



## Implementation and Outcomes of Concurrent Planning: Quantitative Findings

1 of 5

This series of publications, *Implementation Outcomes of Concurrent Planning*, details the findings from a quantitative assessment of the practice and outcomes of concurrent planning in six California counties: Contra Costa, Mendocino, Placer, San Bernardino, San Diego, and Yolo. Cases of two cohorts of children entering care (1155 children total) were reviewed. The first cohort entered care in 1993 and 1994; the second cohort entered care between 1998 and 2000. Details on case and family characteristics, concurrent planning practices, and case outcomes over 1 to 3 years were gathered from case files. (For these analyses, the sample was restricted to cases continuing past the jurisdictional hearing and receiving reunification services, as these are the cases for which concurrent planning would be relevant; n=885.)

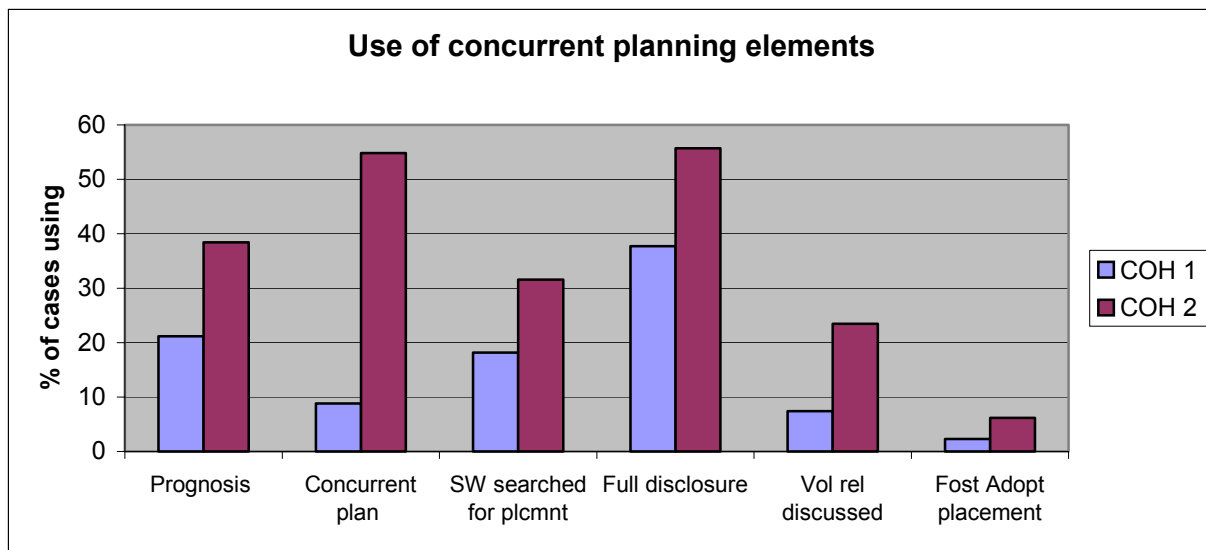
**Finding #1:** *The use of concurrent planning practice elements has increased substantially since state concurrent planning legislation came into effect in 1998.*

Concurrent planning practice is most commonly described as consisting of a number of casework elements. These include:

- *Reunification prognosis:* Making a prognosis for each family, when the child enters care, regarding the likelihood that the family will successfully reunify.
- *Concurrent plan:* Developing a “Plan B”, a plan for achieving permanency for the child should the parents fail to reunify.
- *Concurrent work:* Social workers begin the process of finding and arranging for an alternative permanent placement for children unlikely to reunify during the reunification process. This can involve exploring the possibility of permanency with the current caregiver, or exploring other placement options. In addition, a second social worker might be used on the case to focus on the alternative plan for permanency.
- *Fost-Adopt placement:* Children unlikely to reunify are placed as soon as possible into a home committed to adopting the child if reunification does not occur.
- *Full disclosure:* Candor is emphasized in communications to birth parents regarding the consequences of failing to comply with their reunification plans.
- *Voluntary relinquishment:* The option of relinquishing children should be discussed with the birth parents so they know their full range of options.

Use of most concurrent planning practice elements increased from '93-'94 to '98-'00. A p-value of less than .05 indicates that the difference in use seen between the two cohorts is unlikely to be due to chance variation.

Concurrent Planning Practice Element	COHORT 1		COHORT 2		chi-sq
	n	%	n	%	p-value
Reunification prognosis	81	21.2	192	38.4	<.0001
Concurrent plan	33	8.8	270	54.8	<.0001
Two social workers on case	51	13.6	88	18.3	.065
Explored permanency with current caregiver	96	25.0	143	28.6	.232
Explored other alternative permanency options	70	18.2	158	31.6	<.0001
Full disclosure	142	37.7	269	55.7	<.0001
Voluntary relinquishment discussed	28	7.4	114	23.5	<.0001
Fost-adopt placement	5	1.4	33	6.6	.026



Cases in the second cohort were much more likely to have a reunification prognosis and a documented concurrent plan. The social worker was more likely to have searched for an alternative permanent placement, and to have discussed the consequences of failing to reunify and the option of voluntary relinquishment with parents. The use of concurrent placements increased as well, but overall the use of these placements was minimal in both cohorts.

In sum, sample counties have increased their use of concurrent planning, but some practice elements are used relatively infrequently.