

REDRAWING THE FAMILY CIRCLE:

Concurrent Planning—Permanency for Young Children in High Risk Situations

A Summary of Proceedings of the
Symposium held December 12, 1997

edited by Esther Wattenberg

A symposium sponsored by
the University of Minnesota's
Center for Advanced Studies in Child Welfare,
School of Social Work, and
Center for Urban and Regional Affairs

Funded in part by
Title IV-E funding through the
Minnesota Department of Human Services and
a project sponsored by The McKnight Foundation

A publication of the Center for Urban and Regional Affairs, 330 HHH Center, 301 19th Avenue South, Minneapolis, MN 55455 and the Center for Advanced Studies in Child Welfare, 425 Ford Hall, 224 Church Street SE, Minneapolis, MN 55455.

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1998

Publication No. CURA 98-1

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Printed with soy-based inks on recycled paper including 20 percent post-consumer fibers for the text and 100 percent post-consumer fibers for the cover.

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Acknowledgments

These proceedings were developed with the support of the University of Minnesota's Center for Advanced Studies in Child Welfare, School of Social Work, and the Center for Urban and Regional Affairs, and funded, in part, by The McKnight Foundation and Title IV-E through the Minnesota Department of Human Services. We are grateful for their generous support.

We wish to thank all the contributors to this forum, with special appreciation to the advisory group. Mary Ford and Joe Kroll of the North American Council on Adoptable Children were particularly helpful in directing us to national developments, sources of materials, and background materials.

Yvonne Pearson provided her editorial competence so that a day of presentations and commentary from panel respondents and audience members could be presented in a manageable record of the proceedings.

Mary Kaye LaPointe and Laura Baugh contributed the essential tasks of arrangements for the day, and did so efficiently and with good humor.

We are also indebted to Chris McKee and Judith Weir, staff members of the Center for Urban and Regional Affairs, who provided their editorial skills for the final draft of these proceedings.

Introduction

Esther Wattenberg, MA
Director, Center for Advanced Studies in Child Welfare
Professor, School of Social Work
Associate, Center for Urban and Regional Affairs
University of Minnesota, Minneapolis

“We are meeting today under the auspices of the Center for Advanced Studies in Child Welfare, which has been funded by Title IV-E of the Social Security Act. Perhaps you will recall that section of the Social Security Act. It is concerned with the well-being of children who are eligible for what was AFDC, now TANF, low-income children in high risk situations. In addition to the IV-E resources that come through the Minnesota Department of Human Services, support also comes from the School of Social Work and the Center for Urban and Regional Affairs. It is under these auspices that we are able to offer workshops, forums, meetings of various kinds, and state conferences. We regard the people who come to these events as part of the constituency that is engaged as practitioners, policy makers, decision makers, and planners for an embattled child welfare system. You are all important players in this rapidly changing system, and I want to thank all of you for coming.

“I want to say a few words on what brings us here today. We are in what I call the ‘winter of deep discontent’ with the child welfare system. We have had a [Minnesota State] Supreme Court task force that issued thirty-two recommendations for reforming the system. The State of Minnesota Legislative Auditor’s commission, which has been working for almost eighteen months, is about to publish a report with yet another set of reforms.¹ Minnesota House and Senate subcommittees have held hearings on problems in the child welfare system. The context of these urgent calls for reform requires attention. The perception is that we have a system that is unprepared for the devastating circumstances of low-income families and their children in a certain sector of our community. Whether or not we can date the downward spiral for many families from 1986, the beginning of crack cocaine and its invasion in our communities, or whether it is the result of an economy that does not function to produce income to meet basic humans needs for a very large sector of poor families, we don’t know. We only know, from every piece of evidence that we can find, that when families enter the child welfare system, a portion of their children (20-40 percent, estimated) are at very high risk for continuing maltreatment and out-of-home placement. It is important to note the following, as well: a deep disappointment in family preservation. Criticism comes from policy-makers that the advocates of family preservation had over-promised its capacity to cure the problems of an overwhelmed child welfare system. Indeed, research findings appeared that only a certain sector of abusive families could respond to the techniques of family preservation. Substance abusing families, a major portion of families with children in out-of-home care, were generally still incapacitated, despite intensive family-focused services. There also has been an allegation that the system lacks accountability. The

debate in the legislature focuses on the fact that juvenile court hearings for families and children are closed to the public. There is a strong call to eliminate the confidentiality of Child Protection records, with the notion that ‘a salutary gaze of the public’ on the serious troubles of families and children will encourage accountability. We are also witnessing an upsurge in support for criminalizing the child protection system, moving investigations to police actions, not to social services. There are rumblings in several states at the moment for an overhaul of child welfare into a ‘managed care’ system.

“We are now hearing that a good deal of public social services can be moved into the community, allowing the counties to divest themselves of large numbers of programs. And through it all, we’ve had a very stern warning that permanency and time lines must now guide our practice with families and children. Along with this, we begin to see data on the characteristics of very young children and their parents who are coming into the system. At the same time, a task force on infant mental health needs was created. Attention to the importance of the early years of a child’s life was reinforced by studies that suggested that there was a brief moment in which we may be able to create an optimal future for children in high risk situations. As further concerns in this overview of context, welfare reform is being implemented, and its interaction with our child welfare system is still unknown. But there are ominous clocks ticking on. The welfare reform clock sounds its alarm: there is a five-year time limit for families to have access to public assistance. Further, the child protection clock ticks out its threatening message to families: after twelve months, a permanency decision will be made. In the child protection system, differential responses to maltreated children will now be considered in a tight time frame. We were recently funded by the McKnight Foundation for [the project]: “Developing Optimal Permanent Placements for Young Children in Foster Care.” Can we discover, with the wisdom from the field, when ‘reasonable efforts’ are inappropriate? Can we devise a ‘poor prognosis’ protocol? At the same time, can we, with certainty, recognize the strengths of families? We are eager to have focus group discussions throughout the state on whether or not there is any agreement on what might be considered poor prognosis indicators, and to examine the data in termination records for the clues on ‘palpably unfit’ parents (language in Minnesota statutes).

“This is the context that brings us together this afternoon. Can this concept known as ‘concurrent planning’ be a useful initiative for this state and its eighty-seven counties? Can we implement the concepts in concurrent planning, i.e., simultaneously offer services to families, while seeking foster-adopt placements as a back-up plan, if reunification is not possible? Is concurrent planning a reasonable response to our concerns with the growing number of children who enter child protection in seriously endangered circumstances?

“We welcome you to open exchanges throughout the afternoon focused on looking at this concept, sharing our reservations about it, bringing a critical focus to it, and seeing whether or not we can begin to understand its impact for practice, program, and policy.

“It is my pleasure to introduce to you members of our McKnight experimental project: Jane Gilgun—Jane is going to be one of our prime investigators for developing a matrix that has both the poor prognosis indicators and a strengths set of indicators as well. We’re also very pleased to have Gail Walters, who is directing the focus groups with community agencies.

Meghan Kelley is a gift from the Master's program at the Humphrey Institute of Public Affairs, and the School of Social Work. Hyungmo Kim is our data analyst. We will keep you in touch as the project proceeds.

“It is my pleasure to introduce to you Gail Walters. She has been on the staff of our field instruction unit at the School of Social Work and is now going to share her time with the McK-night project. She will introduce our speaker, Frances Munroe. Thank you.”

¹ This report, “Child Protective Services: A Program Evaluation Report,” was released by the Office of the Legislative Auditor, State of Minnesota, January 1998. A question and answer interview with the author of the report is available in the CASW News, February 1998 newsletter from the Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota.

Background: Introduction of Featured Presenter

*Gail Walters, MSSW
Project Director, Developing Optimal Permanent
Placements for Young Children in Foster Care
Field Coordinator, School of Social Work
University of Minnesota, Minneapolis*

“I too would like to take this opportunity to welcome each of you to this workshop and the opportunity to participate in this important discourse.

“Our speaker today, Frances Munroe, certainly is in the forefront, and I would describe her as a ‘mover and shaker’ in the area of child welfare. She received a Bachelor of Arts [degree] in social work and corrections from Sacramento State University in Sacramento, California; has a Master’s degree in social work from San Jose State University; and a Master’s in business administration from National University in San Diego, California. She has also been a Harvard Fellow.

“[Frances] has over twenty years of experience in the field of child welfare. She has had varied experiences in this arena and has developed expertise in several areas including supervision, case management, staff training and leadership development, consultation around negotiation and mediation, planning and budget monitoring, program development, implementation and evaluation, child welfare services, and the juvenile court system. She has had extensive experience in the public sector. Frances Munroe has also organized and directed a neighborhood-based family resource center. She is currently social services program manager for Santa Clara County, Social Services Agency, Department of Family and Children’s Services, San Jose, California. She has several management responsibilities. Frances Munroe’s responsibilities include the coordination and implementation of the departmental ‘concurrent planning’ and the planning, organizing, and implementation of the comprehensive alcohol and drug training for the department. Her statewide activities include representing her county on the California Welfare Directors Association Adoption Committee. She has also served as the statewide president for Service Employees International Union.

“In closing, I’d like to share with you an inspirational message that was shared with me this week by my daughter. I think it probably best describes Frances; it also offers the challenge to each of us as we grapple with the issues around child welfare. It’s called, *It Can Be Done*.

When you can envision it, it can be done.
When you can see yourself doing it, it can be done.
When you are committed, it can be done.
When all the world says you can't, and yet you still believe, it can be done.
When you keep your eye on the goal, it can be done.
When you find a reason deep within yourself, it can be done.
When you truly want it, it can be done.
When you develop a step-by-step plan, it can be done.
Follow your vision and it can be done.
Stay focused and it can be done.
When you know you can, it can be done.
Even when obstacles stand in your way, it can be done.
It can be done, but will it be done? That's entirely up to you. When you step forward and do whatever it takes, it will be done.

“Clearly, Frances Munroe is an individual who has stepped forward to say, ‘It can be done; it will be done.’ I present Frances Munroe to you.”

Pathways to Permanent Placements for Young Children in High Risk Situations

*Frances Munroe, MSW, MBA
Program Manager, Santa Clara County Social Service Agency
Department of Family and Children's Services
San Jose, California*

Background on Santa Clara County

Munroe began by noting that Santa Clara County, California, shares some features in common with Minnesota.

With almost 3,000 children in out-of-home placement in Santa Clara County, the large out-of-home population drives the system, said Munroe. The majority of the children end up in permanency planning, ranging from zero to seventeen years old.

“In Santa Clara County we’re a little bit different than other counties because our staff is about 250 social workers and all of our staff have MSWs.we’re proud of the fact that we really do believe that a degree in social work really helps to assist the children and their families who we deal with,” Munroe said.

Santa Clara’s County Social Service System is in the process of regionalizing and will have about five regional offices.

Foster care drift is one of the big challenges faced by Santa Clara County, said Munroe. “It just keeps on increasing....we wonder what we are going to do to make a difference.” Within California foster care has increased every year since 1988, when there were about 51,000 children in care. Munroe said that in 1994, they had 82,000 children in foster care. Infants and young children are the fastest growing segment of the foster care population—57 percent of the children entering care in 1994 were under the age of five—which brings the added problem of daycare. “How [are we] going to be paying for day care?” she asked. She said that the money paid to foster parents is not enough to pay for the cost of day care and that foster care payments will need to be increased to cover this cost.

African American children stay in foster care longer than any other racial group. Many Latino children also stay in care for long periods of time. About 46 percent of children are placed with kin, and a large portion enter care at less than one year of age. Children placed with kin stay in those placements longer than children who are placed with non-kin.

Concurrent Planning

Munroe said, “We have a foster-adopt program in our area.A long time ago, around 1980, I was involved in another county. We decided that it was better if adults took risks rather than children.We had a bunch of families that were there for adoptions. We didn’t have any infants [in our adoption pool], but we had a lot of infants who were coming in for care.” Munroe recounted how the staff began to consider these families who came for adoption as potential foster care families. “We trained those families, talked to them about the risk, and had a support group after that. Then we turned them into what we called ‘fost-adopt’ families. They did foster care and also they were part of reunification.” If the children did not go back to their birth families, she explained, those families were free to adopt the children.

However, the program was associated with a high incidence of litigation. Many social workers stopped using that program. Now nearly seventeen years later, the program has a new name: concurrent planning. Concurrent planning itself may not be a totally new idea, commented Munroe, but it is being legislated differently this time.

Concurrent planning is defined as working towards reunification while at the same time establishing an alternative permanency plan (see Appendix 1). The goals of concurrent planning are:

- to achieve early permanency for children;
- to decrease children’s length of stay in foster care;
- to reduce the number of moves experienced by children in foster care; and
- to develop a pool of families (relatives or nonrelatives) who can work together for reunification and also serve as permanent families for children.

The biggest challenge most agencies will face is maintaining a pool of fost-adopt families. Munroe noted that her staff said to her, “No, we can’t possibly tell people that they are going to have to take this risk, and I said they are taking risks all along. We just haven’t been preparing them.” She said that in some cases they were doing fost-adopt and in some cases they were doing sequential planning. “Doing a lot of sequential planning was probably our biggest mistake, because by that time the children are much older, and also it’s harder to find homes for them.”

Principles, Guidelines, and Benefits of Concurrent Planning

“The Principles of Concurrent Planning,” developed by Linda Katz of Lutheran Social Services in the State of Washington and adopted by many other states, will have a large impact on agencies placing children, noted Munroe (see Appendix 2). Munroe highlighted three of the principles.

- Differential assessment. This produces a tentative, reasoned hypothesis of the probability of returning home and of the family benefiting from services. It emphasizes the strengths of the family, their support system, their family history, the parent’s ability to maintain self care, and the maturity of the parent. Santa Clara County is developing its own differential diagnosis tool, and uses a risk assessment tool as well. Munroe said,

“It’s kind of easy with children who have been severely injured to decide [against reunification], but the ones that have gray areas are very hard to really decide.... The one thing I like about concurrent planning is that for any child who goes into placement, you know you have to have an alternative plan. That means that anybody who has a child in placement has to be engaged in that conversation.”

- Full disclosure. “Full disclosure for us hasn’t really meant just for the parents or the children. Full disclosure also has to be the court system, the attorneys, the relatives and anybody else involved in the case. If you don’t talk to everybody...people can always say they didn’t know.” Munroe pointed out that support such as the adoption assistance program has to be discussed with all of its ramifications. Resources for relatives as caregivers are especially important as a focus of full disclosure.
- Visitation. Parents who visit regularly have the best chance of reunification with their children. This is a very big issue in concurrent planning. The frequency of visitation gives significant information regarding the future of the case. Courts in Santa Clara usually order that people visit with their children two to three times a week so that they maintain bonds. It takes a lot of time for foster parents and social workers to keep up that pace.

Next Munroe discussed guidelines for concurrent planning used by Santa Clara Social Service Agency. They are:

- Every child has the right to a permanent home.
- Permanency for children includes birth family, a relative, adoption, or foster care. “Most people don’t think of permanency as birth families,” explained Munroe, “but I think it’s important we know that children should be able to go home if they can. If they can’t go home, then we’ll have to go on to Plan B, but basically, permanency would be returning back to your natural parent.”
- Multiple moves are harmful to children and decrease the child’s likelihood of being able to develop long-term trusting relationships or attachment to families. “In multiple moves, it’s important that you realize that not only multiple moves with nonrelatives, but also with kin, can be damaging.”
- There is a need to educate and explore with birth parents the options, such as relinquishment, adoption, and guardianship, as a basis for mutual decision-making for a permanent plan.
- Cases for children zero to eight years of age should be screened early. The Santa Clara agency chose this age group because they feel they have a better chance of placing a pre-latency child with a family.
- Request parents to disclose all relatives. “[This] is really a big issue for us,” said

Munroe. “Disclosure of the names of relatives is very important so we can evaluate them.”

- Practice full disclosure to parents, their attorneys, and relatives regarding the alternative plan.
- Visitation between child and birth family is very important.
- Support is needed for the alternative family.

Munroe also noted that concurrent planning has multiple benefits (see Appendix 3). For example, concurrent planning involves family members early in planning for children. The Santa Clara County Social Service Agency uses family conferences, based on the New Zealand model. The agency has the family decide who in the family can take the child and be a resource for them. By letting the family choose, everyone in the family has invested in the decision. It also makes the family responsible for the care of that child. “I think it’s really important that you identify potential permanent placement and resources, be they kin or non-kin,” said Munroe. They look at both grandparents and godparents, as well as the extended family and friends of the family. Munroe noted that it is important for the child to be able to maintain those relationships before they actually go outside the family.

Governor’s Adoption Initiative

The 1996 Governor’s Adoption Initiative was designed to move more foster children toward adoption more quickly. “We established statewide adoption work groups,” explained Munroe. “We streamlined our process to see what it was we could do on a statewide basis to make a change. We identified barriers about policies and practices and discussed how we would change them. For instance, we had two applications: one application to become a foster parent, and one application to become an adoptive parent. We couldn’t understand why it was we couldn’t streamline this process. ... There were a lot of other areas we talked about in the streamlining process. It was very good to engage in that discussion with different people from around the state in order to make a change in their policies.”

Santa Clara County then had to come up with a performance agreement regarding the number of children who would be placed for adoption in 1996, ‘97, ‘98, and ‘99. The state augmented funding to help the agency make these changes and meet these goals.

Legislation for Concurrent Planning

Legislation to be used for concurrent planning was passed in California in 1997 to be implemented January 1, 1998. Called AB1544, it requires case plans to include the plan for achieving legal permanency for a child if efforts to reunify fail. “We weren’t able to put that in our reports or in our case plans before because it made it very difficult for attorneys,” explained Munroe. “They didn’t really believe that social workers could actually have two things in mind.”

The statute also called for considering a relative’s ability to provide legal permanence for a

child when considering the appropriateness of a relative placement. This was “very good,” said Munroe. “We had relatives coming to court at all times being able to take the child, but we never evaluated [their ability to take care of the child permanently. Sometimes] the relative had a lot of problems, and we knew later on that [they] could never pass an adoption home study.”

The new law also helps to establish paternity very early. It requires that the Court ask the mothers to identify all presumed or alleged fathers.

Munroe stressed the importance of the statute’s provision establishing kinship adoption. “We had a forum where kinship caretakers told us about what they were going to do and not going to do and how we could provide better services ... We’re going to start new kinship adoptions which are a little different than those done in other states.” There will be a written agreement of contact if the Court deems it in the best interests of the child. The adoption will allow visitation with other relatives, the birth parents, and siblings. Information can be shared with the birth parents, and relatives would be able to enjoy post-adoption privileges. However, non-adherence to the agreement is not going to be a reason to set aside the adoption.

When making placements with relatives, they will be evaluated by their desire to care for the child safely as well as to provide legal permanency for the child. For children over the age of three, twelve months of reunification services will be given; for those three and under, reunification services can be terminated at six months.

Planning for Concurrent Planning

As the agency began to plan for concurrent planning, its biggest challenge came from foster parents. They wanted to make sure there would still be room for foster parents to just do foster care. “A lot of them said they did not want to want to adopt the children, they did not want to be their guardians, they just wanted to continue in long-term foster care. We had some opposition from the parents’ attorneys because they felt we would be fast-tracking children so quickly that their clients would not get a fair chance in reunifying with their children. I’m sure there are many other barriers you can think of in your own agency as to what’s going to happen when you try to implement this plan. Some of the social workers said they had personal biases against adoption itself and they’d rather do guardianship. Some of the social workers said that it was too much to go through in terms of the litigation ... when terminating parental rights. What we did then was to have work groups, and we talked to people and tried to get their feelings on the table so we would know what we were going to be facing and how we could best address all the barriers to the services.”

Munroe observed that if you’re going to start doing a concurrent plan, someone has to have a vision as to where you want to be. “...You need to acknowledge all of the accomplishments and everybody’s accomplishments within your own agency. In order for them to be validated, you try and build on those accomplishments. If you don’t, it would seem that everything done before was not valid, and you know that you’ve done a lot of things that are valid. Also, you have to take stock of what it is that you have been doing and how you can do things a little bit differently.”

As mentioned earlier, the Santa Clara agency also changed recruitment to a single point entry for adoption and foster parents. Social workers respond to inquiries so people interested in coming into the system are not lost. Orientations are held frequently in different places throughout the county. A Web site is being developed. The agency also does targeted recruitment, focusing on a specific child if no home can be found, and recruiting in various ethnic papers as well as the other papers around the county. A newsletter is being put out on all the children who are available for all of the families that can't or don't think they are being given a fair shake. The agency has changed its ad in the Yellow Pages. It has engaged with grandparents' groups and other private groups so that clients are integrated into support groups to talk about other adoptions and what other types of problems they are going through. They have celebrations of accomplishments with social workers and with families. They have a foster parent association. Adoption and foster care training, in partnership with the community college, will start in February [1998]; everyone coming in from now on will be trained. Kids between the ages of zero and three have been targeted for bypass cases, which means that a child would stay in the system only about six months before moving toward finalization. Experts such as Linda Katz have been brought in to conduct training for staff, and the agency confers with the national centers.

Clinical Issues for Relative Caregivers

Finally, Munroe discussed clinical issues for relative caregivers, which she called "a big issue." "I don't know how much time you spend on kinship care in this state, but it is a big area for us and the fastest growing segment of our population," she said. "We are trying to turn the equation around so we can help kinship caregivers as much as we can." Santa Clara offers pre-training called PRIDE, to relative caregivers. They explore what it means to be a foster parent, an adoptive parent, how to deal with disruptions, how to deal with the issues that are going to come up as they care for someone else's child. "The relatives themselves had totally different issues than nonrelatives," said Munroe. The issues for relatives include:

- Loss.
- Role and boundary redefinition.
- Guilt.
- Embarrassment about the birth parent's inability to maintain being the primary caregiver.
- Projection and transference on the children of feelings regarding birth parents.
- Loyalty to the birth parents.
- Updating childrearing practice. "For a lot of the grandparents that we meet, this is a big one for them. ...They say, 'I already raised ten children or five children, and...most of them are okay. We just have this one.' But it's an issue that needed to be dealt with

in terms of how things have changed. Before, it might have been all right if you used a switch on your child, but now we would call that child abuse, so we really need to talk to them about what kind of things have changed and how it is they can update their practices,” said Munroe. They also encouraged grandparents to engage more with grandparents’ support groups throughout the country so they could talk to others who were going through the same kind of issues.

- Stress management and physical limitations. “How are you going to deal with the stress of raising a child when you thought you were going to be in retirement?”
- Bonding and attachment.
- Anger and resentment.
- Mortality. “You have to plan about your own death and who’s going to be caring for the child. That’s really a very hard subject to deal with, but a lot of times we have to talk to grandparents about it. Who else could take care of this child and who else can help you parent this child?”
- Fantasies about the parent getting his or her act together and being able to re-parent the child.
- Overcompensation or competition—with the birth parent for the child’s loyalty and with professionals.

Conclusion

Concurrent planning presents many challenges to administrators, to social workers, to families, but collaboration can improve success, Munroe said. “I just want to leave you with one thought. It’s important [for every child to have a family, but] what happens to children later on is also very, very important. I think a lot of times we lose sight of that. ...Where will the child go when they have Thanksgiving dinner as an adult? We must not deal with children in little snapshots of their life, forgetting about the continuum, about how important it is that somebody makes a commitment for the child. I’ve been trying to make people understand how important it is that the child has those connections.”

At the conclusion of Munroe’s presentation, Esther Wattenberg asked if her agency had developed a consensus on the profile of families likely to be candidates for concurrent planning.

Munroe said no, that if someone has injured his/her child greatly, deciding to stop reunification efforts will be easy. However, she said, “I think we still disagree about what’s going to happen with children and their parents who are involved in drugs and alcohol. ...It’s on a case-by-case basis. ...One of the projects that I’ve been working on has to do with drugs and alcohol and how it is that we can get people to maintain their life without using. Or we have to decide whether or not their lifestyle does really harm the child. If they were not involved with us, we

would probably follow the harm-reduction model, which would be anybody else in their home, as long as they are able to be a caregiver and they're not endangering their children, then it would be okay if they used drugs and alcohol. ...It takes place in a lot of homes across America that we never get involved with. It is a big issue in terms of the harm-reduction model versus the abstinence model ... should we drug test or not drug test, and does drug-testing really prove that you're able to parent or not [able to] parent, so we go around a lot of circles with ourselves" trying to decide the answer."

Issues in Concurrent Planning: A State Perspective

*Erin Sullivan Sutton, JD
Director, Family and Children's Service
Minnesota Department of Human Services
St. Paul, Minnesota*

“We have tended to have a system that operates on sequential planning. Unfortunately, all too often when children do become available for adoption or an alternate plan because their parents are not able to safely reassume care, the child is much older,” began Sutton.

Concurrent planning allows a permanent placement plan to be ready for those children who enter the system at very young ages, should reunification efforts fail. “We know that kids need families. We know that the foster care system or the government has not been a good parent for children ... I think concurrent planning is very consistent with the interests of our own legislature in Minnesota,” Sutton said.

Sutton noted that she continues to hear a great deal of frustration about kids coming in and out of the system and kids not being assured permanent and stable placements. “Although we are expecting a short legislative session this year, I would guess that we would have a very active year in the area of child welfare, in part because of the changes made at the federal level which I’ll mention very briefly in a moment. But I think it will be even more the result of a great deal of interest and a lot of hard work by our legislators within Minnesota who are really trying to make sure we’re doing what’s right for kids. The Adoption and Safe Families Act that was passed by Congress [PL 105-89]...is very consistent with Minnesota’s direction and a number of changes that have been made in our own state statutes.”

“As I mentioned, I do expect that we will need to see some changes in our state law to comply with the federal requirements. I think we are, in many respects, ahead of the curve, so to speak. We have called for permanency determinations to be made for children at twelve months from initial placement.” Sutton cited legislation regarding termination of parental rights in those situations where children have been subjected to egregious harm and last year’s legislation which allowed agencies to stop reunification activities in cases where it would be futile. She noted that federal law has provisions to move quickly toward permanency in aggravated circumstances, similar to the egregious harm provisions in Minnesota statutes. However, she said the federal law puts Minnesota in a better position to have public disclosure about the concept of concurrent planning. The federal bill specifically says that it is okay to plan for permanent placements while concurrently making reasonable efforts to reunify children with their families. “That’s something we will be asking our Legislature to put into Minnesota statutes so that it is very clear and people are informed about all of the options when they first become involved in the system.”

The federal law will also put an onus on the system to make reasonable efforts to provide permanency for a child. She noted that a stressed and overworked child welfare system, trying to manage crisis and new situations, oftentimes does not accomplish the work needed to identify an individual family for a child. “I think the continued emphasis on requiring reasonable efforts to move a child to permanency will help, as well as a lot of the work that’s already going on in Minnesota to find adoptive families for children including infants. ...There are a number of agencies working with counties to increase the pool of parents who will be available to children who are in need. We also saw a significant appropriation last year by the Legislature to move more children into adoptive families. Five million dollars was appropriated for the purposes of adoption this last legislative session. At the Department, we’re currently working with both private agencies and county agencies to get that money out there and available. We expect that there will be many more resources toward adoption.”

“I think,” Sutton continued, “one of the things we will continue to struggle with, and should continue to struggle with, is re-looking at the role of foster parents in our system. We have a foster care system designed to be temporary, with education and training that emphasizes this temporary nature, oftentimes with the caution, ‘Don’t get attached to this child. This is not a means for adoption’,” she said. This must be rethought if foster parents will be seen as a significant resource for children who cannot go home. Sutton expressed interest in the single application form.

“I think one of the other challenges will continue to be our own mind-set and the mind-set of staff in our agencies,” she added. Staff must recognize that sometimes family preservation and reasonable efforts will not work, and that if children cannot be with their biological parents, “we have an obligation to move more quickly to permanence for that child. That will be very, very hard for many people, I’m sure. But it’s something we do have to struggle with if we’re going to make a difference for kids who need families and do need somebody they know they will go to for Thanksgiving dinner year after year.”

Finally, Sutton noted that changing how services are delivered in this area will occur primarily at an individual agency level.

Commentary

Glenda Dewberry Rooney, PhD
Associate Professor and Chair, Social Work Department
Augsburg College, Minneapolis, Minnesota

“I think it’s important that you cannot separate the concern of safety for children from the well-being of families,” observed Rooney. “I’m certainly not skeptical about concurrent planning. I think we’ve been presented with one other avenue for dealing with very complicated and complex issues related to children, their safety, and their families.” She added, however, that we must be cautious not to move away from foster care, permanency planning, and family-based services as options. “Perhaps if I had my preference and I was allocating the money, I would actually think about multiple tracks in which concurrent planning might be a part, reunification might be a part, and certainly family-based services would be a part.”

Rooney noted that questions continue to tug at her about child welfare, child protection, and safety issues for children. Specifically, to what extent do we understand child abuse and neglect under the circumstances where it occurs? Referring to the recent period of welfare reform, she said, “I was meeting with a group of women last year in a research project, and...they talked about [the] implications of welfare reform and their ability to maintain their children. The real fear they had was that they might be right on the edge of losing their children....The other questions that I have—and you can say ho-hum, this is an age-old question, but I actually always have to ask—why is it that the majority of children, as Frances talked about, and it’s certainly true in Minnesota, are from families who are poor, minority, and headed by females? I think...we have to ask those questions, because in answering those questions...we begin to get at perhaps additional strategies that may assist these families.”

“What has been the experience with reunification efforts and concurrent planning?” Rooney asked. “As Frances said, there were a number of concerns expressed by staff, by social workers, and I certainly share some of those concerns. There is an assumption that there is an availability of adoptive parents out there waiting for these children. It makes me anxious; I think, ‘Well, where are they, and who are they?’ Again...I honestly believe that some parents and some kids cannot live together, and so there have to be actions for those kids.” However, Rooney observed, she gets anxious that efforts toward foster care and family-based programs that have been effective may be lost. She also questioned the resources provided to parents to support reunification. Noting the variation in socioeconomic level between adoptive or foster families and families working toward reunification, she wondered, “What resources are we providing to those parents to ensure and to support reunification?”

Finally, she said, “I would say to you that I think [just] as children have developmental needs and go through developmental phases, families do as well. I don’t want us to look at the

developmental needs of children while separating the developmental needs of families. I think anyone in this room who is a parent knows that at any given time, parenting is very frustrating. The resources that we in fact have may make a difference to whether we do the job well or do the job not so well.”

Panel Response: County and Community Perspectives on Concurrent Planning

*Sarah Maxwell, MSW
Division Manager, Hennepin County Children
and Family Services, Minneapolis, Minnesota*

*Andrew Mitchell, JD
Senior Assistant County Attorney, Hennepin County
Attorney's Office, Minneapolis, Minnesota*

*Michael Weber
President and CEO, Volunteers of America—Minnesota,
Minneapolis, Minnesota*

Maxwell:

“I want to speak briefly about the most recent history in Hennepin County [an urban county including Minneapolis], where we have initiated some things that are similar to concurrent planning.” About four years ago Hennepin County began to focus on the issue of why adoptions were taking so long. There was a backlog of cases and children who needed permanency. “We began to look at the way we delivered services. ...With the family preservation emphasis, we clearly were focused on reuniting children, working with families to provide them with services, or support them with services that brought them together. ...Because of previous practice and previous law, we had engaged with some families for long periods of time without coming to closure on cases. Now, with the [shortened amount of time during which Hennepin County had to accomplish permanent placements], we clearly had to look at doing things that made more sense in terms of time frames.”

Maxwell said their first effort to address the issue was to identify cases in which it was clear that children would not be reunified. “One unit was identified to serve these cases.” The child protection worker would work with the families around reunification; however, she noted that there were many parents who had not maintained involvement with the children or the agency and were no longer available. When the original permanency plan was termination of parental rights, the adoptions unit shared the cases. Because parents were often no longer involved, developing the necessary social history and evaluations regarding special needs took considerable time.

Next they established blended units, in which child protection workers worked with the adoption workers to team cases. One unit focused on cases in which children were identified who

had no adoptive resources. In these cases, the adoption staff would work with child protection workers and a recruiter to identify resources for those children. The blended units enhanced the understanding of both sets of workers about the work they did and how it impacted the child's permanency.

"Clearly one of the messages we needed to get across in our programs was that what happens at the front door significantly impacts what happens at the back door," she said. "If you don't do certain things like begin collecting the information on social histories, or begin the medical evaluations, education evaluations on special needs kids, you won't know what you'll need for them at the back door. So these units began that exchange, and it was very productive."

At the same time, they adopted a child services model, a model which requires close collaboration between workers in various departments and provides consistency for the child in placement through the child services worker. "We were beginning to look at our ability to meet the needs of kids in care and whether we were doing as adequate a job as we wanted to be doing," Maxwell said. They developed two child services units and will shortly have five or six units. The child services worker is assigned to the child as soon as the child comes into placement and works with the child protection worker and/or the adoption worker. "The role of the child service worker is to focus on the needs of the child in placement," developing part of the social history, ensuring that the educational, medical, social, and cultural needs of the children are being met, and participating in discussions and decisions regarding visitation, school planning, reunification, and permanency planning. "We...feel that in the long run [this model] will help us to shorten the time frame for accomplishing permanency."

Maxwell noted that both "teaming" and early kinship studies are critical to the success of this model. A kinship unit works at the beginning of a case to identify relatives or kin who would be interested in caring for the child, either short term, or long term if that becomes necessary. The department continues to focus on reunification even when the child has moved from "up front" into the permanency area. Even at this point, the department is successful about 20 percent of the time in reunification efforts. However, given the needs of the child, there is heavy focus on permanency at this point.

Emphasizing the evolutionary nature of change in the organization, Maxwell said they have had discussions about "fost-adopt" and that the department has implemented some of the things Munroe spoke about. "We're feeling very confident that we're moving in the right direction, but we know we have many hurdles yet," she said. "We still have not focused on the development of the family conference, where we bring the family together to help us in the decisions about the issues related to the permanency for the children. That's a key piece."

Mitchell:

Mitchell began by noting that for two years he has been part of the project on reducing the number of children who had been awaiting permanent placement to which Maxwell made reference. "We identified a host of children who were entitled to permanency but hadn't yet received it, and so we dedicated some resources in the [Hennepin County] Department of Children and Family

Services and in the [Hennepin] County Attorney's Office and really turned our attention to that group of folks." Of this large group of children who had been in out-of-home placement for a year, "about 13 percent of them have been reunified, have aged out of the system, or for some other reason have been dismissed from court jurisdiction. Of the other children, 24 percent have received a transfer of legal custody to a relative. Twenty percent had long-term foster care orders, and about 43 percent ended up with termination of parental rights." However, Mitchell said, the question remains whether permanency has really been achieved for all of the children for whom parental rights were terminated or for children in long-term foster care.

Mitchell said he believes a concurrent planning model has a lot to offer. "It may reduce the adversarial nature of many of these proceedings. I can tell you that when we go down to court with a child in placement with a relative [with whom] the parents feel comfortable and [with whom] they have a working relationship, those parents are much more likely to relinquish their parental rights and to move on, in the best interest of the child for that placement. So when we have that resource identified at the time we are going down for a termination of parental rights trial, we often get the result we want; we get it in a way that's less disruptive to everybody."

At the same time, Mitchell said he is concerned that in certain cases concurrent planning may meet with a more adversarial response. In cases where a foster parent has begun to look at him or herself as a potential adoptive resource, efforts toward reunification with the biological parents "take on a different feel."

Concurrent planning will also help in proving that termination of parental rights is in the best interests for the child, something which may be difficult to prove if there is no adoptive resource for the child. "The law in this area is fairly murky at the moment," said Mitchell. Previously, proof of imminence of adoption was not required at termination of parental rights. A 1996 Court of Appeals decision said the best interest of the child requires in every case that we consider the chance of an adoption. "I submit to you that unless you are pretty far down the road on concurrent planning, your evidence about whether any particular child has an adoptive resource or can find one is largely speculative. ...It's a very difficult element of proof for us, one we don't like. Currently pending before the Minnesota Supreme Court is a case¹ in which I hope they will answer the question of what it is you have to prove in order to establish that it's in the best interest of the child to terminate parental rights. ...I will say to you that I think most of us speculate about adoptability in these termination cases whether we want to or not. The guardian ad litem speculate, the therapists for children speculate, social workers speculate, and most certainly, judges who are deciding the cases are speculating about whether these children really are adoptable or not when they make that termination decision."

Mitchell said concurrent planning will also have an impact on long-term foster care. Long-term foster care is only available to children over the age of twelve for whom reasonable efforts have failed to locate an adoptive resource. Some children enter the long-term foster care system based on speculation about the probability of finding an adoptive resource for them rather than on reasonable efforts to do so. "I would feel better about a system that speculated less on such a critical issue," ended Mitchell. "I see some real advantages for all of us in concurrent planning."

Weber:

Weber's first point was to emphasize the need for making expeditious decisions. He said there is concern around the country that concurrent planning "might be the new buzz word. I think there's concern that ten years from now we'll look back at it—in 1980 we did reasonable efforts, in 1990 we did reunification and family preservation, and in 1998 we started doing concurrent planning, something of the newest fad. ...I would suggest one of the reasons we are here is because it took us, as a country, as a system, two or three—and some cases four—years to decide whether or not we had made reasonable efforts, to get around to making reasonable efforts, and then another year and a half in court proceedings, and another year and a half or two or three years to finally get to permanency arrangements."

Secondly, Weber noted, "we should be clear on what we're intending. ...I think we can learn something from our experience with family preservation." He noted that individuals and organizations meant very different things when they talked about family preservation. He said that the current federal legislation can be construed "a couple of ways." One interpretation is that the state should make reasonable efforts toward reunification, but if the state has not gotten around to it in fifteen or eighteen months, a termination of parental rights should be pursued for the sake of the child. "I suspect that there will be at least one jurisdiction in this country that will be under some kind of federal lawsuit seven years from now for having taken that kind of approach." Weber suggested that those of us considering child welfare reform be clearer in our direction than the vague congressional intent.

Weber said he sees concurrent planning in terms of three types of cases. One is the type in which the child has been in foster care but reasonable efforts toward reunification are likely to be successful. A second is the other extreme, the very small number in which there is egregious harm and it is blatantly clear that reasonable efforts are not appropriate. The third is the type in which there is a strong basis for professional disagreement about the prognosis for the situation. "That's when concurrent planning is by far the most appropriate." Weber noted that he took some exception to the goals for concurrent planning shared earlier by Munroe. To differentiate concurrent planning from pursuing only reunification or only termination of parental rights, the goal would be planning options concurrently rather than sequentially for the middle set of cases in which solid professionals "could reasonably disagree about what is likely to happen with an individual family."

Finally, Weber suggested that one way to assure that concurrent planning plays the role it should is to develop a protocol now to use in reviewing the success of concurrent planning several years hence. This is "a way of operationalizing what it is we want to see, [and] what we don't want to see in concurrent planning."

¹ The case has now been decided; see Welfare of J.M., 574 N.W.2d 717 (Min. 1998). In this decision [1998 W.L. 30229 (Minn.)] the Supreme Court of Minnesota ruled that the statute governing termination of parental rights (Minn. Stat. 260.221) does not require the juvenile court to assess the child's prospects or imminence of adoption as part of its determination of the child's best interest. In Minnesota law, then, an assessment of the child's adoptability is not required in termination proceedings.

Commentary

*Joan Riebel, MSW
Executive Director, Family Alternatives
Minneapolis, Minnesota*

Riebel pointed out that foster families are an enormous adoptive resource. “Seventy-five percent of [the children in the United States] that have been adopted are adopted by foster families.”

She also noted that a discussion of the concept of permanency had been absent today. She asked what permanency means. “As executive director of a foster care agency, I can tell you that we just participated in the placement of a sibling group of three in their third adoptive home. Now in between those placements and their third adoptive home, they were back at the foster family. And I still read in professional journals that kids languish in foster care, they’re in limbo in foster care. And I look at these three kids and I say, the one permanent thing in their life has been this foster family. So I think we really have to grapple with that term of permanency. What do we mean by permanency?...Sometimes I think that professionals talk about permanency as kids being out of the system, rather than what does it really mean for kids to have permanency?”

Riebel also stressed that there are very different roles for foster care providers than for adoptive parents. What does it mean, she asked, to move from being “a public parent where you’re on a team working with tough kids, helping with treatment plans, doing all that kind of thing—what does it mean to move from that role and responsibility to being a family for a kid, to be just a plain old parent?...We have to help families do the hard work that some of these kids are going to require. But at the same time, we’re also saying, ‘we want you to love these kids as a part of your family and you incorporate them as a part of your family.’ How do we make that kind of a stretch? How do we help families make that kind of a stretch?”

Finally, she said, “I think one of the greatest mind-sets we have to challenge in Minnesota is the public-private collaboration. My roots are in public; I go back years in public. I feel connected to public people and public work. I’m now in private and I can tell you, we don’t get asked enough to participate in this dialogue. ...We’ve got enormous resources in the private sector. Invite us in for the dialogue.”

Conclusion

*Esther Wattenberg, MA
Director, Center for Advanced Studies in Child Welfare;
Professor, School of Social Work;
Associate, Center for Urban and Regional Affairs,
University of Minnesota, Minneapolis*

Concurrent planning rests on a set of assumptions: that there will be an early identification of children in need of foster-adopt services; that there are families that can serve, concurrently, in the dual capacity of foster parents and adoptive parents; that relatives can be identified, when the child first enters the child welfare system; that issues of trans-racial foster-adopt homes are faced openly and guided by the best interests of the child for continuity and permanence.

Each of these assumptions is open to challenge. At this stage of development, checks and balances are required for the life of a case. Reviews, consultations, and supervision must be timely and available.

As the implementation period proceeds, practice issues arise. As expressed in Frances Munroe's presentation, the following practice principles provide the framework for concurrent planning: intensive work with parents toward family reunification, while, at the same time, developing an alternative permanent plan for each child; targeting services; early case planning; contracting with clients; parental visiting; timely decisions. The child welfare system, itself, must be prepared to extend effective services quickly and to have developed linkages to the substance abuse and mental health systems.

It is important to clarify the goal. Concurrent planning is designed to meet the permanency needs of young children from the most dysfunctional families. The targeted constituency for concurrent planning needs to be clearly understood by all the components that interact in a child welfare system.

Translating these practice principles into an implementation phase presents formidable challenges. As we learned from Sarah Maxwell, working in our most urbanized county, time limits are refocusing attention to a child's permanency goals. Indispensable initiatives include shifting resources, creating new units, experimenting with teaming, and broadening the scope of resources for kinship care and non-kin adoption.

A sub-text to these adaptations is the care and feeding of a complex organization of a large county that is required to make systems change. A dysfunctional system cannot respond effectively to dysfunctional families. One aspect of change deserved special attention. If concurrent planning is to be embedded in a child welfare system, then a search and identification of

caseworkers with energy and commitment to its concepts will be required.

Further, concurrent planning depends on a sound working relationship between county social services and juvenile courts. At the heart of dispositions, the procedures in termination of parental rights will bear close scrutiny. The specter of creating a generation of “legal orphans” as the consequence of racing toward termination to meet time limits must be taken with utmost seriousness. Since the case Welfare of J.M., 574 N.W. 2d 717 ruled that imminent plans for adoption need not be part of termination proceedings, Andrew Mitchell, an experienced Hennepin County attorney, questions whether permanency was achieved for all the children for whom parental rights were terminated, even before concurrent planning was initiated. Whether legislation will be debated to address this issue is unknown, at this date.

We regard this forum as providing the opportunity to open a dialogue on concurrent planning. We believe the contributors to the forum provided a sense of direction, helpful questions, and some cautionary notes in a fair and open-minded way. The forum represents a first stage community discussion. We hope it has provided a sound basis for implementing Minnesota’s law requiring concurrent planning.

Appendix 1

Concurrent Permanency Planning

Definition

Working toward reunification while at the same establishing an alternative permanency plan.

Goals

- To achieve early permanency for children.
- To decrease children's length of stay in foster care.
- To reduce the number of moves children experience in foster care.
- To develop a pool of families (relatives or non-relatives) who can work toward reunification and also serve as permanent families for children.

Appendix 2

Principles Of Concurrent Permanency Planning

Goal is to provide the child with a continuous, lifetime relationship with at least one parent or parent substitute

- .. The process of working toward reunification while at the same time establishing an alternative plan
- .. Embraces the principles of family-centered practice to support the safety, permanency and well-being of children

DIFFERENTIAL ASSESSMENT

- .. Tentative, reasoned hypothesis about the probability of the child's returning home, and the family benefiting from services
- .. What strengths/resources does the family have to call upon
- .. What is the central problem, what are the family's historic problems

FULL DISCLOSURE

- .. Respectful, candid discussion early on about impact of foster care on children, rights and responsibilities of biological parents, supports agency will provide, permanency options, and consequences of not following through with case plan
- .. Open, honest discussions with biological families, foster/adoptive families, attorneys, other service providers
- .. Clarity about what will happen if Plan A does not work out

VISITATION

- .. Parents who visit regularly have the best chance of reunification with their children
- .. The more structured the visitation plan, the more likely parents will participate
- .. Involving foster parents in parent-child visits promotes more supportive relationships
- .. Accurate and descriptive documentation of visitation patterns and progress serves dual purpose of providing clear evidence for discharge or termination of parental rights

PLAN A AND PLAN B

- .. Having a back up plan
- .. Early search for immediate and extended family
- .. Documentation of services provided
- .. Foster Parents interested in adoption if reunification doesn't materialize

WRITTEN AGREEMENT

- .. Short term immediate goals and long term permanency goals
- .. Who will do what, when and how
- .. Writing down goals, tasks and time frames helps motivate parents to follow through

BEHAVIOR NOT PROMISES

- .. Behaviors are the only evidence that can be reported to the court
- .. What did parents do
- .. Track actual events

FORENSIC SOCIAL WORK

- “ Consideration of due process and parental rights when children first placed in care
- “ Consultation and support from legal staff assures legally sound case work and case planning
- “ A good social work plan is a good legal plan

SUCCESS REDEFINED

- “ Early permanency is the goal for all children we place

Appendix 3

Benefits of Concurrent Permanency Planning

- ⌘ Designed to target young children likely to linger in foster care
- ⌘ Supports children's developmental needs for continuity and stability in family relationships
- ⌘ Involves family members early on in planning for children
- ⌘ Reduces length of time children spend in foster care
- ⌘ Decreases the number of moves while in foster care
- ⌘ Can decrease adversarial relationship between birth families, foster families and agency workers.
- ⌘ Can turn a crisis into an opportunity for change and growth
- ⌘ Can lead to increase in numbers of early reunifications, voluntary relinquishments rather than adversarial TPR hearings, and early permanency decisions
- ⌘ Identifies potential permanency planning resources early on
- ⌘ Reduces likelihood of adoption disruptions because children adopted at younger age
- ⌘ Easier to recruit families interested in the possibility of making a long-term commitment
- ⌘ Can produce cost savings which can be reinvested in services for families and children