



Implementation and Outcomes of Concurrent Planning: Quantitative Findings

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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 #5: *Concurrent planning elements are associated with different permanency outcomes.*

We attempted to determine whether concurrent planning had an effect on permanency outcomes for children entering care, and considered outcomes of adoption, reunification, guardianship, and placement with the non-offending parent separately from one another.

An experimental design, in which children would be randomly assigned to receive concurrent planning services or not, would have been the ideal evaluation strategy. Such a strategy would have enabled us to be confident that any difference in outcomes seen between the two groups was due to concurrent planning services. Because concurrent planning was required by AB1544, it was not possible to use an experimental design in the evaluation. Instead, we considered whether outcomes of children who did not receive concurrent planning differed from those of children who did receive concurrent planning. However, since theoretically concurrent planning is targeted toward children less likely to reunify, these children and their families are likely to be different in important ways from other families. These differences in families' characteristics could be behind any differences seen in outcomes. To address this, we conducted a multivariate analysis, and included variables upon which the groups were likely to differ to control for their effects. Variables in the model included child age, ethnicity, gender and special needs, maltreatment severity, county of placement, whether the child was placed with kin, cohort, and parental characteristics such as CPS history, criminal history, substance abuse, and mental health issues.

We conducted a proportional hazards survival analysis, which generates a statistic known as a hazard ratio. A hazard ratio provides an estimate of the change in the probability of experiencing the event associated with each variable in the model. A hazard ratio of less than one indicates risk of the event is lower, while a hazard ratio greater than one indicates risk of the event is higher. If the p-value associated with the hazard ratio is under .05, it is very unlikely we would have obtained that estimate by chance.

We measured concurrent planning two different ways. In the first analysis, we looked at four concurrent planning practice elements separately. This table shows the hazard ratios for the concurrent planning elements for the two permanency outcomes with which they were associated, reunification and adoption. Full disclosure is associated with a reduction in the likelihood of reunification, while discussion of voluntary relinquishment is associated with an increased likelihood of adoption. The other practice elements had no separate relationship to these outcomes.

Models 1&2: Concurrent planning elements considered separately.

REUNIFICATION	HR	p-value		ADOPTION	HR	p-value
Prognosis made	1.16	.32		Prognosis made	1.02	0.95
CC Plan in JD Rep	0.92	.57		CC Plan in JD Rep	0.80	0.39
Full disclosure	0.72	.01		Full disclosure	1.37	0.21
Vol relinquish disc	0.82	.25		Vol relinquish disc	1.94	0.03

In the second analysis, we considered these four concurrent planning practice elements cumulatively, to see if the more concurrent planning elements received increased the effects of the practice. Risk ratios here represent the change in the probability of attaining the outcome for every additional concurrent planning element. For every additional concurrent planning element, the likelihood of reunification is reduced. For every additional concurrent planning element, the likelihood of adoption increases. Again, concurrent planning was associated only with reunification and adoption, and not with guardianship or placement with the non-offending parent.

Models 3&4: Concurrent planning elements assessed as a cumulative count score.

REUNIFICATION	RR	p-value		ADOPTION	RR	p-value
CCP Count	0.85	0.01		CCP Count	1.3	0.02

It is important to be very cautious in interpreting these findings. It might first appear that concurrent planning hinders reunification while facilitating adoption; however, there are two important reasons one should not leap to this conclusion. First, because the timing of some concurrent planning elements was unknown, the possibility exists that these elements occurred after it became clear to the social worker that reunification was very unlikely. For example, perhaps *after* the parent failed to complete any case plan requirements for four months, the worker brought up the option of voluntary relinquishment. In this case, rather than the discussion causing the outcome, the impending outcome prompted the discussion. If this were the case, it would be erroneous to interpret the findings to mean that holding such a discussion increases the likelihood of adoption. Secondly, it is also possible that some important case characteristic was left out of the model. If that characteristic were associated with concurrent planning and with the outcome, it might be responsible for the differences seen in the outcomes, rather than concurrent planning elements.

However, taking these considerations into account, these findings do suggest that great care should be taken to ensure that concurrent planning is practiced in the context of high quality reunification services.

