

Moving Toward Implementation Through Interagency Education: Concurrent Planning in Child Abuse and Neglect Cases

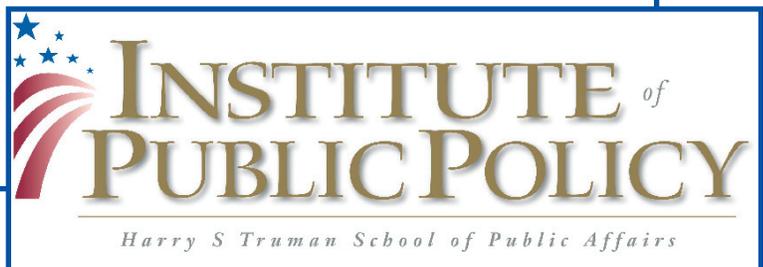
Shannon Daily Stokes & Bret Sanders

Prepared for the Missouri Office of State Courts
Administration

Prepared by:
Institute of Public Policy
University of Missouri
137 Middlebush Hall
Columbia, MO 65211

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Overview

In child abuse and neglect cases, a reunification plan for putting the child(ren) back in the care of the parent(s) is developed in tandem with an alternative permanent placement plan for the child in a process termed concurrent planning. Concurrent planning is a tenet of the Adoption and Safe Families Act of 1997 enacted in Missouri in 2004 (HB 1453). The goal of concurrent planning is to avoid multiple placements of a child in the child welfare system, thereby reducing the level of uncertainty in the child's life as well as the emotional risks posed by multiple placements.

In concurrent planning, the role of those in the child welfare system is to simultaneously work toward placing a child back with the parent while recognizing that reunification efforts are not always successful. Rather than placing the child in a foster care setting where permanency is not an option, the child is placed with a foster family that is willing to work toward reunification and serve as a permanent home should the reunification fail. The dual and seemingly contradictory goals of concurrent planning make it a difficult concept to implement for both child abuse and neglect (CA/N) caseworkers and juvenile courts. Since 2004 when these changes went into effect, child welfare workers have experienced varying degrees of success in identifying and placing children in foster care settings that could become permanent homes in the future. Additionally, the conflicting nature of the goals of concurrent planning have led to confusion for some in terms of when the alternative placement plan should begin, how the plan should be discussed with biological parents, and the role of the juvenile court in assuring a concurrent plan is in place.

Registration Applications

In early March 2006, the Office of State Courts Administrator invited Children's Division and juvenile court employees to attend a video teleconference on concurrent planning. Individuals interested in attending the VTC were asked to complete a registration application. The registration application was designed to gauge how well the potential audience understood concurrent planning, if and how concurrent planning is being implemented, if there are barriers to implementation, and what information was desired from the VTC. A total of 106 individuals completed the

registration application. Each of the questions posed on the registration application are discussed in more detail below.

Defining Concurrent Planning

Definitions of concurrent planning varied but two categories of definitions emerged from the registration application. One set of definitions focused on the second placement plan while the other emphasized the role of reunification while recognizing the reunification efforts sometimes fail. Sixty applicants, or 56 percent of the respondents, defined concurrent planning as a second placement plan, something that is done sequentially rather than simultaneously with the reunification plan. Applicants defined the phrase as a "plan B" or a "backup plan if the first plan does not happen." While this category of responses is in some ways correct, it fails to recognize the simultaneous nature of the concurrent planning process.

Thirty applicants (28 percent) had more technically correct responses in that they understood both the definition and the goals of concurrent planning. One applicant defined concurrent planning as "planning for [a child's] permanency if reunification does not occur, e.g. relative placement at onset". Another stated "concurrently developing plans for reunification as well as permanent placement elsewhere if reunification does not occur."

A handful of applicants lacked a solid understanding of concurrent planning. Several applicants incorrectly defined concurrent planning as "working together as a team to reach a goal." Others were unclear that concurrent planning is intended to start at the moment a child is placed in custody. One applicant thought the process should begin within a year of custody if reunification is not possible. Another stated it begins "when the case plan is termination but services are still provided to the parent to allow for reunification."

Implementing Concurrent Planning

Eighty-four applicants (79 percent) indicated that concurrent planning was being implemented in their circuit. The remaining applicants were either new to child welfare and were uncertain if the circuit had implemented a concurrent plan or felt that concurrent planning had only "somewhat" been implemented.



Of the 84 applicants who knew concurrent planning was implemented in the circuit, 40 percent stated the plan was started immediately. The definition of immediate did, however, vary for respondents. In some cases, the concurrent plan started the day a child entered custody. For others, the concurrent plan started within 24 to 72 hours of custody. The Family Support Team Meeting (FSTM) was also indicated as the timeline for starting a concurrent plan for 22 percent of these respondents. Because the exact timing of the FSTM varies from circuit to circuit, it is difficult to know the immediacy of the concurrent plan implementation. Surprisingly, 7 percent of applicants in circuits that have implemented concurrent planning stated the work did not begin until the 30 day hearing.

Table 1. Circuits implement concurrent planning by timeline

When Circuits Implement	Number of Respondents	Percentage of Respondents
Immediately	34	40
Family Support Team Meeting	19	22
At 30 day hearing	6	7
Implemented but timeframe not provided	25	29
TOTAL	84	98*

*Note: Percentage total does not equal 100 due to rounding.

It is interesting to note that several applicants indicated that concurrent planning is “loosely done when reunification is viewed as a poor solution” or “when the first plan begins to falter.” At least four applicants indicated concurrent planning does not begin until the 6 or 12 month marker.

Barriers to Concurrent Planning

The barriers to successfully implementing concurrent planning were wide-ranging but several themes emerged. The themes can be loosely categorized in two ways: 1) difficulties in working with parents and relatives; and 2) organizational impediments. Parents and relatives were the most commonly listed barriers for successful implementation. According to some respondents, parents frequently fail to provide the names of kin or feel reunification is not a real goal due to the alternative placement plan. Several individuals expressed a desire to find new and better methods of explaining concurrent planning to parents to alleviate these fears. Issues surrounding relatives included an inability to identify relatives, locating relatives who can “pass a house study or background check”, and working with relatives located in another state.

Organizational matters were also listed as barriers to the successful implementation of concurrent planning. High

levels of staff turnover make follow-through on concurrent planning difficult and requires continual staff education on the concept. A lack of resources to pursue two placement plans with equal vigor was also viewed as a barrier. The lack of resources was cited as an impediment to thoroughly searching for kinship placement options, completing home visits in a timely manner, or searching for foster/adoptive families outside of the kin network. Other obstacles to concurrent planning were a lack of agreement on the appropriate alternative placement plan at Family Support Team Meetings, team members pursuing one placement plan over another, and a lack of support from the juvenile court.

What Participants Wanted to Learn From the VTC

Applicants expressed a variety of desired outcomes for the VTC on concurrent planning. Best practices and techniques for implementing concurrent planning were the chief areas of interest. Many applicants wanted to know “how other circuits handle” concurrent planning while others wanted examples of the written plans and forms used in the process. This desire for technical information also extended to applicants wanting more information on the timelines for implementing concurrent planning and how roles are defined between child welfare caseworkers and juvenile officers. Communication was another important element applicants felt should be included in the VTC. Several asked for the specific language that should be used to convey concurrent planning to families while others were more interested in how to make families empowered through concurrent planning. Finally, applicants were seeking new ways to educate staff on the concurrent planning process.

On May 1, 2006, the Office of State Courts Administrator and the Children’s Division held a joint video teleconference (VTC) on concurrent planning to educate those in the Missouri child welfare system. Employees of the Children’s Division and juvenile courts (judges and juvenile officers) were invited to attend at one of six locations around the state for the six hour training. A total of 111 people attend the VTC in the various locations. The number of participants and location of each VTC site are listed in Table 2 below.

Table 2. Location and number of attendees for each site

Location	Attended
Jefferson City	26
Reed Springs	10
St. Louis	15
Kirksville	21
Kansas City	22
Poplar Bluff	30
Total	124

The information provided in the registration application was then used as the basis for refining the curriculum for the



training. Janyce Fenton of the National Resource Center for Family Centered Practice and Permanency Planning delivered the bulk of the training from her location in New York. Ms. Fenton’s presentation focused on defining concurrent planning, working with biological and foster families, best practices in concurrent planning, and the long term outcomes that could occur as a result of the process. A panel of individuals from the Children’s Division then discussed how Missouri approaches concurrent planning and the sibling issues that can arise when looking for permanent alternative placement. Each circuit then worked on developing a strategy for implementing concurrent planning and reported their plans and concerns prior to the conclusion of the training.

Assessment of Training Quality

At the conclusion of the VTC, participants in each location were asked to complete an evaluation form. The evaluation sought to identify the strengths and weakness of the content and presentation of the educational information as well as determine if participant understanding of concurrent planning changed as result of the VTC. The same questions regarding concurrent planning that appeared on the registration application were also asked on the evaluation form. A designated attendee at each VTC location was responsible for collecting and mailing the evaluations to Jefferson City for analysis.

A total of 91 individuals (73%) completed an evaluation form. Sixty-five percent of the respondents were employees of the Children’s Division and 29 percent were juvenile officers. The respondents also included an attorney, a guardian ad litem, and two judges. A majority of respondents (75%) work in a multi-county judicial circuit.

Presentations & Content

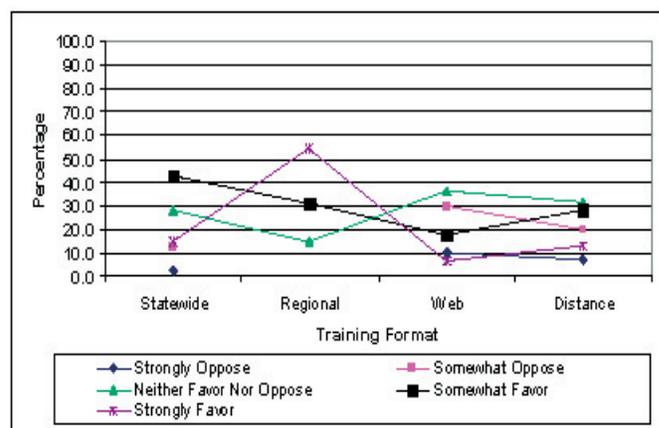
Participants were asked to rate their overall learning and usefulness of the Concurrent Planning program through a series of four questions. The response options ranged from 1 (strongly disagree) to 5 (strongly agree). When asked if the participant had limited knowledge of concurrent planning prior to the program, 68 percent disagreed or strongly disagreed indicating a level of comfort with the subject based on past experience or learning. When asked if the VTC provided knowledge that will be helpful to performing work responsibilities, 62 percent agreed or strongly agreed. Additionally, 55 percent agreed or strongly agreed VTC was a valuable professional development experience and 53 percent were satisfied with the program. Each of these questions had high neutral ratings ranging from 24 to 33 percent bolstering the respondents’ self-perceived high level of understanding on concurrent planning prior to the conference. Overall, however, these ratings demonstrate the material was appropriately geared to the knowledge level of the majority of participants.

The speaker, Janyce Fenton, received high ratings with 34 percent ranking her as above average while another 15 percent ranked her as excellent. The materials for the VTC were ranked average by 53 percent of the respondents. The ranking for the materials may be related to how the handouts were distributed for the VTC. Rather than handing the participants a binder of information upon arrival, each attendee was sent an email prior to the conference with the materials attached. It was then the responsibility of each participant to bring handout materials to the VTC. This form of distribution for the materials may have led to the solidly average rating. Further, having the materials prior to the VTC may have distracted from the overall perception of quality because each participant had the opportunity to read and review the material prior to the conference.

Participants were also asked to rank the quality of the presentation by Janyce Fenton, the discussion panel from the Children’s Division, the group planning and development exercise, and the reporting out by circuit at the end of the VTC. An error on the evaluation report prevented these rankings from being appropriately tallied and were removed from the analysis to avoid inaccuracies.

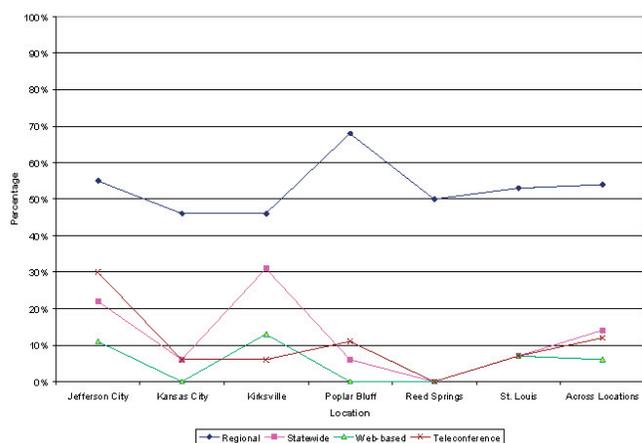
The evaluation also asked for feedback on the types of training format respondents prefer. Regional conferences are the favored format for future training for 55 percent of respondents. The regional conference format was followed by a statewide program, defined as one location serving 100 plus people, with 14 percent strongly favoring (see Figure 1). A little over a third of respondents neither opposed nor favored a web-based workshop format (36%) but almost a quarter of respondents did oppose the use of this format (23%). Video teleconferences, such as this one, had a strong neutral category (31%) but an almost similar percentage of respondents somewhat favored the format (28%). While the regional conference was clearly the favored option, respondents were not adverse to other training formats.

Figure 1. Training format preferences by percentage



Training formats did vary some by location as illustrated in Figure 2. In Kirksville, 31 percent of respondents strongly favored statewide conferences while none of the respondents in Reed Springs expressed this preference. Web-based learning was also strongly favored by 13 percent of respondents in Kirksville, the highest level for any of the locations for the concurrent planning training. Thirty percent of respondents in Jefferson City strongly favored distance learning (such as a video teleconference) but only 6 percent of respondents felt the same way in Kansas City.

Figure 2. Strongly favored training formats by location



Several respondents did have complaints about the VTC format. Most of these complaints, however, were based more on the conditions at an individual site or the overall format of the training rather than with the technology. For example, in one site, food and beverages were not allowed into the training room. Parking was an issue in one location and in another, there were not enough seats in one training room so the group was divided between two rooms. This division between two rooms hindered circuit interaction and discussion on concurrent planning according to one respondent. One group of respondents wished there had been a location for the VTC closer to their circuit and others disliked the lack of interaction and face-to-face contact with the presenter and other participants. One individual expressed a desire for the agenda to include “local discussion from time-to-time.” Future use of the VTC format should take these concerns into consideration.

There were few alternative training formats listed by participants. The one format listed by several participants was the use of small group or circuit wide training with a facilitator. This option should be considered whenever feasible for the training material but the expense of doing so should be weighed against the state-wide impact such limited training would provide. It may be more important to identify the circuits requesting circuit level training to determine what

issues seem to require the use of a facilitator. The circuit may be requesting assistance for solving team or group dynamic issues rather than gaining new or additional information on a topic.

Future training topics included both new areas of learning and different strategies for presenting information. New topics to consider for future trainings included written service agreements, dealing with difficult team members, and mediation. One individual suggested “court personnel . . . receive the training for foster parents and receive credit for continuing education so they can really understand concurrent planning from the CD perspective and the [families that] care for kids.” While the last suggestion may not be feasible, it may point to a need for court personnel having more information on the foster parent training process.

Other respondents focused more on how future topics could be presented in a different manner. Several individuals suggested having staff present at these trainings rather than supervisors. Another suggested including the families whose child(ren) have been in the child welfare system as presenters and listening to their suggestions on how to improve case processing. Finally, several respondents expressed support for the multi-agency training format. One person wanted “more co-training with children’s division and juvenile court” as the approach “is very beneficial.” Another simply stated “multi-agency trainings are great.”

Assessment of Learning

The assessment of the training quality also contained questions similar to the registration application participants completed prior to the training. These questions sought to identify differences in definition, implementation, and barriers of concurrent planning after the learning experience.

Defining Concurrent Planning

The definition of concurrent planning shifted from the registration application to the post-training evaluation. Following the training, respondents were more likely to discuss the implementation of concurrent planning in their definitions. This change in definitions represents an important difference in the participants’ approach to concurrent planning as implementation of both a reunification plan and an alternative placement plan demonstrates the simultaneous nature of the concept. Respondents frequently defined concurrent planning as “identifying and implementing two plans of permanency” or having a “goal of reunification while implementing an alternative permanency plan.” Others stated “planning is not enough, implementation is the key to success” and making “sure it [the concurrent plan] is an actual plan, not just saying adoption.”

Not all respondents made this change in definitions. A few retained the technically correct definition of concurrent planning as a “back up” plan. Even with these individuals,



a greater number of the respondents presented an immediate timeline for developing an alternative placement plan and frequently mentioned the well-being of the child as a goal in the process. While the definitions of concurrent planning may continue to vary, there were improvements in the overall understanding of the concept.

Implementing Concurrent Planning

When asked if concurrent planning had been implemented in their circuit, a majority of respondents said “yes”. Many of those who responded in the affirmative indicated concurrent planning had been a working component of child welfare case processing in their circuit for many years and they had experienced success in the implementation of the practice.

It is interesting to note that the percentage of respondents unequivocally stating concurrent planning had been implemented in their circuit dropped between the registration application and the VTC evaluation. In the registration application, 79 percent of respondents indicated implementation had occurred. Following the training, only 57 percent stated the same. This decrease in percentages may represent a new understanding of how concurrent planning is implemented.

Accordingly, the percentage of respondents who felt concurrent planning had “somewhat” been implemented or had not been implemented at all increased from roughly 20 percent to 31 percent between the registration application and the post-training evaluation. Typically, respondents felt their circuit was “a little lax in the area of actually implementing the plan” or that concurrent planning was “not consistently or effectively” implemented. Others felt the concurrent plan was “identified but not implemented” or “only implemented on the paper work but not actively engaged in by the team.” As one individual succinctly stated “we have said the concurrent plan is adoption but not by whom.”

Barriers to Concurrent Planning

Many of the barriers listed in the registration application continued to be barriers following the training. The largest area of concern continued to center around foster families and kinship placement. Many simply stated there are “not enough foster families and services” in Missouri while others provided possible solutions that could be implemented at the state level. For example, changes in “foster parent training” and more resources to make foster family “recruiting ... an ongoing process”. A number of individuals cited the lack of resource workers as the reason “foster parent recruitment has suffered.”

Barriers related to kinship also touched upon themes similar to those in the registration application. Many respondents discussed “trying to find family members who can pass a home study” or who are otherwise suitable for placement. One person cited finding relatives who do not want to

accept the placement of a child for fear of offending the parents. This last issue is one that may be amenable to new communication strategies and could be a topic of future training along with foster family recruitment and training.

Resource constraints were another theme for barriers to implementing concurrent planning. Several respondents questioned Ms. Fenton’s discussion of frequent visitation asking “where [are] all the manpower and resources going to come from when workers are already putting in 50-60 hours per week?” and bluntly asking “how is this possible?” Another respondent stated it is “hard enough to provide [appropriate effort] to one plan.”

Several of those who did not believe concurrent planning had been implemented in their circuit blamed the court for the lack of progress. These respondents felt the courts did not always consider ASFA guidelines or had not fully adopted concurrent planning as an approach. Those voicing these concerns felt there were “restrictions place[d] on our county by our court system” and that the juvenile court system does not appropriately initiate concurrent planning. One person felt the court did not “place child’s needs first” or adhere to the tenets of concurrent planning by “not allow[ing] visits with all parents.” Few respondents overall expressed the vague concerns listed by these respondents.

While the overall themes behind barriers to implementation stayed the same between the registration applications and the post-VTC evaluations, two new concepts did emerge. A handful of respondents listed private case managers and the Missouri Alliance as a barrier to implementing concurrent planning. The reason for this barrier was explained as “more layers of bureaucracy with Missouri Alliance.” Two other comments were provided as barriers that had not previously been mentioned. One person stated “Missouri does not allow open adoptions” and another person stated “MOCD/OSCA should learn to provide this training consistent with Missouri statutes.” The exact impetus of these statements is unknown but future discussions and training on concurrent planning may want to address these issues from the beginning to reduce the confusion that may exist.

Overall Assessment of VTC

The post-VTC evaluation also explored what knowledge the participants felt was the most valuable part of the training and what information they wish they had learned during the training. Many of the items listed as the most valuable directly reflected what respondents asked to learn in the registration application. These items included hearing from other circuits and obtaining tools and strategies to make concurrent planning more successful. For tools, the worksheet for measuring parental ambivalence, provided by Janyce Fenton, was the most commonly cited by respondents. For strategies, respondents discussed the use of “full disclosure” with parents from the beginning of the



child welfare case and including a brochure similar to the one developed by Wyoming in future cases. The most valuable idea gained from the concurrent planning VTC, according to several respondents was the use of volunteers or case aides to supervise visits. While respondents still had questions about how to organize volunteers for visit supervision, the idea was warmly received.

Outside of the tools and strategies, respondents listed the focus on “the word implementation” and learning more about the perspective of the child as valuable knowledge gained from the VTC. As discussed previously, moving the concept of concurrent planning from words on paper to implementation was one of the greatest results of the VTC. Additionally, several respondents reacted positively to the phrase “emotional rollercoaster” when describing how a child perceives case processing, especially if multiple placements are involved. Others mentioned adults taking the emotional risks for a child as an important component of concurrent planning that had never been fully enunciated in the past. These changes in perspective in terms of why and how concurrent planning occurs were an important part of the learning process.

Improvements for Future Concurrent Planning Education

One positive aspect of delving more deeply into a topic is developing a deeper understanding what else is left to be learned. This need for more detailed information was evident from respondents comments on what each wished they had learned. For example, “recruitment resources for children with serious mental health diagnosis or for children with mental retardation or dual diagnoses” and “what to do with older adolescents as far as concurrent planning.” Both of these issues suggest a deeper understanding following the concurrent planning VTC (as neither were listed in the registration application as a topic for inclusion) and a desire to tackle the more complex problems associated with concurrent planning.

Several respondents focused on supervision issues and foster parents. Methods of “establish[ing] volunteer groups to provide supervision” coupled with ideas on “ways to recruit foster parents” were a common theme. Further, another group of respondents was interested in techniques to “get foster parents more involved and willing to participate.” Another perceived the training as too focused on the problems of concurrent planning and would have preferred “the focus to be on solutions.” Each of these topics could form the basis of an additional series of trainings.

One small group of respondents was dissatisfied with the lack of quantitative information on the feasibility of concurrent planning as a strategy. The statistics on kinship versus foster care outcomes were not prominently enough incorporated for one respondent. Building on this area of concern one respondent stated he or she didn’t “believe there is any

legitimate data that can defend [the] concept [of concurrent planning].” While this view was definitely in the minority, it should be acknowledged as a potential stumbling block for concurrent planning in Missouri.

Conclusions & Recommendations

Based on an analysis of the responses to the registration application questions and the evaluation questions, the training improved participants’ understanding of the concept of concurrent planning. Respondents focused on the implementation aspects of concurrent planning following the training and seemed ready to tackle the more complex questions of how to work with subpopulations including older adolescents. In the future, training on concurrent planning may want to include strategies to work with the subpopulations within the child welfare system and multiple methods of communicating the concept of concurrent planning to families and other stakeholders (i.e. guardian ad litem) in the process. Further, future educational opportunities may want to be expanded to include more caseworkers from the Children’s Division.

The positive ratings and remarks from participants also indicate the training was a success. While not all of the respondents were overly fond of VTC there was demonstrated learning on the topic despite the discomfort with format. Some of these training format issues can be addressed in the future by including more interaction between sites and within circuits.

The registration application with questions on the training content proved to be a beneficial method of tailoring the curriculum to addresses knowledge gaps. The registration application process also provided a new method of determining if learning increased after the training. This pre- and post-test method of developing and assessing the curriculum should be considered for future educational offerings.

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Institute of Public Policy
137 Middlebush
University of Missouri
Columbia, MO 65211
<http://www.truman.missouri.edu/ipp>

