

**Concurrent Planning
for Timely Permanence: The Influence
of Children's Characteristics,
Prognosis Indicators, and Agency
Staff Perceptions**

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EXECUTIVE SUMMARY

Concurrent planning involves providing services to reunify children in foster care with their families, while simultaneously developing and pursuing an alternate plan for permanency (typically adoption or guardianship), should reunification fail. Recent changes in federal and state laws have mandated the development of a concurrent plan for all children in care.

Because concurrent planning is so new for most child welfare agencies, however, relatively little is known about its influence on outcomes for children and families. Even in counties such as San Mateo that were thought to have been practicing concurrent planning for some time, it has not been documented in such a way that the process or results are readily accessible. Therefore, goal of this study was to develop a fuller understanding of best practices for concurrent planning in child welfare. Specifically, this study sought to develop a baseline understanding of case and family factors that are relevant to concurrent planning, and on exploring potential predictors of failure to reunify. In addition perceptions of juvenile court judges, social workers, foster parents and other key informants were sought in order to expand upon the quantitative findings and to suggest future directions for research in this important new arena of child welfare practice.

The case records of 204 children in San Mateo and Santa Clara Counties were reviewed. The sample consisted of all children under age three who entered care during 1995 and 1996. Analyses explored aspects of children's characteristics, characteristics of parents and families, reason for referral, service plans, judicial characteristics, characteristics of time in care, case status and outcomes, and poor prognosis indicators for reunification.

Cases involving a documented concurrent plan (all in San Mateo County) were no more likely to have achieved permanency¹ by the end of the study than cases without a concurrent plan (in San Mateo and Santa Clara). Concurrent planning cases were much more likely to result in adoption or foster-adopt placements (77%) than were cases without concurrent planning (23%). Non concurrent planning cases were much more likely to have reunified (46%) than concurrent planning cases (5%) and slightly more likely to result in guardianship (10% versus 5%).

Poor prognosis indicators that significantly predicted failure to reunify included the incidence of three or more CPS reports prior to the current entry into care, parents' known substance abuse, parents' criminal histories or incarceration, parents' failure to visit the child while in care, and prenatal exposure to drugs or alcohol. When analyses were conducted taking into account all potential indicators simultaneously, as well as their interaction effects, the incidence of parents' substance abuse and children's exposure to drugs or alcohol prenatally significantly predicted failure to reunify as well as all the other factors combined. A parent with a known substance problem was only 30% as likely to achieve a successful reunification as a parent without a known substance abuse problem. This finding is consistent with similar work undertaken in Alameda County in conjunction with a previous BASSC project, which found that substance abuse was a "near perfect indicator" of infants' reentry into foster care following reunification.

Consistent with the study's purpose of developing a fuller understanding of best practices in concurrent planning, interviews and focus groups were conducted with 35 key stakeholders to assess their perceptions of principles, practices and outcomes related to concurrent planning. Participants included judicial officials, child welfare administrators, agency staff, and foster parents. Researchers took field notes, recorded self reflections, and collected contact summaries.

¹ "Permanency" was defined as reunification, placement with a previously non-custodial parent, adoption, legal guardianship, or a foster-adopt placement.

Several themes emerged from the data. Participants' understanding and support of concurrent planning varied. While judicial officers, administrators, social work supervisors and social workers appeared to have a comprehensive understanding of concurrent planning, many foster parents did not appear to know the meaning of the term.

Participants held positive regard for several aspects of concurrent planning practice and believed that concurrent planning is helpful in keeping cases on a timely course toward permanency. These practices included the permanency planning committee, the "interim" court hearing held between the dispositional hearing and the six month hearing, the two-worker system, and social workers' early communication with the birth parents regarding the alternative permanent plan. Several aspects of concurrent planning practices, however, were seen as challenging. Several participants voiced concerns regarding the difficulty involved for birth parents in learning that alternative permanent plans are being developed for their children. Related to this difficulty for birth parents, the findings suggest that discussing concurrent planning with parents is challenging for social workers and that birth parents may become suspicious of concurrent planning practices. In addition, it appears that foster parents struggle caring for children whose parents are attempting to reunify. Providing foster care for these children is difficult emotionally, as well as practically, in terms of dealing with children's behavior after visits with parents.

Another challenge identified by participants was the implementation of effective communication between social workers. Ensuring effective communication between the two social workers assigned to a concurrent planning case was thought to be very important by participants in this study, but staff mentioned challenges in this area due to regionalization and a lack of established guidelines.

Participants also drew attention to inconsistencies regarding placement decision-making processes. Participants reported that there was no guideline or checklist used to assist social workers in targeting particular cases for post-adopt

placements. During the focus groups, social workers did not reach consensus in describing a clear framework for how placement decisions are made, in terms of weighing competing priorities such as legal permanence and family relationships.

Discussion and Recommendations

Concurrent planning as practiced and/or documented during the period of this study appears to consist of traditional foster-adopt services applied to a relatively small proportion of the caseload that has been identified as having a low likelihood for successful reunification. While San Mateo County had a higher proportion of cases that achieved permanency during the study period, this was probably due to a higher reunification rate rather than differences due to concurrent planning. The high rate of adoptions among concurrent planning cases suggests a very good capability among county staff to accurately target children who are not likely to reunify. This success in identifying appropriate cases for adoption and then following through with successful adoptions should be highlighted. However, the broader definition of concurrent planning now being implemented will require an expanded focus on providing concurrent plans for less clear-cut cases, as well as increasing the involvement of extended families in planning and in placements. In particular, we should expect to see a much higher proportion of concurrent planning cases that ultimately are reunified or placed in guardianship. Procedures are needed to assist staff in complying with legislation while allocating scarce resources (particularly foster-adopt placements) to those cases least likely to reunify. In addition, given the shortened timelines for permanency now mandated, these assessments will need to take place closer to a child's entry into care.

The statistical analyses are compelling in identifying parental substance abuse as a highly significant predictor of failure to reunify. Given the limitations of this data set, however, this finding should be seen as a beginning point for discussion, rather than a solid conclusion about the likelihood of reunification. Revisiting the statistical analyses using a data set that includes all of the poor prognosis indicators utilized by counties, and perhaps additional ones, would be a fruitful avenue for

future research. Counties may consider utilizing this case file review as a baseline that can be revisited several years into the full implementation of concurrent planning, in order to begin to address the question of outcomes of concurrent planning.

The interviews and focus groups revealed that San Mateo County is perceived as “ahead of the game” in its practice of concurrent planning. As an administrator pointed out, most dependent children in the county do attain permanency, and concurrent planning is generally perceived to be a major contributor to this outcome. However, these data reveal that concurrent planning involves delicate and difficult casework interventions, as well as the development of collaborative partnerships among stakeholder groups. Some aspects of concurrent planning practice are working smoothly in San Mateo; others could be improved. The following recommendations should help the county refine and improve its practice of concurrent planning.

1. ESTABLISH CLEAR POLICIES AND GUIDELINES

- a. For communication between adoptions and reunification workers on concurrent planning cases. While the responsibility checklist provides a good start toward effective collaboration, these two groups of social workers may need more structure in place to ensure that they work effectively together on concurrent planning cases. The two social workers should have regular contact to discuss the case and jointly prepare court reports.
- b. For determining which cases should receive concurrent planning services in the form of foster-adopt placements. If policies already exist, they need to be better promoted and explained to staff, as there is general confusion in this area among all levels of staff.
- c. For making placement decisions. While many variables influence decisions in this area, a general framework, in addition to specific guidelines, may be of help to workers. Additionally, it appears the juvenile court and the agency

may have different ideas regarding placement priorities; involving the court in establishing guidelines could reduce worker frustration with court rulings.

2. IMPROVE SUPPORTS TO FOSTER PARENTS

- a. Foster Parent Support Groups: The challenges and stresses for foster parents in providing concurrent planning foster care are considerable, and merit additional support. The department should offer support groups in the evenings as well as daytimes, and ensure child care is provided.

3. ENHANCE TRAINING ON CONCURRENT PLANNING

- a. Social workers: Most social workers stated they had not attended training on concurrent planning. Training for social workers should have at least two components: 1) a philosophical aspect, to ensure social workers understand the concept of concurrent planning and the goal of reunification as the preferred outcome for families (this element of training may need to be mandatory) and 2) a technical component, to assist workers with specific practice issues such as a) how to effectively, and in a non-threatening manner, explain concurrent planning to birth parents, b) how to support foster parents through all aspects of the concurrent planning process, and c) how to make crucial case decisions (this element could be provided on a voluntary basis).
- b. Foster parents: Similar to training for social workers, training for foster parents should address both the purposes and philosophy of concurrent planning, as well as such practical concerns as a) the importance of working collaboratively with birth parents, b) understanding and anticipating children's reactions to parental visits, and c) managing children's behavior.

The overall goal of concurrent planning is to improve permanency outcomes for children in care. It seems logical that this goal would include improving reunification rates. Thus, several fruitful lines of inquiry include the following:

- Are more children attaining permanency within legal timeframes through the use of concurrent planning?
- Does an analysis of children's records support workers' perceptions that permanent homes are being found for children more quickly?

- How does concurrent planning affect children's reunification rates?
- Does concurrent planning result in fewer placement moves for children?
- Are cases with "poor prognosis" indicators in fact less likely to reunify than those without?
- How do the challenges and practices of the two social worker model of concurrent planning differ from those of the one worker model?



INTRODUCTION

This report presents findings from a two-part study that was requested by the San Mateo County Human Services Agency and the Santa Clara County Social Services Agency. The original goal of the study was to understand best practices for concurrent planning in child welfare. Concurrent planning is both a philosophy and practice that involves providing services to reunify children in foster care with their families, while simultaneously developing and pursuing an alternate plan for permanency (typically adoption or guardianship), should reunification fail. The goal of concurrent planning is to help improve permanency outcomes for children in foster care and to reduce time in care. Concurrent planning has become particularly important for very young children in foster care, given an increasing emphasis in child welfare on understanding and facilitating attachment in infants and young children.

San Mateo was one of the first counties in California to implement concurrent planning, and the county has been solidifying and refining its practice of concurrent planning for more than a decade. Santa Clara County is more representative of the majority of counties in California, in that the county has typically followed a sequential process of planning for permanency, where alternatives to reunification are not pursued until it is fairly certain that reunification will not occur for a particular child. Recent changes in federal and state laws have resulted in a growing focus on concurrent planning as a tool for ensuring timely permanency, and in fact, California counties are now mandated to develop a concurrent plan for all children entering care. Given this mandate, the objectives of this project were to: 1) develop an understanding of concurrent planning as it has been practiced to date, and to determine what impact, if any, it is perceived to have had on the outcomes of child welfare cases; and 2) develop a "snapshot" of the experience of young children (age less than three) in foster care in San Mateo and Santa Clara counties, to help inform the practice of concurrent planning, as well as to provide a baseline for reviewing practice and outcomes as concurrent planning is fully implemented over the coming

years. An additional goal that developed over the course of the project was to attempt to evaluate empirically criteria currently used by counties to predict a poor prognosis for reunification (and therefore a high priority for concurrent planning).

This project represents a first step in beginning to understand a complex, emerging philosophy and practice. The literature review presented here describes the philosophy and practice of concurrent planning, relevant legislation, and challenges to the implementation of concurrent planning. Because concurrent planning is so new for most child welfare agencies, however, relatively little is yet known about its impact on outcomes for children and families, either at the national or local levels. In addition, even in counties such as San Mateo that have been practicing concurrent planning for some time, the practice has not been documented in such a way that the process or results are readily accessible to research. Therefore, the case review findings presented here focus on developing a baseline understanding of case and family factors that are relevant to concurrent planning, and on exploring potential predictors of failure to reunify. Phase II provided an opportunity to interview juvenile court judges, social workers, foster parents and other key informants in order to expand upon the quantitative findings presented in Phase I and to suggest future directions for research in this important new arena of child welfare practice.

REVIEW OF THE LITERATURE

Because concurrent planning is a new practice, there is little literature available detailing its outcomes or its best practices. This review details the context, philosophy and practice of concurrent planning, describes some of the anticipated challenges of its implementation, and examines some preliminary outcomes for agencies that have been using it.

Background

Children require stability and consistency in their home environments in order to have the optimum opportunity to grow into healthy, capable adults (Maas & Engler, 1959; Bryce & Ehlert, 1971). Since the 1960s and 1970s, when it was recognized that significant numbers of children were growing up in foster care and enduring multiple placements without achieving permanency (Mica & Vosler, 1990), the child welfare field has been concerned with improving permanency outcomes for children. For children in the foster care system, permanency can be achieved through their successful reunification with their birth parents, adoption by a new family, or entrance into a legal guardianship relationship with a caregiver. Another option, long-term foster care, is available for children when none of the other permanency outcomes can be achieved.

With the Adoption Assistance and Child Welfare Act of 1980, PL-96-272, the federal government sought to improve the situation of children in foster care by providing financial incentives to child welfare agencies to encourage permanent planning for children. The underlying philosophy behind PL 96-272 was the need for prompt action to maintain children in their own homes or place them as quickly as possible into alternative permanent homes (Barth, Courtney, Berrick & Albert, 1994). Unfortunately, the goals of PL 96-272 have not been met (Barth et al., 1994; Courtney, 1994). The number of children in foster care has increased dramatically in the last decade. Since 1984, the number of children in foster care has practically doubled, from 276,000 to 540,000 in 1998 (United States General Accounting Office

[USGAO], May 1997; Tysor-Tetley & Tetley, 1998). In contrast, the population of American children remained relatively stable over that period (Barth et al., 1994). The percentage of children in care nationally grew 55%, from 62 per 10,000 to 96 per 10,000 in 1990. Data suggest that over 40% of foster children stay in foster care for two years or more, and that almost 30% of children have had at least three different placements while in foster care (USGAO, Feb. 1997). Likewise, the costs of caring for children in foster care has increased significantly. The Title IVE federal payments paid in 1984 were 435.7 million; in 1996, costs increased to 3.1 billion (USGAO, May 1997).

Another challenge facing child welfare agencies is the large numbers of children who are not achieving permanency in out of home care. In California, about 1/4 of children entering the system are still in care – that is, they have not achieved a permanent home – after four years (Needell, Webster, Cuccaro-Alamin, & Armijo, 1998). According to Courtney (1994), 43% of a random sample of children who entered foster care from January 1988 to May 1988 were still in care three years later.

Some of the delays in achieving permanency for children may be related to the juvenile court process. There has been a lack of consensus among researchers and practitioners in the field regarding what “reasonable efforts” toward reunification consist of, leaving the definition subject to judicial interpretation. These variations of understanding can lead to delays. For example, in order to deflect any concerns about reasonable efforts the judge may have, a department may only file a termination of parental rights (TPR) petition on cases which have had many services over a long period of time. Conferences, hearings, and appeals can delay decision making and prolong foster care stays for children. Similarly, turnover in legal staff can result in vital information being lost, changes being made in the direction of the case plan, and require new relationships to be developed, all of which can cause delays (Cahn & Johnson, 1993).

Many states have taken additional steps to attempt to decrease the amount of time it takes for permanency to be achieved for children in care. Some states have reduced the time parents are permitted to work towards reunification. California, for example, now limits reunification services to six months for children under three years old (Chapter 793, 1997; Youth Law News, 1997). Some states have attempted to expedite the legal process required to terminate parental rights before a child can be adopted. Furthermore, Kansas has privatized a large portion of its child welfare services. Providers are paid a per-child rate, and 25% of the payment is withheld until the child achieves permanency. If the child re-enters care within 12 months, the contractor pays all costs associated with the new spell (USGAO, May 1997).

Concurrent Planning Philosophy And Practice

Historical Context. Another recent innovation attempting to improve permanency outcomes for children is the practice of concurrent planning. "Concurrent planning provides for reunification services while simultaneously developing an alternative plan in case it is needed" (Katz, Spoonemore & Robinson, 1994, p. 9). Concurrent planning is both a philosophy and a case management technique, which emphasizes candor, goal setting and time limits in working with parents. The goals of concurrent planning are to (Williams, 1998):

- Reduce the number of children entering long term foster care
- Reduce the time in care for children
- Increase the number of adoptions for children not reunified with their parents
- Reduce placement moves
- Increase the percent of voluntary relinquishments (i.e., natural parents choose to give up their legal rights to parent their children, thereby making the children eligible for adoption)

Concurrent planning has the potential to save counties money. Federal and state governments pay a larger proportion of the costs of subsidized adoptions than of foster care. In California, while counties shoulder approximately 30% of the costs of foster care, they pay only 12-13% of Adoption Assistance Payment subsidies.

Additionally, California's state manual (Williams, 1998) suggests that as permanent homes are achieved more quickly, children experience less of the trauma involved with multiple placements, which may decrease the number of children needing expensive residential care. Court costs might also be minimized. The emphasis concurrent planning places on communication with parents may increase the chance of voluntary relinquishments, in which case there would be no need for expensive TPR hearings. Children who spend less time in foster care require fewer hearings, which would reduce costs as well (Williams, 1998).

While some counties in California have been practicing concurrent planning for some time, others interpreted state statute to mean that only sequential planning was allowed. In 1996, the Governor's Adoption Initiative created the Adoption Policy Advisory Council to consider and recommend policy changes to increase adoptions in California. The council established the Concurrent Planning Workgroup to develop and implement a model of concurrent planning in California (Williams, 1998). With minor changes, their model is based on the work of Linda Katz, who developed a model of concurrent planning at Lutheran Social Services in Washington state (Katz et al., 1994).

Concurrent Planning Practice. Concurrent planning represents an alternate approach to traditional methods of permanency planning. Guidelines for the practice of concurrent planning can be summarized as follows (Katz et al., 1994):

1. *Differential diagnosis:* Within thirty days of a child's placement in out of home care, an assessment of a family is made. The assessment includes the identification of the family's "central problem," and their prognosis for reunification. All families are not treated the same. Further concurrent planning services, such as alternative permanent placement, depend on this prognosis for reunification.
2. *Success Redefined:* Practitioners in the field have tended to consider a case "successful" if the final outcome is reunification. Other outcomes, including permanent placements such as guardianships or adoptions, have been considered

“failed reunifications.” With concurrent planning, the goal is a permanent home for the child. While reunification is preferred, other permanent options such as adoption or guardianship are considered “successes.”

3. *Two plans*: With concurrent planning, two plans are developed for the child and family. Along with efforts to reunify, there is simultaneous development and exploration of other permanency options for the child. This strategy can include placement in a foster-adopt home if the prognosis for reunification is poor.
4. *Full Disclosure*: Parents are clearly informed of the potentially detrimental effects of foster care on children, and the overall goal of permanency for each child. Parents are fully informed also of their reunification prognosis, and of the alternative plan should reunification fail. The option of relinquishment is discussed. The consequences of parental inaction are explained, and parents are provided with candid ongoing feedback regarding their progress toward reunification.
5. *Forensic Social Work*: Social workers work closely with legal personnel to ensure the careful documentation of parental progress, in order to avoid delays at the TPR hearing or other hearings.
6. *Behavior, not Promises*: While parents may express the best of intentions, it is their behavior that drives the case. “Concurrent planning deals directly with the parents’ ambivalence and indecision, not allowing that to paralyze case planning” (Katz et al., 1994, p.13).
7. *Written Agreements*: The responsibilities of each party are clearly stated in service plans and visitation plans.

California policy now mandates that all child welfare cases be given two tracks when the child is removed from parents and placed into out-of-home care. The concurrent planning track names the child’s permanency alternative to reunification - adoption, guardianship, or emancipation - and describes the necessary services to achieve this alternative should reunification fail. A prognosis regarding the likelihood of reunification is made, and the implementation of the concurrent planning services track is based on this determination. Children are only to be placed

in an alternative permanent placement when the birth parent's reunification prognosis is poor (Williams, 1998). A poor prognosis for reunification does not indicate reunification services should not be provided: "...[It] is not to be used to release agencies from their responsibility to serve...difficult families" (Katz & Robinson, 1991, p.348). It merely suggests placement in a potentially permanent home may be appropriate.

Two of the primary components of concurrent planning, the reunification prognosis and the use of foster-adopt placements, merit further explanation. Several tools based on practice wisdom are available for assistance in making the reunification prognosis (Katz & Robinson, 1991; Williams, 1998). Katz developed a tool which lists criteria indicating whether reunification is likely or unlikely. Examples of such criteria are "the parent has a meaningful support system," "the parent's only visible support system...and means of support is found in illegal drugs, prostitution, and street life" (Williams, 198, p.VI-21). The criteria are not weighted, and no formula for decision making is suggested. The criteria are simply factors social workers are to consider in making the prognosis judgement. The state of California has adopted this tool, with an additional section naming those conditions under which the court may order the bypassing of reunification. If any of these conditions exist and the county decides to allow reunification services, the case is to be considered a "poor prognosis" case (Williams, 1998).

In addition to practice wisdom, research has discovered certain factors associated with reunification outcomes. These factors may be useful to consider when making decisions about targeting children for concurrent planning services. One study examined all children who entered foster care in California between January 1988 and May 1989. The child with the greatest risk of a prolonged stay in foster care without adoption entered foster care after age one, has a history of multiple placements, and did not have adoption planned at the time of the final foster care placement (Barth et al., 1994). In another study of a large cohort of California children, children placed with non-kin went home at slower rates if they had health

problems or disabilities, or were African American or infants. For children placed with kin, slower reunification rates were associated with AFDC eligibility and being African American, while children from two parent homes and from families that received pre-preventive services went home more quickly (Courtney, 1994). These findings, while useful in considering reunification prognosis, relate primarily to the pace and timing of reunification; the factors do not necessarily differentiate between families who do or do not eventually reunify.

Another primary component of concurrent planning is the use of alternative placements. Alternative placements represent a class of caregivers who, while agreeing to foster a child, also are willing to permanently care for that child should reunification fail. These homes are often called "fost-adopt" homes. The parents in fost-adopt homes also are required to facilitate the reunification process by cooperating with visitation arrangements and other reunification requirements of the biological parents. Because of the special skills involved in being a fost-adopt parent, these families need to be carefully recruited, screened, and trained. Thoughtful foster parent training can empower potential foster and adoption parents to choose the type of commitment they feel able and willing to make to a child and his or her birth family (Mica & Vosler, 1990). Jefferson County in Colorado has found certain attributes can help or hinder parents' ability to be fost-adopt parents. Foster parents who are empathetic, flexible, assertive, altruistic, satisfied, resourceful, and who are tolerant of loss, anxiety, and ambiguity are more likely to be successful in the role. Parents with unresolved losses, high anxiety or stress levels, or power or control issues; or who are possessive, desperate for a child, unrealistic, or aggressive are less likely to be successful as fost-adopt parents (Williams, 1998).

Family group meetings represent a promising avenue for locating appropriate fost-adopt parents. The premise of this model is that most families, with appropriate supports, are best able to reach and implement the right decisions for their own children (American Humane Association [AHA], 1996). "Instead of the professionals making the decisions, the family is brought together with their extended family

network to develop an action plan” (Pennell & Buford, 1994, p.4). In these meetings, the family itself can identify the best relatives or other individuals available to be a permanent planning family for the child (Williams, 1998).

Guidelines. The Concurrent Planning Training Guide provided by the state includes “standards” that ideally should be in place when concurrent planning is practiced (Williams, 1998):

- Permanency planning families are given comprehensive preparation to be able to both facilitate reunification and meet the child’s need for legal permanence.
- Desirable characteristics for these families have been established and are used for screening.
- There are sufficient numbers of permanency planning families available that reflect the cultural and racial mix of the population of children in out-of-home care.
- Cases are reviewed periodically for change in prognosis.
- Mediation as an alternative to contested TPR hearings is available.
- Judges and attorneys have been educated about a child’s need for timely permanence.
- Communication between the general child welfare services and the specialized adoption program is frequent, open, and productive.

Also important is ensuring that social workers have solid legal training and on-going legal consultation throughout the life of the case (Katz, 1998).

Legislation Related To Concurrent Planning

There have been several pieces of federal and state legislation that have influenced the practice of concurrent planning. The importance of timely permanence for children was emphasized by PL 96-272 (Adoption Assistance and Child Welfare Act, 1980). Child welfare agencies were required to make “reasonable efforts” to reunify families, and hearings establishing a permanent plan for each child were to be held no more than eighteen months from the date of the case’s opening (Hardin, Rubin & Baker, 1995). The legislation also clarified that reunification was the

desired outcome for children, and ranked adoption as the next best option, with guardianship, and long-term foster care following (Barth & Berry, 1987).

The Adoption and Safe Families Act (P.L. 105-89), which was passed into federal law in November 1997, focuses on the need to improve efforts to provide stable and permanent homes to children in need. Several components of this legislation relate to timely permanence, ensuring that children spend as little time as necessary in temporary living situations. The following section highlights those pieces of the legislation relevant to this issue (Child Welfare League of America [CWLA], 1997):

- Adoption Incentive payments are authorized for states when adoption rates exceed their prior years' averages.
- States are required to make and document reasonable efforts for adoption placement and/or an alternative permanent living situation (i.e. guardianship, foster-adopt, etc.). The law clarifies that these efforts may be made simultaneously with reasonable efforts toward family reunification.
- Funding is authorized for technical assistance which promotes adoption. Some of this assistance may be in the form of guidelines for expediting the termination of parental rights (TPR) process, encouraging the use of concurrent planning, and implementation of programs to place children in pre-adoption homes before parental rights have been terminated.
- New timelines and conditions for TPR are included. Once a child has been in foster care for 15 out of the last 22 months, states are now required to file a petition for TPR, while simultaneously taking all the necessary steps to find an appropriate adoptive family for the child.
- Permanency hearings are now required within 12 months of a child's entry into out-of-home care (previously required within 18 months). At this time, a plan for the child's future on-going living arrangements must be determined. Under certain conditions in which the requirement for making reasonable reunification efforts is waived, a permanency hearing must be held within 30 days and reasonable efforts for permanent placement must be conducted at that time.

- A set of circumstances is introduced, any one of which relieve a state of the requirements to provide reasonable efforts to assist a parent with reunification, such as conviction of a violent felony, causing the death of the child's sibling, or whereabouts unknown for over six months.

California legislation AB1544 (Chapter 793, Statutes of 1997), developed prior to the new federal law, provided critical clarification regarding the state's position on concurrent planning. An informational notice issued by the state prior to this legislation indicated that the state neither sanctioned nor prohibited the practice of foster/adoption placement (Mica & Vosler, 1990). AB 1544 now requires a child welfare case plan to address concurrent planning by describing services to be provided concurrently with reunification to achieve legal permanence if efforts to reunify fail. The dispositional court report must identify the concurrent plan, and discuss whether or not the parents have been advised of their options to participate in adoption planning and voluntary relinquishment. Additionally, every subsequent court report must address concurrent planning. The law also clarifies that neither a foster-adoption placement nor the provision of services towards an alternative placement can, in and of themselves, constitute a failure to provide reasonable efforts to parents. When they are making decisions regarding an appropriate placement for a child, social workers must also consider a relative's ability to provide legal permanence to that child if the reunification plan fails. When children are adopted by relatives, the law now allows the birth family name to remain on the adoption certificate, and for contact and visiting arrangements to be formalized in a written kinship adoption agreement. Finally, there must be an early paternity determination (the mother must identify any alleged father at an early court hearing) which is intended to expedite the TPR process, thereby speeding permanency for children (Williams, 1998).

Challenges In The Implementation Of Concurrent Planning

While the practice of concurrent planning appears to have the potential to improve the permanency outcomes for many children in the child welfare system, it is

worthwhile to consider some of the possibly controversial aspects of the practice, and some potential unintended side-effects.

Dual Roles of Social Workers. Making a prognosis for reunification and offering concurrent planning services may undermine the social worker's attempts to provide reasonable efforts to reunify, particularly if the same worker is responsible for both reunification and concurrent planning. That is, the social worker may not make reasonable efforts if he or she believes, based on the assessment, that a family is unlikely to reunify. The training guide offered by the state of California states that "...social workers *are* able to simultaneously develop two possibly co-existent outcomes without compromising reunification" (Williams, 1998, p. I-15). In practice, however, some agencies providing concurrent planning have used two workers per case, finding that it was difficult for one worker to capably exercise both roles (Katz, personal communication, October 8, 1998; Tysor-Tetley & Tetley, 1998).

Role of Fost-adopt Families. Another concern is that the fost-adopt family may not support reunification if they want to adopt. However, according to California's Concurrent Planning Training Guide, "...In other states and in California where concurrent planning is practiced, permanency planning families, with the proper preparation and training, have been able to successfully work with birth parents" (Williams, 1998, VI-22).

The challenges of fost-adopt parenting are significant. Ten Broeck & Murtaza (1998) assert that "For most, this service asks too much...Even fost-adopt parents who strongly believe in the reunification process can become overwhelmed by the demands of the service" (p.31). While acknowledging that these families need more agency support during the process, the state of California's concurrent planning guide states that "...Counties have found that foster parents welcome the opportunity to make a permanent commitment to a child while, at the same time, supporting reunification." (Williams, 1998, p. VI-28). However, in general the supply of foster parents has lagged behind the growth in the foster care caseload. Low reimbursement

rates, inadequate support systems, more difficult children, and increased employment opportunities for women may be contributing to the decline in the supply of foster parents (USGAO, 1995). Given the intensified demands of foster-parenting, there may be even fewer families willing to undertake the task.

Issues for Children of Color. Another issue involves the inequity in representation and outcomes of children of color in the child welfare system. African American children are four times as likely to be in foster care as other children, and now exceed 40% of all children in the child welfare system (Barth et al., 1994). They also tend to reunify at slower rates than children of other ethnic groups (Berrick, Needell, Barth, & Jonson-Reid, 1998). While the placement of children into foster care with relatives has increased dramatically for all children, African American children are more likely than children of other ethnic groups to be placed in foster care with providers who are related to them (Barth et al., 1994). Children in relative care reunify less quickly than children who are placed in non-relative homes (Courtney, 1994; Berrick et al., 1998). These factors raise a concern that "...children of color, already disproportionately represented in foster care, (will be) removed even more precipitously from their families and communities for permanent placement elsewhere" (Katz, 1998, p. 6). However, the Northwest Institute for Children and Families concurrent planning guide responds that these children will be placed whenever possible in the family network by utilizing relative resources and members of the extended family network (Katz, 1998). San Mateo County in California addressed this concern by encouraging agency staff to assist in recruitment efforts to find appropriate homes for children. Also, a large volunteer group of staff assisted in the formulation of agency policy on trans-racial placements, including developing detailed procedures to guide staff regarding consideration of trans-racial placements (Brinsont-Brown, 1995).

An increasing proportion of children in foster care are living with relatives. This fact raises questions about how goals of new California legislation should be prioritized (Barth et al., 1994). How should legal requirements to pursue termination

of parental rights be handled in these cases? Should adoption always be a higher priority than foster care? According to the state training guide, a relative's failure to make a commitment to adopt a child, while it must be considered in any placement decision, is not sufficient to preclude preferential placement of the child with that relative. The law supports the primacy of the relative placement, and adoption can be ruled out (Williams, 1998).

Unintended Consequences. Another potential concern is unintended consequences of efforts to expedite permanency for children. For example, if terminations of parental rights are conducted more efficiently and quickly, and numbers of adoptive homes for children also have not increased, there may be more legally orphaned children who do not have homes waiting for them (USGAO, 1997).

Outcomes Of Concurrent Planning

Concurrent planning is relatively new, and few evaluations of the practice have been published. There are a few states however that have reported preliminary findings. Some of these findings suggest concurrent planning can improve permanency outcomes for children in care. In Tennessee, agency officials reported permanency was achieved more quickly with concurrent planning, primarily through reunification. Agencies attributed faster reunification to the concurrent planning practice of clearly informing parents of the negative effects of foster care, and the intention to proceed with an alternative permanent plan should reunification occur. However, as the GAO report detailing this outcome data notes, the state did not conduct a systematic evaluation of the program; there are no comparison groups or data from the period before the initiative, making it difficult to state definitive conclusions about the initiative's effectiveness (USGAO, 1997).

In California, an analysis of the likelihood of adoption was conducted on a sample of 496 children drawn from 1369 adoptions in the California Long Range Adoption Study. Demographic, behavioral, and familial characteristics of the children were examined, to determine whether these characteristics had an impact on

the probability of an adoption occurring within two years of foster care placement. A logistic regression analysis revealed that the odds that a child will stay in foster care more than two years are decreased if an adoption is planned at the time of the foster placement, as is ideally the case in concurrent planning. Additionally, the longer a child was in foster care, the less likely he or she was to be adopted (Barth et al., 1994).

In Colorado, formal use of concurrent planning began in 1994 as part of a program to expedite permanency for children under six in foster care. In addition to increased use of foster-adoption placements, program services included accelerated hearing and court review processes and an emphasis on earlier service provision to the parents and children. An ongoing evaluation in two counties compared all children under six entering out of home care after the implementation of expedited permanency planning (EPP) services (n=130), to a comparison group of children who entered out of home care in the county the year prior to implementation of EPP services (n=105). The EPP children in both counties had a higher rate of permanent placements within one year of their initial placement. For example, in one county, 78% of children receiving EPP services had permanent homes at twelve months, compared to 42% of the comparison group, a significant difference. Additionally, an event history analysis showed that those children receiving EPP services not only achieved permanency at higher rates, but they did so more quickly. However, families receiving these services had lower rates of reunification than the comparison group. In one county, approximately 80% of comparison group children who achieved permanency at 18 months (n=39) were reunified with their parents, compared to approximately 54% of the EPP children (n=69). That is, while it appeared that expedited permanency services helped the agency more quickly achieve permanent placements for more children within one year, a smaller percentage of these permanent placements were with the children's own parents (Schene, 1998).

San Mateo County has been practicing some degree of formal concurrent planning since 1980 (Brinsont-Brown, 1995), while Santa Clara County has primarily

used the traditional model of sequential planning. Examining their case outcomes for children entering care in 1988 shows some interesting differences (see Table 1). San Mateo had a higher proportion of children for whom adoption was achieved: 8% of kin and 11% of non-kin cases in San Mateo were adopted, compared to 2% of kin and 3% of non-kin Santa Clara cases. While rates of reunification were comparable between the two counties, a slightly higher proportion of children in Santa Clara entered into guardianship, and a slightly lower proportion of children in San Mateo remained in care (Needell et al., 1998).

San Mateo's permanency outcomes – reunification and adoption rates - are higher than state averages. Rates of children still in care are lower. Overall, considering both kin and non-kin placements, San Mateo's reunification rate is 64% compared to California's 55%. San Mateo's adoption rate after four years is 8% for children in kin care, and 11% for children in non-kin care; California's is 4% for kin care and 9% for non-kin care. The percentage of children still in care after four years for San Mateo is 27% for kin care and 9% for non-kin care, compared to California's 32% and 21% respectively (Needell et al., 1998). While these outcomes could be due to any number of factors or combination of factors, concurrent planning may play an important role in achieving better permanency outcomes.

Table 1
Percentage of Children Reaching Various Permanency Outcomes Four Years
After Placement

	Reunification	Adoption	Guardianship	Still in Care	Other
California					
Kin	54	4	5	32	5
Non-kin	56	9	1	21	13
Total	55	6	3	26	10
Santa Clara					
Kin	62	2	10	20	6
Non-kin	68	3	4	13	12
Total	65	3	6	16	10
San Mateo					
Kin	52	8	9	27	4
Non-kin	67	11	1	9	12
Total	64	10	3	13	10

Source: Needell, B., Webster, D., Cuccaro-Alamin, W., & Armijo, M. (1998). Performance Indicators for Child Welfare Services in California: 1997. Berkeley, CA: University of California at Berkeley, School of Social Welfare, Child Welfare Research Center.

Conclusions

In sum, while empirical evidence is limited and inconclusive, it appears the practice of concurrent planning has the potential to improve permanency outcomes for children in foster care. It is important to keep in mind, however, that the model of concurrent planning is built on the assumption of highly functioning foster-adoptive families, social workers, courts, and supervisors. Training and workload levels must reflect these needs (Katz et al., 1994). Social workers must have ready access to legal resources. Foster parents must work closely with birth parents, and both foster and birth parents require high levels of support throughout the process. Given the mixed results from various studies, there is also the possibility that concurrent planning may decrease reunification rates. Counties implementing concurrent planning must take steps to maximize the likelihood that concurrent planning will realize its potential benefits.

METHOD

The project consisted of a review and analysis of a sample of Santa Clara and San Mateo County foster care case records. Sample selection, case review methods, data entry and data analysis are described below.

Case Review Samples

The case record review for Santa Clara County was conducted using a sample of foster care cases drawn from the Foster Care Information System (FCIS), housed at the Center for Social Services Research at the University of California, Berkeley. A random sample of 215 cases was drawn from the population of all children under three years old who entered foster care in Santa Clara County in 1995 and 1996 (956 total cases). The list of 215 cases (identified by case number, birth date of subject child and date of entry into care) was delivered to Santa Clara County staff, who determined the current status of each case and provided BASSC staff with access to the case files. Of the 215 cases, 85 (40%) were identified as currently open, and 130 (60%) were identified as closed. As BASSC staff began the case file reviews, it became clear that a sub-set of the cases were not appropriate for the case review because the subject children had remained in care for only a few days, pending completion of the investigation of alleged abuse or neglect, so concurrent planning would not be applicable to these cases. Therefore, cases in which the child remained in care less than seven days were eliminated from the sample. These eliminated cases accounted for 56 (26%) of the original 215, reducing the total sample available for the case review to 159, a number that was still considered of sufficient size for the purposes of this analysis. During the case record review, the sample size was reduced further by the elimination of 17 cases that were not applicable¹ (8% of the original sample) and 32 cases that were not reviewed because they were missing, unavailable or incomplete (15% of the original sample). In addition, nine cases which were originally identified as open were determined to be closed during the course of the case record review. Thus, 51% of the cases in the original sample were reviewed.

¹ Cases transferred out of county (4), out-of-county cases opened for home study only (4), subject child's mother also in foster care (2), cases opened before 1995 (6), duplicate listing in FCIS (1).

The final sample size of cases reviewed was 110, including 57 open cases (52% of the final sample) and 53 closed cases (48% of the final sample). Table 2 summarizes the number of cases in the original sample, the number that were eliminated from the sample, and the number of completed case reviews.

Table 2
Santa Clara County Case Review Sample

	Open Cases		Closed Cases		Total Cases	
	%	(n)	%	(n)	%	(n)
Original Sample	100%	85	100%	130	100%	215
Cases not reviewed:	22%	19	66%	86	49%	105
< 7 days in care	0%	0	43%	56	26%	56
Missing/unavailable/ incomplete	15%	13	15%	19	15%	32
Cases not applicable	7%	6	8%	11	8%	17
Status changed from open to closed		(-9)		(+9)		
Completed case reviews	88%	57	34%	53	51%	110

The sample for the case record review for San Mateo County began by selecting the entire universe of children younger than age three who entered care in 1995 and 1996 (187 cases). Again, a list of case identification numbers, birth dates and dates of entry into care was generated using the Foster Care Information System and this list was delivered to San Mateo County staff, who provided BASSC staff with access to the case files. Of the 187 cases, 75 (40%) were identified as currently open, and 112 (60%) were identified as closed. Of these, 47 closed cases were eliminated from the sample because the subject child had remained in care less than seven days. Next, 22 cases were eliminated because the child identified was a sibling of another child also under age three who entered care at the same time. In these cases, one sibling of each sibling group was chosen at random to be included in the study. (This was not an issue in the Santa Clara sample because the cases were drawn

by random selection of case identification numbers so there were no duplicate listings.) During the case record review, the sample size was reduced further by the elimination of 9 cases that were not applicable² (5% of the original sample) and 15 cases that were not reviewed because they were missing, unavailable or incomplete (15% of the original sample). In addition, 16 cases which were originally identified as open were determined to be closed during the course of the case record review. Thus, 50% of the cases in the original sample were reviewed. The final sample of cases reviewed totaled 94, including 32 open cases (34% of the final sample) and 62 closed cases (66% of the final sample). Table 3 summarizes the number of cases in the original sample, the number that were eliminated from the sample, and the number of case record reviews completed.

Table 3
San Mateo County Case Review Sample

	Open Cases		Closed Cases		Total Cases	
	%	(n)	%	(n)	%	(n)
Original Sample	100%	75	100%	112	100%	187
Cases not reviewed:	36%	27	59%	66	50%	93
< 7 days in care	0%	0	42%	47	25%	47
Sibling of subject child	16%	12	9%	10	11%	22
Missing/unavailable/ incomplete	15%	11	5%	4	8%	15
Cases not applicable	5%	4	5%	5	5%	9
Status changed from open to closed		(-16)		(+16)		
Completed case reviews	64%	32	41%	62	50%	94

It is important to remember that the findings presented in this report are not representative of all children age 0-2 entering care, due to the elimination of those cases open less than seven days. In Santa Clara County, this resulted in a total sample with approximately equal numbers of open and closed cases, as opposed to the 40:60

² Cases transferred out of county (4), voluntary relinquishments (5).

ratio of open to closed cases which typifies the caseload overall. In San Mateo County, the ratio of open to closed cases for the final sample was 34:66, which was close to the ratio for the original sample. However, this was due in part to reviewers' greater access to closed files than to open ones in San Mateo County (only 5% of closed files were missing, unavailable or incomplete, compared to 15% of open files). Therefore, any comparisons between counties' proportions of open and closed cases should be made with caution.

Interview and Focus Group Participants

The purpose of this qualitative phase of the study was to gather information regarding how key stakeholders such as judicial officials, child welfare administrators, agency staff, and foster parents understand the principles, practices and outcomes related to concurrent planning. An analysis of these data and recommendations are provided for use in refining and improving the practice of concurrent planning in San Mateo County.

Participants included 35 individuals from the following key stakeholder groups: judicial officers, child welfare administrators, child welfare supervisors, child welfare social workers, and foster parents.

Case Review Procedure

Case reviews were conducted between June 1 and August 21, 1998, on site at the Santa Clara and San Mateo County offices. The case files (on paper) were reviewed by a staff of trained graduate students in social welfare, utilizing case extraction forms that were designed by BASSC staff and approved by County staff.

Prior to beginning the file reviews, two researchers conducted an inter-rater reliability test by selecting two random case files from Alameda County to review. The results of that test indicated that the information collected by the two researchers was consistent across the majority (75%) of the variables. As a result of the inter-rater reliability test, several items in the case extraction form were revised in order to

make them clearer to reviewers. The majority of differences identified by this test consisted of characteristics of parents (substance abuse, mental health issues, health issues, hospitalizations, low intelligence, physical disabilities, criminal histories, domestic violence, and histories of parents being abused themselves as children) that were noted by one reviewer but not the other. These issues are often mentioned in the narrative of court reports, but not in a consistent way, so they may be overlooked in cases with many pages of court reports. In the final version of the case extraction form, these questions were consolidated into one item, and a response of "missing" is not assumed to mean that the parent(s) do not have these characteristics, but simply that no mention of them was identified in the case review.

Each reviewer received training on how to interpret the case files and accurately complete the case extraction forms. In addition, the reviewers met with the principal investigator and the project coordinator periodically throughout the case review process to discuss questions that arose during the process and to clarify decision rules regarding the documentation of data. In addition, the case file reviewers were trained in the importance of maintaining the confidentiality of subjects. Confidentiality was ensured by the following:

- All files were delivered to a designated area by County staff, and all files were accounted for to County staff upon completion of the file reviews. No files were removed from the designated site except by County staff.
- Cases were identified on the extraction forms by case identification number, birth date of subject child, date of entry into care, and first name of the subject child and the subject child's mother. No last names, addresses or other personally identifying information was recorded.
- Completed case extraction forms were stored in a locked office at CSSR, to which only BASSC staff involved in the project had access.

Elements of the case files reviewed included face sheets, court reports, court order summaries, child abuse reports, AFDC eligibility and certification forms, out of home placement records and adoptability assessments. A review of case notes and

other supplementary materials was beyond the scope of this project. Domains of information that were collected by the case review process included the following:

- Case status (open or closed)
- Judicial hearing sequence (including hearing dates, judges, attorneys present, continuances and reasons for continuances)
- Concurrent planning practices (including adoptability reviews and recommendations, adoption plans, foster-adopt placements and extended family involvement/family conferences³)
- Child characteristics (date of birth, gender, race, special needs)
- Parent characteristics (marital status, date of birth, race, education, employment status, history of substance abuse, criminal history, mental health, special needs)
- Household characteristics (number of adults and children, AFDC/TANF eligibility, homelessness)
- Case characteristics (date of entry into care, where and from whom child was removed, reason for detention, perpetrator)
- Child abuse reporting history (for subject child and siblings--dates, report reasons, victims, victims' ages, perpetrators, resolution)
- Out of home placements (dates, types, placement with siblings, reasons for moving)
- Reunification plans (requirements and compliance)
- Case outcomes (reunification, adoption, adoptive placement, guardianship, kin or non-kin foster care).

Case Vignettes Procedure. During the case review process, reviewers were asked to develop narrative descriptions of cases that exemplified the different types of outcomes that occurred in the sample of cases reviewed. Cases were chosen for the vignettes based on the reviewers' qualitative assessment of them as typifying that particular type of outcome. The cases chosen were re-reviewed in somewhat greater

³ Extended family involvement and family conferences information was collected for San Mateo County only. These questions were added to the case review form after it was determined that only

detail than the other case files in order to provide a richer description of typical cases than that provided by the case review data alone. The intent was to further illustrate aspects of cases that have bearing on the likelihood of permanency for children. All names and other identifiers were changed to preserve families' confidentiality.

Vignettes were developed for each of the following types of cases:

- Reunification without concurrent planning (2 vignettes)
- Foster parent adoption without concurrent planning (1 vignette)
- Concurrent planning with an outcome of fost-adopt (1 vignette)
- Concurrent planning with an outcome of reunification (1 vignette)
- Guardianship (1 vignette)
- Kin foster care (1 vignette)

These vignettes, which are included throughout the case review findings section that follows, should be seen as a qualitative adjunct to the quantitative analysis.

Interview and Focus Group Procedure

The literature on concurrent planning was used extensively to develop protocols and conduct the interviews and focus groups. Interview and focus group questions focused on the participants' understanding and opinions of concurrent planning, and were derived in large part from the analysis of Phase I data. Feedback was sought from county representatives on the first draft of the interview protocol and incorporated into the final version.

Six individual interviews and four focus groups were conducted. Researchers took notes during the interviews and focus groups. Following each interview, participants completed contact summary forms with relevant information about themselves such as years of service and areas of experience. Researchers completed field notes detailing information derived from the interview, and a record of self-reflection describing the culture of the interview (i.e., humor, atmosphere) and the

San Mateo County was actively participating in concurrent planning in 1995-1996 when the cases were opened.

researcher's subjective experience of the interview. The responses were content analyzed for themes and patterns using a technique in which data were compared and contrasted with previous findings as well as with the available literature from the field (Glaser & Strauss, 1967; Goetz & LeCompte, 1984). Additionally, identified themes were reported back to some of the participants for their comments. This is what Lincoln and Guba (1985) call a "member check."

Interviews with Judicial Officers and Child Welfare Administrators: There are three judicial officers with the Juvenile Court in Santa Clara County and one in San Mateo who preside over child welfare dependency hearings. Each of the four judicial officers was contacted, informed of the purpose of the study, and invited to participate. Three of the four judicial officers requested and were faxed or sent an advance copy of the interview questions. All agreed to participate and were interviewed. Individual interviews were held in judges' chambers at the county courthouse. Three Human Service managers in San Mateo were contacted, informed of the purpose of the study, and invited to participate. Two administrators responded and agreed to be interviewed. Individual interviews were held at administrators' offices in county buildings.

Separate sets of questions were developed for the focus groups of administrators and judicial officials. Questions for administrators focussed on agency policies and practices, while questions for juvenile court judges focussed on court procedures. Open-ended structured interviews were conducted by a single researcher and lasted approximately forty-five minutes.

Focus Groups with Social Work Supervisors, Social Workers, and Foster Parents: Foster parents and social work staff are most directly involved with the practice of concurrent planning, as they work with children and families on a daily basis. Therefore, focus groups were held with these individuals to gather their experiences with the practice of concurrent planning in San Mateo County.

One focus group of child welfare supervisors was held, and included eleven individuals, ten of whom were women. Individuals' total years of experience in child welfare ranged from 6 to 27, with an average of 18.6 years. Most had been in the child welfare field for at least ten years. Eight supervisors had experience in Family Reunification, five in Adoption, four in Guardianship, and four in Long-Term Foster Care. In addition, five supervisors had experience in Emergency Response, five in Court Investigations, five as Court Officers, two in Licensing or Homefinding and one in Prevention and Early Intervention.

For the focus group with social workers, researchers originally planned to obtain a list of social workers in the agency and send them a letter inviting their participation. Instead, the county had supervisors of appropriate units invite social workers in their units to participate on a voluntary basis. The county provided a buffet lunch for participants. The social worker focus group was composed of five individuals, four of whom were women. Not counting the single individual who had been recently hired, the average number of years of child welfare experience for the participants was 16. Participating social workers had a wide range of experience, representing Family Reunification, Adoption, Guardianship, and Long-Term Foster Care programs.

All licensed foster parents in the county were invited to participate in a focus group by means of a mailed letter, written on BASSC letterhead but sent by the county, explaining the purpose of the study. Those who chose to participate responded by returning a signed consent form directly to BASSC researchers. Follow up phone calls were made to foster parent respondents to remind them of the focus group, provide directions to the meeting and answer any questions. Foster parents were given the option of attending a morning or afternoon focus group. There were 6 foster parents in one group, and 7 in the other, for a total of 13 participants. Eleven of the thirteen participants were female. The length of time that participants had been providing foster care ranged from less than 1 year to 29 years. The average length of time providing care was 14.5 years.

Focus group participants were asked a series of twelve open-ended questions in three general areas. Participants were reminded at the outset, verbally and in writing, of both the voluntary and confidential nature of the group. Letters of explanation were distributed, and consent forms distributed, explained, and gathered. Two researchers facilitated the group, with one asking most of the questions, the other taking most of the notes.

Case Review Data Entry

Data from the case record reviews was entered into SPSS for Windows version 7.0. A coding manual was developed that assigned a variable name to each item in the case extraction form and which documented data entry instructions and decision rules. Data entry was completed by the graduate students who completed the case file reviews, along with one additional graduate student in social welfare. Once all of the cases had been entered, ten cases entered by each student were chosen at random (40 cases in total) and the data entered were reviewed by one student and the project coordinator to check for any systematic errors or differences. For two of the students, systematic errors were found involving the number of child abuse reports and the number of siblings of the subject child. Therefore all the cases entered by these two students were reviewed to correct any errors in entering the data for these two items.

Case Review Data Analyses

The majority of the analyses presented here consists of descriptive statistics, with comparisons between San Mateo and Santa Clara counties. In addition to generating these descriptive statistics, the analysis of the case record data included developing a set of logistic regression models to attempt to identify cases that should be a high priority for concurrent planning, based on a poor prognosis for reunification. Logistic regression is a set of statistical procedures for exploring the relationship between a set of independent variables (such as parent characteristics) and a binary response variable (such as reunified or not reunified). These methods produce summary statistics in the form of odds ratios that simultaneously adjust for

all the variables in the model. These odds ratios allow the prediction of the likelihood of a potential outcome such as non-reunification for an individual with specific characteristics.

A set of poor prognosis indicators was identified based on the concurrent planning risk assessment tool developed by Linda Katz (Katz and Robinson, 1991), and adapted for use by California counties. For the purpose of this analysis, the form adapted by Santa Clara county and introduced into use in 1997 was used to identify equivalent or proxy variables in the case review database. Table 4 lists each indicator and its equivalent variable in the case review database.

All variables utilized in the analysis were dichotomous (yes/no) variables. Cases were categorized as reunified if the child was returned to the parent(s) from whom he/she was removed. Four cases were excluded from the analysis because outcomes were unknown. For the independent variables, missing data were re-coded as "no." For example, if parental substance abuse was noted in the case review it was coded as a "yes." If it was cited as not an issue, or not mentioned in abuse or neglect reports or in reports to the court, it was coded as a "no." One potential limitation of these data is that it is dependent upon information both being known to social workers and being noted in reports to the court. In particular, parental characteristics such as substance abuse, mental illness and domestic violence may be underreported, since these issues may not always be brought to the awareness of social workers.

Table 4
County Poor Prognosis Indicators Mapped Against Variables in Data Set

POOR PROGNOSIS INDICATOR*	VARIABLE
1. Parent has killed or seriously harmed another child.	Q16 Reason for detention=death of child. No cases in data set.
2. Parent has repeatedly harmed or tortured this child.	Q16 Reason for detention=severe physical abuse or acts of cruelty
3. Sexual abuse of child in infancy.	Q16 Reason for detention=sexual abuse.
4. Parent's only means of financial support is through illegal activities.	Not available in data set.
5. Parent is addicted to drugs or alcohol.	Q24 Current substance abuse of parent. ⁴
6. Domestic violence between spouses.	Q27 Parent is a domestic violence victim.
7. Parent has a recent history of serious criminal activity and jail.	Q25 Parent has criminal history. Q25a. Parent incarcerated while case was open.
8. Mother abused drugs during pregnancy.	Q17 Child exposed to drugs prenatally.
9. Parental rights to another child have been terminated.	Not available in data set.
10. Three or more CPS interventions.	Q31 Three or more CPS reports.
11. Child has suffered more than one type of abuse or neglect.	Q16 Multiple reasons for detention.
12. Bypass of reunification for sibling.	Not available in data set.
13. Parent has received six months of reunification services for sibling(s) under age 4.	Not available in data set.
14. Sibling(s) have been in foster care for over six months.	Not available in data set.
15. Parent does not visit child of his/her own accord.	Not enough cases in data set (15).
16. CPS preventative services failed to keep child with parent.	Not available in data set.
17. Parent is under age 16 and placement of parent and child together has failed.	Not enough cases in data set (4 cases with parent under 16).
18. Parent has asked to relinquish the child on more than one occasion.	Q6 Parents expressed a desire to voluntarily relinquish rights.
19. Parent is diagnosed with severe mental illness.	Q26a Parent has history of mental health problems. Parent hospitalized due to mental health problems. Parent prescribed psychoactive medication. Q26b
20. Parent has chronic mental illness.	Same as #19.
21. Parent is intellectually impaired.	Not available in data set.
22. Parent grew up in foster or group care, or family with intergenerational abuse.	Not available in data set.

*Indicators adapted from Katz by Santa Clara County.

⁴In all cases, "parent" refers to the parent(s) from whom the child was removed at entry into care.

The regression models were run using SPSS for Windows, version 8.0. A model was developed utilizing data for both counties together. Then, two separate models were developed—one for each county—to account for any between-county differences. The analysis began with a saturated model using all of the variables available as noted above. Three interaction terms were included, reflecting hypotheses about interactions between variables that are discussed in the analysis section that follows. Those interaction terms were: 1) substance abuse and incarceration; 2) mental illness and hospitalization; and 3) mental illness and medication. None of the interaction terms were significant, therefore a model was generated that included all of the main effects terms, with no interaction terms. Throughout the analysis, models were compared using the restricted versus full likelihood ratio test, which tests whether the model with fewer independent variables explains differences in the outcome variable as well as the model with more independent variables.

Next, insignificant variables were removed one by one, based on which had the highest p value. The final model is described in the analysis section that follows. The analyses for the two counties separately followed an identical process as the one for the two counties together. The interaction terms were not significant in either county. The final model for each county included only one main effects term, although the main effects terms were different for the two counties. These models also are discussed in the analysis section that follows.

CASE REVIEW FINDINGS

This section provides a description of the case review findings, with particular attention to identifying any significant differences between San Mateo and Santa Clara county. This information will provide a baseline for comparing characteristics of children in care and their families, service plans, placement histories, judicial proceedings, and case outcomes, now and in the future as concurrent planning becomes fully implemented and documented. In addition, the analysis presented here provides a preliminary look at identified concurrent planning cases in San Mateo county and describes their outcomes compared to cases across San Mateo and Santa Clara Counties that were not identified as receiving concurrent planning. The section begins with a summary of highlighted findings from the case record review. Next, detailed descriptive information about particular elements of the review are presented. Finally, this section presents the results of a statistical model to predict potential failure to reunify, based on poor prognosis indicators adopted by the State of California and beginning to be implemented in California counties.

Highlighted Findings from the Case Record Review

One objective of the case record review was to provide a "snapshot" of the experience of young children entering foster care in 1995 and 1996 and to identify any significant differences in the characteristics of children, families or cases between the two counties. Findings included the following:

- Characteristics of children in care. The children entering care averaged 10 months of age. They came from a variety of ethnic and racial backgrounds, with no particular race or ethnicity dominating. Their most common special needs were medical and developmental, with one-fourth documented as having been exposed to drugs or alcohol prenatally. There were no significant differences between the two counties in the characteristics of children entering care.
- Characteristics of parents and families. In both counties, the majority of parents of children who entered care were not married and not living together. Most were poor (AFDC eligible), and about one-third were homeless or at immediate risk of

homelessness. Parents in San Mateo County were more likely to be African American than those in Santa Clara County, and those in Santa Clara were more likely to be Caucasian or Hispanic. The average age of mothers was 28 and of fathers was 32. Many children came from families where drug or alcohol abuse was a problem—more than half of San Mateo mothers and close to two-thirds of Santa Clara mothers were identified as having substance abuse problems.

- Case characteristics. Most of these young children entered care for reasons of neglect (78%), with the perpetrators being their single mothers (71%). Half had had at least one prior CPS report, and among those families with prior agency involvement, over half had been known to the agency for more than three years. There were no significant differences between counties in report reasons or histories with CPS.
- Service plans. Most cases involved reunification plans for at least one parent, but compliance with these plans was moderate at best. Among mothers who had these requirements as a part of their service plans, successful completion of the requirement ranged from a high of 62% attending parenting classes to a low of 44% meeting their requirements for drug or alcohol testing. Only six out of ten mothers who had visitation with their child as part of the reunification plan actually visited regularly, and five out of ten fathers visited regularly.
- Judicial characteristics. Santa Clara County cases were much more likely than San Mateo cases to involve hearing continuances. Three-fourths of hearings for termination of parental rights in Santa Clara were continued, compared to slightly more than one-fourth of those in San Mateo. In addition, when San Mateo cases were continued, it was much more likely to be because they were contested. Santa Clara County was much more likely to have continuances for other reasons such as scheduling conflicts, delays in reports to the court, or personal reasons such as illness. Individual judges and commissioners varied significantly in the number of continuances granted. Follow-up interviews with judges and commissioners should investigate the reasons for these differences.
- Characteristics of time in care. The average length of time in care for children in this sample was 19 months. Despite San Mateo County's use of concurrent

planning, there was no difference between the two counties in the length of time children remained in care. The average number of placements while in out-of-home care was three. This is a large number of placements for children this young. Of even greater concern is that 16% of these children had four or more placements, and a few children had as many as 9-11 placements in less than three years. About half the children in this sample were placed with kin during at least part of their time in care. There were no significant differences between the counties in the number of placements or the utilization of kin care.

- Case status and outcomes. As of September, 1998, 20-44 months after entry into care, the two counties differed significantly in terms of case status. Two-thirds of San Mateo cases were closed, compared to slightly less than half of Santa Clara cases.⁵ Although the expectation was that San Mateo's emphasis on concurrent planning might result in higher rates of adoption, the major difference between the two counties was in their reunification rates. In San Mateo, 49% of cases were reunified, compared to 35% in Santa Clara. About equal proportions of cases in the two counties were permanent placements or fost-adopt placements. Among children in permanent placements, San Mateo County appeared to place more in adoptive homes, while Santa Clara was more likely to make placements with legal guardians; however the sample sizes were not large enough to indicate statistical significance. Santa Clara had more children remaining in foster care (18% versus 7% in San Mateo), the majority of them in kin care.

Another objective of the case record analysis was to develop an understanding of how concurrent planning has been practiced to date in San Mateo County and to determine what impact, if any, can be documented as a result of concurrent planning practices. The primary source of documentation of concurrent planning in case files was in the form of adoption assessments, which, not surprisingly, were much more common in San Mateo than in Santa Clara. Still, only one-third of all San Mateo cases, and only one-half of open cases

⁵ Note that the sample for this study excluded children who remained in care less than 7 days. If these cases had been included, the ratio of closed to open cases would have been equal for the two counties.

contained adoption assessments. Eight out of ten San Mateo adoption assessments recommended concurrent planning (for a total of 22 concurrent planning cases out of the total sample of 94 cases in San Mateo County). A comparison of concurrent planning cases (all in San Mateo County) versus those without concurrent planning (in San Mateo and Santa Clara) identified the following differences:

Characteristics of Children in Care

Among the 204 young children identified in this study, about one-fourth of the children in care entered care shortly after birth, another one-fourth between birth and six months, and the remainder after six months. The average age at entry into care was 10 months. Girls and boys were about equally likely to enter care. For every ten children entering care, three were Caucasian, three were Hispanic, two were African-American, and the remainder were of other or mixed races.

More than one-fourth of the children entering care had medical problems, and one-fourth were exposed to drugs prenatally. Fifteen percent had developmental problems and 14% had low birth weights. There were no significant differences between the two counties in the characteristics of children who entered care during the study period. Table 5 summarizes the characteristics of children entering care.

Table 5
Characteristics of Children Entering Care

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Age at entry into care						
< 1 month	27%	25	21%	23	24%	48
1-2 months	14%	13	10%	11	12%	24
3-5 months	10%	9	14%	15	12%	24
6-11 months	17%	16	16%	17	16%	33
12-23 months	22%	21	18%	20	20%	41
24+ months	11%	10	22%	24	17%	34
Mean age	8 months		11 months		10 months	
Gender						
Female	46%	43	50%	55	48%	98
Male	54%	51	50%	55	52%	106
Race/Ethnicity						
African-American	29%	27	14%	15	21%	42
Caucasian	28%	26	33%	36	30%	62
Hispanic	30%	28	32%	35	31%	63
Mixed*	9%	8	12%	13	10%	21
Other	2%	3	9%	10	6%	13
Unknown/missing	2%	2	1%	1	2%	3
Special Needs Documented						
Medical/physical	33%	31	25%	27	28%	58
Prenatal drug exposure	23%	22	26%	28	25%	50
Developmental	15%	14	15%	16	15%	30
Low birth weight	15%	14	13%	14	14%	28
On medication	4%	4	4%	4	4%	8
Behavioral/ emotional	2%	2	4%	4	3%	6
Mental retardation	0%	0	0%	0	0%	0
HIV positive	0%	0	0%	0	0%	0
Other	1%	1	6%	7	4%	8

Characteristics of Parents and Families at Child's Entry into Care

In both counties, the mother of the child was identified at the time the child entered care; however, in San Mateo in only 56% of cases was the child's father

*Case files indicated that child was "bi-racial" or "multi-racial."

definitely identified by the county at entry into care. Santa Clara was much more likely to definitely identify the child's father at the time of entry into care (75% of cases had "known" fathers). This difference may reflect different procedures between the counties in whether fathers are considered to be "alleged" as opposed to "known," since there is no significant difference between counties in the proportion of fathers who were not identified in any way.

In both counties, the majority of parents of children who entered care were not married and not living together. Only 29% of San Mateo cases and 31% of Santa Clara cases involved families where the parents were either married or living together. However, these single parents were not necessarily living alone--58% of San Mateo children and 55% of Santa Clara children came from households where two or more adults were residing. It is unknown what proportion of these adults were relatives of the child who entered care. Slightly more than half of children entering care came from households that included other children. There were no differences between the two counties in the size or constitution of the households from which children were removed.

Most of the families of children entering care were poor. Overall, eight out of ten met the criteria for AFDC eligibility. San Mateo cases were significantly less likely to be identified as AFDC-eligible (65% versus 91% for Santa Clara). However, this may be due to the case reviewers being unable to find the appropriate forms in the case files to document AFDC status. Only 13% of San Mateo families were identified as ineligible for AFDC, while the status of the remainder was unknown. About one-third of the families of children entering care were noted to be homeless or at imminent risk of homelessness. There were no significant differences between the two counties in rates of homelessness.

Few of the children entering care were from families with very young parents. The average age of mothers was 28 and of fathers was 32. There were no significant differences between counties in terms of parents' ages. Mothers and fathers in San

Mateo County were more likely than those in Santa Clara to be African American. Mothers in Santa Clara county were more likely to be Caucasian or Hispanic and fathers in Santa Clara were more likely to be Caucasian.

In an attempt to document the "central problem" of families of children entering care, the case reviews noted parent characteristics such as substance abuse or mental health issues that were cited in court reports or other supporting case documents. While this information provides a useful baseline, it should be interpreted with caution. Because the parent characteristics would have to be known to social workers and reported in abuse or neglect reports or reports to the court, some of these data may be underreported.

Substance abuse was a major problem for parents of children entering care. More than half of San Mateo mothers and close to two thirds of Santa Clara mothers were identified in court reports as abusing alcohol or drugs, and the proportion of fathers so identified was 32% in San Mateo and 43% in Santa Clara. Since involvement with the criminal justice system often occurs in conjunction with substance abuse, it is not surprising that six out of ten parents of children entering care were identified as having criminal histories, and four out of ten were incarcerated during the time their children's cases were open. San Mateo and Santa Clara counties differ significantly in the number of cases where parents are identified as having criminal histories, with Santa Clara parents much more likely to have a documented criminal history (57% versus 72% for mothers, and 48% versus 72% for fathers). However, this is more likely to reflect a difference in case file documentation than in actual criminal involvement.

Overall, 25% of mothers of children in care and 5% of fathers were identified as having mental health problems. Among mothers, 16% had been hospitalized at some time for mental health problems and 10% were prescribed psychoactive medications. Almost one third of mothers of children entering care were reported to be domestic violence victims, and 14% reported they had been sexually abused

during their own childhoods. There were no significant differences in parents' characteristics between counties except for documented criminal histories. Table 6 summarizes the characteristics of parents at the time of the child's entry into care.

Table 6
Characteristics of Parents and Families at Child's Entry Into Care

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Status of mother						
Known	100%	94	100%	110	100%	204
Status of father*						
Known	56%	53	75%	82	66%	135
Alleged	33%	31	21%	23	27%	54
Unknown/missing	11%	10	4%	5	7%	15
Number of adults in household						
1	37%	35	41%	45	39%	80
2	44%	41	35%	38	39%	79
3	15%	14	21%	23	18%	37
Unknown/missing	4%	4	4%	4	4%	8
Number of children in household						
1	39%	37	39%	43	39%	80
2	26%	24	19%	21	22%	45
3	28%	26	37%	41	33%	67
Unknown/missing	7%	7	5%	5	6%	12
Poverty Level*						
AFDC eligible	65%	61	91%	100	79%	161
Not AFDC eligible	13%	12	4%	4	8%	16
Unknown/missing	22%	21	6%	6	13%	27

* Difference between counties is significant at $p < .05$.

Table 6 (cont.)
Characteristics of Parents and Families at Child's Entry Into Care

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Homeless/at risk of homelessness						
Yes	30%	28	36%	39	33%	67
No	70%	66	64%	71	67%	137
Unknown/missing						
Parents' Relationship						
Married	9%	8	16%	17	12%	25
Separated/divorced	5%	5	12%	13	9%	18
Living together	20%	19	15%	16	17%	35
Not living together	56%	53	51%	56	53%	109
Father unknown	9%	8	5%	5	6%	13
Unknown/missing	1%	1	3%	3	2%	4
Mother's Age						
<18	10%	9	3%	3	6%	12
18-24	18%	17	33%	36	26%	53
25-29	31%	29	26%	29	28%	58
30-39	35%	33	34%	37	34%	70
40+	4%	4	4%	4	4%	8
Unknown/missing	2%	2	1%	1	2%	3
Mean age	28 years		28 years		28 years	
Father's Age						
<18	1%	1	0%	0	1%	1
18-24	15%	14	19%	21	17%	35
25-29	11%	10	17%	19	14%	29
30-39	32%	30	29%	32	30%	62
40+	13%	12	15%	16	14%	28
Unknown/missing	29%	27	20%	22	24%	49
Mean age	33 years		32 years		32 years	

Table 6 (cont.)
Characteristics of Parents and Families at Child's Entry Into Care

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Mother's Race/Ethnicity*						
Caucasian	34%	32	39%	43	37%	75
Hispanic	30%	28	33%	36	31%	64
African-American	29%	27	13%	14	20%	41
Other/mixed	5%	5	14%	15	10%	20
Unknown	2%	2	2%	2	2%	4
Father's Race/Ethnicity*						
Caucasian	19%	18	28%	31	24%	49
Hispanic	29%	27	29%	32	29%	59
African-American	20%	19	7%	8	13%	27
Other/mixed	4%	4	11%	12	8%	16
Unknown	28%	26	25%	27	26%	53
Identified Parent Characteristics						
Substance abuse-mother	57%	54	65%	71	61%	125
Substance abuse-father	32%	30	43%	47	38%	77
Criminal history-mother*	57%	54	72%	79	65%	133
Criminal history-father*	48%	45	72%	79	61%	124
Incarcerated-mother	39%	37	46%	51	43%	88
Incarcerated-father	35%	33	42%	46	39%	79
Mental illness-mother	28%	26	23%	25	25%	51
Mental illness-father	3%	3	7%	8	5%	11
Psychiatric hospitalization-mother	17%	16	15%	17	16%	33
Psychoactive medication-mother	12%	11	9%	10	10%	21
Domestic violence victim-mother	28%	26	35%	38	31%	64
Sexually abused-mother	16%	15	13%	14	14%	29

Case Characteristics

Three-fourths of children entering care were removed from their homes, and another one-fifth were taken into care from hospitals at birth. Less than 10% came

* Difference between counties is significant at $p \leq .05$.

into care from other locations. The vast majority were removed from their mothers (73%) or both their mothers and fathers (23%). Most entered care for reasons of neglect (78%), with the perpetrators typically being single mothers (71%) or both parents (16%). There were no significant differences in case characteristics between the two counties. Table 7 summarizes case characteristics at entry into care.

Table 7
Case Characteristics at Entry into Care

Case Characteristics	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Child removed from:						
Home	66%	62	78%	86	73%	148
Hospital at birth	23%	22	18%	20	21%	42
Hospital, not at birth	5%	5	2%	2	3%	7
Relative or friend	3%	3	1%	1	2%	4
Unknown/missing	2%	2	1%	1	2%	3
Child removed from:						
Mother only	71%	67	75%	82	73%	149
Father only	4%	4	0%	0	2%	4
Mother and father	23%	22	22%	25	23%	47
Other	1%	1	3%	3	2%	4
Perpetrator(s) ⁺						
Mother only	71%	67	71%	78	71%	145
Father only	6%	6	5%	5	5%	11
Mother and father	17%	16	15%	17	16%	33
Other	3%	3	4%	4	3%	7
Unknown/missing	3%	3	7%	8	5%	11

⁺ Percentages add to more than 100% because multiple answers were allowed.

Table 7 (cont.)
Case Characteristics at Entry into Care

Case Characteristics	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Reason for detention ⁺						
Neglect	78%	73	79%	87	78%	160
Sibling abuse ⁺⁺	19%	18	17%	19	18%	37
No provision for support	15%	14	20%	22	18%	36
Physical abuse	11%	10	12%	13	11%	23
Severe abuse, child < age 5	4%	4	3%	3	3%	7
Emotional abuse	1%	1	2%	2	2%	3
Sexual abuse	0%	0	3%	3	2%	3
Death of a child	0%	0	0%	0	0%	0
Freed for adoption	0%	0	0%	0	0%	0
Cruelty	0%	0	0%	0	0%	0
Other ⁺⁺⁺	10%	9	9%	10	9%	19

Many of the families with children entering care were known to the agency prior to this intervention, due to earlier abuse or neglect reports for this child or for older siblings. In San Mateo, 49% of the families entering care had at least one child welfare services intervention (report and/or removal) prior to this particular intervention. The proportion of Santa Clara families with a prior intervention was slightly but not significantly larger (61%). Many of these families had been known to the agency for several years due to abuse or neglect reports for older siblings—53% had child abuse or neglect reports from three or more years prior to this child's entering care. Table 8 summarizes the number of cases with previous child abuse reports and the number of years since the first report for that family.

⁺ Percentages add to more than 100% because multiple answers were allowed.

⁺⁺ Subject child was not abused but was removed at the same time as a sibling who was abused.

⁺⁺⁺ "Other" includes positive drug toxicology at birth, medical neglect, and voluntary placement.

Table 8
Incidence of CPS Reports Prior to Child's Entry into Care

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Proportion of cases with previous CPS reports	49%	46	61%	67	55%	113
Timing of first CPS report		(46)		(67)		(113)
1 year prior	26%	12	30%	20	28%	32
2 years prior	24%	11	15%	10	19%	21
3+ years prior	50%	23	55%	37	53%	60

Service Plans

Overall, the most common elements of service plans for reunification involved mothers attending parenting classes (76% of all cases), visiting with their children (71%), and getting individual or family counseling (61%). In about half of all cases mothers were required to attend substance abuse treatment programs and submit to drug and alcohol testing. Requirements for fathers were less common, since in many cases the child was removed from the mother only. The most common requirement for fathers was to attend parenting classes (41% of cases). Slightly more than one-third of cases involved fathers having visitation with the child, and slightly more than one fourth involved fathers attending counseling or substance abuse treatment, or being tested for drugs or alcohol. Santa Clara County was significantly more likely than San Mateo County to document a requirement for parenting classes and for drug or alcohol testing—both for mothers and fathers. In Santa Clara County, 81% of case plans required mothers to attend parenting classes and 50% required fathers to do so; 61% of case plans required mothers to comply with drug or alcohol testing and 35% required fathers to do so.

Compliance with reunification plans appeared to be moderate at best. Among mothers who had these requirements as a part of their service plans, successful completion of the requirement ranged from a high of 62% attending parenting classes

to a low of 44% meeting their requirements for drug or alcohol testing. Among fathers, successful completion of requirements ranged from a high of 53% for attending counseling, to a low of 29% for completing a substance abuse treatment program among those required to do so. Only six out of ten mothers who had visitation with their child as part of the reunification plan actually visited regularly, and only five out of ten fathers visited regularly. Table 9 summarizes elements of service plans for reunification.

Table 9
Elements of Service Plans for Reunification

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Included in service plan for mother:						
Visitation with child	71%	67	71%	78	71%	145
Parenting classes*	69%	65	81%	89	76%	154
Individual/family counseling	59%	55	63%	69	61%	124
Substance abuse treatment	50%	47	55%	60	53%	107
Drug/alcohol testing*	45%	42	61%	67	53%	109
12-step program	36%	34	44%	48	40%	82
Acquiring housing	28%	26	30%	33	29%	59
Mother complied with service plan for:						
Visitation with child	60%	38	60%	39	60%	77
Parenting classes	63%	37	62%	53	62%	90
Individual/family counseling	48%	23	49%	32	49%	55
Substance abuse treatment	48%	21	44%	25	46%	46
Drug/alcohol testing	40%	16	45%	30	44%	46
12-step program	48%	14	41%	19	44%	33
Acquiring housing	54%	12	39%	13	46%	25

* Difference between counties is significant at $p < .05$.

Table 9 (cont.)
Elements of Service Plans for Reunification

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Included in service plan for father:						
Visitation with child	39%	37	34%	37	36%	74
Parenting classes*	31%	29	50%	55	41%	84
Individual/family counseling	22%	21	28%	31	26%	52
Substance abuse treatment	20%	19	29%	32	25%	51
Drug/alcohol testing*	20%	19	35%	38	28%	57
12-step program	16%	15	24%	26	20%	41
Acquiring housing	7%	7	14%	15	11%	22
Father complied with service plan for:						
Visitation with child	58%	19	46%	18	51%	37
Parenting classes	44%	10	33%	17	36%	27
Individual/family counseling	61%	11	48%	13	53%	24
Substance abuse treatment	37%	7	25%	8	29%	15
Drug/alcohol testing	59%	10	40%	15	46%	25
12-step program	36%	4	40%	10	39%	14
Acquiring housing	60%	3	31%	5	38%	8

Characteristics of the Judicial System

Santa Clara County cases were much more likely than those in San Mateo County to involve continuances. At the jurisdictional hearing, for example, 81% of Santa Clara cases were continued, compared to 32% of San Mateo cases. At the six month review, 44% of Santa Clara cases were continued compared to 16% of San Mateo cases. Three fourths of hearings for termination of parental rights in Santa Clara County involved continuances, compared to only 28% of those in San Mateo County. Table 10 summarizes the incidence of continuances across types of hearings.

* Difference between counties is significant at $p \leq .05$.

Table 10
Number of Hearing Continuances

Number of Continuances by Hearing Type	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Detention ⁺		(79)		(93)		(172)
0	82%	65	65%	60	73%	125
1	14%	11	20%	19	17%	30
2+	4%	3	15%	14	10%	17
	(max # = 2)		(max # = 6)			
Jurisdiction [*]		(84)		(96)		(180)
0	68%	57	19%	18	42%	75
1	18%	15	28%	27	23%	42
2+	14%	12	53%	51	35%	63
	(max # = 4)		(max # = 14)			
Disposition ^{*++}		(46)		(61)		(107)
0	59%	27	23%	14	38%	41
1	28%	13	31%	19	30%	32
2+	13%	6	46%	28	32%	34
	(max # = 3)		(max # = 16)			
6-month [*]		(67)		(82)		(149)
0	84%	56	56%	46	69%	102
1	13%	9	28%	23	22%	32
2+	3%	2	16%	13	9%	15
	(max # = 2)		(max # = 5)			

⁺ The number of detention hearings recorded is slightly lower than the number of jurisdiction hearings, most likely because in a few cases when the two hearings occurred simultaneously only the jurisdiction hearing was recorded in the case review.

^{*} Difference between counties is significant at p \leq .05.

⁺⁺ The number of disposition hearings is low because these hearings were not always well-documented in case files.

Table 10 (cont.)
Number of Hearing Continuances

Hearing	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
12-month		(49)		(64)		(113)
0	71%	35	42%	27	55%	62
1	18%	9	19%	12	19%	21
2+	11%	5	39%	25	26%	30
	(max # = 6)		(max # = 4)			
18-month		(7)		(11)		(18)
0	71%	5	46%	5	56%	10
1	14%	1	18%	2	17%	3
2+	14%	1	36%	4	27%	5
	(max # = 5)		(max # = 8)			
Dismissal		(34)		(26)		(60)
0	91%	31	73%	19	83%	50
1	3%	1	4%	1	3%	2
2+	6%	2	23%	6	14%	8
	(max # = 6)		(max # = 4)			
Termination of Parental Rights		(32)		(39)		(71)
0	72%	23	26%	10	47%	33
1	16%	5	26%	10	21%	15
2+	12%	4	48%	19	32%	23
	(max # = 6)		(max # = 12)			

Overall, continuances early in the judicial process (i.e., the jurisdiction, disposition and six-month hearings) were more likely to be for logistical reasons such as attorney's schedules, delays due to the need for additional reports, and personal reasons such as illness. Later in the process, continuances due to the cases being contested were more common. There were significant differences between counties, however. When San Mateo cases were continued, the continuances were more likely than not due to the cases being contested. Santa Clara County was much more likely to give continuances for other reasons. For example, 90% of continued 12-month

* Difference between counties is significant at $p \leq .05$.

reviews in San Mateo County were contested, compared to 60% of those in Santa Clara County. Table 11 summarizes the reasons for hearing continuances across types of hearings.

Table 11
Reasons for Hearing Continuances

Continued Hearings	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Detention*		(11)		(38)		(49)
Contested	64%	7	8%	3	20%	10
Other ⁺	36%	4	92%	35	80%	39
Jurisdiction		(33)		(132)		(165)
Contested	55%	18	43%	59	45%	75
Other	45%	15	57%	75	55%	90
Disposition		(21)		(71)		(92)
Contested	48%	10	34%	24	37%	34
Other	52%	11	66%	47	63%	58
6-month		(9)		(41)		(50)
Contested	11%	1	24%	10	22%	11
Other	89%	8	75%	31	78%	39
12-month		(20)		(70)		(90)
Contested	90%	18	60%	42	67%	60
Other	10%	2	40%	28	33%	30
Termination of Parental Rights		(10)		(44)		(54)
Contested	80%	8	57%	25	61%	33
Other	20%	2	43%	19	39%	21

Individual judges and commissioners varied significantly in the number of continuances granted at the jurisdictional, dispositional, six-month and twelve-month

* Difference between counties is significant at $p \leq .05$.

⁺ "Other" includes: (1) logistical reasons such as attorneys' schedules, (2) delays due to the need for additional reports, mental health evaluations, etc., and (3) personal reasons such as illnesses.

hearings, although, as noted above, the San Mateo judge and commissioner tended to grant fewer continuances overall. Looking at judges and commissioners individually, the proportion of cases that involved continuances ranged, for example, from a low of 6% for Judge Shelton in San Mateo County at the six-month review, to a high of 69% for Commissioner Ollinger in Santa Clara County. Follow-up interviews with judges and commissioners should investigate the reasons for these differences.

Table 12
Number of Continuances Granted by Judge/Commissioner

	San Mateo				Santa Clara					
	Bresee		Shelton		Edwards		McCarthy		Ollinger	
	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)
Detention		(43)		(27)		(21)		(23)		(34)
0	88%	38	85%	23	62%	13	83%	19	56%	19
1	9%	4	15%	4	24%	5	4%	1	24%	8
2+	2%	1	0%	0	14%	3	13%	3	20%	7
Jurisdiction*		(50)		(27)		(15)		(32)		(33)
0	76%	38	59%	16	33%	5	19%	6	15%	5
1	16%	8	22%	6	27%	4	28%	9	27%	9
2+	8%	4	19%	5	40%	6	53%	17	58%	19
Disposition*		(25)		(17)		(14)		(15)		(25)
0	64%	16	47%	8	14%	2	33%	5	24%	6
1	20%	5	41%	7	36%	5	47%	7	20%	5
2+	16%	4	12%	2	50%	7	20%	3	56%	14
6-month*		(44)		(17)		(21)		(27)		(32)
0	82%	36	94%	16	76%	16	68%	18	31%	10
1	16%	7	6%	1	19%	4	26%	7	38%	12
2+	2%	1	0%	0	5%	1	7%	2	31%	10
12-month*		(38)		(8)		(14)		(16)		(25)
0	68%	26	75%	6	64%	9	50%	8	32%	8
1	21%	8	13%	1	14%	2	19%	3	12%	3
2+	11%	4	13%	1	21%	3	31%	5	56%	14

* Differences among judges is significant at $p < .05$.

Characteristics of Time in Care

Overall, the average length of time in care for this sample was 19 months. Reunified cases averaged eight months until reunification and fourteen months until case dismissal. Adopted cases averaged 26 months from entry into care until the finalization of the adoption. Despite San Mateo County's use of concurrent planning, there was no difference between the two counties in the length of time children remained in care. However, the current mandates for shortened timelines for permanency were not yet in place during the time frame of this study. Given these new mandates, the expectation is that lengths of time in care will be reduced over the coming years, especially for young children. Table 13 summarizes lengths of time in care.

Table 13
Lengths of Time in Care

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Length of time in care		(94)		(110)		(204)
0-5 months	29%	27	20%	22	24%	49
6-11 months	12%	11	11%	12	11%	23
12-17 months	13%	12	12%	13	12%	25
18-23 months	12%	11	16%	18	14%	29
24+ months	35%	33	41%	45	38%	78
Average time in care	18 months		19 months		19 months	
Reunified cases—time from entry to case dismissal		(37)		(26)		(63)
0-5 months	24%	9	19%	5	22%	14
6-11 months	24%	9	12%	3	19%	12
12-17 months	27%	10	15%	4	22%	14
18+ months	24%	9	54%	14	37%	23
Average time until dismissal	12 months		16 months		14 months	

Table 13 (cont.)
Lengths of Time in Care

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Reunified cases—time from entry to reunification		(46)		(38)		(84)
0-5 months	57%	26	42%	16	50%	42
6-11 months	17%	8	24%	9	20%	17
12-17 months	11%	5	26%	10	18%	15
18+ months	15%	7	8%	3	12%	10
Average time to reunification	7 months		8 months		8 months	
Adopted cases—average time from entry to adoption finalization		(11)		(4)		(15)
	27 months		25 months		26 months	

Children in this sample averaged three different placements during their time in out-of-home care. This is a substantial number of placements for children this young, given the importance of forming attachments at this developmental stage. Of even greater concern is that 16% of these children had four or more placements and that a few children had as many as 9-11 placements during less than three years in care. About half of the children in this sample were placed with kin during at least part of their time in care—a factor which can ameliorate some of the negative effects of out-of-home placement. There were no significant differences between counties in the number of placements or the utilization of kin care. Table 14 summarizes placement histories.

Table 14
Placement History

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
		(94)		(110)		(204)
Number of placements						
1	21%	20	21%	23	21%	43
2	40%	38	44%	48	42%	86
3	20%	19	21%	23	21%	42
4+	19%	17	14%	16	16%	33
Average	3 placements		3 placements		3 placements	
Maximum	9 placements		11 placements			
Incidence of kin care (any placement)	49%	46	52%	57	51%	103

Case Outcomes

The status of each case was identified as of September, 1998, at 20 to 44 months after entry into care. Given this time frame, all open cases should have received an 18-month review and should have a plan for permanency. The two counties differed significantly on case status. Two-thirds of San Mateo cases were closed, compared to slightly less than half of Santa Clara cases. The major difference between the counties was in their reunification rates. In San Mateo, 49% of cases were reunified, compared to 35% in Santa Clara. About equal proportions of cases in the two counties were permanent placements or foster-adopt placements combined (42% in San Mateo and 45% in Santa Clara). Among children with permanent placements, San Mateo appeared to place more in adoptive homes, while Santa Clara was more likely to make placements with legal guardians; however the sample sizes are not large enough to indicate statistical significance. Santa Clara had more children remaining in foster care—18%, compared to 7% in San Mateo, and the majority of those in Santa Clara who remained in foster care were in kin care. Table 15 summarizes case status and outcomes.

Table 15
Case Status and Outcomes as of September, 1998

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Case Status *		(94)		(110)		(204)
Open	34%	32	52%	57	44%	89
Closed	66%	62	48%	53	56%	115
Case Outcomes *						
Reunified	49%	46	35%	38	41%	84
Permanent Placement ⁺	27%	25	23%	26	25%	51
Fost-Adopt	15%	14	22%	24	19%	38
Foster Care	7%	7	18%	20	13%	27
Unknown/Other	2%	2	2%	2	2%	4
Type of Permanent Placement		(25)		(26)		(51)
Adoption	56%	14	27%	7	41%	21
Legal guardianship	28%	7	46%	12	37%	19
Non-custodial parent	16%	4	27%	7	22%	11
Type of Foster Care *		(7)		(20)		(27)
Kin ⁺⁺	0%	0	70%	14	52%	14
Non-kin	100%	7	30%	6	48%	13

Concurrent Planning

Because it was determined early in this study that only San Mateo County had implemented concurrent planning by the time period being studied, this section focuses on San Mateo County. Related data for Santa Clara County are provided where available.

* Difference between counties is significant at $p \leq .05$.

+ "Permanent placement" includes placement with a previously non-custodial parent, adoption, or legal guardianship.

++ Kin placements that are awaiting an adoption finalization were classified as fost-adopt placements. Therefore, this figure does not represent all children residing with kin.

Conversations with San Mateo Adoptions Supervisor, Marie Morris, indicated that documentation of concurrent planning in case files should occur through the completion of an adoption assessment form. And, in fact, adoption assessments were much more common in San Mateo files than in Santa Clara files. Still, less than one-third of all San Mateo cases, and only half of open cases contained adoption assessments, suggesting that concurrent planning is not as widely practiced and/or well documented as might be expected.⁶ In addition, the average time from a child's entry into care until the adoption assessment was completed was nine months, a time frame which was not significantly different than that for adoption assessments in Santa Clara County.

Among San Mateo cases that had an adoption assessment, 82% of the assessments recommended concurrent planning, and 11% recommended adoption or guardianship without any further attempts at reunification. It appears that the majority of cases that received adoption assessments had a very low likelihood of successful reunification, since only 3% of children who received an adoption assessment were reunified with birth parents.

Among children that were assessed for adoption in San Mateo County, nine out of ten were adopted or in fost-adopted placements by the conclusion of this study. Santa Clara County had placed 55% of assessed children into adoptive placements.⁷ Table 16 summarizes the incidence of adoption assessments, their recommendations, and their outcomes.

⁶ A subsequent conversation with Marie Morris suggested that concurrent planning may be documented in case notes. However, a review of case notes was beyond the scope of this project.

⁷ Some of these cases may have had adoptions finalized; however, researchers did not have access to adoptions files to verify finalizations.

Table 16
Factors Related to Concurrent Planning

	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Incidence of adoption assessment						
Among all cases*	31%	29	10%	11	20%	40
Among open cases*	50%	16	19%	11	30%	27
		(27)		(6)		(33)
Average time from entry into care to adoption assessment	9 months		11 months		9 months	
Recommendation of adoption assessment:		(29)				
Reunification	7%	2	N/A		N/A	
Concurrent planning	82%	22	N/A		N/A	
Adoption/guardianship	11%	3	N/A		N/A	
Proportion of assessed cases that are:		(29)		(11)		(40)
Adopted	41%	12	0%	0	30%	12
In fost-adopt placement	38%	11	55%	6	43%	17
In guardianship	7%	2	18%	2	10%	4
Reunified	3%	1	0%	0	3%	1
Foster care	7%	2	18%	2	10%	4
Other/unknown	4%	1	9%	1	4%	2

Because the new legislation expands the requirements for concurrent planning, the range of types of concurrent plans will most likely need to expand as well, beyond traditional adoptions. In particular, theoretical models for concurrent planning emphasize the importance of involving extended family members in planning. During the time period studied, the vast majority of concurrent plans (91%) were for adoption, and of these 70% were for adoption by a non-relative. In nine cases (41% of concurrent planning cases) a relative requested placement of the child

* Difference between counties is significant at $p \leq .05$.

with them, and in the same nine cases the agency contacted relatives regarding placement. It is not clear, however, whether the contact was initiated by relatives or by the agency. Of these nine cases, seven received home studies, and in six cases the child was placed with the relative(s). Table 17 summarizes elements of concurrent planning in San Mateo County.

Table 17
Elements of Concurrent Planning in San Mateo County

	%	(n)
Concurrent plan is for:		
Adoption	91%	20
Other	5%	1
To be determined	5%	1
Adoption plan is for:		
Relative	30%	6
Non-relative	70%	14
Involvement of relatives in concurrent planning cases:		
Relative requested child to be placed with them	41%	9
Agency contacted relatives regarding placement	41%	9
Relatives' home studied for placement	32%	7
Child placed with relatives	27%	6

Researchers did not identify any San Mateo cases that involved family conferencing or a formal family plan. However, this may be because family conferences may not be documented in reports to the court. Likewise, no concurrent planning cases were found that indicated that social workers discussed voluntary relinquishment of parental rights with parents—another important element of concurrent planning models. Again, it is not clear whether such discussions did not occur or whether they occurred but were not documented in reports to the court.

Overall, cases involving a concurrent plan were no more likely to have achieved permanency by the end of the study period than cases without a concurrent plan. Among concurrent planning cases, 86% were in permanent placements

(reunified, placed with a previously non-custodial parent, adopted, in legal guardianship, or in a fost-adopt placement), compared to 84% of non-concurrent planning cases. Concurrent planning cases were much more likely to result in adoption or fost-adopt placements (77%) than were cases without concurrent planning (23%), whereas cases without concurrent planning were much more likely to have reunified (46% versus 5% of concurrent planning cases). Guardianship was less common among concurrent planning cases (5%) than among non-concurrent planning cases (10%). Table 18 summarizes outcomes for concurrent planning versus non-concurrent planning cases.

Table 18
Outcomes for Concurrent Planning and Non-Concurrent Planning Cases

	Concurrent Planning		Not Concurrent Planning	
	%	(n)	%	(n)
Outcome :		22		182
Reunified	5%	1	46%	83
Adopted	36%	8	7%	13
Guardianship	5%	1	10%	18
Placed with previously non-custodial parent	0%	0	6%	11
Fost-adopt placement	41%	9	16%	29
Foster care	9%	2	14%	25
Unknown/missing	5%	1	2%	3

Predictors of Poor Prognosis for Reunification

A major challenge of implementing concurrent planning will be to develop risk assessment tools that will assist social workers in determining which cases have the least likelihood of successful reunification, and therefore should be the highest priority for concurrent plans that involve alternative permanent placements, including adoption and legal guardianship. For very young children, in particular, it will be increasingly important to identify these alternative placements earlier in the process, in order to facilitate attachments and reduce the trauma of multiple placements. The

* Difference is significant at $p \leq .05$

State of California recently has developed a risk assessment tool based on the work of Linda Katz, and this tool has been adapted by California counties. As discussed in the methods section earlier, this risk assessment tool formed the basis for the analysis of factors affecting reunification rates that follows. Some important limitations of this analysis should be noted. First, not all of the elements currently used in assessing the risk of non-reunification were available in this data set (for example, the case reviews did not collect data on previous terminations of parental rights or on whether a parent had grown up in foster care or in a family with intergenerational abuse). In addition, the data collection was limited primarily to information available in abuse and neglect reports and in reports to the court. Aspects of cases that were documented only in case notes were not taken into account in this analysis. This exploratory analysis attempts to quantify aspects of cases that could assist social workers in making judgements about concurrent plans.

Table 19 outlines the "poor prognosis indicators" for which data were available from the case review process. (See Table 4, page 27 for a mapping of each variable against its indicator in the risk assessment tool.) Individually, several of the indicators significantly distinguish between cases that successfully reunified and those that did not. Cases with three or more previous CPS reports were less likely to result in reunification. Parental characteristics indicative of failure to reunify included substance abuse, a criminal history, incarceration during the time the case was open, failure to visit the child, and expressed desire to voluntarily relinquish parental rights. In addition, a child's documented exposure to drugs or alcohol prenatally was a predictor of failure to reunify.

Table 19
Reunification Rates for Poor Prognosis Indicators

	Reunified		Not Reunified		Total	
	%	(n)	%	(n)	%	(n)
Case Characteristics						
Severe physical abuse						
Yes	57%	4	43%	3	100%	7
No	41%	80	59%	114	100%	194
Sexual abuse						
Yes	66%	2	33%	1	100%	3
No	41%	82	59%	116	100%	198
Three or more CPS reports*						
Yes	33%	32	68%	64	100%	96
No	50%	52	50%	53	100%	105
More than one form of abuse/neglect						
Yes	38%	14	62%	23	100%	37
No	43%	70	57%	94	100%	164
Parent Characteristics⁺						
Parental substance abuse*						
Yes	31%	39	69%	88	100%	127
No	60%	43	40%	29	100%	72
Parent is domestic violence victim						
Yes	32%	20	68%	42	100%	62
No	46%	64	54%	75	100%	139
Parent has criminal history*						
Yes	37%	52	63%	89	100%	141
No	52%	30	48%	28	100%	58
Parent incarcerated while case open*						
Yes	34%	28	66%	55	100%	83
No	48%	56	52%	62	100%	118

* Difference is at $p \leq .05$.

+ "Parent" refers to the parent(s) from whom the child was removed at entry into care.

Table 19 (cont.)
Reunification Rates for Poor Prognosis Indicators

	Reunified		Not Reunified		Total	
	%	(n)	%	(n)	%	(n)
Parent Characteristics[†] (cont.)						
Parent did not participate in visitation with child [*]						
Yes	7%	1	93%	14	100%	15
No	45%	83	55%	103	100%	186
Parent requested voluntary relinquishment [*]						
Yes	10%	1	90%	9	100%	10
No	44%	83	57%	108	100%	191
Parent has history of mental health problems						
Yes	33%	18	67%	37	100%	55
No	44%	64	56%	80	100%	144
Parent hospitalized for mental health problems						
Yes	36%	12	64%	21	100%	33
No	43%	72	57%	96	100%	168
Parent prescribed psychoactive medication						
Yes	32%	7	68%	15	100%	22
No	43%	77	57%	102	100%	179
Child Characteristics						
Prenatal drug exposure [*]						
Yes	22%	11	78%	38	100%	49
No	48%	73	52%	79	100%	152

[†] "Parent" refers to the parent(s) from whom the child was removed at entry into care

^{*} Difference is significant at p \leq .05.

Because many of these indicators are correlated with each other (for example parents with substance abuse problems are more likely to have criminal histories or be incarcerated, and are more likely to have children who are born drug exposed), logistic regression models were developed to account for simultaneous and interacting effects. (The process of developing these models is discussed further in the methods section of this report). In addition to testing simultaneously for the effects of the variables above, certain types of interactions were hypothesized. An interaction was hypothesized between substance abuse and incarceration, that is, parents who were known to have substance abuse problems and who were also in jail were expected to have more difficulty meeting the requirements of reunification within the time period available to them. An interaction also was hypothesized between the existence of mental health problems and hospitalization or psychoactive medications, that is, parents who were known to have mental health problems would not necessarily be less likely to reunify, but their likelihood of reunification would decrease if they were severely ill (i.e., required hospitalization or medication).

In order to be certain that the final model was appropriate to both counties, since reunification rates are slightly different for the two counties, the analysis plan involved first developing a model for the two counties together, and then following a similar process with each county separately to determine whether different models were appropriate. The county was not included as a variable in the logistic model, since it is not a factor in social workers' use of the concurrent planning review.

Interaction terms and independent variables that were not significant components of the model were eliminated sequentially from the model based on which term was least significant. As a result of this process of elimination, the final model included only one term—substance abuse. That is, the model with one variable, substance abuse, predicted failure to reunify as well as a model with all twelve variables cited above, or a model with any other subset of those variables.

The summary statistic produced by logistic regression is known as an "odds ratio." The odds ratio indicates the likelihood of a particular outcome (in this case, reunification), given a particular configuration of indicator variables (e.g., parent characteristics or case characteristics). If, for a particular variable or set of variables, the likelihood of reunification was equal, regardless of the indicator variable (e.g., if reunification occurred at the same rate for both substance abusers and non-substance abusers), the odds ratio would equal 1. The final model provided an odds ratio of .30 with a 95% confidence interval of (.16, .55). This indicates that the odds of a parent with a known substance abuse problem achieving a successful reunification is 30% that of a parent who is not known to have a substance abuse problem. The confidence interval indicates that in 95% of all such populations sampled, the odds ratio will be between .16 and .55. This is a fairly wide range, but even at the high end of .55 still indicates a significantly lowered likelihood of a parent with substance abuse problems being reunified with their children.

When the models were run separately for the two counties, both final models included only one significant term. Interestingly, however, while that final term was also substance abuse for Santa Clara County, in San Mateo County it was the child's exposure to drugs prenatally. Obviously, these two variables are correlated (.463, $p=.000$); however, cases with prenatal exposure are a smaller subset of all cases with parental substance abuse. Prenatal drug exposure may be a stronger predictor in San Mateo County, because it can be used in court as proof positive of parental substance use, because of differing judicial attitudes toward prenatal drug exposure, or other reasons. Further discussions with county administrators and staff would be necessary to help clarify between-county differences.

The final model for Santa Clara provided an odds ratio of .30, with a 95% confidence interval of (.10, .83). This indicates that the odds of a parent with a known substance abuse problem achieving a successful reunification is 30% that of a parent who is not known to have a substance abuse problem. The confidence interval

indicates that in 95% of all such populations sampled, the odds ratio will be between .10 and .83.

The final model for San Mateo provided an odds ratio of .29, with a 95% confidence interval of (.11, .61). This indicates that the odds of a case in which the child was known to be exposed to drugs or alcohol prenatally achieves successful reunification is 29% that of a case where the child was not known to have been exposed to drugs or alcohol prenatally. The confidence interval indicates that in 95% of all such populations sampled, the odds ratio will be between .11 and .61.

The fact that families with substance abuse issues are less likely to reunify will come as no surprise to social workers; however, it is important to note the extent to which this one variable is so much more significant than all other potential predictors of failure to reunify. This finding is consistent with similar work undertaken in Alameda County to predict the likelihood of infants' reentry into care following reunification. In that study, the authors noted that parental substance abuse alone was "a near perfect predictor of reentry" (Frame, Berrick & Brodowski, 1998).

In addition to the need to develop effective tools to predict a poor prognosis for reunification, another issue that was raised by county staff during the course of this study was whether there were other characteristics of cases not necessarily under the control of parents or social workers that were associated with a lower likelihood of reunification. In particular, concerns were raised regarding the possibility that children of color--particularly African American children--as well as children in kin foster care placements (who are more likely to be African American) were less likely to be returned to their birth parents. Results of this study suggest that in San Mateo County there is no difference in reunification rates based on the race or ethnicity of the child in care. In Santa Clara County, African American children and those of mixed race appear to be less likely to reunify (27% and 28%, respectively, compared to 42% of Caucasian and 38% of Hispanic children). However, the sample sizes are

not large enough to indicate statistical significance. Table 20 summarizes reunification rates by race/ethnicity.

Table 20
Reunification Rate by Child's Race/Ethnicity

Reunified	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
African-American	48%	13	27%	4	41%	17
Caucasian	40%	10	42%	15	41%	25
Hispanic	54%	15	38%	13	45%	28
Other/mixed	63%	7	28%	6	39%	13

Reunification rates for children in kin versus non-kin care are reversed for the two counties. In San Mateo, children in non-kin care are more likely to reunify, which is consistent with the literature (56% of those in non-kin care reunified, compared to 41% of those in kin care). In Santa Clara County, however, children in kin care are slightly more likely to reunify than those in non-kin care (37% of those in kin care reunified compared to 32% of those in non-kin care). Table 21 summarizes reunification rates by kin versus non-kin care.

Table 21
Reunification Rates by Kin versus Non-Kin Care

Reunified	San Mateo		Santa Clara		Total	
	%	(n)	%	(n)	%	(n)
Kin ⁺	41%	19	37%	21	39%	40
Non-Kin	56%	27	32%	17	44%	44

⁺ Includes all cases in kin care at least a portion of their time in care.

^{*} Difference between counties is significant at $p \leq .05$.

CASE VIGNETTES

During the case review process, reviewers were asked to develop narrative descriptions of cases that exemplified the range of different types of outcomes for this sample. The intent of these case vignettes is to provide a richer description of typical cases than that provided by case review data alone, and to illustrate aspects of cases that have bearing on the likelihood of permanency. All names and other identifiers have been changed to protect families' confidentiality.

Concurrent Planning with Outcome of Fost-Adopt

"Baby boy" was a healthy full-term newborn, abandoned by his mother at the hospital, and placed into shelter care. His mother had no physical contact with her son and refused to give him a name. She stated that she had planned to give the baby up for adoption; however, she made no such provisions prior to his birth.

The mother was 29 years old when she gave birth to this baby. She had one other child, six years earlier, who was under the guardianship of grandparents. The mother was unmarried, had attended some college and was employed part time as an assistant manager in a retail store. She denied substance abuse and did not have a criminal record. Prior to the birth of her child, she was living in her own apartment, but her housing situation became unstable after she gave birth.

Baby boy's father was 38 years old at the time of his son's birth. He had three children from an intact marriage to another woman. He refused to provide a social history, but criminal records indicated that he had several driving related charges, including multiple DUI's. He stated that he was unaware of the mother's pregnancy and was "shocked" to learn that he was the father. He denied paternity, and said he was unable and unwilling to care for the child.

The court processes occurred by default since neither parent attended the court hearings. Initially, the commissioner held continuances for the social worker to

locate the parents; however, after two unsuccessful attempts, the court proceeded without them. After the baby had been in care almost six months, the mother voluntarily signed a relinquishment of parental rights in order to free the child for adoption. One month later the child was removed from the shelter home to a foster-adopt placement. One year after the baby entered care a termination of parental rights occurred and the adoption by the foster parents was also finalized. Six months later a post-permanency planning hearing was held to check on the status of the child's placement. At this time the child was reported to be doing well, having bonded with the adoptive parents and reaching all developmental milestones normally.

Two social workers were involved with the case simultaneously following the dependency investigation. One worker developed the initial service plan for the biological parents, with the goal of reunification. The plan included weekly parenting classes, individual counseling, and visitation with the child. Although the mother signed the plan at six months into the case, she made no attempts to start any of the requirements. The father avoided repeated attempts at contact by the social worker. Finally agreeing to a paternity test, the father expressed concern about financial responsibility, but no interest in the child. He agreed with adoption plans, but refused to sign a termination of parental rights.

This case illustrates concurrent planning in a county (Santa Clara) that was not formally implementing the concurrent planning model at that time. It appears that the social worker and supervisor informally took on the roles of reunification and adoptions workers in order to facilitate a successful adoption. The case file indicated that the assigned caseworker pursued the reunification while the supervisor advocated for and secured a foster-adopt placement. However, it is unclear why a healthy newborn remained in shelter care for six months, given both parents' clear abandonment of him.

Concurrent Planning with an Outcome of Reunification

Marilyn was one year old when she was removed from her home. Her mother, Krista, then 36 years old, had a long history of substance abuse stemming back 25 years. At the time of removal, Krista was court-ordered to enter a residential substance abuse treatment program as part of her probation. Marilyn's father, Joe, was incarcerated. Marilyn was placed with her maternal grandmother, Eileen, directly following the removal from her mother, and she remained in this placement for the entire time she was in out-of-home care. She adjusted and continued to develop normally, and she remained happy in the placement. Eileen took very good care of her granddaughter, and the two appeared to have a close relationship.

Despite their long history of substance abuse, both Joe and Krista seemed anxious to accept services and to reunify with their daughter. Joe was limited as to what services he could take advantage of while incarcerated, but once he was released from jail, he entered a two-year residential treatment program. He was able to visit with his daughter after he had completed the first year in the program, and he seemed very anxious to change his lifestyle and ultimately reunify with Marilyn.

Krista's participation in services was sporadic over the first six months. She entered a substance abuse treatment program, was dropped due to non-compliance and then entered a different program. During the 6-12 month reunification period, she was incarcerated most of the time. However, she continued to utilize the services offered by the jail, attending 12-step meetings and attempting to be admitted to the jail's substance abuse program (she was unable to join due to a long waiting list). While her actual use of services was limited during the first twelve months, her efforts seemed to display the picture of a woman struggling to make changes in a lifestyle that had been ingrained for more than two decades.

At the twelve-month review, the social worker recommended termination of parental rights and adoption by the maternal grandmother, and an adoption assessment and home study were conducted at that time. However, Krista contested

the social worker's recommendation and the court gave her six more months to comply with her service plan. Ultimately, she completed all requirements and was reunified with her daughter. At the time of the most recent court report, a recommendation for dismissal of dependency was being made, although the actual hearing had not yet taken place.

This case illustrates an important pattern in many cases which were reviewed—use of the concurrent planning concept at some point during the life of the case (e.g. after twelve months), but not from the onset. The fact that the mother finally complied with the service plan only after formal steps were about to be taken for her daughter to be adopted, reflects the argument of proponents of concurrent planning that the plan should be used as a motivator to help parents make the changes needed to successfully reunify with their children. This is an unusual case in that almost none of the cases assessed for concurrent planning resulted in children being reunified with their birth parents rather than adopted by the families they were placed with. And, indeed, this case appeared to hinge on the birth mother making an effective argument for reunification at court, despite the social worker's recommendations to the contrary.

Foster Parent Adoption without Concurrent Planning

Jose was six months old when his mother, Rosa, brought him into the emergency room with a fractured skull. Based on the nature of the injury, Jose was taken into custody and placed in a shelter before being moved to the home of his grandmother. Jose's stay with his grandmother was short-lived for reasons that were not identified in the case file. Jose was then placed in a temporary foster home to await an appropriate placement.

Eventually Jose's father, Tomas, pled guilty to physical abuse and was sentenced to time served. In the eight years prior to this incident, seven referrals for neglect were made to CPS on behalf of two of Jose's older half-siblings, who had eventually gone to live with their father. In addition, an infant was previously removed and ultimately adopted by the paternal grandmother. Neither Rosa nor

Tomas cooperated with the investigation regarding Jose. Still, at the jurisdictional hearing reunification services were ordered.

By the six-month hearing, Tomas had been arrested on drug related charges and was facing considerable jail time. Neither parent had complied with the service plan; however, Rosa expressed a desire to bring Jose home. The court ordered reunification to continue for another six months. Jose, who was of mixed African American, Hispanic and possibly Asian heritage, was still in the "temporary" foster home for over a year due to an unavailability of ethnically matched foster homes. Later, he was moved to his fourth placement, a non-ethnically matched foster home. While no foster-adopt agreement was signed, the new foster parents stated they wanted to adopt Jose.

At the twelve-month hearing, the court ordered the social worker to begin work on termination of parental rights, since neither parent had complied with the service plan, nor had they made any visits to Jose. The social worker recommended that Jose's current foster parents be considered for adoption. Jose had become attached to the foster parents in the two months he had been with them, and he called them "mommy" and "daddy." In addition, the social worker noted that Jose's language skills had improved considerably since being placed with this family. The details of the next year are not clear from the file; however, the social worker continued to seek an ethnically matched placement. In the end, however, this non-ethnically matched foster family adopted Jose 2 ½ years after he entered care.

This case would have been a logical candidate for denying reunification services, given the parents' previous involvement with CPS, and the fact that a sibling was previously removed and adopted. At the very least, Jose should have had a concurrent plan established very soon after entering care. This case vividly illustrates the adverse consequences for children of sequential planning, in that Jose spent an entire year in a temporary placement during a critical period for parent-child attachment. The difficulties of balancing the need for permanency for children with

the desire to make ethnically-matched placements is also evident here. Had the agency succeeded in identifying an ethnically-matched placement, Jose would have had attachments broken with his birth mother, the "temporary" foster family, and the second foster family prior to entering his permanent home—a significant challenge for his permanent family.

Reunification without Concurrent Planning

Vanessa was four months old when she and her half-brother, Juan, were removed from her mother Janine's care for reasons of child endangerment. Prior to the removal, Vanessa and Juan lived with their mother in the home of their maternal grandfather, Mr. Mendez. At the time of Vanessa's removal her father was incarcerated. Janine and the children were supported by AFDC and by aid provided by Janine's father. Janine had a long history of substance abuse, including numerous arrests for drug related charges. She indicated that her drug use began in high school, and she admitted that she often used the family's AFDC money to maintain her drug habit. Janine was incarcerated when the children were removed from her care.

During the time her children were dependents of the court, Janine had to comply with a rigorous service plan that focused on her drug use and her poor parenting skills. This process began while she was incarcerated. Once she was released from jail, Janine took residence at a "clean and sober" home and continued to reside there until she was reunified with her children. During this period she complied with all aspects of her reunification plan and maintained regular visits with her children under the supervision of the grandfather.

Vanessa and Juan began their out-of-home placement experience in an emergency shelter, where they resided for five days. The remainder of their time was spent in the home of their maternal grandfather, Mr. Mendez. Both children fared well during their time with their grandfather. When dependency was dismissed at eighteen months, Vanessa's development was on target for her age and she appeared to be a happy, well-adjusted girl. At the six month review, reunification services

were continued, and at the twelve-month review both Vanessa and Juan were returned to their mother for a trial reunification with family maintenance services, while remaining dependents of the court. At eighteen months, it was assessed that the children were no longer at risk, and dependency was dismissed.

Janine complied with her service plan and managed to bring herself from a life of drug addiction, arrests and incarceration to a clean and sober lifestyle in which she could properly raise her two young children. By the eighteen-month mark, she had been employed for nine months and was demonstrating a commitment to maintaining custody of Vanessa and Juan by keeping herself drug-free. The presence of an involved and capable relative who was willing to take care of the children and provide support to the parent was also a critical component of this reunification success story. Opponents of concurrent planning point to cases such as this, suggesting that shortened timelines for permanency will not allow sufficient time for parents like Janine to successfully overcome years of substance abuse.

Reunification without Concurrent Planning

Amy was born in 1993. She was a healthy child with no history of medical, developmental, or behavioral problems. At twenty-three months of age she was removed from her mother's care when her mother left her without any provision for support after being incarcerated on drug related charges. She was the only child born to her mother, and was living with her mother, her maternal grandparents, and two other non-related adults at the time of her detention. Prior to the mother's incarceration, CPS had no involvement with this family.

Amy's mother was 23 years old when she gave birth. She had dropped out of high school before graduating, but she was working at the time of her child's removal. She had been struggling with her drug addiction for nine years and had been unsuccessful with treatment. She was involved with the criminal justice system as a juvenile and had been jailed three times as an adult. Despite her difficulties, she

had the support of her extended family, she was cooperative with the agency, and she demonstrated a concern for the well-being of her child.

Amy's father was 22 years old at the time of her birth. He was never married to Amy's mother, and they did not have a current relationship. He also dropped out of high school before graduating but was employed full time. Although substance abuse was also a problem for the father, he did not have a criminal history. Amy's father had maintained a relationship with her had been assisting with child support and pledged to continue to do so. He stated that he was incapable of caring for the child's needs and was not interested in custody.

Amy was initially placed in an emergency foster home for two weeks before being moved to the home of her maternal aunt. Her mother maintained regular visitation while in jail, and participated in parenting classes and substance abuse treatment. The court allowed her to complete her sentence at a residential treatment center for chemical dependency, where she complied with drug and alcohol testing and attended 12-step meetings. Six months after Amy's detention, the court allowed her to be returned to her mother while her mother completed her in-patient substance abuse program. During this time, Amy's father completed parenting classes and participated in visitation and counseling. At the six-month review the court dismissed the dependency case, and Amy was reunified with her mother.

Despite problems associated with substance abuse, this family had a number of important strengths—employed parents, who remained involved with and concerned about the welfare of the child, extended family support including a relative willing to provide a kinship placement, and the parents' willingness to cooperate fully with case plans. Perhaps most importantly, a substance abuse treatment program was available that allowed the mother and child to reside together during treatment.

Guardianship

Freddie was eight months old when he was removed from the care of his mother, Josephine, age 24. Freddie and his three siblings were removed due to neglect; the home was described in the case files as "in disarray" and "deemed unsafe for children." Josephine was also arrested for drug and firearm possession. The children all were placed in the home of an aunt and uncle, Christina and Paul, and Josephine was incarcerated.

The family had a long history of child welfare referrals, including reports of general neglect, and physical abuse. Josephine also had a long history of substance abuse and previous arrests.

The reunification plan for Josephine included an inpatient substance abuse program, parent education classes, individual counseling, drug testing, and a 12-step program. Her utilization of services was inconsistent, however. Once she was released from jail, Josephine did not complete the parenting class or attend the 12-step meetings. She began two different residential treatment programs, both of which she failed due to noncompliance. She also continued to test positive for drugs. At the eighteen-month review, the social worker recommended termination of parental rights. Josephine agreed to a plan of guardianship for Freddie and his siblings. Guardianship was awarded to Aunt Christina and Uncle Paul and dependency was dismissed.

All four of the children continued to develop normally and seemed stable and well adjusted to living in the home of their legal guardians. However, ten months after guardianship was awarded, an allegation of sexual abuse was made against Uncle Paul regarding Freddie's sister, Regina. As a result, the children were again made dependents of the court and placed with the maternal grandparents. An investigation took place and the allegations were substantiated. In order to determine what would be best for the children in light of this new development, a family conference was held. Based on the previous care provided to the other children and

the attachments that had been formed between the children and the aunt and uncle, it was agreed to return Freddie and two of his siblings to the guardianship of Uncle Paul and Aunt Christina, with family maintenance services. Regina remained in long-term foster care with her grandparents.

Although this case did not have a formal component of concurrent planning, it is evident that placement of the children with the aunt and uncle could have constituted a concurrent plan. It is worth speculating whether having the guardianship as a formal concurrent plan might have had any impact on the decision to place and/or return the children to the uncle who admitted sexual abuse.

Kin Foster Care

Five months before Carlos' third birthday he was removed from his home because of extremely unsanitary conditions. At the time of his removal, Carlos lived in a two-bedroom home with five adults and eight children. His parents, Jorge and Esperanza, slept in one room with six of their children. Jorge's adult son, his girlfriend and their two children occupied the second room, while Carlos's adult brother slept on a mattress under the front porch. The police were unsure of the total number of people in the home. The family had a history of CPS referrals for neglect dating back seven years. The reports stressed the unsanitary conditions of the home as well as the extremely poor hygiene of the children, which appeared to stem from substance abuse problems of both parents.

Carlos was placed in shelter care while the department located a home that could handle six children under the age of eleven. The entire sibling group was eventually placed in the home of their paternal aunt. Carlos' parents were offered reunification services consisting of help acquiring housing, individual/family counseling, parenting classes, drug testing, and enrollment in a 12-step program. In addition, Jorge and Esperanza were ordered to keep their current residence clean and organized.

At the time of the six-month review, neither parent was complying with the case plan. They continued to live in the same home with an unknown number of people. Nevertheless, they were given another six months to comply with the reunification plan. Two months later, Jorge and Esperanza were evicted from their home and failed to contact the social worker for several weeks.

At the twelve-month review, Jorge and Esperanza contested the social worker's recommendation to terminate reunification services, even though they were not adequately complying with their case plan. The social worker believed it to be in the best interests of the children to develop a permanent plan that would not include reunification. She held a family conference to determine a permanent plan that would be beneficial to all involved.

The social worker, Jorge and Esperanza, the paternal aunt (caregiver), two paternal uncles and another paternal aunt all attended the family conference. The social worker stressed the importance of family support for Jorge and Esperanza in order to maintain a drug free lifestyle. In addition, the family was asked to help develop a long-term plan for the care of Carlos and his siblings. Although the caregiver was asked to take guardianship she was unwilling to do so. No other relatives were willing to commit to more than long-term foster care for the children. At the twelve-month hearing, reunification services were terminated and the children were placed into long-term foster care with the paternal aunt. At the time of this case review, they remained in foster care indefinitely.

This case illustrates the difficulty of developing a permanent plan for children when extended family members are concerned and involved, yet unable or unwilling to take on legal guardianship. Although guardianship may release children from the child welfare system, it may not be beneficial to some families that continue to need social support.

INTERVIEW AND FOCUS GROUP FINDINGS

Focus group and interview questions were organized around three general areas: concurrent planning principles, practices and outcomes. Emerging themes centered around these areas, and an additional section of participant suggestions was included. Summaries of focus group information and patterns are described within the framework of these four key areas.

Understanding of Concurrent Planning

With the exception of foster parents, the child welfare professionals interviewed seemed to have a comprehensive understanding of concurrent planning. Judicial officers, administrators, social work supervisors and social workers were all able to state that achieving timely permanence for children was a central goal of concurrent planning, and all but the supervisor group also mentioned that concurrent planning is supposed to decrease the number of placement moves children have while in foster care. Judicial officers and social workers also described concurrent planning as involving the development of two simultaneous permanency plans for children, the alternate to be used if the family failed to reunify.

In contrast to these professionals, many foster parents were unclear about the meaning of the term "concurrent planning." Some foster parents had never heard of the term, and noted that it had not been discussed in foster parent (MAPP) training. Others mentioned that concurrent planning seemed more like "an agency term" that was rarely used by the agency in communications with foster parents.

Additionally, most foster parents in the focus groups did not see foster care as a permanent commitment to a child; they saw "foster care" and "fost-adoption" as very different phenomena. "If you're a foster parent, that's all you do," said one parent, and others described their role as foster parents in terms of preparing children for either reunification or adoption by a family other than themselves. However, a few foster parents at the focus groups had agreed to fost-adopt placements. Others

acknowledged that “it does happen sometimes that foster parents adopt” but related stories of this happening “by default.” That is, adoption was not planned at the outset of the placement, but occurred because the children had stayed with the foster parent for so long by the time parental rights had been terminated that no other placement option for the child seemed reasonable. Most foster parents had not begun providing foster care with the intent to adopt.

Many focus group participants expressed a concern that not everyone is “on the same page” about concurrent planning; that different degrees of understanding and support of concurrent planning were held by social workers, court personnel, parents, and agency administrators. Judicial officers and supervisors specifically mentioned this, and social workers indirectly voiced their concern when they stated training on concurrent planning needed to be consistent in its content, and given to everyone at the same time. An administrator stated that there were varying degrees of “buy-in” to the concurrent planning philosophy among staff. Many supervisors felt that the point in time that a social worker entered employment with the county affected their understanding and support of the practice of concurrent planning, but had widely differing views regarding how: some said new workers were more accepting, others said they were less accepting. One supervisor noted that “buy-in” was related to the kind of training in place for new workers at the time the staff member came aboard.

Concurrent Planning Practice Issues

Much of the discussion across interviews and focus groups centered around the practice of concurrent planning. Themes are organized according to four general categories: beneficial aspects of the practice of concurrent planning, challenges in the practice, communication issues, and decision-making issues related to concurrent planning.

Beneficial aspects: Some aspects of concurrent planning practice were seen as having a positive impact on children and families. For example, supervisors

overall felt very positively about San Mateo's practice of concurrent planning, making comments such as "We're doing pretty well," and "We're way ahead of the game." They also noted that both reunification and adoption services offered by the agency were high quality and intensive. Administrators and social workers mentioned the newly re-constituted permanency planning committee of child welfare supervisors as an effective mechanism for reviewing the progress of cases and assessing the appropriateness of placements. Judicial officials and supervisors found the additional court hearing - now held between the dispositional hearing and the six month review, to assess the progress of parents' reunification efforts and agency efforts toward establishing permanency for the child - to be helpful in motivating birth parents and keeping cases on track.

In San Mateo, when children are placed in foster-adopt homes, two social workers are assigned to the case: one to facilitate the reunification case plan, the other the adoption case plan. Administrators, supervisors, and social workers agreed that using two social workers for concurrent planning cases can work well. Several groups cited as an example how the two workers go out together to assess a potential placement for a child. Judicial officials also commented that social workers now discuss the alternative permanent plan with parents early in the case, and they saw this as beneficial to the goal of achieving earlier child permanency.

In a related vein, concurrent planning was not perceived as adding to some of the common problems in the child welfare system. For example, administrators, social workers and judicial officials mentioned the lack of foster parents was a problem for the county, but participants in these groups felt that concurrent planning had not contributed to the problem. In fact, one administrator felt that concurrent planning had increased the number of foster parents, as it had opened doors for people who are primarily interested in adoption to provide foster care. Participants seemed confident that reasonable efforts are being made on concurrent planning cases to assist parents to reunify. Finally, concurrent planning was not viewed as increasing the number of continuances held in counties. While judicial officials

acknowledge a recent increase in contested hearings, they agree these are due to other recent statute changes that have shortened timelines for reunification and in some cases allow the agency to bypass reunification altogether. While these changes are intended to address children's need for permanency, they are distinct from concurrent planning.

Challenges: The most common challenge voiced by focus group participants was the difficulty birth parents face in concurrent planning. Social workers mentioned that it is difficult for parents to hear that alternative permanent plans are being made for their children. Most groups further stated that parents can be highly suspicious of concurrent planning, and can feel that they are not being considered or given fair treatment. Supervisors mentioned the concept also can be difficult for relatives, who may have provided long-term foster care for children in the past, and are struggling to understand why that option may no longer be available to them.

Social workers and supervisors stated that while it can be difficult for parents to hear about concurrent planning at the outset of a case, it is also emotionally difficult for the social worker to bring up the topic and discuss it candidly with parents. Judicial officials were concerned that social workers might fail to provide reunification services for a concurrent planning case with the same level of intensity as a case not targeted for concurrent planning. Social workers mentioned difficulties related to role identification. That is, reunification social workers may consider the case a "failure" if the child is adopted, or the reunification and adoption social workers may have "different agendas."

Finally, social workers and foster parents described a number of challenges that foster parents face in concurrent planning. Some social workers felt that foster-adoption put foster parents in a "difficult position;" one worker even stated it was "not realistic" to ask of foster parents. While relatively few of the foster parents participating in focus groups were formally providing "fost adopt" placements, several had raised foster children to adulthood or adopted a foster child, and all had

provided care for a child while the birth parents were attempting to reunify. Foster parents reported that attempting to both support reunification and provide potentially permanent care for the child felt "schizophrenic." As one foster parent put it, "Intellectually you want to support the parent...in your heart you want her to fail." Many foster parents described the difficulty they had handling children's behavior after visits with the birth parents. Visits with birth parents were viewed as "creating havoc" in their lives and undoing the progress foster parents had made with their foster children. In fact, many foster parents felt like they were on "opposite sides" from the social worker and parent. One foster-adopt parent said she saw the reunification worker as "kind of the enemy." Another said, "I could care less about the birth mother." Many foster parents felt the agency was too lenient with birth parents, by not requiring them to satisfy all the elements of their reunification plans before returning children to their care.

Social workers are an important elements of the support system for foster parents providing concurrent planning services. However, foster parent participants described "power struggles" and "turf wars" between themselves and social workers, and had an overall view that social workers were threatened by the knowledge of foster parents. Foster parents felt social workers treated them disrespectfully. For example, one foster parent described the variety of roles she played in her life, as a mother, professional, and community member, but said she felt like a "second class citizen" when she entered the county building. Other foster parents commented that social workers did not credit foster parents with the ability to recognize and deal with problems, were not concerned about foster parents' well-being, and did not seem to be interested in a true partnership with foster parents. One foster parent pointed out that social workers do not receive the MAPP training, and seem to battle foster parents over things foster parents felt MAPP had trained them to do.

Communication: Effective communication, always important in the practice of social services, is perhaps even more critical in concurrent planning, where several social workers can be working together on one case toward different permanency

outcomes. Some aspects of communication related to concurrent planning seem to be working well. Supervisors and administrators both mentioned a checklist of case responsibilities completed by the reunification and adoption social workers together on concurrent planning cases. Administrators seemed to feel that generally the process was working well and they had not heard of communication problems between the workers. However, once the responsibility checklist is completed, social workers and supervisors reported that there were no established guidelines for communication between the adoption and reunification social workers, or even a suggested amount of contact.

In the early 1990's, San Mateo county regionalized child welfare services, relocating service centers throughout the northern, southern, and central regions of the county, instead of having them centralized in one area of the county. While this service delivery strategy may provide benefits for clients, some participants in most of the groups felt regionalization can hamper communication efforts. Currently, adoption and reunification social workers are housed in different buildings and there is no informal day-to-day contact to "grease the wheels" of communication, as one social worker put it. In a "worst case scenario," participants indicated that workers sometimes communicate through the parent. Social workers and an administrator commented that social workers worked best together when they were co-located.

Decision-making: The final cluster of responses regarding practice issues centered around decision-making. Researchers were interested in three primary decision areas: (1) how foster parents determined what form of care was right for them; (2) how cases are assigned concurrent planning services (fost-adopt placement and second caseworker); and (3) how social workers prioritize placement decisions (e.g., whether to place a child with a relative who is unable to make a permanent commitment, or a non-relative who can make this commitment).

Foster parents mentioned a number of factors influencing their decisions regarding the kind of care they wished to provide. The MAPP training was

mentioned as a helpful resource that aided them in decision-making. The training encouraged foster-adopt parents to be open-minded about characteristics of the children for whom they would consider caring. It also helped them understand their own strengths and weaknesses, in order to identify the kind of care for which they felt themselves best suited. Several foster parents said their decisions were affected by the children; that is, the level of risk (of reunification) they were willing to tolerate, as well as the "type" of child they were interested in taking, changed once the foster parent actually met the child. Other foster parents explained they had no interest in care that was potentially permanent; they saw themselves as providers of a temporary service only.

There was no clear consensus among agency staff on how decisions are made regarding identifying and targeting particular cases for "fost-adopt" placement. Although one administrator referred to an informal set of questions that was used to determine which cases were appropriate for foster-adopt placement, most groups stated that there was no guideline or checklist to assist in making this decision. However, other methods for making these decisions were described. One administrator said that adoptions and reunification social workers decide this on an informal, case by case basis. Supervisors' perceptions of how these decisions are made varied. Some said that "all" children received concurrent planning services; some said all children under ten years of age received the services; and some mentioned the permanent placement committee as the entity that made decisions regarding foster-adopt placements. Social workers also gave a variety of answers regarding which cases are targeted for concurrent planning services, from "all children under three," to "all children under twelve," or "only fast track cases."

Participants were asked to identify factors they take into consideration in making placement decisions and how these factors are prioritized. Again, no one method emerged as a clear standard procedure. Social workers agreed that each worker made these decisions differently. One social worker suggested that "you would get a different answer from every worker you asked." The two administrators

offered different ideas on this topic. One stated that the agency had heard the "loud message" regarding the importance of keeping children in extended families whenever possible. The other administrator suggested that unless relatives were willing to make a permanent commitment, the policy was not to place with them. This administrator described how this decision becomes complicated when the permanent commitment a relative is willing to make is guardianship rather than adoption, and the worker must weigh the competing priorities of legal permanence and family relationships. Supervisors reported that relative status is a primary consideration in the placement decision-making process, as is the age of the child. For example, different decisions might be made regarding the placement of a child under three, as opposed to an older or adolescent child. Supervisors also mentioned the maintenance of sibling relationships as an important factor affecting placement decisions.

Administrators and social workers mentioned that court decisions regarding child placements seemed arbitrary. For example, given two cases with similar circumstances and social worker recommendations, the judge might make different decisions. Social workers, therefore, felt it made little difference how they arrived at their placement recommendations, or how they detailed the information in the court reports, as the court seemed to be basing its decisions on some other, unknown criteria.

Perceived Outcomes of Concurrent Planning

For the most part, the final outcomes of concurrent planning generally were perceived as positive. Participants from each group noted that concurrent planning can result in children being placed more quickly in permanent homes. One administrator pointed out that in San Mateo, where some form of concurrent planning has been practiced for years, permanency is attained for most children. Participants reported that concurrent planning can motivate parents to more determined action and more timely reunification of their families. Additionally, one administrator noted that concurrent planning was actually a benefit in recruiting foster parents, as now people

openly interested in adoption were able to be foster parents. Another administrator noted that the practice can ease some of the distress birth parents feel upon the termination of their parental rights. Ideally, those parents whose children have been in concurrent planning placements have become acquainted with the children's caregivers. Knowing their children are in good hands, these parents are spared worry about what will become of their children.

Some study participants identified negative repercussions of concurrent planning. Foster parents generally considered concurrent planning in a negative light, as it required them to deal with the challenging behavior of children after visits with their parents. Social workers noted that rather than being a motivating force, sometimes the development of a concurrent plan for a child causes the parents to despair in advance, and "give up" before they've made any attempts to meet their reunification objectives. Finally, social workers, supervisors and judicial officers all mentioned that parental suspicion can be a result of concurrent planning practice.

Participants' Suggestions for Improvement

Given that these stakeholders are the parties most directly involved with the practice of concurrent planning, the study sought to identify their suggestions for improvement of concurrent planning practices in San Mateo. Participants' suggestions for improvement focused on three areas: improving communication, improving support, and enhancing training.

Communication: While regionalization was mentioned by most groups as a primary hindrance to effective communication, no participants suggested reverting back to a centralized organizational structure. Supervisors recommended that something in writing explaining concurrent planning, such as a pamphlet, be given to birth parents when children are removed. They noted that at the crisis point of removal, it is difficult for parents to process and remember information, and they should have something they could keep for reference. Social workers suggested that clear policies would be helpful, such as a strategy for how the two social workers

involved in a concurrent planning case should communicate and work together. An administrator suggested that the adoption social worker assigned as the liaison to a unit of reunification workers should carry the adoptions/concurrent planning cases belonging to that unit. This strategy would facilitate the communication and cooperative working relationships between adoptions and reunification staff.

Support: All groups saw a need for improved support for social workers and foster parents. The need for support groups for foster parents was suggested by both foster parents and administrators. While there are some support groups available, foster parents pointed out that many of these are held during the day, while they are at work. Several noted that an evening support group would be helpful. Foster parents also noted that child care is not always provided at county events such as support groups, although many of them need child care in order to attend. They provided an example of a luncheon arranged by the county in appreciation of foster parents, but at which child care was not provided. Foster parents also stated a mentoring program was needed, in which experienced foster parents could advise and support new foster parents. Many foster parents were eager to take on this mentoring role, and several reported they had tried to work with the agency to set up such a system to no avail. Foster parents also suggested that an agency staff person be assigned to work with them as a liaison. Lastly, they felt they would be better able to do their jobs if they were given more information by the agency about the children in their care.

Administrators, supervisors and social workers agreed social workers needed more support as well. One administrator suggested that the reunification social worker consistently should be informed about the outcome of the case by the adoption worker. (Reunification social workers often do not see the final result of a case when reunification is unsuccessful.) Additionally, the administrator stated these workers should be invited to participate in celebrations held when an adoption is successfully finalized, and given credit for the role they played in the case. Social workers also saw a need for support in the form of more office "occasions:" informal get-togethers for birthdays or holidays that make for a more cheerful and friendly

work environment. Several groups felt it was important for supervisors to place more emphasis on the importance of permanency and concurrent planning in dealings with their workers.

A final recommendation was to increase financial incentives for relatives interested in adopting. Relatives with moderate-level incomes may not qualify for adoption subsidies, but may need financial assistance to raise another child.

Training: All groups were in agreement about the need for enhanced training on concurrent planning. Most of the suggestions focussed on the training needs of social workers, but judicial officers also suggested that foster parents should receive training on how to deal with birth parents. Social workers and supervisors felt that training for social workers was necessary on virtually every aspect of concurrent planning practice: how to better support foster parents when their foster child reunifies with the birth parents; effective ways to discuss the issue of concurrent planning with parents; techniques for dealing with parental suspicion of concurrent planning; methods for dealing with relatives regarding concurrent planning; and developing partnerships with other staff. Foster parents suggested social workers should be sent to MAPP training to facilitate collaboration and a sense of partnership among these two groups. Social workers also wanted training on how the court understands concurrent planning and makes placement decisions for these cases. Social workers and administrators agreed that a baseline training on concurrent planning should be mandatory for all staff. Supervisors remarked that in addition to providing training, the agency should ensure that workers are given the time and support to attend trainings.

DISCUSSION AND RECOMMENDATIONS

Because concurrent planning has been widely discussed but not widely practiced, the review of the literature raises significant questions about how concurrent planning will be implemented, while offering little information on potential outcomes. Neither does the case record review for San Mateo and Santa Clara counties shed much light on outcomes, since a relatively small proportion of San Mateo case files contained readily available documentation of concurrent planning. The comparison of the two counties does highlight some interesting differences in the judicial process that should be explored. The review also points to a pattern of multiple short-term foster care placements for a large number of children. Given the implications of these placement changes for young children's development, this practice should be critically examined in each county.

Concurrent planning as practiced and/or documented during the period of this study appears to consist of traditional foster-adopt services applied to a relatively small proportion of the caseload that has been identified as having a low likelihood for successful reunification. While San Mateo County had a higher proportion of cases that achieved permanency during the study period, this was primarily due to a higher reunification rate rather than differences due to concurrent planning. The high rate of adoptions among concurrent planning cases suggests a very good capability among county staff to accurately target children who are not likely to reunify. This success in identifying appropriate cases for adoption and then following through with successful adoptions should be highlighted. Yet further efforts at developing predictive models to target families least likely to reunify are warranted. The broader definition of concurrent planning now being implemented will require an expanded focus on providing concurrent plans for less clear-cut cases, as well as increasing the involvement of extended families in planning and in placements. In particular, we should expect to see a much higher proportion of concurrent planning cases that ultimately are reunified or placed in guardianship. Staff will need to develop procedures to comply with legislation while allocating scarce resources (particularly

fost-adopt placements) to those cases least likely to reunify. In addition, given the shortened timelines for permanency now mandated, these assessments will most likely need to begin to take place closer to a child's entry into care if they have not already.

The multivariate analysis of indicators of poor prognosis for reunification is compelling in its identification of parental substance abuse as a highly significant predictor of failure to reunify. These findings should not be taken to mean, however, that parents who engage in substance abuse cannot reunify with their children. Indeed, in this sample almost half of reunified families had a substance abuse problem. Given the limitations of this data set, these findings should be seen as a beginning point for discussion, rather than a solid conclusion about the likelihood of reunification. Revisiting the logistic regression models using a data set that includes all of the poor prognosis indicators utilized by counties, and perhaps additional ones, would be an appropriate task for future research. In addition, counties may consider utilizing the case file review as a baseline that can be revisited several years into the full implementation of concurrent planning, in order to begin to address the question of outcomes of concurrent planning.

With regard to the interviews and focus groups, most study participants felt that concurrent planning improves the likelihood of children in San Mateo County achieving earlier permanence. Concurrent planning is not seen as endangering reasonable efforts by the agency to reunify families, nor increasing the difficulty of recruiting and keeping foster parents. Some of the efforts of the court and agency efforts to implement and support concurrent planning are perceived as working well, such as the additional court hearing held between the dispositional hearing and the first six month review, the MAPP training for foster parents, and the two worker system for fost-adoption cases.

Although agency and judicial staff seem to have a relatively clear understanding of concurrent planning, each of these groups was concerned that not

everyone was “on the same page.” Foster parents provided the most dramatic illustration of this, as many were unfamiliar with the term, and most were resistant, if not hostile, to the notion of working collaboratively with birth parents. Additionally, each group of participants mentioned the tendency for birth parents to be suspicious of concurrent planning.

While the two worker system has some advantages over the one worker model, it does require a high level of effective communication between the two workers. Regionalization, and the lack of any policy or guidelines regarding contact between the two workers, make this level of communication difficult to achieve. Many participants, particularly social workers, felt improvement was needed in this area.

There appears to be a lack of established policies and guidelines for workers regarding the practice of concurrent planning. This seems relevant not only to communication between the two workers, but also to decisions about which cases should receive concurrent planning, and how factors influencing placement decisions, such as relative status versus permanency potential, should be prioritized. The court and the agency social workers appear to be prioritizing factors differently. Social workers are clearly looking for some guidance and direction regarding “best practice” in concurrent planning. For example, they want to know whether a commitment to guardianship by relatives is an acceptable permanent plan. Social workers and their supervisors have identified the following as areas in which they feel they need assistance in developing appropriate interventions: supporting foster parents, communicating with birth parents, working with relatives, and partnering with other staff.

San Mateo County has indeed been “ahead of the game” in its practice of concurrent planning. As an administrator pointed out, most dependent children in the county do attain permanency, and concurrent planning is generally perceived to be a major contributor to this positive outcome. However, these data reveal that

concurrent planning involves delicate and difficult casework interventions, as well as the development of collaborative partnerships among stakeholder groups. Some aspects of concurrent planning practice are working smoothly in San Mateo; others could be improved. The following recommendations should help the county refine and improve its practice of concurrent planning.

1. ESTABLISH CLEAR POLICIES AND GUIDELINES

- a. For communication between adoptions and reunification workers on concurrent planning cases. While the responsibility checklist provides a good start toward effective collaboration, these two groups of social workers may need more structure in place to ensure that they work effectively together on concurrent planning cases. The two social workers should have regular contact to discuss the case and jointly prepare court reports.
- b. For determining which cases should receive concurrent planning services in the form of foster-adopt placements. If policies already exist, they need to be better promoted and explained to staff, as there is general confusion in this area among all levels of staff.
- c. For making placement decisions. While many variables influence decisions in this area, a general framework, in addition to specific guidelines, may be of help to workers. Additionally, it appears the juvenile court and the agency may have different ideas regarding placement priorities; involving the court in establishing guidelines could reduce worker frustration with court rulings.

2. IMPROVE SUPPORTS TO FOSTER PARENTS

- a. Foster Parent Support Groups: The challenges and stresses for foster parents in providing concurrent planning foster care are considerable, and merit additional support. The department should offer support groups in the evenings as well as daytimes, and ensure child care is provided.

3. ENHANCE TRAINING ON CONCURRENT PLANNING

- a. Social workers: Most social workers stated they had not attended training on concurrent planning. Training for social workers should have at least two

components: 1) a philosophical aspect, to ensure social workers understand the concept of concurrent planning and the goal of reunification as the preferred outcome for families (this element of training may need to be mandatory) and 2) a technical component, to assist workers with specific practice issues such as a) how to effectively, and in a non-threatening manner, explain concurrent planning to birth parents, b) how to support foster through all aspects of the concurrent planning process, and c) how to make crucial case decisions (this element could be provided on a voluntary basis).

- b. Foster parents: Similar to training for social workers, training for foster parents should address both the purposes and philosophy of concurrent planning, as well as such practical concerns as a) the importance of working collaboratively with birth parents, b) understanding and anticipating children's reactions to parental visits, and c) managing children's behavior.

Directions for Future Research

This study investigated several important questions about concurrent planning, and aided in the development of a fuller understanding of how concurrent planning is being practiced in public child welfare agencies. However, many questions remain unanswered about the practice, both in terms of how practices of concurrent planning vary between counties, and the nature of concurrent planning practice outcomes.

The overall goal of concurrent planning is to improve permanency outcomes for children in care. It seems logical that this goal would include improving reunification rates. Thus, several fruitful lines of inquiry may include the following:

- Are more children attaining permanency within legal timeframes through the use of concurrent planning?
- Does an analysis of children's records support workers' perceptions that permanent homes are being found for children more quickly?

- How does concurrent planning affect children's reunification rates?
- Does concurrent planning result in fewer placement moves for children?

The poor prognosis indicators, originally developed by Linda Katz (Katz et al., 1994), are intended to assist child welfare agencies in determining which children are less likely to reunify, and therefore are the best candidates for concurrent planning services such as foster-adopt placement. Although a version of these indicators has been adopted by the state of California, the qualitative study revealed social workers do not appear to be making use of this tool in any systematic fashion. It is not clear by what means social workers in San Mateo are targeting cases for concurrent planning services in the form of foster-adopt placements. Phase I data could be reanalyzed to determine in what ways, if any, characteristics of cases receiving a foster-adopt placement and second worker differ from those cases that do not, which would provide some baseline for understanding how social workers make these decisions.

If San Mateo County plans to make more comprehensive use of the "poor prognosis indicator" guidelines, an investigation into whether cases that have characteristics defined as "poor prognosis indicators" are in fact less likely to reunify is merited. Such an analysis is being undertaken in Santa Clara County, and San Mateo may be interested in these results.

Other relevant research questions might be better answered through a qualitative study. One such question deals with the two models that have developed for concurrent planning practice. In the first model, one worker carries both the responsibility of assisting parents with reunification efforts, as well as the responsibility of implementing the simultaneous permanent plan of adoption. Santa Clara County uses this practice model. In the second model, a second worker is assigned to a case when an adoptive placement is planned during reunification. This is the model adopted by San Mateo County. It would be useful to examine how the challenges and practices of the two models differ, and what the advantages and disadvantages of each model are.

The findings from this study also suggest it might be useful to examine in more detail the concerns biological parents appear to have regarding concurrent planning. Such an understanding would help counties develop strategies for working with parents in such a way that parents are increasingly motivated rather than discouraged, thereby potentially increasing reunification rates.

DESCRIPTION OF RESEARCH INSTRUMENTS

Interested readers may obtain copies of the following items by contacting Pamela Choice, Director, Bay Area Social Services Consortium Research Response Team at (510) 643-8480.

Reunification Prognosis Forms

Copies may be obtained of Santa Clara County Social Services Agency's Concurrent Planning Review materials. These materials allow social workers to document family strengths as well as poor prognosis indicators for family reunification.

In addition, thorough materials describing Linda Katz's prognosis assessment tool are available. These materials show how child welfare systems may implement the tool in order to assess children and families to determine their prognosis for reunification. Copies of the California tool also may be obtained from BASSC. The California tool is based on Katz's tool but omits prognosis indicators that repeat reasons for non-reunification.

Case Extraction Forms

Copies of the extraction forms used by researchers in their review of case records in San Mateo and Santa Clara Counties are available. These forms identify specific information that was searched for, and documented, in children's case records.

Interview and Focus Group Protocols

Copies of the questions that were used in the interviews and focus groups during the study are available. These protocols show the specific questions asked of judges, commissioners, child welfare administrators, social workers, supervisors, and foster parents. In addition, the protocols include an introduction that was read to the participants to set the scene for the interviews and focus groups.

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