not require the concurrent plan be pursued for every child. Social workers may be interpreting their option not to pursue the concurrent plan, to mean a plan need not be articulated. Qualitative data offer some support for this idea, as not all agency staff understood that documentation of the concurrent plan was required.

Of all the concurrent planning elements, placement in a foster-adopt home is one of the most substantive and well-known. It is somewhat surprising then that this was the least utilized element of concurrent planning, rarely occurring at any time prior to the termination of parental rights hearing, and almost never occurring in the first six months of the case. Findings from the qualitative study confirm these results. Social workers report using foster-adopt placements rarely, reserving them only for cases identified as having a very poor prognosis of reunification, or cases bypassed for reunification services entirely. In fact, in several counties it was reported that these reunification bypass or “no services” cases—while seldom occurring—were especially likely to receive a foster-adopt placement, compared to the placements used in reunification services cases.

There are a number of possible explanations for this approach to foster-adopt placements. The qualitative data suggest that some counties are protecting foster-adopt resources very carefully. For example, one county has a special unit responsible for foster-adopt placements, and only children identified as very unlikely to reunify are accepted into this unit and foster-adopt homes found for them. This targeting strategy is sensible if the availability of foster-adopt homes is very limited; placing only those few children who are extremely unlikely to reunify in foster-adopt homes limits the number of caregivers that must shoulder the difficult task of committing dually to reunification and adoption, as well as reduces the chance that these caregivers suffer the painful loss of a child to reunification with the birth parent. On the other hand, using foster-adopt placements for cases in which parents do not receive reunification services means that foster-adopt placements occur entirely outside the context of concurrent planning. Workers explained that even placements made on these cases involve some degree of risk to the caregiver who hopes to adopt, as parents could still successfully contest the termination of parental rights; workers felt foster-adopt caregivers were best able to tolerate this degree of risk.

Another explanation for the limited use of foster-adopt placements could be the absence of systems or mechanisms that would actively encourage concurrent placement, insure that it occurs in a timely fashion, and support workers in their efforts by distributing the concurrent planning-related workload. While some counties had taken steps to introduce such supports (Frame, Foulkes, & Berrick, *under review*), in no agency studied was there a streamlined, well-operating system in place that could support regular and early placement in foster-adopt homes.

Alternatively, there may be challenges involved with the use of foster-adopt placement that limit agencies' ability to employ it. Foster-adopt care requires caregivers to commit to a permanent relationship with a child before it is known whether the child will be available for adoption, and to support the parents in reunification efforts at the same time. Most writers on concurrent planning acknowledge such a task may be very challenging (Gill & Amadio, 1983; Katz, 1999; Lee & Hull, 1983; Potter & Klein-Rothschild, 2001; Weinberg & Katz, 1998). While many concurrent planning practitioners assert recruitment is not more difficult in concurrent planning (Katz, 1999; Monck, Reynolds, & Wigfall, 2003; Williams, 2001), several programs have been unable to accept eligible children due to the

lack of appropriate caregivers (Monck et al., 2003; Schmidt-Tieszen & McDonald, 1996), and one program reported significant difficulty recruiting foster-adopt parents (Schmidt-Tieszen & McDonald, 1996). It simply may be difficult to find foster-adopt parents willing to take on the requisite level of risk. There is some evidence to suggest this is the case: a qualitative study of the general public, and of current and former foster and adoptive parents in seven northern California counties, found that most participants in the general public focus groups stated they were not willing to become foster-adopt parents, due to concerns about attaching to a child and then not being able to adopt, as well as potential conflict with the birth parents (Alcalay et al., 2002).

These issues were reflected in focus groups with agency staff, legal personnel and foster-adopt caregivers. While there are certainly some caregivers who find themselves capable of managing the challenging emotional aspects of concurrent planning, a significant number of caregivers indicated that the process was an exceedingly painful one for which they felt inadequately prepared by their agencies.

4.3. Implementation variability

The limited nature of the legal requirements allowed counties maximum flexibility to tailor their concurrent planning programs to fit their needs and resources. Counties took advantage of this flexibility to implement concurrent planning programs that differ in intensity and emphasis. Differences were considerable for most elements. The qualitative data revealed that the origins of concurrent planning policy were slightly different in each county, leading to different degrees of idea diffusion and ownership throughout the agency: some were implemented by a designated committee; others through the work of an administrative manager who wrote and disseminated policy; still others were initiated through the work of an individual child welfare supervisor, who trained workers one-by-one in concurrent planning concepts. Counties also varied in size, and thus there were striking differences in the communication structures necessary (and available) to ensure that workers at all levels of the agency understood how to implement the new practices. In one large county, for example, concurrent planning concepts had begun their development in the adoption and placement units. While some internal systems had been created to facilitate “referrals” to foster-adopt placements, emergency response and dependency investigations workers had not been well trained in using this system. Partly because of this history, the practices were well-developed and understood in the “back end” of the child welfare system, but poorly developed and understood by workers in the “front end.”

4.4. Cursory compliance

In case file reviews for the quantitative study, we found that while some documented concurrent plans appeared appropriate, others did little more than describe a sequential plan, or were too vaguely worded to convey what was occurring on the case. Although some counties developed a computerized court-report template that prompted workers to state the concurrent plan, interviews with social workers indicated such a tool was no guarantee that a worker would actually evaluate the need for concurrent planning, or implement it if appropriate. Consider this social worker’s comment: “. . . On my court

report, I either delete the (concurrent planning) 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 taking any steps towards that."

It appears that some systems put in place to trigger the social worker's thinking about concurrent planning are vulnerable to misuse. Rather than prompting deeper thinking about issues of permanency for an individual child, these systems can result in a cursory compliance that allows the worker to follow the letter of the law, while doing little or nothing to pursue concurrent permanency.

4.5. Delayed reunification prognoses and concurrent planning placements

In order for concurrent planning to be able to influence permanency timeframes, the requisite thought and planning must begin early on, and continue throughout the life of the case. Concurrent plans were often made in time for the dispositional hearing, and reiterated at a subsequent review hearing. Of course, given the nature of many of the concurrent plans as noted earlier, such articulation and reiteration does not always mean deep thinking about permanency has occurred at either point. Reunification prognoses, when made, were less often articulated in the dispositional reports, and not commonly reassessed at a subsequent hearing. It may be that the reunification prognosis is used less as a tool to target concurrent planning, and more to assist in decisions about terminating reunification services or returning children home, decisions that generally occur later in the case.

The quantitative data show that concurrent placements, to the degree that they are happening at all, are not occurring early in the case. Qualitative data suggest the same phenomenon: in at least four of the study counties, identification of cases appropriate for concurrent placement was reported to occur relatively late in child welfare cases. While workers indicated they have the "option" to refer cases for concurrent placement at any point in time, it was widely reported that such referrals tend to be made around the time of the hearing to terminate parental rights. This may be another strategy for reducing risks to foster-adopt parent caregivers, by refraining from placing children in their homes until parental failure to reunify appears certain. Alternatively, the logistics of quickly placing children in homes that are potentially permanent may be more significant than anticipated. For example, initial placements of children often occur very quickly, in times of considerable stress, when clarity about case direction, or knowledge of children's individual needs is lacking. This kind of situation is not ideal for making placements intended to have the potential for permanency (Proch, 1981; Williams, 2001).

4.6. Limitations of the study

Case files and court reports have limitations as data sources: they are not created for research purposes, and vary in depth, content and quality by both county and worker (Fanshel et al., 1990). Additionally, they hold only the perspective and observations of the child welfare agency social worker, which may not always accurately reflect the complete circumstances of the case. However, case files also have a number of strengths as data sources. They tend to be richer sources of data than administrative databases, as they

include information on family problems and client characteristics, particularly from the time the child entered care. While the social worker's perspective may be substantially different than other stakeholders on the case such as the parent, court personnel, or children, it is most relevant to the question under study; social workers decide which cases should be targeted for concurrent planning, and which are appropriate for reunification, and thus drive the practice of concurrent planning.

External validity is compromised, as a random sample of the target population was not possible due to the practicalities of data collection issues in a 58 county state. However, the sample was as representative as possible, including urban and rural, medium and large, and northern and southern counties, and comparisons with state figures show the sample was roughly comparable (see D'Andrade, 2004).

As in most qualitative research, the experiences of the purposive sample selected for the study may not reflect the typical experience of a practitioner elsewhere. Certainly there are local idiosyncrasies of practice and agency culture that might affect the results, and that further limit the generalizability of the study. In addition, this study focused on social worker perceptions of concurrent planning to explain implementation findings. There may be other explanations for the limited use of concurrent planning that we found. For example, a recent study of child welfare social workers suggested that time constraints and workload issues prevented workers from conducting high quality case-work recommended by "best practice" guidelines (Smith & Donovan, 2003).

This study does not address an important aspect of concurrent planning: its affect on permanency outcomes. Calls for studies assessing the effects of concurrent planning are common (see: Edelstein et al., 2002; Katz, 1999; Lutz, 2000; Wattenberg, Kelley, & Kim, 2001; Westat, 2001), as such studies are relatively rare. Those that exist (see Brennan et al., 2003; Katz, 1990; Martin, Barbee, Antle, & Sar, 2002; Monck et al., 2003; Schene, 1998) tend to suffer from design and measurement limitations, such as lacking a comparison group and/or statistical controls for confounding independent variables. This study of concurrent planning implementation was part of a larger study which included an evaluative component examining concurrent planning's effects on permanency outcomes of adoption and reunification using multivariate techniques. Findings from that study are pending (see D'Andrade, 2004). The current study lays an important foundation for any evaluation of concurrent planning in public child welfare, as consideration of implementation is critical before any conclusions regarding effectiveness can be made.

5. Conclusion

This exploratory study suggests that a limited model of concurrent planning is being implemented by counties in California. Some cases do not receive concurrent planning practice element until the review hearing generally held at least six months after the child enters care. Many concurrent plans are cursory, or simply describe sequential services. And the hallmark of concurrent planning's realization, the active use of concurrent placements and the early use of these placements, was largely absent from agency practice. It appears that in spite of widespread acceptance of the philosophy of concurrent

planning, public child welfare agencies are struggling to manifest its tenets in a concrete way.

Sequential case planning has played an honorable role in the history of child welfare services as an important strategy for meeting the “reasonable efforts” mandate of the Adoption Assistance and Child Welfare Act of 1980. Emerging knowledge about child development and attachment has prompted public child welfare agencies to find a means of reducing the length of time children spend in temporary foster care, while new federal policy adds alternative permanency to the list of goals agencies are required to pursue. Concurrent planning offers a promising model of addressing these changing priorities while remaining true to the mission of family preservation. However, findings from this study suggest that the historical habit of sequential planning has been hard for public child welfare agencies to shake. While important changes have occurred in the past two-and-a-half decades moving child welfare in the direction of timely permanency for foster children, it remains a system in which sequential planning is the primary strategy employed.

Certainly the dualistic nature of concurrent planning is challenging to all parties involved, including social workers, concurrent planning caregivers, and birth parents. Current approaches to implementation seem to focus on adjusting or expanding the casework activities of individual child welfare workers. Strategies that involve systemic changes—such as having two social workers attend to a case, providing adequate supports for concurrent planning caregivers, and ensuring high quality reunification services for all parents—may resolve the inherent tensions in concurrent planning more effectively, and result in a more fully realized implementation. Concurrent planning has the potential to help shift the child welfare system towards a model in which permanency—along with safety—is emphasized from the first moment a child enters foster care. Such a shift will require strong leadership, a resource infusion, and great creativity on the part of public child welfare professionals.

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